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Resiliency in survivors of human trafficking : An exploratory study of clinicians' perspectives of protective factors

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Resiliency in Survivors of Human
Trafficking: An Exploratory Study of
Clinicians' Perspectives on
Protective Factors

ABSTRACT

This qualitative study explores the salutogenic question as it relates to female survivors

of human trafficking, "Why, when women are exposed to the same trauma which causes some to

become ill, do some remain healthy?" Using a standardized open-ended interview format, this

author gathered the perspectives of twelve health and social services providers, including

executive directors, case management workers, mental health counselors, and advocates. This

data was compiled and analyzed, alongside the existing literature on resiliency and within the

framework of Salutogenic Theory. All participants identified protective factors that contribute to

resiliency based on their professional work with female survivors in: Belgium, Colombia,

France, Italy, Malaysia, Mexico, Nicaragua, Peru, the Philippines, Saipan, South Korea, Sri

Lanka, Thailand, and the United States.

This study specifically highlights protective factors that are consistent cross culturally

and can be used by providers of clinical treatment to develop more informed prevention and

treatment programs for survivors of human trafficking. The findings are consistent with

protective factors identified in current research and have been categorized into the themes of

Relationships, Disposition, Education, and Environmental Factors. Participants emphasized

factors that related to survivors' sense of belonging, including the protective nature of being a

caregiver, as well as family of origin support, strong community relationships, and connection to

religion. This study underscores the complexity and variation among these protective factors as they relate to survivors of human trafficking cross culturally.

RESILIENCY IN SURVIVORS OF HUMAN TRAFFICKING:

AN EXPLORATORY STUDY OF CLINICIANS' PERSPECTIVES ON

PROTECTIVE FACTORS

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CHAPTER I

Introduction

Examples exist throughout the world of people who continue to thrive despite overwhelming obstacles - Nelson Mandela, Immaculée Ilibagiza, Mother Teresa of Calcutta, Rachel Lloyd, Viktor Frankl, Mahatma Gandhi. While these are recognizable figures in history, there are countless more who overcome trauma in more unnoticed ways – by parenting their children, learning a new trade, developing healthy relationships. Where does their strength come from and how can we, as social workers, build upon these strengths to help those oppressed feel empowered after they have faced repeated trauma? What are the protective factors that contribute to resiliency, cross culturally, and how can families and communities prepare its youth for a world in which they so frequently face adversity? How do we talk about resiliency among survivors without diminishing either the systemic issues at play or the great challenges that they continually face? These are the questions at the heart of this study on an exceptionally marginalized population, survivors of human trafficking.

The International Labour Organization reported that nearly 2.5 million persons are currently being exploited as victims of human trafficking (UN Office on Drugs and Crime, 2010). This study implements the UN General Assembly's definition of human trafficking,

> [The] recruitment, transportation, transfer, harbouring or receipt of persons, by means of
> threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of

the abuse of power or of a position of vulnerability or of the giving or receiving of

payments or benefits to achieve the consent of a person having control of another person,

for the purpose of exploitation (UN Office of Drugs and Crime, 2011).

"Involuntary servitude, slavery, debt bondage, forced labor" - these are common terms that are

used to describe human trafficking or trafficking in persons (The Trafficking Victims Protection

Act (TVPA), 2000). Persons are most often trafficked for the purposes of forced or bonded labor,

sex, or as in the case of child soldiers, military involvement (Trafficking in Persons Report,

2011). While trafficking in persons affects individuals, families, and communities irrespective of

race, socioeconomic background, nationality, gender, or age, it disproportionately impacts

populations made vulnerable by poverty, economic inequality, racism, sexism, and other related

conditions.

While the pervasiveness and implications of human trafficking are well researched, there

is a lack of empirical analyses of interventions outcomes (Crawford & Kaufman, 2008; Skilbrei

& Tveit, 2008; Tsutsumi et al., 2008). There has also been a surge in literature contributed by

theorists, researchers, and service providers on how to talk about human trafficking. The debate

over the discourse is reflected in two main paradigms: the Abolitionist Movement and Sex

Workers' Rights Movement. The Abolitionist Movement calls for an end to human trafficking

and the global sex trade, while proponents of sex workers' rights advocate for a consideration of

women's agency in sex work and for the decriminalization of prostitution. All of the participants

who were interviewed for this study identified more closely with the Abolitionist Movement,

what is more commonly referred to as the Anti-Trafficking Movement. This is consistent with

the larger population of both governmental and non-governmental organizations that work with

survivors of human trafficking.

Both providers who advocate for the abolition of trafficking and those who focus on sex workers' rights emphasize the need to look critically at the demand for and profitability of trafficked services. There is a concerted effort, particularly among those in the anti-trafficking community, to hold traffickers, facilitators, and profiteers[1] accountable for exploitation. Perhaps partly due to this shift away from the survivor and onto the trafficker, this author found very limited research on survivors of trafficking themselves and the research that is available focuses on the risk factors that contribute to the vulnerability of individuals who become involved in trafficking situations (Anderson & Davidson, 2003; Reid, 2011; Reid, 2012; Silverman et al., 2007)

Research based in Posttraumatic Growth Theory demonstrates that despite overwhelming distress caused by trauma, individuals are capable of experiencing positive change. This is evidenced in the research of individuals who experience repeated or complex trauma, such as in combat veterans (Tedeschi, 2011), victims of intimate partner abuse (Cobb, Tedeschi, & Calhoun, 2006), and children in the aftermath of a natural disaster (Cryder et al., 2006). Since survivors of human trafficking also experience complex trauma (Courtois, 2008), they must also be capable of experiencing positive growth after the trafficking experience. So, another question emerges - what enables survivors of human trafficking to overcome the often devastating effects of the exploitative experience?

Because this is a strengths-based question, this author chose a theoretical framework that was reflective of the resiliency of survivors. Salutogenesis, which literally translated, means "origin of health" reflects Aaron Antonovsky's focus on the cause of health, rather than of

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[1] Traffickers are the perpetrators who make up the sex industry and include exploiters, brothel owners, and pimps (Hughes, 2005); Facilitators and profiteers provide support services to the sex industry and "may include taxi cab companies, hotel chains, Internet resources, tour companies, marriage companies." resources, tour companies, [and] marriage companies." (Study participant)

disease. Salutogenesis was developed, in part, in response to the Holocaust – as a way of understanding why some survivors were able to go on to lead relatively healthy and happy lives, while others were not (Cassel & Suedfeld, 2006). Researchers have implemented this paradigm to better understand resiliency in the face of trauma in relation to war (Antonovsky & Bernstein, 1986) and terminal illness and disability (Baker, 1998; Gottlieb, 1998). Two fundamental concepts within this paradigm are "Sense of Coherence (SOC)" and "Generalized Resistance Resources (GRRs)." GRRs are essentially protective or resiliency factors and include such things as knowledge, self-esteem, social support, and traditions. The more complex SOC represents the way in which a person views the world and is associated with self-efficacy and health promoting abilities. This perception of the world and one's place in it is dynamic and fluid (Lindström & Eriksson, 2006; VanBreda, 2011).

The decision to use the salutogenic model as a basis for research is due to: 1) a lack of asset-based research in the field; 2) current research on risk factors which indicates no correlation between duration of trafficking or type of trafficking (labor or sex) and incidence of anxiety, depression, or PTSD (Tsutsumi et al., 2008); and 3) the goal of developing a useful tool for providers of social and health care services who work with survivors of human trafficking. The second point suggests that there must be other determinants that affect recovery in survivors, aside from risk factors. What are the strengths that these survivors bring to their experiences that also affect their recovery?

For the purposes of this study, this author chose to focus on adult (18 years and older) female survivors of sex trafficking. This research question became: *What protective factors do providers of social and health care services identify as influential in the recovery of adult female survivors of human trafficking?* "Protective factors" are defined as biopsychosocial elements of a

survivor's self or experience that contribute to self-determined positive outcomes of treatment. These are intended to reflect a process of growth, rather than static, goal-oriented measures of providers. In salutogenic language, protective factors are similar to Generalized Resistance Resources (GRRs).

This study is a qualitative, cross-sectional study that is exploratory in nature. This author interviewed individuals who provide social and health care services to survivors of human trafficking and asked them to consider two to three stories of survivors' growth in preparation for the interview. These interviews took place through in-person meetings, phone, and Skype. The twelve participants responded to five interview questions based upon their work with survivors in Belgium, Colombia, France, Italy, Malaysia, Mexico, Nicaragua, Peru, the Philippines, Saipan, South Korea, Sri Lanka, Thailand, and the United States. Further, the survivors' native countries span five continents – Africa, Asia, Europe, North America, and South America.

CHAPTER II

Literature Review

The goal of this study is not to simply provide a list of protective factors that providers have identified as influential in recovery of survivors of human trafficking; it is to better understand what has contributed to the recovery of a few unique survivors within their own socio-cultural context and through an understanding of the dynamic nature of resilience. The stories of survivors, shared through their providers' perspectives bring their voices to the forefront, encouraging a survivor-focused and survivor-led conversation. These stories also help providers better understand what inspires healing and what coping skills have proved most beneficial across cultures. Knowledge of what protective factors are most beneficial to survivors of human trafficking can help inform individual treatment and foster strengths-based program development that considers survivors' agency in their healing process.

The following section provides both theoretical and evidence-based support of the research question itself, as well as, a framework for this author's investigation of protective factors in survivors of human trafficking. An exploration of Posttraumatic Growth Theory (PTG) and research will offer evidence that among survivors of trauma, some will experience a "negative legacy of trauma," or chronic trauma, while others will navigate their way toward recovery and a "positive legacy of trauma" (Bhushan & Hussain, 2007), thus providing a

foundation for the study question. Further research and theory is presented in the following two sub-sections: Resiliency and Human Trafficking.

Within Resiliency, the reader will find: 1) a brief history of resiliency research, followed by a synopsis of psychosocial and biological correlates; 2) an analysis of Salutogenic Theory and research, presented as the basis of this study; and 3) a brief summary of interrelated concepts of General Resistance Resources (GRRs) and Sense of Coherence (SOC). The subsequent section outlines research specific to the experience of survivors of human trafficking and is divided into two sections: 1) current theory and discourse; and 2) a summary of research on protective factors relating to post-trafficking treatment.

Posttraumatic Growth Theory

A significant body of research supports the assumption that from a wide range of trauma, individuals, both children and adults, are able to experience positive self change and increased life satisfaction (Calhoun et al., 2010; Cobb et al., 2006; Tedeschi, Park, & Calhoun, 1998; & Triplett et al., 2011). The concept that significant life crises can bring about positive change has been emphasized and supported by religion, mythology, literature, philosophy, and science (Frankl, 1963; Maslow, 1954; & Tedeschi, Park, & Calhoun, 1998). Researchers have studied this phenomenon, coined Posttraumatic Growth (PTG), in populations ranging in age, gender, ethnicity, and type of disruptive or traumatic event (Calhoun, Cann, & Tedeschi, 2010; Cryder et al., 2003; & Vishnevsky et al., 2010) and much of this research indicates that "growth experiences in the wake of traumatic events far outnumber the reports of psychiatric symptoms" (Bhushan & Hussain, 2007, p. 46). "Growth" refers to the transmutation of trauma into a positive outlook; Tedeschi and Calhoun (1996, 2004) offer that this growth can promote changes such as

"relating to others, new possibilities, personal strength, spiritual change, and appreciation for life" (Levine et al., 2009, p. 282).

Despite the prevalence of positive outcomes originating from trauma, there has been a lack of empirical research on resiliency and PTG within a traumatized population (Harvey, 2007). Many clinicians and theorists advocate for research that addresses not only the pathogenic responses to trauma, but the positive changes, as well (Linley & Joseph, 2004); this focus on the interrelatedness of resiliency and pathology is reflected in such recovery interventions as Dialectical Behavioral Therapy and Sensorimotor psychotherapy (Brown et al., 2011). Research supporting the concept of PTG clearly demonstrates that many people experience positive outcomes originating from trauma, yet it does not explain *why* some individuals experience growth, while others suffer lifetime effects of the trauma, symptoms most commonly diagnosed as Posttraumatic Stress Disorder (PTSD). This study explores existing strengths and protective factors that contribute to individuals' experience of PTG following a traumatic event.

Distinction between PTG and resilience.

While PTG offers a basis for the proposed study question, neither the term, nor the theory, are synonymous with the concept of resiliency, which is the focus of the following exploration of the experience of female survivors of human trafficking. While both terms are salutogenic constructs, PTG focuses on the positive changes that result from trauma, while resilience refers to an individual's existing capacity to defend against the negative effects of the disturbance. Levine et al. (2009) conducted a study of 2,908 Israeli adolescents, who had survived varying degrees terror exposure. The authors found an inverse relationship between resilience, as defined by a lack of PTSD symptoms, and PTG. The results suggest that the more effectively one is capable of mitigating the effects of a trauma, the less likely one will be affected

enough to experience significant life changes, resulting in growth (Levine et al., 2009). The authors present an alternate explanation, which is supported by cognitive adaptation theory (Taylor, 1983); this theory holds that individuals who lack resilience rely on "unrealistic optimism" and "wishful thinking," in the face of adversity and that this cognitive bias often results in perceived positive outcomes (Levine et al., 2009).

Resiliency

    History.

The incidence of individuals, families, and communities experiencing positive outcomes, despite enduring traumatic events, has been acknowledged and celebrated throughout history in mythology, science, religion, and literature texts. Yet, the study of resiliency as a scientific concept is a relatively new phenomenon. Resiliency research, through systematic empirical study, emerged in the early 1970's as researchers began to explore the protective factors that contributed to children not developing psychopathology despite the presence of multiple risk indicators (Cicchetti & Garmezy, 1993). Since that time, the concept of resilience, as it relates to recovery of trauma, has been conceptualized in vastly different ways by various researchers, theorists, and practitioners (Brown et al., 2011; Curtis & Cicchetti, 2003; Kaplan, 1999; Luther, Cicchetti, & Becker, 2000; & VanBreda, 2001).

Masten (2007) contextualizes the first three "waves" (p. 921) of resiliency research and forecasts the promise of a fourth wave of study. Researchers influencing the first wave of study sought to measure resiliency in varying contexts and to identify protective factors or "correlates of resiliency" (p. 922) in children, families, relationships, and environments. The second wave built upon this work by exploring the *process* by which these factors affected patients in either

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pathological or health-promoting ways. During this period, researchers identified attachment relationships and family interactions as potential protective factors and as mediators of stress related to trauma. The third wave emerged in recognition of both the immediate need of children living in high-risk situations and the need for evidence-based prevention and treatment strategies; this period was marked by experiments to test resiliency. Looking ahead to the fourth wave, Masten advocates for continued resiliency research that: builds upon previous theory and data; integrates cross-disciplinary perspectives (i.e. health care, eco-, and political systems); and examines the concept of resiliency at many levels (from molecular to global). Appendix A offers a compilation of "hot spots" (p. 926) for multilevel integration and highlights many of this study's potential protective factors.

Psychosocial correlates.

Much controversy exists over the nature and appropriate integration of resiliency theory in social work practice. Questions regarding: what constitutes adversity (single versus multiple life stressors); how to measure resiliency (by single outcome or across domains); nature of resiliency (character attributes or integrated within social context); and whether resiliency is fixed or changing over time are continually being debated among researchers and theorists (Brown et al., 2011). The operational definition of resilience is perhaps the best reflection of a theorist's conceptualization; the following list reveals the influence of current research on the concept itself.

"Resilience is a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma" (Luthar & Cicchetti, 2000, p. 858). Within this definition, Luthar and Cicchetti make clear that resiliency is not simply a fixed set of accumulated protective factors, but rather a "dynamic process" that is interrelated with the wider

social environment. In recognition of the dynamic nature of resiliency, Freitas and Downey (1998) created a framework in which to study children's response to trauma that considers: "the content of and relational structure among relevant psychological mediators such as competencies, expectancies, values, and goals; and (b) the relation between these psychological mediators and relevant features of the environment" (p. 263). Other theorists, such as Barnard (1994) have developed lists of individual and family correlates to resiliency (see Appendix B), initially suggesting a more uni-dimensional view of resilience. Yet, Barnard, like many others, advises practitioners to consider that clients can be both complexly traumatized and resilient and that risk and protective factors can exists in duality, intertwined in the healing process (Barnard, 1994; Brown et al., 2011; & Hobfoll et al., 2008).

Goldstein (1997) addresses several current debates regarding the nature of resiliency in the following definition of resiliency as, *"…a complex form of flexibility and mastery [that] arises out of and is nourished by interpersonal and social processes" (p. 31).* Goldstein goes on to describe resilience as a *"self righting tendency"* that reflects *"both the capacity to be bent without breaking and the capacity once bent to spring back"* (p. 30). While the research of Feinauer and Stuart (1996) reflects a conceptualization of resilience in terms of an absence of symptomatology, Goldstein addresses the "bending back" from trauma, thus indicating that resilience is more than a lack of psychopathology, but a positive adaptation to trauma.

Polk (1997) offers a view of resiliency as multi-dimensional by identifying four patterns of resiliency: "Dispositional, Relational, Situational, and Philosophical." Dispositional refers to character attributes of an individual that promote a resilient disposition and include such qualities as "sense of autonomy, self worth, good physical health, and good physical appearance" (VanBreda, 2001, p. 5). Relational patterns include familial relationships, friendships, as well as,

a consideration of broader roles within the community and greater society. Situational patterns address an individual's capacity to recognize, evaluate, and react to problems, furthering Polk's conceptualization of resistance as both interconnected within social context and dynamic in nature. Philosophical patterns of resiliency refer to individuals' worldview and include beliefs that potential strengthen resilience, such as the convictions that "positive meaning can be found in all experiences" or "life is purposeful" (VanBreda, 2001, p. 6).

Biological correlates.

As evidenced in the above descriptions of resilience, the vast majority of current research addresses the psychosocial correlates of resiliency. In response, some researchers now advocate for studies to incorporate a focus on biological contributors, as well (Beaver et al., 2011; Curtis & Cicchetti, 2003; Elliott, Sahakian, & Charney, 2010; & Rasmusson, 2008). Caspi et al. (2003) conducted a prospective-longitudinal study, composed of a representative birth cohort of 1037 children, which was divided into three separate groups based on their "serotonin transporter [5HTT] genotope" (those with two copies of the s allele, those with one copy of the s allele, and individuals with two copies of the 1 allele). After monitoring the study population (every two to three years from ages 3 to 21), each group was then assessed for frequency and response to stressful events between the ages of 21 and 26, through the use of multiple testing methods, such as life-history calendar, Diagnostic Interview Schedule, and questionnaires filled out by a third party chosen by each participant. The authors found that while the genotype did not influence the frequency of stressful events among participants, it did affect the incidence of depression among individuals who experienced stressful life events. "Individuals with one or two copies of the short allele exhibited more depressive symptoms, diagnosable depression, and suicidality in relation to stressful life events than individuals homozygous for the long allele" (p. 388).

Similar studies support Caspi et al.'s results that indicate that an individual's adaptation to life stressors is affected by his or her genetic composition (Boardman, Blalock, & Button, 2008; Caspi et al., 2002; Hampton, 2006; & Kim-Cohen et al., 2006). Additionally, recent research on the biological contributors to resilience suggest that "social and psychological experiences exert actions on the brain which can modify gene expression and brain structure, function, and organization, which in turn can lead to the initiation and continuation of behavioural changes" (Boyden, 2007, p. 5, citing research conducted by: Curtis & Cicchetti, 2003; Hampton, 2006). This begs the question: *Is a person's genetic composition responsible for positive outcomes, despite traumatic experiences, or is positive adaptation responsible for shifting genetic make-up?* Is it clear, however, that continued resiliency research requires an integrated analysis of biopsychosocial contributors.

Based on the findings of the Kauai Longitudinal Study, Werner (1992) asserts that "rearing conditions were more powerful determinants of outcome than perinatal trauma" (p. 263) among the study population. Among study participants who demonstrated resiliency, Werner identified several shared characterizations, including "personal competence and determination," "support from a spouse or mate," and "reliance on faith and prayer." (p. 264). Based on this study, Werner developed five themes of protective factors, which included 1) dispositions that elicited caring and positive responses from others; 2) "skills and values that led to an efficient use of . . . abilities" (p. 265); 3) parental caregiving that fostered self-esteem; 4) supportive adults and mentors; and 5) opportunities during life transitions (e.g. job opportunity after graduation). This study links family support with the resiliency of children into adulthood, despite perinatal trauma and significant risk factors. Given the trauma associated with the exploitative experience

and the risk factors associated with victimization in sex trafficking, this study's findings are both

relevant and suggestive of potential protective factors.

Constructionist perspective.

Given that this study's cross cultural focus on resiliency in survivors of human

trafficking, it is critical to move forward with an understanding of resiliency that is applicable

within diverse social and cultural contexts. In response to a discourse predominately influenced

by Ecological and Systems Theory, Ungar (2004) proposes a constructionist perspective that

better addresses the diversity of resiliency experiences of individuals, families, and communities.

Ungar challenges the notion that resiliency is "health in the face of adversity" and offers this

reframe of resiliency as a concept,

> …. a constructionist approach to resilience reflects a postmodern interpretation of the
>
> construct and defines resilience as the outcome from negotiations between individuals
>
> and their environments for the resources to define themselves as healthy amidst
>
> conditions collectively viewed as adverse (p. 342).

Boyden (2001) goes a step further to identify resilience as a social construct, rather than a

scientific concept, and purports that research that supports resiliency as a "nonsystemic,

nonhierarchical relationship between risk and protective factors," more authentically describes

"the relationships between factors across global cultures and diverse social and political settings

as chaotic, complex, relative, and contextual" (as cited in Ungar, 2004, p. 342). It is in this spirit,

that this author approaches an exploration of protective factors in female survivors of human

trafficking.

Salutogenesis.

Salutogenesis, which translates literally "origin of health," is an asset-based framework, from which to explore resiliency. Aaron Antonovsky (1979) introduced Salutogenic Theory as an alternative to the dominant paradigm of pathogenesis, which explores the origins of disease and remains the leading model of scientific study in both the medical and psychology fields. Pathogenic Theory, as summarized by VanBreda (2011), operates under the assumption that humans function in a state of homeostasis, which is maintained by a complex system of regulatory mechanisms; individuals become "diseased" when one of these systems fails to protect the body, mind, or spirit against "microbiological, physical, chemical, and/or psychosocial stressors, vectors, or agents" (Antonovsky, 1984, p. 114). From this orientation, stressors are clearly identified as "bad" and the goal is to identify, reduce, and eliminate risk factors that lead to disease. Antonovsky proposed an alternative to this way of conceptualizing illness. Instead of focusing on what makes individuals, families, and communities "sick," Antonovsky (1979) asks, "Why, when exposed to the same stress, do some people become ill, while others remain relatively healthy?" From the Salutogenic point of view, one considers stress and chaos to be a natural part of life and is curious about how humans are capable of surviving and thriving despite this.

Why choose Salutogenic Theory as the basis for a study of protective factors in survivors of human trafficking? In order to answer this question, it's helpful to explore the impetus for Antonovsky's theoretical revelation. Antonovsky et al. (1971) conducted an epidemiological study of women, who had been imprisoned in concentration camps during the Holocaust and found that, despite the devastating physical, emotional, and psychological stressors caused by such an event, a significant group of the survivors demonstrated the capacity to maintain good

physical and emotional health and reported a positive sense of wellbeing and role satisfaction (Antonovsky et al., 1971). Although survivors of the Holocaust and victims of severe forms of human trafficking experience different types of traumatic events, both groups have shared experiences of suffering from: multiple losses, persecution, dehumanizing environments, physical and emotional torture, among other traumatic experiences. Yet, some women emerge from these experiences capable of living healthy, rewarding lives. Researchers have also implemented the Salutogenic paradigm to better understand resiliency in the face of trauma in relation to war (Antonovsky & Bernstein, 1986), terminal illness and disability (Baker, 1998; Gottlieb, 1998), and the Holocaust (Cassel & Suedfeld, 2006).

Further, the Salutogenic concepts of General Resistance Resources (GRRs) and Sense of Coherence (SOC) provide depth to this study's focus on "protective factors." Antonovsky (1996) describes GRRs as, "a property of a person, a collective or a situation which, as evidence or logic has indicated, facilitated successful coping with the inherent stressors of human existence" (p. 15). GRRs, essentially previously understood as protective factors, include psychosocial aspects of self such as knowledge, self-esteem, coping strategies, religion, social support, and traditions. GRRs combine with an individual's life experiences to influence one's sense of coherence, which represents the way in which a person views the world is associated with self-efficacy and health promoting abilities. This perception of the world and one's place in it is dynamic and fluid (Lindström & Eriksson, 2006; VanBreda, 2011). This conceptualization of resiliency as dynamic aligns with this study's operational definition of resilience as, *"the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse"* (Ungar, 2004, p. 342).

Antonovsky (1987) reformulated his original conceptualization of SOC as,

A global orientation that expresses the extent to which one has a pervasive,

enduring though dynamic feeling of confidence that (1) the stimuli deriving from

one's internal and external environments in the course of living are structured,

predictable and explicable; (2) the resources are available to one to meet the

demands posed by the stimuli; and (3) these demands are challenges, worthy of

investment and engagement (p. 19).

Lindström & Eriksson (2006) summarize this complex concept with brevity, "People have to

understand their lives and they have to be understood by others, perceive that they are able to

manage the situation and…most important, perceive it is meaningful enough to find motivation

to continue" (p. 241). Therefore, to simply compile a list of protective factors, or GRRs, relating

to the experience of survivors of human trafficking would be insufficient to accurately answer

the deeper, salutogenic question of "What causes some women to escape the devastating

emotional and psychological effects of trafficking, and go on to lead healthy, fulfilling lives?"

Antonovsky boldly proposed that SOC applied to resiliency on an individual, group, or

societal level and claimed that it was valid across cultural contexts (Lindström & Eriksson,

2006). Considering the cross-cultural nature of this proposed study, as well as, the constructionist

definition of resiliency that is being used, this is an important assertion to examine. Antonovsky

(1996) defined health as "a state of optimal physical, mental and social well-being, and not

merely the absence of disease and infirmity" (p. 12) and conceptualized health as a continuum,

with individuals falling somewhere between two poles, "ease" or "dis-ease." This dichotomous

view between health and disease and fairly subjective view of the meaning of health should be

expanded to account for self-determination, as well as, social and cultural context. Boyden and

Cooper (2007) reflect on the dialectical relationship of resilience and risk and point to the fact

that in order to understand resilience, one must have a grasp on the risk, problem, or disease being addressed. The authors speak to this challenge by stating, "defining a problem for an individual or a society incurs normative judgments; what is 'bad' is predicated on values, interests and assumptions" (p. 6). This author considered these challenges when designing an interview consisting of clearly defined and inclusive terms, in the hope that it would allow for a wide range of unique experiences to be expressed.

Human Trafficking

Theoretical foundation.

There are two main theories or, more accurately, paradigms that are currently used to influence trafficking policy and practice. The modern "Abolitionist Movement" or "Anti-Trafficking Movement," which calls for an end to human trafficking and global sex trade is represented in most governmental and non-governmental agencies addressing both policy and intervention. The United Nations, Asia Watch Women's Rights Project, Global Survival Network, National Organization of Women, Equality Now, Catholics for Free Choice, the Feminist Majority, and the Coalition Against Trafficking in Women (CATW) are just a few of the organizations that are based in the understanding of trafficking as violence against women and sex slavery; they consider these manifestations of inequality of women.

In contrast, there is a growing body of literature rejecting this "monolithic" (Kempadoo, 2001, p. 28) view of human trafficking, and contends that research and practice require a framework in which the global relations of power are examined. This movement has been called "Transnational Feminist Perspective" (Kempadoo, 2001), "Post-Modern Feminist Theory" (Desyllas, 2007), and the Sex Workers' Rights Movement and considers the importance of

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women's agency and the possibility of multiple realities. In her article, "Women of Color and the Global Sex Trade," Kempadoo examines how a history of colonialism and cultural imperialism has led to the over-representation of women of color in the sex trade. Kempadoo cites three main sources of this discrepancy: 1) There is significant documented prostitution around military bases, most notably, in Asia and the Pacific; 2) Conditions of excessive force and violence are more common for women of color; and 3) Sex tourism is a thriving industry and provides integral revenue for many developing nations, partly due to economic restructuring under the IMF and World Bank. Doezema (2010) analyzes the current anti-trafficking discourse and how media and politics play critical roles in the meaning making of trafficking. Doezema examines the ideologies and agendas that fuel the anti-trafficking discourse, including those who are anti-globalization on the left and evangelical Christians on the right.

In "A Critique of the Global Trafficking Discourse and U.S. Policy," Desyllas (2007) argues that the predominant view of women as "victims" reinforces "racism and dualistic simplifications of a complex issue" (p. 57). The author reframes the issue of human trafficking as "labor rights, migration and human rights" (p. 57). This argument fits within the "Transnational Feminist" framework discussed in Kempadoo's work above and both authors make a distinction between prostitution and forced sex work. Kempadoo (2007) states,

> Reducing sex work to a violence inflicted upon women due to notions of a universality of patriarchy and masculinist ideologies and structures, or through the privileging of gender as the primary factor in shaping social relations, dismisses the great variety of historical and socio-economic conditions, as well as cultural histories, that produce sexual relations and desire (p. 38).

Because the latter of the two perspectives focuses on changing the structural global inequalities and challenges to the current discourse, there is little information regarding how this paradigm affects the actual treatment of survivors of human trafficking. The Abolitionist Movement, however, is the driving force of treatment based in trauma theory. Because it is the predominant way of looking at the issue, most of the literature focuses on treatment, rather than a larger analysis of discourse and policy. This author argues for an integrated approach to treatment. "Integrated" here would be defined as working within the current framework focused on the abolition of human trafficking, but with an historical and economic perspective on the differences between forced sex work (included within severe forms of human trafficking) and prostitution.

Empirical research: Program implementation.

The research examined in "Sex Trafficking in Nepal: Survivor Characteristics and Long-Term Outcomes" (Crawford & Kaufman, 2008) provide much needed empirical evidence of the outcomes of reintegration programs for survivors of sex trafficking. The authors gathered their data from a Katmandu NGO shelter, serving victims of violence, trafficking, domestic abuse, and rape. The data set included a random sampling of 20 girls, ages 12-19 years old, who had been trafficked into brothels. The time the girls spent in brothels ranged from 5 months to 4 years. After removal, they all resided in the shelter at some point between early 1996 and December 2004. Of the 19 women who were available for follow-up, 16 reported "satisfactory adjustment;" 11 survivors (55%) were employed in income-generated activities; and 10 women were married after returning to the villages (59% of 17 returned). The majority of the women (76%) reported satisfactory health (Crawford & Kaufman, 2008).

Crawford and Kaufman (2008) hypothesized reasons for this particular program's apparent success in reintegrating women who were previously trafficked into the sex trade – the work of NGO's in rural Nepal to reduce stigma attached to survivors of sex trafficking and the fact that only one of the survivors had been infected with HIV. One could surmise that the health status of survivors plays a role in how well they reintegrate. The authors also acknowledge that the program at the heart of the study was founded and run by Nepalese women, who had experience with trauma *and* with local culture. Lastly, the women who reported "satisfactory adjustment" all benefited from the NGO's practice of providing survivors with income-generating skills. The authors note, "The ability to provide for oneself and help one's family in the daily struggle for economic survival is a large source of status and prestige in Nepal, and it surely contributed to the survivors' acceptance in their home villages" (Crawford & Kaufman, 2008, p. 914). The focus on income-generating skills, familial connections, and cultural ideology, as well as, an acknowledge of the importance of reducing stigma associated with sex trafficking, signify that the researchers are considering structural issues related to human trafficking, perhaps indicative of a more post-modern feminist perspective. The authors' findings suggest that potential indicators for successful reintegration of survivors include: 1) positive relationships with family members; 2) skills that enable survivors to engage in income-generating activities; 3) positive relationships with staff who are knowledgeable in both cultural considerations and trauma; and 4) HIV/AIDS negative diagnosis.

Aborisade and Aderinto (2008) conducted a qualitative study among former sex workers in Nigeria to identify which of the three current rehabilitation approaches has proven most effective: governmental social welfare, non-governmental social welfare, or faith-based. The main qualifiers of program success were determined to be, "the disposition of the clients towards

the idea of rehabilitation, their relationship with caregivers and co-clients, their level of voluntary participation in routine activities, how they consider their past in relation to what they intend to do about their future and their attendance and drop-out rate" (Aborisade & Aderinto, 2008, p. 1948). Two theories of rehabilitation, group-relations and clinical principles, were discussed and attention was paid to their focus on "deviant behavior" of the client. It is clear that this paradigm influenced what the researchers determined to be indicators of success. The focus on pathology within this framework indicates a need to terminate the source of the "deviant behavior," reflecting the main goal of the Abolitionist Movement and a pathogenic orientation.

Primary data was gathered through 60 in-depth interviews, 35 key informant interviews, and six case studies; collection of secondary data was obtained through a variety of immigration, police, and Nigerian service records. The researchers used a combination of purposive sampling and snowball method. Through these measures, researchers found that the faith-based model of rehabilitation was most successful in treatment of trafficking survivors (Aborisade & Aderinto, 2008). While this study focused on program success, the indicators could be applied to *client* success and as potential resiliency factors. This study also reinforces the need to gain an understanding of the guiding principles of the aid program in order to critically examine how they determine indicators of success.

Empirical research: Mental health of survivors.

While Crawford and Kaufman (2008) focus their research on reintegration into communities and Aborisade and Aderinto (2008) study the effectiveness of varying structures of service organizations, Tsutsumi (2008) and others explore the mental health status, specifically, the prevalence of depression, anxiety, and post-traumatic stress disorder, in female survivors of human trafficking in Nepal. The authors first differentiate the types of human trafficking that

occur in Nepal by purpose: sexual exploitation and non-sexual practices, such as circus work and domestic labor and create a comparative examination of the mental health status between the two groups. While the authors' theoretical perspectives are not explicitly stated, they clearly advocate for the prevention of, and end to, human trafficking. Because sociopolitical inequities are not addressed and the emphasis is on the effects of trauma on women, in particular, both of the following studies appear to follow an abolitionist approach, viewing trafficking as sex slavery with devastating internal consequences.

A cross-sectional study was conducted in which 164 female survivors were interviewed using a structured questionnaire, the Hopkins Symptoms Checklist-25, and the PTSD Checklist Civilian Version (PCL-C) (Tsutsumi et al., 2008). The researchers analyzed the data and narratives between two groups: those who were trafficked as sex workers and those whose exploitation did not involve sex, but labor. The authors found that while reports of anxiety were relatively the same between the two groups, a greater number of survivors of sex trafficking suffered from more intense symptoms associated with depression and PTSD. Further, there was no correlation found between duration of trafficking and intensity/incidence of anxiety, depression, or PTSD. These findings are significant, in that, they provide empirical evidence that anxiety, depression and PTSD exist at high rates in female survivors of trafficking. In considering what biopsychosocial factors lead to successful reintegration for these women, it is imperative to have an understanding of the most common mental health diagnoses associated with the trauma of the trafficking experience. One limitation that needs to be addressed in the above research study is the lack of male participants represented in the study. While there are a disproportionate number of women who are trafficked, especially in the sex trade, boys and men

still make up a combined 21% of trafficked individuals worldwide (The UN Office on Drugs and Crime, 2010).

In her article, "Complex Trauma, Complex Reactions: Assessment and Treatment," Courtois (2008) examines the criteria, assessment, and intervention associated with complex trauma, making a clear distinction between the current PTSD diagnosis and the repeated and cumulative trauma often experienced by victims of human trafficking, domestic violence, child abuse, and war crimes. The author argues that the current instruments used to assess PTSD do not address "…the complexity of CPTSD/DESNOS patient, including such issues as developmental aspects of the trauma history, functional and self-regulatory impairment, personal resources and resilience, and patterns of revictimization" (Courtois, 2008, p. 89). The author advocates for a longer term, "meta-model" treatment, which is based in a "whole person" philosophy and moves through three sequential therapeutic stages (Courtois, 2008, p. 92). While there is a primary focus on the biopsychosocial "deficits and dysregulations" during Stage 1 of treatment, there is no mention of biopsychosocial assets (Courtois, 2008, p. 92). Courtois' work is advancing the understanding of complex trauma in relation to human trafficking, yet it only hints at the resiliency factors of survivors.

Summary

The literature reviewed provides a foundation for further exploring the question, *"What protective factors do providers of social and health care services identify as most influential in the recovery of adult female survivors of severe human trafficking?"* Varying conceptualizations of resiliency are discussed and research, both supporting and critiquing, is presented. A rationale regarding the author's choice to frame this study in Salutogenic Theory is presented, as well as,

limitations associated with this resiliency model. An analysis of classic and current research highlight potential growth-promoting factors, such as the feeling of hope in children and strong ties to family in adult women. The research also stems from a variety of theoretical foundations, which has informed the research questions, methodology, and to a certain extent, the findings. This background is important in working directly with service agencies and will provide a critical lens from which to analyze their responses.

In reviewing the current research, this author has identified several areas where ethical issues arise, such as the potential for inaccurate generalization of findings across cultures and genders, the lack of research aimed towards specific demographics (i.e. survivors of human trafficking), and the potential for retraumatization of survivors during data collection. There are also questions regarding the theory behind the research methods and whether the guiding principles originate from a monolithic, white, western perspective (Desyllas, 2007; Kempadoo, 2001). This author has not identified any research that directly addresses protective factors related to resiliency in survivors of human trafficking.

CHAPTER III

Method

The purpose of this study is to explore the topic of human trafficking and resiliency of survivors. Specifically, the study question is: *What protective factors do providers of social and health care services identify as most influential in the recovery of adult female survivors of severe human trafficking?* "Protective factors" are defined as biopsychosocial elements of a survivor's self or experience that contribute to self-determined positive outcomes of treatment. Much of the current research and literature focuses on the obstacles that survivors encounter post-trafficking and the extent to which the trauma has impacted their lives. To this author's knowledge, there are few documented studies that are asset-based or that address the survivors' strengths, which might then be used in intervention design and implementation.

Research Type, Method, and Design

This study is qualitative, cross-sectional and exploratory in nature. Because there is little research available on the protective factors of human trafficking survivors and because of practical resource limitations (time, money, and access), an exploration of this topic is the most realistic. Because there is growing debate among theorists and social service providers pertaining to the discourse, policy, and practice revolving around the issue of human trafficking, a qualitative study allows for a broader discussion of the topic. A quantitative approach,

implementing set survey questions, would have limited the research to a static set of data points; a qualitative study, in this case, allows for a richer, more complex narrative. Considering the cross-cultural perspective, a qualitative approach allows more flexibility in response and follow-up, while reducing the risk of miscommunication or misunderstanding of numerical data. The choice of cross-sectional as a research design is based on the hope to study what protective factors are relevant for survivors *right now*, how that varies cross-culturally, and how it informs current practice.

A standardized open-ended interviewing style is the most beneficial method of qualitative interviewing for the purposes of this study. Tightly structured, purposely ordered, fixed questions enable the researcher to gather data with a low risk of interviewer bias while allowing for the consistency needed to detect themes in responses in the data analysis stage (see Appendix A). In addition to the open-ended interview questions, several questions were asked regarding each participant's background in the field of human trafficking (see Appendix B). Observations of this data allow the reader to make connections between the experience and motivation of participants and their perceptions of both positive growth and protective factors in survivors of human trafficking. Participants' responses were documented through the use of a recording device, in conjunction with interviewer notes and observations. Recording data was then transcribed into written text for the purpose of analysis.

Data Analysis

Interviews were transcribed completely for purposes of accuracy. During the transcription process, the grounded theory method of memoing was utilized to highlight areas of potential significance in each interview and influence the direction of study (Rubin & Babbie,

2010). Patterns and themes emerged from these memos and provided the foundation for categories. Through this inductive analysis process, four themes emerged – *Relationships, Education, Disposition,* and *Environmental Factors.* Data was then grouped into appropriate categories for the purposes of analysis.

Characteristics of Participants

This researcher relied on purposive, snowball sampling to recruit participants. The sample size of 12 include licensed clinicians, researchers, advocates, program administrators, paid and unpaid counselors/caseworkers, and staff members who work, directly or indirectly, with survivors of human trafficking. Participants represent a range of organizations (i.e. NGO, governmental agency, faith-based), preferred treatment modality, target population, and locality. All participants are 18 years of age and have worked in the field of human trafficking for at least one year. While respondents also range in experience, position within organization, age, race, ethnicity, locality, etc., each is able to read and speak English fluently, has computer and Internet access, and is proficient enough to participate in an Internet interview, using these tools and skills. Individuals who have personally experienced being trafficked were excluded from the study due to risk of emotional distress.

The decision to interview providers, rather than survivors themselves, is based on the aforementioned practical limitations of the study and out of concern for survivors' wellbeing. However, researchers analyzing the risks and benefits of participation in trauma research purport that while only a minority of participants experience distress, most appraise the experience as "positive, rewarding, and beneficial to society" (Legerski & Bunnell, 2010, p. 429). In fact, several studies indicate that self reported distress levels among participants in trauma research

were not enough to reduce willingness for, or lessen perceived benefits of participation (Ferrier-Auerback, Erbes & Polusny, 2009; Griffin et al., 2003; Legerski & Bunnell, 2010). Considering the low risk of harm and the potential improvement to the physical and psychological health of participation in trauma-focused research, (Pennebaker, 1997; Draucker, 1999; Legerski, 2010), it is this author's belief that research conducted directly through the eyes of survivors could prove immensely beneficial. Researchers who choose to interview survivors first-hand should carefully review the current literature regarding the most beneficial and least distressful research methods.

Limitations

This study is limited in that it relies on the interpretations and impressions of the workers, and not the clients directly. While care was taken to obtain a diverse sample of organizations, it is impossible to create a representative sample, based on country, philosophy, treatment modality, target population, among many other factors that are likely to influence the respondents' answers. Determining causality between what clinicians believe to be resiliency factors and other variables will be difficult in light of such a complex issue. Consideration of the dynamic relationship between the many factors affecting the outcomes of survivors will be central to analyzing the responses of clinicians and social services providers. Because respondents must have English language capability, as well as access to and knowledge of Internet phone systems, the sample does not represent more rural, isolated communities. The generalizability of this study's results is also limited due to: the relatively small sample size of 12 participants, focus on female survivors, and exclusively non-governmental organizations (NGO) represented among participants.

Ethical Considerations

Ethical concerns specific to this study include issues of anonymity, confidentiality, risk of distress related to vicarious trauma, and potential misinterpretation and/or biases of service providers. Considering that providers were interviewed, as opposed to survivors directly, the risk of distress to the trauma victim was eliminated, yet providers remained at risk of experiencing vicarious trauma. Care was taken to reduce these risks and mental health resources were available to those who needed them. Informed consent forms, which included information regarding the risks and benefits of participation, were discussed and signed prior to interview (Appendix C). Since the survivors had not consented to their stories being shared, it was imperative that all information disclosed remain anonymous and without indentifying details. In regards to the confidentiality of the participants, once the interviews were transcribed, all identifying information was removed or coded and all additional documentation was securely locked. One final ethical consideration is that of interviewer bias. Bias could be reflected through the interview questions themselves and elicited through the more informal, flexible interview process.

CHAPTER IV

Findings

Purpose of Study

The primary goal of this study is to answer the question, "*What protective factors do providers of social and health care services identify as most influential in the recovery of adult female survivors of severe human trafficking?*" Within this chapter, the reader will find a brief summary of the demographics of the study sample, as well as a compilation of the various protective factors, or as defined in Salutogenic Theory, Generalized Resistance Resources (GRRs), that participants have identified as influential in the recovery of trafficking survivors. These have been categorized according to the following themes, which emerged out of the coding process used in Inductive Analysis – *Relationships, Education, Disposition*, and *Environmental Factors* (Thomas, 2006). A more in-depth analysis regarding the interconnectedness of the GRRs and their influence on survivors' Sense of Coherence and ability to cope will follow in the Discussion Chapter.

Sample Demographics

    Organizations.

The study population consists of twelve participants, each representing a different Non-Governmental Organization (NGO). The organizations vary by services provided and target

population, while the participants range in experience, position, and personal motivation for their involvement within the field of human trafficking. While all the organizations are categorized as NGOs, over half of them are more specifically identified as Faith-Based NGOs (see Table 1.1). Out of the seven Faith-Based NGOs, only one representative identified a more traditional "missionary" focus on religious conversion, while the majority focused primarily on social justice issues related to trafficking and were non-proselytizing. Four out of the twelve participants identified as Catholic nuns of the same order, but were affiliated with different NGOs. While many of the organizations also work with male survivors, children, and those impacted by other forms of trafficking, all of the NGOs also work with female survivors of sex trafficking. Those participants who represent organizations that serve varying populations were instructed to reflect solely on this study's target population – female survivors of sex trafficking. In addition to providing direct service to survivors, all organizations incorporate varying degrees of advocacy, education, research, policy work, and grassroots outreach into their missions. Direct services range from clinical case management, immigration advocacy, individual and group counseling, residential services to specific empowerment programming. All organizations reflect an abolitionist viewpoint in their work with survivors of trafficking and are working to address the root causes of trafficking through advocacy and education.

Table 1. Participants by Affiliation & Location			
Affiliation	**Domestic**	**International**	*Totals*
NGO	4	1	5
Faith-Based NGO	2	5	7
			12

As seen in Table 1.1, half of the organizations are considered International NGOs. Four

of the International NGOs provide direct services to survivors in countries outside of the United

States - in Japan, Malaysia, Nicaragua, and Saipan.[2] The remaining two are essentially the same

NGO – an order of Catholic sisters, but are represented in very different ways. One of the

participants served as this NGO's representative to the United Nations on issues related to human

trafficking, while the other conducted her own comprehensive research on the topic of human

trafficking by traveling to various shelters, court diversion programs, long-term care facilities,

outreach and drop-in centers, one prison, government-funded programs, non-residential

counseling programs, and NGOs to interview survivors. Her contributions reflect perspectives

gained from her work with survivors living in Sri Lanka, Belgium, France, Italy, the Philippines,

Saipan, South Korea, Sri Lanka, Thailand, and the United States. Out of the six Domestic NGOs,

three work with a largely refugee and immigrant population.

Participants.

Participants represent a total of 76 years of direct service with survivors of human

trafficking and over 118 years working directly with survivors of trauma. Most participants have

been active in the field for at least five years and the majority hold advanced degrees in Social

Work, Education, Law, or Public Health. Those interviewed vary by their roles within

organizations (Table 1.2), with many in positions of leadership, such as executive directors and

directors of programs.

All of the participants noted a natural progression of becoming involved in the field of

human trafficking from a history of working with populations that have been marginalized and

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[2] Saipan is a small island, measuring about five miles wide and twelve miles long and is located
approximately 120 miles northeast of Guam. Saipan is a US territory and part of the Northern
Mariana Islands.

oppressed in some way. Many participants connected their motivation with the recognition of the

great need for advocacy, direct service, and education on the issues of trafficking and some

pointed to a more personal commitment to social justice issues. As one participant recalled, "I

went to a panel discussion for health and social service providers about human trafficking . . . it

grabbed me because of the social justice aspect. Trafficking is the confluence of all types of

oppression." Those connected to faith-based groups frequently spoke about the connection to

their organization's mission. "As a Sister, one of the needs of this time would be to respond to

issues of human trafficking and migration, especially those that involve women and children who

are forced to do this out of abject poverty." Others indicated a personal desire to make a

difference in the lives of others and "to be someone who people can trust" throughout the

recovery process.

Table 2. Participants' Roles	
Role within Organization	**Number of Participants**
Executive Director	2
Board Member	1
NGO Representative to the United Nations	1
Founder/Director	1
Clinical Case Manager	2
Researcher/Social Worker	1
Counselor/Outreach Worker	1
Shelter Manager	1
Director of Programs	1
Totals	**12**

What is Recovery?

For the purposes of this study and as defined in the Methods Chapter, recovery is the survivor's ability to cope with the trauma associated with the trafficking experience. Throughout the data collection process, this author indicated that recovery is the recognition of self-determined goals by the clients and encouraged participants to reflect on the clients' perspectives of what recovery means to them. This was especially important because of the diverse population served by the twelve providers. During the initial discussion of recovery, providers gave further insight into this term and into the indicators of recovery. A provider based in Malaysia, who works with women from Cambodia, the Philippines, and Myanmar described this transformation below.

> [When survivors first arrive] their eyes are downcast, physically, they look very
>
> tired, sometimes they may have physical wounds, like bruises on the body, [they
>
> are unable] to actually talk or sit up straight. It's all in the body language. So,
>
> after some time, we notice that they start to share, their facial expressions are more
>
> confident, they're able to relate better, they're able to look at us when they speak [and]
>
> we actually see them put on weight and the whole disposition is totally different.

Another participant, who is based in the United States, but works with an international population, noted similar changes in disposition.

> When a woman first comes, I see she is looking at the ground, she doesn't look at
>
> anyone, it's like she's preserving herself internally and a lot of times, she hasn't
>
> slept for days and looks very, very tired, and very, very haggard, and very worn . .
>
> . she looks abused . . . within days of being here, that whole physical appearance
>
> changes . . . . She physically looks different and it's amazing . . . it takes a lot of

time, but there is [a] reawakening that I see happen in every single woman that

comes here.

Other providers see recovery in the survivors' determination to continue facing challenges.

I'm constantly amazed at all that they have gone through and all that they

continue to face and how they're somehow able to, while they may break down from time

to time and while they may clearly be struggling with things, they have the resilience to

keep on going. And sometimes they keep on going in a specific thing, like keep on going

in English classes or keep on going in their legal applications.

One participant, who earned a doctorate in social work and is well versed in trauma research

developed her own definition of recovery after conducting research on survivors of trafficking.

For me, recovery from this deep trauma entails the ability of the young woman to

integrate her experience of being trafficked into her life narrative, without

experiencing severe dissociative symptoms. As one Thai woman explained, "It

happened. I accept that it happened, and I struggle every day."

Themes

Through the interview process, participants responded to five questions regarding

protective factors that they have identified as highly influential in the recovery of female

survivors of human trafficking. The interview questions (see Appendix A) were designed to

address biopsychosocial aspects of a survivor's experience and history, yet it should be noted

that *all* responses were identified as either psychological or social factors. Not one participant

identified a biological determinate for increased coping following the traumatic life experience

of being trafficked. The responses have been categorized into the following themes for purposes

of analysis - *Relationships, Education, Disposition, and Environmental Factors.* Consistent with current research on protective factors, this study's findings show that social and health care service providers identify strong family and community supports, education, and religion to be highly influential in the recovery from trauma in survivors of human trafficking. Further, participants have named a variety of dispositional characteristics and environmental conditions that also contribute to positive growth following trauma (See Appendix B).

Relationships.

Within the category of *Relationships,* the reader will find several subcategories – *Family, Community*, and *Religion*. Protective factors identified under this theme contribute to survivors' "sense of belonging and purpose." This author chose to include religion within this category due to community relationships associated with the practice of faith, as well as, participants' impression of it providing a similar sense of belonging, acceptance, and purpose. In Salutogenic language, the GRRs identified within this category most closely contribute to survivors' Sense of Coherence, and are thus highly influential in the recovery process. While the majority of participants highlighted the importance of family supports both prior to and following the trafficking experience, there was some diversity in responses regarding what relationships were most influential as protective factors. For this reason, the subcategory of *Family* has been divided into *Family of Origin Support* and *Survivors as Caregivers and Providers.*

Family of origin support.

"Strong family support" was cited again and again as one of the most influential protective factors in survivors' recovery from trauma. While some providers spoke about family support as influential in the development of attitudes and skills that would later benefit survivors in their recovery process (i.e., ability to trust, empathetic nature, confidence), others focused on

the positive experience of having supportive family members post-trafficking. Despite differing perspectives on *how* family supports most benefitted survivors, all of those interviewed named supportive families as a protective factor in the healing process.

Many respondents also answered the interview question, "*What are indicators that an individual will struggle more, in relation to others in similar situations, in regards to recovery?*" with issues involving survivors' families of origin. One participant spoke about a survivor's struggle to leave her trafficker as connected with a lack of positive relational models.

> [Survivors] need to see some good, loving families; they need to see good, loving partners and to know that you don't sell your partner for sex and I think for some of them, it never occurred to them that that might not be the way people operate.

Several participants discussed the difference between survivors who have experienced a pattern of abuse throughout their lives, beginning in their family of origin, and those who have experienced at least *some* positive family supports. One provider indicated that the ability to differentiate between experiences of positive familial relationships and individuals who have been abusive may serve as a protective factor in recovery and potentially lead to increased feelings of hope, bolstering the survivor's ability to trust. Several participants discussed how difficult recovery can become for survivors whose families continue to depend upon them financially and whose families and communities direct shame and blame towards victims of sex trafficking. "As one of the Asian woman said to me, 'I cannot go home, I have shamed my village,my family, and myself.' So that self-blame is very all-consuming and very common."

> Some of the clients who have really struggled are the ones [for whom] things are not going the way they're supposed to go when you're in America. So, that feeling like you're a failure; people question why aren't you sending money back. We have clients

who are sending all their money back and then not able to eat here because they're so

embarrassed that they can't send money back.

The above quotes speak to the difficulty faced by survivors when they do not experience a sense

of family and culture that is accepting, loving, and supportive. The following quote comes from a

provider who works both with United States citizens and refugees and addresses the protective

factor found within having "unconditional support and love of your family,"

The connection to family and openness with family… it's different in US citizens

and foreign nationals. Foreign nationals, [what has been important is the] ability

to talk to the family and really explain what happened [where there's] not

embarrassment and shame around what happened.

Three participants responded to this question "*What are indicators that an individual will*

struggle more, in relation to others in similar situations, in regards to recovery?" with stories

regarding sexual abuse in the home prior to trafficking. All of these reflections included sexual

abuse by a male caregiver, specifically uncles, fathers, and stepfathers. One participant

responded to the above question, "I think sexual abuse at a very young age by a father

particularly, a family member or father and repeated sexual abuse." Another provider spoke

directly to the protective factor of a supportive male family member. "When female survivors

have a supportive male family member in their lives, they seem to do better. Support is

important." A provider who has worked both with adult survivors of sex trafficking and with

adolescent girls at-risk of being trafficked, addresses the issue of how sexual abuse by a male

caretaker can negatively affect survivors' relationships with their mothers. However, she also

indicates that a positive relationship with the mother can also serve as a protective factor in

recovery.

Our girls have very complicated relationships with their moms. . .I've seen girls

who have very positive relationships with moms and positive role models in their

lives have an easier time . . . . a lot of girls [who] are sexually abused by their

fathers or sexually abused by their stepfathers have very contentious relationships

with their mothers. Just their self-esteem has been damaged a lot and I think it's

really hard . . . . It just amazes me, the relationship with the moms how that really

affects them.

In summary, participants have identified positive familial relationships, particularly with

mothers and male caregivers, as protective factors in recovery from trauma associated with being

trafficked for sex. Many respondents came to these reflections after considering what hinders

progress in recovery and noted such experiences as being sexually abused by a male caregiver,

having a "contentious relationship" with their mothers, and in general, having a lack of

supportive family members. Further, nine providers indicated that family of origin support is

often connected to poverty. This last point was most often related to immigrants living in the

United States and in other destination countries,[3] whose families rely on them to contribute

financially despite circumstance. Four others cited the survivors' feelings that they would be

"shamed by family and community" as limiting in their healing process. This indicates that a

protective factor would be growing up within a family and community in which survivors would

continue to feel accepted and believed post-trafficking. This capability of families depends on

complex factors relating to cultural norms, gender roles, and oppression in the form of gender

inequality, racism, and sexism. The issues connected with family support will be further

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[3] Victims are trafficked *from* source countries, *through* transit countries, and *to* destination
countries. Countries can be categorized as all three. According to the United Nations Office on
Drugs and Crime (2006), 161 countries are currently identified as source, transit, or destination
countries.

analyzed within the Discussion Chapter. Given that many providers identified "family of origin support" as important to recovery, but also noted this as an area of need for their own clients, the Salutogenic question of *"Why, when women are exposed to the same trauma which causes some to become ill, do some remain healthy?"* persists.

Survivors as caregivers.

While all participants expressed the protective influence of strong family of origin supports, many of those interviewed recognized that for the majority of survivors, this has not been their experience of family. Many of the same factors that both participants and current research identify as influential in causing women to become vulnerable to trafficking potentially impact the capacity of families to be supportive. One participant, who interviewed 65 survivors across Africa, Asia, and Eastern Europe emphasized these factors as contributing to the vulnerability of women to becoming trafficked.

> Life-shriveling poverty and unemployment; migration of mothers or fathers
> (either one of them or both) as a solution to grinding poverty and there's no social
> network in most of these places that the women came from; the desertion of the
> father; the crucial role that mothers and daughters play in providing for the
> economic wellbeing of their families; and gender inequality and the lack of jobs
> or opportunities in their home countries.

These risk factors could also have a devastating effect on the strength of families. The following quotes reflect a consistent theme within this study regarding the powerful nature of becoming a caregiver, especially for those who have not experienced the protective nature of supportive families of origin. Nearly all of those interviewed spoke to the challenges of women whose youth has been characterized by trauma, without access to what is needed to gain a sense of self or

belonging. However, several of those interviewed also emphasized how becoming a mother or a primary caregiver then becomes the first experience with feeling one's own personhood and as such, a transformative experience which leads to healthy resiliency. The following interview excerpts reflect the protective nature of being a caregiver:

Every woman gets tied to her desire to do something for her child; it's tied to maternity. It's not tied to her parents, not tied her husband, it's tied to her child . . . . They're all just different manifestations of this same human yearning, to be a human person, to experience life and to feel like, like I'm part of this. I'm not just piece of dust on the ground that everyone walks over, but to feel a person's real, real personhood.

In response to the question of what could account for particular survivors' determination to recover, participants provided various examples.

For one, it's definitely her family. She's here with her family and can't seem to get a break . . . but I think just the fact that she's the one in charge of her family and she wants, especially for her kids, she wants a better life for her kids. That's the thing that kind of keeps her going.

She really had her goal. Speak English so that she could move on with her life and get her son home with her in the US . . . . [she] wanted to make sure he was safe and so that's a real driving force to improving yourself and getting things done.

[One young woman] was a minor when she was trafficked [and] she brought in her younger sister . . . she literally worked with the lawyers, she got everything she needed, she got herself a job, she got her sister in, she got her sister a job, [now] she has a child [and] she has an even better job…so she's really moving on with her life.

We had another young woman who also had a child while she was waiting for her T visa and she left her child in Saipan, moved to the US to try to better her life, she got her AA degree and she's now in nursing school. She plans to go back to Saipan to get her child . . . that's a lot of inner strength to do that, to leave her child and to go on because she knows she has to do something better for her daughter than what happened to her.

. . . the drive to want to excel and that they want to do something better for their families back home. That's what this is about actually, the cycle of poverty, you know . . .

Motivation to provide for family, motivation to come off from that cycle of poverty and to just take that risk.

One participant did note, however, that if a survivor's children are involved in or have witnessed violence related to the trafficking experience, the parent/child relationship can serve as a risk factor, rather than a protective factor.

. . . I've also seen a difference in women and men when the children [were] part of the trafficking, as when the child [was] born later or a child wasn't around for the trafficking. [I have one client in] particular . . . who is so embarrassed that her child had witnessed some of her abuse that she really can't connect to her children anymore . . . the inability to connect with the children then puts up a barrier towards healing . . . .

Some of the [survivors] whose children weren't there, being able to have the child back and connect, it's just a positive thing [and] I think that really helps them with healing.

Whether the reason originates in a renewed sense of self or from a desire to improve others' lives, seven out of twelve providers interviewed indicated that the responsibility of caretaking correlates positively with recovery.

Community supports.

While the goal of this study is to identify protective factors that exist within survivors prior to trafficking (e.g. positive internalized relationships with family members), many providers identified supports that served as protective *during* the recovery process. One of the most frequently cited was support from the survivors' communities. Ten out of twelve providers interviewed discussed the importance of having community support during survivors' recovery process. They envisioned this community serving the emotional needs of survivors, providing a connection to their culture of origin, and helping to meet basic living needs. To be clear, providers differentiated survivors' communities from the health and social services that they received as part of their programs. The first four quotes come from providers who primarily work with survivors who have fled to the United States from various countries around the world and pertain to their current communities, as opposed to communities in their countries of origin.

> . . . When the victims first come in, [it] is the community that they may or may not have
> in this area that . . . is really important for mental well being, but also for a lot of our
> clients, [it] is the only thing [they] have to rely on for everything - for a place to sleep, a
> way to get food, a way to navigate around. A lot of them don't speak English and so
> having that community where they feel somewhat safe and a part of a group . . . I think
> it's probably by far the largest general determinate of how they may be able to respond.
> Those who have a wider community (maybe even family) . . . . It's often because of the
> comfort of the community and the support of having someone who can speak your
> language or celebrate your holidays. [Also] literally just having a place to sleep, even if
> it's on the floor or a couch, it's having a roof over your head vs. not and having a place
> where you know you'll get food vs. not.

Another provider, who currently directs a program that is based on the Catholic Sisters' model of living in community, touched on the benefit of having a diverse community, which has hosted women from over 65 nations.

> It goes back to the intergenerational, interfaith, intercultural [aspect of community] and about people from around the world are supporting one another. I think it's important because it shows them that they won't just find support in just one place, they'll find support from [others who are] completely different from themselves.
>
> I think that the strength comes from that bonding between women here in community and the support that she receives from the staff.

Coming from a more programmatic perspective, the NGO representative to the UN discussed the value of group process to "success" of survivors.

> I think the very best [programs] have a social element wherein the women have some kind of a group process, some kind of cooperative process, where it's not only microenterprise and it's not only an individual woman starting skills or taking a loan and gaining the money, but her success in doing those things is tied with the success of maybe 20 other women who are doing it with her.
>
> Three participants focused more on "mentorship relationships" and discussed how "positive experiences with role models" occurring during the recovery process or in the past, can influence survivors' ability to recover.

> . . . Mentorship and having someone in your life who can act as a mentor more than just . . . a social worker, that it's someone that you have a more personal relationship…whether it's someone within their religious organization or in their community or maybe at school. We have one client [who is] just 18 . . . she met a teacher, who just absolutely

took her under her wing and it was really nice to have someone who's not us (social

workers) that she feels a relationship with, so I think the mentoring is important.

> Also we really try to build community around the trauma . . . . There was a time
>
> when [the survivors] were all aunties, mommies, babies, and sisters . . . they
>
> formed this sweet community . . . [those] called baby were the newer clients and it
>
> wasn't supposed to be derogatory in any way. [After two years,] a survivor who is
>
> mommy and one who is baby saw each other and the one who is baby just moved
>
> in with a significant other and so the one who is mommy said, "Oh, you're not my
>
> baby anymore. You're a teenager now. I'm so glad you told me and you're
>
> growing up and I'm so proud of you." It was just so nice to not have it be me over
>
> and over again saying how proud I am, to have someone else who's been through
>
> something and who may be a couple steps ahead of you, cheering you on, I think
>
> that is really important. Not having that isolation.

One participant who has worked with both at-risk girls and adult survivors emphasized that a

"transformational relationship with a mentor" has the power to increase a woman's confidence

and self esteem, two characteristics that she views as instrumental in the recovery process. So,

while some of the providers' insights pertain more to the post-trafficking experience, one can

consider what it is that survivors need to have in order to gain the benefits of community. What

characteristics and experiences enable survivors to find comfort and support in their communities

and from mentor relationships?

Religion.

Out of the twelve participants, five identified religion has influential in the recovery of trafficking survivors. The ways in which providers viewed religion as protective varied, yet all but one participant made the distinction that it was survivors' faith, as it had developed *prior* to trafficking that was most protective in recovery. Interestingly, not one of the four Catholic nuns who participated in the study were counted among the five participants that emphasized the impact of "spiritual health" and religion on recovery. Actually, three of those who did highlight this protective factor were working with non-faith-based NGOs at the time. One thing that all five participants had in common was their target population – an internationally diverse group of survivors from many different countries and several different religions. In response to the question of what attributed to significant growth in specific clients, providers addressed both the impact of faith communities and clients' personal relationships with their God[4] in the healing process.

> For another person . . . who had a particularly horrible not only trafficking situation, but life since birth, faith plays a huge role in her resilience and in her ability to go on and just her strength . . . and also the community that she's built within her faith, her faith community has been really supportive.
> For her, it was already there, her connection with God and her connection with her community and that was really strong and obvious from the beginning. That really pretty quickly got her to a forgiveness piece and I think that was what was really unique that I saw and that really direct relationship between her spiritual health and then

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[4] While participants made reference to a variety of religions, including Buddhism, Catholicism, Christianity, Hinduism, Islam, they used the term "God" to describe survivors' relationships with their faiths.

moving so quickly to forgiveness that it was almost, it almost felt to her like a

requirement. She does identify as Christian and for her it was so engrained that

forgiveness is a very key factor in being a good Christian and I think for her, she felt she

had to get there in order to kind of move on.

I think whether the victims are Catholic or Buddhist from China, they also kind of go

back to their spiritual guidance. I remember two young women who came into the shelter,

the second day they were there (They were from the Philippines. They were prostituted),

they asked to see a priest and after they saw the priest and he heard their confessions and

we thought well, you didn't sin, they sinned against you, but that really helped them and

that helped them to kind of move on to the next steps and we've also done that with the

Chinese women. We've . . . set up places where they can pray outside in the garden. They

have their statues and their incense and that's really been helpful for them because they

can go and pray and that helps them utilize their own resiliency and that fortitude to keep

you strong, you know, your belief system.

I think specifically for my immigrant clients it was their faith and their religion and their

belief in God . . . . I worked with Christians, Muslims, Hindus, but it really, it really was

their faith in God and it's a resiliency and a strength that they had left . . . no matter what

 was happening to them, that they were alive and survived and God helped them.

One provider described how experiencing religious persecution affected one client's practice of

faith and way of finding comfort in faith.

I did have a specific African client that was in a prayer group and very connected to her

church and that was extremely helpful and supportive and they would pray for her . . .

now my Muslim clients sometimes let go because again that was because they're fleeing

usually some sort of abuse that was sometimes connected to their religion and while they

gain strength from their God and from their personal relationship from God . . .

sometimes they were too afraid to connect with people from their same religion.

One participant expressed her personal belief that survivors' growth originated from a

Christian faith that was newly embraced by survivors when they began in the program. Her

sentiments reflect the mission of the organization with which she works - to proselytize to and

serve those involved in the sex trade in Nicaragua. However, this participant's perspective

differed from the majority who spoke about faith as a protective factor. Others named the

survivors' existing beliefs as influential in recovery, whether they originated from Buddhist,

Catholic, Hindu, or Muslim traditions.

Education.

In response to questions regarding the most influential factors in survivors' recoveries,

one participant connected the importance of relationships and education. She was one of five

providers who identified education as instrumental in the healing process of survivors. These

participants addressed education as a combination of several forms - academic training, skills

development, and varied life experiences.

I think education for one and I mean that broadly . . . that might be skills training and

might not be learning to read necessarily, but education, coupled with positive social

interaction to feel a part of some kind of human group. Be that supported within a family,

be it in a group that they're part of, in education or in social services, I think human

interaction is super important because I think so many of these people have felt so, so

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alienated and it's hard to feel important, but education in a broad sense because I think

they are people who can see the possibility of change.

Another provider expounded on the concept of education as empowerment and expressed the

belief that education can help survivors understand their human rights and be better positioned to

leave an abusive situation.

> . . . The academic level of the person . . . . We find that if people have studied a little bit
>
> more, or who have greater exposure of a varied background of different kinds of work
>
> before they come, . . . they come better prepared and they are better able to know when
>
> to escape, then to leave it until much later. They are more aware . . . that they need to
>
> distance themselves from their employer . . . they know their rights more . . . they are
>
> more vocal, rather than submissive.

Another provider linked this empowerment that enables some to escape from trafficking with

experience visiting other countries before being trafficked.

> Some of the victims had been to other countries before and they were the ones that
>
> figured out that something's not right . . . and if you were the person that figured that out
>
> and then helped to rescue others, you were really empowered by that and the others
>
> looked up to you because you were the one that helped save all of them so that was a very
>
> positive thing for some of them.

Another provider who works with youth and adults, pointed out the importance of being able to

resume school classes for younger survivors.

> Obviously, I think education. If it's easier to get back into school . . . there's a lot of
>
> shame of having to go back when you're older and have to go back two years or
>
> something, so if you're educated, you can more easily get back into school.

Three providers spoke to the value of "life experience" as part of a survivor's informal education and the effect that it has on emotional stability and confidence.

> . . . We've had people who have had more life experience that kind of gives them the ability to cope, they've had just more life experience . . . they're not so labile, they don't get so emotional so fast, they understand that . . . this is not the end, that things can get better.

One of the above providers, who runs a shelter in Saipan discussed the healing potential of survivors writing their stories and sharing them with staff and legal advocates. This step was used as a therapeutic method, but also as part of the process of applying for T or U visas[5]. In response to the question of "*What affected whether or not survivors were on target at each stage in treatment?*" she spoke to how illiteracy could negatively impact a typically significant healing process.

> The clients who have no education, we have had clients who don't even know how to write their name . . . those people have a more difficult time because they can't even get To the first step, put pen to paper and write their story and that's sort of a form of release.

Two participants discussed education in terms of the development of work and handicraft skills and how they improve confidence in being able to make a living wage. As one participant simply stated, "Job skills give confidence."

> So they had their own personal skill set that really helped them. That was really healing for [them]. [One survivor] made her own money . . . [which was] the whole reason why

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[5] T and U visas are non-immigrant visas granted by US Citizen and Immigration Services. T visas are granted to victims of trafficking who help lead to the prosecution of offenders. U visas are available to qualified victims of designated criminal activities who also assist with investigation or prosecution of offenders (US Dept. of Homeland Security, 2006).

she came here in the first place. So, that's been a really important outlet for some of the

women.

I met a woman at . . . who just had a lot of business skills. She also was working with her

trafficker, at some point, she was helping . . . I think concrete, hard skills are important

and I think those are very helpful, if they've had prior work experience or job experience

and are able to, whether it be working in a restaurant or whatever type of job.

Disposition.

When asked what was special about those survivors who had demonstrated remarkable

growth in recovery, participants responded with a wide variety of characteristics and abilities.

Some of the personality attributes described by providers encompass more than one theme and

are thus included in more than one category. There are also connections between life experiences

and additional personality traits that have potentially contributed to several of the attributes

mentioned. When this was suspected, the author asked the providers to speculate on where

certain attributes originated – as is in the case of "determination" in order to help isolate the core

protective factors. More on the intricacies of how these perceived traits contribute to survivors'

recovery and why will be discussed in the following chapter. The following findings have been

categorized by the major dispositional themes of *Altruism, Determination, Openness and*

Flexibility, Empathy, Confidence and Pride, Friendliness, Stable Mental Health, Ability to Self-

Advocate and Accept Help, and Ability to Trust.

Altruism.

One participant, a Catholic nun whose perspective was influenced by interviews conducted with 65 women from diverse backgrounds emphasized "a healthy altruism" that she witnessed in several survivors. She spoke to the strength that these survivors gained from this sense of purpose and mission. Another study participant shared this view and recalled one survivor's determination to help others, "I want to move on; this happened to me, but I'm going to use this to give back to the community."

> . . . What stood out about these women was their ability to turn a very negative, traumatic experience into a personal sense of mission beyond themselves, a strong commitment to serve other trafficked women, a healthy altruism that strengthened them. So, I would say that they were very strong in what they were doing and very proud of themselves at doing it.
>
> In Saipan, a Filipino young woman came to Washington, DC and she testified before a sub committee on the trafficking into Saipan and the need that our government has to federalize the border . . . this young woman presented for the congressman . . . she was one of them who said, this is my mission, speaking about this issue.
>
> I asked them how did they experience the interview and . . . they said it was very hard to go back there in memory again, but if it could help one woman or one girl not to go through what I went through, it was well worth it, so I think that their ability to engage with the world again and they cared about what happened to other women . . . altruism in the midst of great suffering.

Determination.

All of the providers interviewed made reference to the determination of survivors. Because many providers discussed survivors' determination as synonymous with their resilience, the question then becomes "What fuels this determination?" Determination was characterized by persistence in the face of adversity and as a "fighting will," "resilience," and a sense of "I'm not going to take this lying down." Many of the providers' comments on determination alluded to a hope that survivors held that their lives and the lives of their family members could improve.

Very strong survivor mentality . . . very willing to work, very dedicated to working . . .

They had a great drive to succeed. There were two of the women had a plan. This is what they want to do to get educated, to get a job, to get a car . . .

They were determined. They were willing to try over and over and no matter how many times the situations didn't work out, they believed that there was something better. They wanted something better.

One thing with the first victim was her determination to learn English so that she could better her life . . . she desperately wanted to go home, but realized that she couldn't and so her determination to learn English was remarkable. She came into the shelter only speaking one word and then during her, she stayed in the shelter almost two years and she literally pasted 8 ½ by 11 Xeroxed pieces of paper throughout the whole walls in her room, repapering with words in English and what they meant and she just kept practicing them and that determination was really something that really stood out to me. She really had her goal. Speak English so that she could move on with her life and get her son home with her in the US and she did that and that really spoke a lot to me, that determination. Okay, it may not be what I wanted, but I'm going to do the best with what I have.

Strong sense of determination . . . . You can see almost a burning in their gut, "I'm going

to do this. I'm going to survive" . . . there's some that you continue working with and

working with and . . . you can tell they've got it in their head, but they're keeping

everything suppressed and pushed down in, but you can tell those that got it in their heart,

"I can do this" they're the ones that you know are going to make it.

They were adamant about just continuing to take chances and making sure that they can

do the best that they can to better their lives and then I think that . . . in the trafficking

situation that was kind of crushed down, they were able to revive it enough that helped

them to leave and seek help and then be so successful or so resilient afterwards despite

everything that they've gone through, both before the trafficking situation and in it.

Openness and flexibility.

Five providers discussed the shared openness, flexibility, and adaptability of

survivors who demonstrated significant growth during their recovery processes. All of the

participants who shared this perspective primarily work with immigrants, refugees, and asylum

seekers, who are also adjusting to a new culture and oftentimes a new language. Four of the five

work in the United States, while the other provider is based in Malaysia. This participant who is

the Executive Director of a shelter in Malaysia connected a lack of openness and flexibility with

more difficulty encountered by survivors in work as domestic labor. She alludes to the idea that

not only is openness and flexibility a protective factor in recovery, but a lack thereof can be a

risk factor for becoming involved in trafficking.

. . . The character of those people are more open, more open to go with the flow, more

flexible, more willing to try new things . . . when they're encouraged for a piece of work,

they actually try to do it well . . . they try very hard to fit into the shelter environment and

to work with the staff. We've also found that sometimes, characters that are very difficult to manage, actually also manifest certain characters that find it difficult to even to work as a domestic worker in a third party house.

. . . Someone's willingness to kind of adapt and change . . . I think the clients who are more willing to maybe change the way they dress or change their language or adapt more to US culture, I think that's been beneficial. So, on that flip side, I think people who are very, kind of like, "I don't do this, I eat this, I don't want to do this, in my country's interviews, you don't smile, in my country, you do this" . . . one client I'm thinking of in particular is very rigid in her beliefs and when she's not willing to adapt in some ways, you really see her struggle.

Not having a willingness to go through kind of the hard times to get to the better times has been something that I've seen that hasn't led to as much growth in people.

Unfortunately, she really wanted to be able to go home to China, but she couldn't because of the death threats against her and her son who was still in China and when and she was very, very sad about that . . . but this particular woman, she was older, she was in her 40's and she desperately wanted to go home, but realized that she couldn't and so her determination to learn English was remarkable . . . she really had her goal. Speak English so that she could move on with her life and get her son home with her in the US and she did that and that really spoke a lot to me, that determination. Okay, it may not be what I wanted, but I'm going to do the best with what I have . . .

One director at a residential program discussed the importance of being open-minded in relation to living in community.

There's a lot in terms of open-mindedness to change, to be able to see opportunity and say, "Okay, this is different from I'm used to but I'm going to do it and I'm going to try to make this successful . . . open-mindedness is incredibly important and I have seen where there hasn't been that open-mindedness and there's more rigidity in terms of "I'm not gonna change. I just want to be who I am" and it's not so much about who we are, but we have to be able to flexible just to be here on a day-to-day basis with 29 other women in community.

Empathy.

Another provider highlighted the survivors' ability to consider the effects of prosecution on all those who might be involved and how this ultimately led to her own healing.

I'd say that's the main one [is] love and empathy. I've had many clients who've . . . said I really don't want to prosecute because I'm so concerned that they'd lose their children and that I would disrupt their family and it's really interesting that someone would really be able to say that they hurt me so much, but what am I going to get out of this, what's really gonna happen and realistically thinking is this process going to do enough good for me that it's worth going through it.

> Some of that is just the love piece, but also the rational thinking of what really is
> going to be the best, knowing yourself, knowing that is this going to make me feel
> really good going through this process or am I going to hate myself forever if she
> loses her children over that. It's not worth it to me to have her to lose her children,
> which maybe if you're caring for the children, you love them very much and you
> care, you don't want to disrupt.

Confidence and pride.

Seven out of the twelve providers described survivors who have made tremendous efforts towards growth as confident, proud, and as maintaining a positive self-image. As one participant noted, "Characters that are more bold, more confident, tend to do a little bit better than others."

. . . For the one other person . . . I think the thing for her is actually pride . . . . She comes

from what seems like a culture that puts a high emphasis on pride, so I think that the fact

that she has gone through all of this, but she can get through, they won't keep her down,

is one of the biggest things that's helping her.

The clearest one is [the] outlook on life, the kind of confidence and love . . . . We all have

different personality traits. [For] some, it's kind of the glass is half full and others the

glass is half empty. Of course, going through the same trauma even and some people

come out saying . . . I want to move on; this happened to me, but I'm going to use this to

give back to the community. And then there [are] people who are just so angry that no

matter how much healing you can do, the anger is still there in every single interaction.

That kind of love everyone versus everyone's out to get me attitude, it really changes

things for people.

Another participant recalled a story of a young person confronted with suicidal ideation. This young man expressed not wanting the traffickers to destroy him, which indicates that he felt there was something positive to destroy within himself.

I'm thinking of the young men that we've assisted, one of them told us that he thought

about killing himself and but he said to himself, "If I did that, then the traffickers win and

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they really destroyed me and I don't want anybody to do that." . . . . He was very

determined, there's some kind of driving force within them.

For the youth, I think, self esteem and role models and feeling good about something,

whether it's your jewelry making or whether it's school, whether it's sports, whether it's

having something positive in their life that's going well . . . whether that's a relationship,

a transformational relationship with a mentor. . .

Friendliness.

Three participants identified friendliness as beneficial to survivors in the recovery

process, in combination with a positive attitude and an ability to manage anger.

I've been thinking about two sisters we've been working with, I think strength and

resiliency, positive attitude, friendliness and then ability to manage anger because [there

are] two sisters who were in very similar situations (they're both learning disabled), . . .

but they have different personalities. The oldest sister, who, I feel like, has gone through

a lot more, she's HIV positive, she's [been] exploited . . . was actually arrested. She's

dealing, I think, much better [than her sister] and I think part of it is the structure of all of

these focused things. The other girl, who I think is only in it for a month, she has a lot

more anger management and it's less positive. I'd say [she's] less positive, less friendly,

less open to help and less open to working with other people and there's a lot more in

building trust.

One participant reflected on friendliness as an asset and a risk factor.

All of them were "people-people;" they liked people. They were very engaging young

women. They were very willing to please, too, which was I think probably also part of

their downfall.

Stable mental health (prior to trafficking).

Three of those interviewed stated that those without a history of mental health issues fare much better than those who come into the experience with "instability."

. . . Some of [our clients] require psychiatric help, so those that don't, are better able to bounce, and are better able to go home in better disposition, but those who need mental health and have mental health issues, the road is long for them, the road to recovery is not as easy.

Ability to self-advocate and accept help.

One of the clinical case managers spoke to the balance required between ability to self-advocate and to accept help from providers and how this translates into healing.

Some clients when you work with them, they're just so grateful for what you're doing, that they don't question or tell you what their real needs are and for especially two of these clients, they do say, "This is what I need. This is what I'm having problems with but I can deal with." It took awhile to get to that level of comfort . . . but they do, the ability for them to accept help from others . . . while still maintaining their independence and their ability to be their own person, to provide for themselves . . . the ability to kind of come to the place where they're able to accept help, while the same time taking a very active role and responsibility in going after what they need and being active and being able to take a role of support of themselves and being a player in meeting their needs, even if that is just like, "Okay, I'll figure out how to get public transportation to the food bank. I can make that happen."

It's a balance and it's also complimentary. Because [there are] those who are self-advocates, but don't really . . . trust . . . . They'll ask for all these things, but they won't

actually go out and do them and the other way around is that they trust, but they don't

advocate for themselves. [They] may not be telling their whole story and therefore might

not be [getting] all their needs met, "Oh, well, I don't want to bother them with one more

thing."

Ability to trust.

Half of the participants interviewed discussed survivors' ability to trust as being

influential in their recovery and as serving as one of the most significant protective factors.

Several providers first acknowledged the challenge that survivors often face in regaining trust in

others.

> In terms of social factors, such as family relationships and relationships in general, it's
>
> important to know that trust, among those who have been trafficked, has been broken at a
>
> very profound level as a result of being forced into prostitution. The women have been
>
> betrayed by friends, strangers, boyfriends, traffickers, police, and in some instances, even
>
> their own family members, sold them, so in that process of being sold into the sex trade.
>
> This experience has left them shattered emotionally and distrustful of others.

While acknowledging the healing capability of groups (and the development of trust that

accompanies this work), one provider spoke to the challenge of this type of treatment because of

the program's unique location and demographics. Because of the small size of the island of

Saipan, as well as cultural values placed on privacy, the provider emphasized a need for

confidentiality.

> We have tried to do groups with our women, but we have found that in many of the cases
>
> it doesn't go well, because the women are very private and they don't want to share their
>
> stories and they don't trust it will remain confidential . . . I think probably because we're

such a small community and victims know each other from being in the shelter, they

really don't want the other people to know what happened to them. So, we haven't found

group to work very well.

They may need a lot of group therapy where they can begin to just sit and listen to each

other's experiences. This can help them to break out of their social isolation; that's where

they're trapped. It helps them eventually to tell their stories, but it takes a very, very long

time for them to tell the story.

Two providers discussed the ability to trust as being influential as part of intentional living

communities.

If one woman has such a vulnerability that it affects those others in the house, such as she

comes from a community [that] wasn't a safe place, so now she's developed skills to

make up for that, but the type of skills that she uses are survivor skills and are not needed

here, but it takes a long, long time to kind of get over that survivalist mentality and I

think each woman has had one shape or another of that survivalist mentality but it takes

different forms because the situations are so different from each others.

If they've been used to living in an environment where there is trust and everyone does

share everything, that's just natural to them and that's one thing, but if that's not been the

case and they've always lived in a place where they've had control over locking their

own space, they've had their own belongings, even if we're not talking about a physical

building that they've lived in, they've had a suitcase that was their suitcase and their

things in that suitcase and their own food and there was only food for that one person,

that's a very different thing from sharing food and sharing spaces and sharing the

television and sharing everything.

When reflecting on growth in individual survivors, providers continued to identify an ability to trust as a protective factor towards recovery.

> I think that for the people that you're talking about, the ones that are able to be really
>
> resilient and go on in the face of something difficult, I think trust really does have a big
>
> part of that and I think that's part of the reason why it takes awhile.
>
> [She had a] positive self-image, a capacity to love, and was capable of developing mutual
>
> relationships . . . able to trust others.

Environmental and cultural factors.

Five providers spoke directly to the challenges of the perceived disconnect or "estrangement" of culture in a post-trafficking situation. All of these participants discussed the protective quality of having a post-trafficking environment that is more closely aligned with the survivors' cultural background, most notably in regards to language and urban vs. rural environments. Participants emphasized the benefit of survivors being able to communicate with providers and law enforcement in their native language. All of those who identified culture and environment as key factors in recovery worked with a primarily immigrant and refugee population.

> . . . This program had . . . peer-led services (like group) and when the Nigerian women
>
> were working with them in the group, [it did] a lot to reduce or remove some of the
>
> cultural language barriers that trafficked women experience when they try to
>
> communicate with professionals about something that for them is painful and for them is
>
> a shame-ridden experiences . . . The women feel culturally estranged, trust has been
>
> broken on a very profound level, and they yearn to feel "normal" again.

Most of the women who come, come from very rural backgrounds, in homes that may not

have running water, may not have electricity, may not have all the gadgets that we have,

so when they come in, the learning curve is very, very steep for them and some are able

to do better than others . . . So, if a person comes from [a similar type] of background, it's

easier to bounce back because the environment, the surroundings, the differences are not

so great.

If the person comes from, say Cambodia and Myanmar, it's very, very different.

[For example, a person [from] Cambodia and the Burmese, we don't understand

even the language that they speak, so when they come to work in a different

country, like in Malaysia, language is a very big problem, both sides, from

themselves and for the employers to talk to them and to even show them how to

operate the microwave, you see. So, I would say the country of origin is very

critical because with the country of origin comes all the background, the social

background, the academic background as well.

Several providers focused on language as critical to recovery, but offered more inclusive

protective factors, such as survivors' abilities to "quickly pick up" other languages or having

providers who are fluent in their native language and knowledgeable about local culture.

Hard skills come into play pretty quickly, especially for someone who's from another

country, language just absolutely is a hard skill that I would say is a leading factor for

faster healing. If you've got basic English [or] if you're good at languages and quickly

pick up English, it helps in so many ways…

. . . A person's ability to speak English kind of affected it [recovery] and in terms of my

one-on-one relationships with the client because I speak French and I lived in West

Africa and a lot of my clients are Francophone West African . . . I think one of the things

that helps them to open up to me vs., I've had several of them tell me straight up that

there are things that they don't tell or that they don't feel comfortable telling their other

service providers. It's the fact that I do speak their language and I have a base knowledge

of their general culture.

In addition to the direct benefits to survivors of being able to speak in their native languages, one

provider mentioned the negative effect on provider-survivor relationships when there is a

language disconnect. "[When] I think of someone who hasn't had appeal with staff, language has

been a really big piece." While one participant echoed others' sentiments of the importance of

communication between survivors and providers, she also spoke to the challenge of when the

trafficker lives in the survivor's community and how, in this way, language becomes a "barrier to

. . . healing."

. . . Being able to communicate with an attorney, being able to communicate with us as

service providers, having a community that you can find in this area, so maybe you're

from another country and we want to connect you so that you have the ability to speak to

someone in your own language with the same background, but maybe your trafficker is

from that same network, so you don't want to go back. So language, then, becomes a

barrier to your healing because you may not be able to [return to] your community for

support and then your service providers, [the] majority are speaking English.

Summary

These findings represent the perspectives of twelve health and social service providers

who work directly with female survivors of sex trafficking. Participants' insights have been

categorized into the major themes of *Relationships, Education, Disposition,* and *Environmental Factors*. The content of these overarching themes will be further analyzed in relationship to each other and as they contribute to the Salutogenic concept of Sense of Coherence. The current findings include a compilation of Generalized Resistance Resources; the following discussion will provide a more in-depth look at these in the socio-cultural context of survivors as they relate to current research on resiliency. Areas of potential participant bias will be addressed more fully and implications for future research and practice will be discussed.

CHAPTER V

Discussion and Conclusions

Introduction

      This study's findings are directly related to the question, *"What protective factors do providers of social and health care services identify as most influential in the recovery of adult female survivors of severe human trafficking?"* The following chapter describes how these protective factors identified by social and health care providers may contribute to survivors' Sense of Coherence and to resilience as viewed through Salutogenic Theory. In this section, the findings offer reflections on the Salutogenic question, *"Why when exposed to the same stress, do some people become ill, while others remain relatively healthy?"* Further, the findings will be compared alongside current research on resilience and human trafficking and within the socio-cultural context of survivors and practitioners. This author will address strengths and limitations and suggest implications for social work practice, policy, and future research.

Findings Summary

      Participants' conceptualization of recovery.

      In order to accurately summarize the findings within the context of this study, it is important to first consider the definition of recovery to which participants gauge success. Throughout the interview process, this author implemented a definition of recovery as the

survivor's ability to cope in the world outside of the treatment setting. Coping was viewed as growth towards "self-determined goals" in the face of continuous challenges to survivors' selves. The participants reflected on personal stories of survivors who exemplified growth and recovery in order to respond to four out of the five interview questions. Their own impressions of recovery were often influenced by visible signs of growth, such as increased eye contact, improved communication, weight gain, and a decrease in physical symptoms. Several participants who noted a shift in body language work with survivors from varying socio-cultural backgrounds, often differing from their own. It should be noted that some indicators of growth in Western cultures, such as increased eye contact, may hold different meanings for survivors of cultures in which eye contact is viewed in another way (Miller, 2012). A shift in eye contact, for example, could also represent an adjustment to new cultural norms. An "openness" and "willingness to adapt/change" was frequently cited as contributing to growth in survivors. Whether or not physical and relational shifts reflect growth accurately, several participants used them in order to describe growth within certain survivors.

Others identified more psychological indicators of growth such as the capacity to integrate the trauma within the survivor's life narrative, without experiencing dissociative symptoms. Some providers reflected on the sheer determination of particular survivors, especially in the face of seemingly overwhelming obstacles. This determination was often described in similar terms to resilience and as such, prompted further questions about the origin of this strength. Overall, participants identified growth as psychological, emotional, and physical, while also reflecting on survivors' self-determined goals, such as learning English, securing safe housing, reunifying with family, obtaining a job, or aiding in the prosecution of her trafficker, among many others.

Nature of protective factors.

Working with this definition of recovery, participants identified support within families and communities as highly influential in the growth of survivors post-trafficking. In fact, relationships - familial, peer, mentor, or faith-based - were overwhelmingly identified as the most influential of protective factors when considering recovery of female survivors of sex trafficking. Many providers focused on the protective qualities of a supportive family of origin to a survivor's capacity to recover later in life and connected early attachment with such things as healthy personality development and adaptive coping skills. Some providers noted the powerful impact of family of origin support on recovery in the present tense and identified strong familial relationships *during* recovery as most influential. While this split between protective factors identified prior to and post-trafficking was touched on in various other themes (mentorship relationships and environmental factors, for example), it was most relevant when discussing supportive family of origin as a protective factor.

Based upon the current literature on the nature of resiliency and in Salutogenic Theory, this author conceptualized protective factors as internalized within survivors prior to the trafficking experience. These protective factors, or Generalized Resistance Resources (GRRs), integrate into a survivor's self to contribute towards a strengthened capacity to cope with trauma. In short, protective factors compose the armor that better enables survivors to recover post-trafficking. However, after analyzing the data, a question emerged - at what point does a protective factor become something different and how does this differentiation impact survivors' growth? For the purposes of this study, a more inclusive conceptualization of "protective factors" seems most appropriate, given that nowhere explicitly in the definitions or in the study question, does it specify a time period of development. This will also provide a wide enough frame to

encompass all the participants' perspectives. Regardless of this more inclusive conceptualization, if family support is considered a protective factor post-trafficking, there's an argument to be made that if a survivor's family is supportive post-trafficking, then she has also most likely benefited from a supportive family of origin prior to the traumatic experience.

Brief summary of protective factors.

In addition to family of origin support and strong community relationships, participants also identified the responsibility of being a primary caretaker as a highly influential protective factor. Participants identified religion, both in terms of a faith-based community and personal relationship with God[6] as instrumental in recovery. Education, as defined by academic training, skills development, and varied life experiences, was also identified as highly protective in the recovery process. Nearly half of the providers interviewed identified the protective quality for a survivor when her post-trafficking environment was similar to her own socio-cultural background, especially in regards to language and geographic categorization (urban vs. rural). Lastly, participants described a wide range of dispositional qualities or character traits that they associated with growth in the recovery process. The personalities described included aspects of the following: altruism, determination, openness and flexibility, empathy, confidence and pride, friendliness, stable mental health (prior to trafficking), ability to self-advocate and accept help, and ability to trust.

Connection between survivors of domestic violence and sex trafficking.

At different points in the interview process, five out of the twelve participants reflected on the similarities between trauma and recovery in women who have been victims of domestic

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[6] While participants made reference to a variety of religions, including Buddhism, Catholicism, Christianity, Hinduism, Islam, they used the term "God" to describe survivors' relationships with their faiths.

violence and sex trafficking. In fact, two participants worked for agencies that previously worked with survivors of domestic violence and only began to expand into trafficking when the need became clear and was perceived as closely aligned with the shelters' missions. One participant, who has worked with both populations of survivors explained, "So much of the trauma is really similar. In human trafficking, there's always either domestic violence or sexual assault . . . both of those factors of violence are incorporated into trafficking." Another participant who offered her perspectives on policy, education, and advocacy as related to Commercial Sexual Exploitation (CSE) echoed the sentiment, ". . . the cases are similar for domestic violence and survivors of commercial sexual exploitation, granted that the situations faced by survivors of CSE are very complex and unique, but they're almost all survivors also of domestic violence."

Another participant who was active in the 1970's Domestic Violence Movement, discussed similarities in survivors in regards to: difficulty survivors face in leaving abusive situations (trafficking or domestic violence); similar root causes (i.e., "chronic patterns of abuse" in family of origin or poverty); the tendency of some victims to be overly compliant in treatment; and the temptation for programs to develop a "rescue mentality." The fact that nearly half of all participants identified these similarities is significant, as is that they described parallels in trauma, recovery, and program implementation between survivors of sex trafficking and domestic violence. While one should be careful not to generalize findings of research on domestic violence survivors by directly applying them to survivors of sex trafficking, there is much to learn from research on survivors of domestic violence in regards to policy and practice.

Survivor-focused discourse.

While recruiting participants and throughout the interview process, this author encountered references to policy debates among those who work with or advocate on behalf of

survivors of sex trafficking. As previously noted in the literature review, there is a divide among this community, regarding the differences between sex trafficking, Commercial Sexual Exploitation (CSE), and prostitution and how policy and practice apply to survivors of sex trafficking and sex workers. Despite the fact that there were no questions explicitly addressing this controversy, it was clear from their responses that all participants identified with the Anti-Trafficking Movement. Several participants also mentioned attending anti-trafficking conferences and leading committees on anti-trafficking task forces.

Through conversations with participants, this author found that providers who identify with the Anti-Trafficking Movement are simultaneously working to understand how colonialism, globalization, racism, and sexism have contributed to the proliferation of sex trafficking. They are also advocating for the decriminalization of victims of sex trafficking and are working to shift the focus to the demand and profitability of trafficking. This is in contrast to the literature reviewed on the Sex Workers' Rights Movement, which suggests that those within the anti-trafficking community do not address issues relating to global power inequalities and view those who have been trafficked as victims. In actuality, several of the participants represented organizations that developed survivor-led programs and employed staff members who identified as survivors of sex trafficking. Further, most participants advocated for policies that did not require victims of sex trafficking to be labeled as such in order to receive services.

Issue of consent.

One participant, whose background is in pubic health and law, described the issue of consent as it relates to the above argument of CSE.

Many people don't actually have the capacity to consent at the time of their colorable

consent[7]. They're either under extreme financial duress, extreme circumstantial duress . .

. they have no suitable housing, safety, healthcare, or security. They have no resources

that are considered necessities both under American and International law . . . so when

you are at such extreme vulnerability, you no longer have the capacity to consent,

particularly when you are consenting to exploitation in which you receive no or

extremely limited reimbursement for your work.

She also asks the question of when a woman regains the ability to consent, if she was exploited

when she was under the age of consent. This is particularly relevant because, as she states "the

average age of entry into CSE is 14 years old." These issues have contributed to this participant's

organization, as well as others within the anti-trafficking movement, to lobby for victim services

for adults and to "push back on law enforcement to ensure that it is in fact seen as a crime to

exploit and not to be exploited." From interviews with providers, this author recognized a

common theme between both the Sex Workers Rights Movement and the Anti-Trafficking

Movement; both are working towards the decriminalization of women involved in CSE, through

trafficking.

Some participants tended to focus on systemic issues and risk factors that contribute to

the vulnerability of women, rather than the survivors' internal and external resources for

recovery. This is perhaps, in part due to the change in dialogue from supply (victims) to demand

(traffickers) and a concerted effort by the anti-trafficking community to shift accountability to

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[7] Colorable consent (as defined by participant) means that "it looks and feels like someone is consenting, [but] the consent is colored by a complexity of circumstances that quite often are seen by society at large, on an international scale, as removing the ability to consent."

traffickers, facilitators, and profiteers[8]. When given the opportunity to add closing comments, one participant noted, "I think that the whole issue of human trafficking is a very systemic issue . . . it involves economics and government relationships . . . the last thing it's about [is] the psycho-social state of the person." Some providers may perceive a risk in discussing women's agency in their own recovery as once again returning to blaming the victim for her involvement in trafficking and for her struggle to recover. This is particularly true when considering biological factors that may contribute to resiliency, as evidenced by the fact that not one participant noted a potential biological determinate of recovery. This hesitancy to turn the lens towards survivors' capabilities in regards to recovery may be reflected in a lack of research directed towards resiliency in this particular population.

Several providers initially expressed difficulty in identifying factors that contributed to a particular individual's recovery. One participant responded to the question regarding what made survivors who demonstrated remarkable growth special, "I feel like every single woman at Maria's[9] is exceptional." In response to several questions regarding what factors are beneficial to recovery, another provider instead emphasized the obstacles faced by women who escape their trafficking situations. Perhaps these comments are based in the belief that whether or not a survivor is able to move through the recovery process is more dependent on external factors than on internal resources. Another possibility is that simplifying the recovery of one survivor to a prescribed list of characteristics is a difficult, if not impossible, task. The factors contributing to recovery most likely are composed of a complex set of internal and external variables, not easily defined by characteristics and environmental conditions.

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[8] The same results (see Footnote 1)
[9] Pseudonym of program's name

Recovery and religion.

In the Findings Chapter, religion as experienced through a faith community or through individual practice was discussed as a protective factor in survivors' recovery. Interestingly, the three out of five of those who identified religion as beneficial to recovery did not work with faith-based NGOs. Further, none of the five Catholic nuns who were interviewed identified faith as a protective factor. One possible reason for this fact is that the Catholic Sisters, as well as most of those working within faith-based organizations represented programs that very clearly did not have an evangelistic mission. There is one exception; one participant stated that her organization actively worked to instill Christian values as an integral part of the recovery process. This participant was the sole person who worked within a faith-based NGO to identify religion as a protective factor.

There are several considerations that could contribute to these findings. First of all, to those working within a faith-based organization, particularly Catholic nuns, faith might be a given factor in recovery – perhaps faith is so engrained and essential that participants did not feel compelled to note it. One provider who did identify spiritual health as essential to one survivor's recovery noted, "We're not a religious organization, so . . . it's not something I go to immediately, it's not in my little social work toolkit to always remember to hone in on spiritual feelings." Perhaps, it's a similar, but alternative guiding practice within faith-based organizations – not to assume that survivors rely upon a spiritual source of strength. Representatives from these organizations also reflect respect and acceptance of a wide range of religions in survivors' recovery. One participant, who was not associated with a faith-based organization and did not identify religion as a protective factor, discussed the danger of using religion as a tool for healing,

This issue is that you have this highly vulnerable population that has been controlled and

exploited . . . they're really not in the position to have something as a faith framework. It

replaces one framework with a new framework . . . When someone is in such a high

position of vulnerability, it is much more important to empower them to make choices

than it is to provide them with a new framework for their lives.

Findings Through the Lens of Salutogenic Theory

Each of the twelve participants was able to recall at least two stories of remarkable

growth in survivors. In fact, the majority of providers identified many more than two to three

stories and some participants reported significant growth in *all* survivors with whom they

worked. This result is similar to Antonovsky's (1971) findings in women who had been

imprisoned in concentration camps during the Holocaust and who had experienced devastating

complex trauma. He found that despite the overwhelming physical, emotional, and psychological

stressors imposed upon them, a significant number of survivors reported a positive sense of

wellbeing and demonstrated the capacity for continued physical and emotional health

(Antonovsky et al., 1971).

Antonovsky developed the concepts of Generalized Resistance Resources (GRRs) and

Sense of Coherence (SOC) to better understand why some women were able to regain or

maintain a sense of health and purpose following devastating trauma. GRRs are essentially

psychosocial aspects of a person's self that may include knowledge, self-esteem, coping

strategies, religion, social support, and traditions (Lindström & Eriksson, 2006). These factors

are interrelated and dynamic and contribute in this way to a person's SOC, which represents the

way a person views the world and her place in it. In this study, GRRs identified by providers of

social and health care services were categorized under the themes of *Relationships, Education, Disposition,* and *Environmental Factors.*

Under the theme of *Relationships,* providers identified family, community, and religion as highly influential in the recovery of female survivors of sex trafficking. These protective factors correspond with the GRRs identified by Lindström and Eriksson of social support and religion. Also frequently cited by providers in this study is *Education*, which may also be viewed as the GRR of knowledge, particularly considering *Education* encompasses not only academic learning, but skills training and varied life experience, as well. Within the category of *Disposition,* providers identified various character traits and ways of being that might also be considered aligned with the GRRs of self-esteem (particularly confidence and pride) and coping strategies (most notably, determination and ability to self-advocate and accept help). The findings related to *Environmental Factors* reveal providers' understanding that survivors benefit from culturally consistent environments, pre- and post-trafficking; this correlates with the GRR of traditions. It's clear that the proposed GRRs noted in literature on Salutogenic Theory and Research are closely related to this study's findings on protective factors. The next question, then in the Salutogenic framework, is how do these GRRs contribute to a survivor's sense of self?

Revisiting Antonovsky's revised definition of Sense of Coherence (SOC) in light of this study's findings, it may be best understood through its three interrelated factors –

[SOC is] a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by the

stimuli; and (3) these demands are challenges, worthy of investment and engagement

(Antonovsky, 1987, p. 9).

The first of these concepts, as it pertains to survivors of sex trafficking, is survivors' capability of

understanding what happened and why it happened. The second piece involves the resources, or

GRRs that enable survivors to meet the obstacles that they face throughout recovery. Finally, the

third concept within SOC relates to survivors' motivation or sense of purpose. In this application

of Antonovsky's theory, SOC is influenced by 1) the degree to which a survivor understands her

experience; 2) the strength of her internal and external resources to meet the physical, emotional,

psychological, and spiritual challenges of recovery; and 3) how much she perceives her life as

meaningful.

Knowledge - "The stimuli deriving from one's internal and external environments in

the course of living are structured, predictable and explicable" (Antonovsky, 1987, p. 19).

The ability to make meaning out of the trafficking experience may be influenced by a

variety of GRRs, including factors categorized within each of this study's themes -

Relationships, Education, Disposition, and *Environmental Factors.* Relationships both prior to

and post-trafficking affect how survivors conceptualize the trafficking experience. Consider the

participants who noted the challenges in recovery for women whose families or communities

shamed them for their involvement in sex trafficking, involuntary though it may be. One

participant quoted an Asian woman whom she recently interviewed, "I cannot go home. I have

shamed my village, my family, and myself." The participant goes on to say, "Self-blame is all

consuming and very common." While this statement speaks to the potential protective quality of

familial support, it also demonstrates the impact of a conceptualization of the trafficking as one's

own fault on the survivor's capacity to recover.

Education, whether formal academic, skills training, or through varied life experiences could also contribute positively to an understanding of the trauma. While participants have identified education as influential in recovery, the following ways in which that may happen are hypotheses that are as yet untested. Formal education might inform students of political and economic realities, which later contribute to a survivor's understanding of the larger societal issues fueling the trafficking model. Through varied life experiences, a survivor might begin to notice patterns that contribute to a sense of predictability in outcomes, whether these outcomes are just or unjust. For example, a woman who works multiple jobs might become aware that men are paid more than women. Through this knowledge, she develops an understanding that women are valued less than men, which could in turn help her to understand one of the dynamics of sex trafficking.

In regards to the disposition of survivors, several characteristics identified as influential in recovery could also contribute to the understanding of the trauma. Several participants noted that a stable sense of mental health prior to the trafficking experience serves as a protective factor for survivors. It stands to reason that a stable sense of mental health would also better equip survivors to understand the complexity of the trafficking experience. Other traits identified by providers as present in survivors who have demonstrated remarkable growth may indicate that they have already begun to comprehend the trauma and make meaning of it. One of the participants who identified altruism as influential in recovery shared this quote from a survivor, "I want to move on; this happened to me, but I'm going to use this to give back to the community." This survivor found meaning in her experience, which compelled her to help others.

One participant spoke about the healing nature of being a part of the prosecution of their traffickers and noted that for some, the degree to which they were punished was not important. As the provider noted, "it was the acknowledgement that something happened and that it was wrong." She goes on to discuss the benefit to survivors' recovery when "they are believed from the beginning" and have the opportunity to take an active role in the process of prosecution, through hidden audio recording or the acquisition of false contracts. These empowered actions and the support of law enforcement were identified as influential in two survivors' recovery. They may also contribute to the survivors' conceptualization of the trafficking experience in a way that serves them in their recovery.

GRRs as Tools for Healing – "Resources are available to one to meet the demands posted by the stimuli" *(Antonovsky, 1987, p. 19).*

GRRs are by their very name defined as resources and are the tools that survivors implement in their recovery. Participants have identified various GRRs that they have found to correlate positively with recovery of survivors of sex trafficking; these protective factors are included under the themes of *Relationships, Education, Disposition,* and *Environmental Conditions.* The knowledge of what GRRs are most beneficial to recovery in survivors of sex trafficking can be helpful to providers, researchers, and policy makers. However, it is difficult, if not impossible to ascertain how these aspects of a survivor's physical, psychological, and spiritual selves impact each other. For example, does a supportive family of origin lead to a disposition marked by confidence and the ability to trust? Does a survivor's physical appearance influence the way others perceive her and does this lead providers to identify her as friendly or empathetic? How do environmental factors contribute to the development of GRRs – how much does poverty affect a family's ability to be supportive of their daughter?

Further, GRRs develop and then are identified often within different socio-cultural contexts. This is particularly relevant when considering survivors' families of origin and dispositions. This author found the majority of participants in this study to be highly attuned to cultural differences, specifically as they related to recovery. Providers identified traits and relationships that were beneficial to specific survivors, based upon their progress towards self-determined goals. The graphic below includes the themes (within which GRRs are categorized) and indicates the influence of a variety of socio-cultural aspects on the development of and interplay between the GRRs.

Table 3. Socio-Cultural Context of Protective Factors
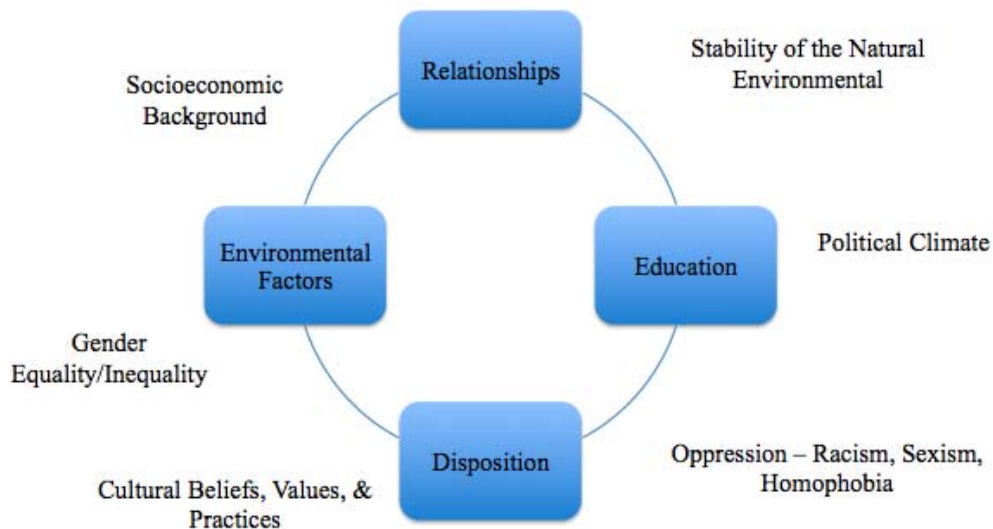
Motivation and Meaning – "Demands are challenges, worthy of investment and engagement" (Antonovsky, 1987, p. 19).

Lindström and Eriksson (2006) highlight the third aspect of Antonovsky's complex concept of SOC in the statement, "People have to understand their lives and they have to be

understood by others, perceive that they are able to manage the situation and…most important, perceive it is meaningful enough to find motivation to continue" (pg. 241). So, then what makes recovery manageable and meaningful to survivors of sex trafficking? While the participants identified similar protective factors, each emphasized that motivation varied tremendously among survivors. Motivation could be a survivor's desire to provide for her children; it could be her faith and the belief that she is worthy of a better life. This motivation could originate from an experience of family and community that values and respects the survivor or it could come from a need to improve the lives of others. There is not one answer to the question of what inspires survivors to seek recovery, nor is there a particular combination of GRRs that facilitates recovery among survivors of sex trafficking. What is clear is that each participant identified survivors who were highly motivated to recover and heal.

While participants identified varied motivations among survivors, this author would argue that all of the factors that providers identified as *most* influential in recovery share one thing in common – they all relate to a survivor's sense of belonging. Whether it's a sense of belonging in a family of origin or as a caretaker, family is consistently listed as one of the most influential of protective factors. One provider, who emphasized the protective nature of being a mother stated,

> . . . They're [caregiving in different capacities] all just different manifestations of this same human yearning, to be a human person, to experience life and to feel like, I'm part of this. I'm not just a piece of dust on the ground that everyone walks over . . . to feel a person's real, real personhood.

Another participant recalled the sense of purpose that originates from one survivor's determination to help others.

What stood out about these women was their ability to turn a very negative, traumatic

experience into a personal sense of mission beyond themselves, a strong commitment to

serve other trafficked women, a healthy altruism strengthened them.

Other providers indicated that a connection with religion or with culture provided this

motivation. Whether it originates from familial, community, religious, or cultural connections,

providers interviewed indicated that motivation to recover is fueled by a sense of purpose and

meaning.

Findings in Relation to Current Research

       Resiliency research.

       Two main themes emerged through the Literature Review on the concept of resiliency

and are particularly relevant to this study's findings - 1) resiliency, similar to a healthy Sense of

Coherence, is influenced by a variety of protective factors; and 2) resiliency reflects a "dynamic

process" of protective factors as they interact with the larger socio-cultural environment.

Through their own research on resiliency, both Masten (2007) and Barnard (1994) have

identified various protective factors that contribute to resiliency in children, individuals, and

families. Please reference Appendix E for a list of protective factors as compared to this study's

findings. The bolded factors are those that correlate with this study's findings and include factors

identified within *Relationships, Education, Disposition,* and *Environmental Conditions.* These

factors relating to positive attachments, "agreeable" dispositions, educational opportunities,

religious connections, and the ability to find meaning in life are consistent both with the factors

identified in this study and those inherent in the development of a healthy Sense of Coherence.

Those factors that do not correlate with this study's findings include aspects of the survivor's physical health, as well as factors that may not be applicable across cultures. For example, Masten's and Barnard's inclusion of the following correlates of resiliency reflect more Western norms on education and family: "authoritative parenting style"; "authoritative school and teacher styles" (Masten, 2007, p. 926); "having no sibling born within 20-24 months of one's own birth"; and "a family's assumption of a proactive posture and confrontation of the problem or stressor in contrast to a passive and reactive approach" (Barnard, 1994, p. 139-141). Other correlates not identified as similar to this study's findings include value-laden terminology that does not fit within the constructionist framework of this cross-cultural study. These include "selection of a nontroubled person as a mate" (Barnard, p. 141) and "bonding to organizations with prosocial values" (Masten, p. 926).

The fact that participants identified varied protective factors that they found beneficial to several survivors' recovery indicates the complexity of these factors. In fact, two different participants recalled stories of sisters, all four of whom were involved in similar traumas, but only one sister out of each pair was able to move through the trauma towards healing. In both cases, the sisters shared similar risk and protective factors, yet each one developed a very different way of understanding and dealing with the trauma. These findings reinforce the definition of resiliency as a complex and dynamic process that is constantly interacting with a survivor's socio-cultural context.

Polk (1997) contributes to the current body of literature by identifying four patterns of resiliency: "Dispositional, Relational, Situational, and Philosophical." Categories of protective factors identified by participants in this study are closely aligned with Polk's patterns of resiliency. Dispositional patterns refer to the character attributes of survivors that promote a

resilient disposition. According to this study's findings these would include: altruism, determination, openness and flexibility, empathy, confidence and pride, friendliness, stable mental health, ability to self-advocate and accept help, and the ability to trust. These correlate positively with Polk's identification of "sense of autonomy" and "sense of self worth." Polk also identifies good physical health and appearance within this pattern, yet no participant noted these as influential in the recovery of survivors. The traits identified by providers in this study, combined with what have been categorized as *Environmental Conditions*, also contribute to Polk's Situational pattern of resilience, which addresses an individual's capacity to confront, evaluate, and manage obstacles. Consistency in pre- and post-trafficking environments of survivors would contribute to an increased capability to respond to situational challenges.

Polk identifies strong relationships within the family, among friends, or within the community as positively influencing resiliency – these factors are included under the Relational Pattern. This study's findings highlight relationships as the most influential of protective factors in the recovery of survivors. Finally, Polk identifies a fourth pattern of resiliency, Philosophical, which, in regards to this study, is closely aligned with the concept of Sense of Coherence and relates to a survivor's ability to find meaning and purpose out of the trafficking experience. Participants have identified remarkable growth in survivors who are motivated by caretaking responsibilities, family of origin support, feelings of worth originating from cultural values or religious beliefs, and altruism to affect change for others in similar situations. Each of the survivors identified by participants as demonstrating remarkable growth has found meaning and purpose out of the trafficking experience that transcends the trauma.

Research on survivors of sex trafficking.

As previously mentioned in the Literature Review, there is currently limited research available on resiliency among survivors of sex trafficking. In fact, this author is not aware of any studies currently addressing protective factors as they relate to growth in recovery of survivors of sex trafficking. This could be related to the discourse within the Anti-Trafficking Movement, which is shifting the conversation towards the profitability of demand and criminalization of traffickers, facilitators, and profiteers. Systemic issues are at the forefront of the conversation. At the same time, policy makers and practitioners are advocating for increased victim services. What research is available regarding survivors of human trafficking focuses on the factors that made them vulnerable to trafficking – risk factors, rather than protective factors. This study asks providers to consider women's agency in their recovery and challenges them to identify protective factors that are influential in survivors' growth.

Research that is available on post-trafficking service provision and the mental health of survivors offers insight into potential protective factors. This study's findings are consistent with protective factors hinted at in current literature, and build upon the following factors that have been found to correlate positively with recovery: 1) positive relationships with family and staff members; 2) survivors' capabilities to earn money and support family members; and 3) cultural consistency in pre- and post-trafficking environments (Crawford & Kaufman, 2008). There is one notable exception. This study also cites improved outcomes for survivors who have a negative HIV/AIDS diagnosis. This contrasts with this study's findings; not one participant identified health as a protective factor. In fact, when discussing the difference in recovery in sisters, both of whom identified as survivors and lived through very similar traumas, one participant noted that the sister who was HIV positive demonstrated more growth than her sister.

The participant speculated that the structure of her medical appointments and court dates affected her determination in recovery and further identified her positivity, friendliness, and ability to trust as influential in her healing process.

The above study by Crawford and Kaufman (2008) emphasizes the benefit of a staff that is both trained in trauma recovery and identifies as Nepalese, consistent with the survivors seeking services. This study supports this idea that there is a benefit towards survivors' recovery when their culture of origin is accessible through a local community or through social service and health care providers. This is particularly relevant for survivors who have been trafficked across country borders and for those whose culture of origin differs greatly from that of their destination country in regards to language, geography, values, etc. The findings in both Crawford and Kaufman's study and this study indicate that the benefit to survivors' recovery relates to how a shared culture affects relationships that, in turn positively influence healing in survivors. Participants in this study have consistently reported that when survivors are able to communicate in their native language to a social worker, this both deepens their relationship and the level of healing that occurs through this process. Further, providers have identified a shared culture among survivors in a local community as providing both emotional support and practical life necessities, such as food, shelter, and work opportunities.

Aborisade and Aderinto (2008) conducted a qualitative study among former sex workers in Nigeria with the goal of identifying the most effective model of social service program – governmental, NGO, or faith-based. The authors found that a faith-based model most affected growth in survivors as measured by "the disposition of the clients towards the idea of rehabilitation, their relationship with caregivers and co-clients, their level of voluntary participation in routine activities, how they consider their past in relation to what they intend to

do about their future and their attendance and drop-out rate" (p. 1948). The twelve participants in this study all represented NGOs – seven of them are identified as faith-based NGOs, while the remaining five are secular NGOs. Unlike the Aborisade and Aderinto study, this study did not attempt to evaluate the effectiveness of a participant's program. Each participant, whether affiliated with a faith-based or secular NGO, was able to identify survivors who demonstrated remarkable growth. This is an indication that survivors of sex trafficking are capable of healing while being supported by both faith-based and secular NGOs.

As evidenced in the Findings Chapter, perspectives on healing and influential protective factors were found to be fairly consistent among participants, regardless of their affiliation to a faith-based or secular NGO. However, there is one exception to this finding. One participant represents a volunteer organization that is focused on service to survivors of sex trafficking, and is also founded in a Christian evangelist mission. This participant identified many of the same protective factors as others, including family of origin and community support, strong sense of determination, and a sense of self worth, but identified growth towards recovery as contingent on an acceptance of Christianity into a survivor's life. All of the remaining participants' responses indicate that the factors and how they interact to have served as influential in recovery are unique to each survivor and are related to socio-cultural context. While these factors and their interconnectedness are dependent on the particular survivor, participants did identify pervasive themes of protective factors and they have been included within the categories of *Relationships, Education, Disposition,* and *Environmental Conditions.* More specifically, participants focused on positive relationships as critical to healing among survivors.

Current research on survivors of sex trafficking tends to focus more on the devastating effects of the trauma to a person's physical, psychological, emotional, and spiritual being, than

on survivors' capacity to recover (Courtois, 2008; Tsutsumi et al., 2008). During interviews, participants have identified the immense challenges survivors face in recovery. These challenges are consistent with current research on complex trauma, PTSD, anxiety, and depression in survivors of sex trafficking. Tsutsumi and others (2008) found that there was no correlation between the duration of trafficking experience and the intensity or incidence of anxiety, depression, or PTSD. Participants in this study did not comment on a potential connection between length of involvement in trafficking and challenges to recovery and mental health. However, providers chose stories of survival that they identified as unexpected in regards to recovery. For example, several participants described survivors for whom one would anticipate even greater challenges to recovery, as their experiences were particularly horrific. Participants identified survivors who overcame seemingly insurmountable obstacles in their healing process, which makes a statement. Perhaps, the protective factors participants identified as influential in recovery of these survivors were *more* powerful than the increased risk factors for this same group.

Strengths and Limitations

This study is limited in that it relies on the interpretations and impressions of social and health care providers and not the survivors directly. The providers themselves reflect their own unique perspectives. Their understanding of recovery and what serves as influential in this process is potentially affected by a variety of factors, including their role within the agency, the mission of the organization, motivation for working with survivors, educational background, and broader socio-cultural background. All organizations represented in this study were identified by the participants as NGOs – seven of which were more specifically designated as faith-based

NGOs. The absence of a varied group of agencies by structure (e.g. the lack of governmental agencies represented) might also be considered a limitation. More relevant, however, is the small sample size of twelve participants and the focus on adult female survivors of sex trafficking, which limits generalizability of the findings across age and gender lines.

While a small study, the results reflect a wide range of survivors' experiences across cultures. The twelve participants responded to interview questions based upon their work with survivors in Belgium, Colombia, France, Italy, Malaysia, Mexico, Nicaragua, Peru, the Philippines, Saipan, South Korea, Sri Lanka, Thailand, and the United States. Further, the survivors' native countries span five continents – Africa, Asia, Europe, North America, and South America. While participants varied in their own socio-cultural identities, all of those who worked in their non-native country spoke the local language and demonstrated a familiarity with local culture, religion, and values. Participants who worked in the United States with a predominant population of survivors (e.g. West African) that spoke a different language than English, were also fluent in survivors' native language and were knowledgeable about survivors' country and culture of origin.

Conclusion

There is currently a lack of research that investigates resiliency among survivors of human trafficking. Much of the research is focused on what makes women vulnerable to being trafficked or on systemic issues that contribute to the proliferation of trafficking worldwide. While these conversations are critical as part of the effort to end human trafficking, without consideration of the strengths of the survivors themselves, they are incomplete. Acknowledging and building upon survivors' strengths does not diminish the overwhelming trauma that they

continually face in recovery, nor should it infer blame onto survivors for their involvement in

trafficking or for ongoing challenges in recovery. This study asks providers to consider the

agency of women in their own recovery and by doing so, encourages dialogue that is survivor-

based, rather than victim-centered.

Providers of health and social services identified a variety of protective factors that they

have found to be influential in the recovery of female survivors of sex trafficking. These have

been categorized into the themes of *Relationships, Disposition, Education,* and *Environmental*

Conditions. While providers' responses varied regarding what relationships are most critical and

how these relationships prove beneficial, *all* participants identified positive relationships as

highly influential in the recovery process. Providers named support within family of origin,

community, and religious groups as influential in the development of healthy attachments,

attitudes, and skills that are helpful in the healing process of survivors. They also identified this

support as valuable in meeting the physical, emotional, psychological, and spiritual needs of

survivors post-trafficking. Participants' responses also indicate that positive relationships

contribute to survivors' overall sense of purpose and how they make meaning out of the

trafficking experience.

Participants further identified specific ways of being as beneficial to survivors in their

recovery. Providers named personalities marked by the following traits – altruism, determination,

openness and flexibility, empathy, confidence and pride, friendliness, ability to self-advocate and

accept help, and ability to trust. Several also identified a stable sense of mental health prior to

trafficking as influential in the healing process. In addition to the dispositional qualities

identified as significant in recovery, participants noted that survivors benefitted from educational

opportunities, including academic training, skills development, and varied life experiences prior

to trafficking and linked these experiences to a sense of empowerment. Among environmental factors, participants identified the most influential aspect to healing as a continued link to survivors' culture of origin, particularly in regards to the ability to communicate in a native language.

This knowledge can be used to develop programs that work to strengthen those protective factors that are most influential in recovery. Participants noted that many of the same correlates that they have found beneficial to recovery are the same factors that make women less vulnerable to being trafficked. For example, many participants identified the experience of having a positive relationship with a family member as influential in the recovery process. Both research and participants within this study suggest that positive family relationships also help prevent victimization of young women (Ray, 2009). So, by developing programs that work to strengthen families, increasing educational opportunities, promoting community involvement, and building relationships with mentors, for example, can serve to both prevent young women from being trafficked and contribute to their growing resiliency to cope with trauma.

This author advocates for a consideration of these protective factors in program development, both in the prevention of sex trafficking and in treatment with survivors. However, this should be integrated into a conversation that includes careful analysis of the root causes of trafficking and risk factors that contribute to the vulnerability of young people into trafficking. A program that focuses on strengthening families cannot work without considering the socio-cultural context and the societal issues at play. This study highlights the complexity of the protective factors identified by participants and their interrelatedness with environment and culture. Returning to the example of a program that focuses on strengthening families – this might be best accomplished by developing projects that work to alleviate the effects of poverty

or reduce the stigma associated with sex trafficking. On a clinical level, an understanding of factors influential in recovery can help providers of social and health care services empower survivors and build upon their strengths.

Based on this study's findings, this author suggests a few considerations for programs that work with survivors post-trafficking. Because of participants' emphasis on relationships as beneficial to recovery, programs that incorporate mentorship opportunities could build upon the protective quality of supportive relationships, as well as contribute to sense of purpose that is associated with becoming a caregiver. Several participants in this study were affiliated with organizations that already included mentorship opportunities as a component of treatment. One participant explained her agency's "open door policy," "We really try to build a community around the trauma so that's why . . . we have our drop-in center so that clients don't feel alone." It's through this model, that the "aunties," "mommies," and "sisters" develop informal familial relationships, supporting each other through their recovery process. Other programs were modeled after religious communities; communities such as these offered a reparative family experience for survivors who were able to tolerate this type of close-knit living environment.

Participants have consistently identified the benefit to survivors of having health and social service providers who have a base understanding of survivors' cultures and with whom they are able to communicate in their native languages. Any program that works with one predominant population should employ those with an understanding of this culture and fluency in its native languages. This becomes a greater challenge when organizations serve a diverse population. In these situations, care should be taken to obtain caring, compassionate translators to help bridge language and cultural differences. Considering the importance of relationships and cultural consistency in the recovery of survivors, the most logical recommendation would be for

greater involvement of survivors in program development and practice. There are several survivor-led programs that work with women who have been trafficked for sex and those involved in prostitution. In fact, one of the programs represented in this study offers opportunities to survivors to continue on in the program as employees and mentors; another offers a leadership program for survivors and the opportunity for microloans. Who better to lead the dialogue on trafficking practice, policy, and education than the women who have lived through it?

While this study focused on female survivors of sex trafficking, there are many other populations that may benefit from this area of research, most notably, survivors of domestic violence. Several participants identified similarities in the recovery process among survivors of domestic violence and trafficking. Likewise, research on recovery from domestic violence could benefit the field of recovery in survivors of sex trafficking. Both fields could benefit from more comprehensive analyses of how the protective factors identified in this study interact with survivors' socio-cultural contexts to influence survivors' strength and resiliency. This study's findings affirm the idea that despite the great suffering that is caused by sex trafficking, women are capable of healing and growth. Future research should focus on ways to help women build upon these strengths so that they feel more empowered in their own healing process.

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Appendix A

As a reminder, please refrain from providing any identifying information about the case material you will share.

1. Recall two or three survivors who you remember as particularly inspiring. Share with me what was special about these individuals.

2. What are three traits that you found beneficial to the survivors' success as they prepared to leave the program and reintegrate into communities?

3. What environmental conditions did you find to be most helpful to these survivors after they left the program?

4. Describe the various stages of treatment; what affected whether or not these individuals were on target at each stage?

5. In general, what are indicators that an individual will struggle more, in relation to others in similar situations, in regards to recovery?

There are several operational definitions that are required for the abovementioned questions and include a definition of *environmental conditions*, *recovery,* and *reintegrate into communities. Environmental conditions* refer to the social context into which the survivor is moving and include factors related to housing, familial relationships, financial resources, political stability/instability, etc. *Recovery* is loosely, and admittedly subjectively, defined by the survivor's ability to cope in the world outside of the treatment facility. Can she maintain satisfying relationships? Is she capable of finding and retaining employment? *Reintegration into communities* can refer to both reentering into the community in which the survivor lived pre-trafficking, as well as, into new communities. The interviewer, namely me, would need to

anticipate clarifying questions that the interviewee might ask and organize structured responses that would not reveal a bias towards certain responses. For example, if in explaining environmental conditions, I only gave the example of housing, the person being interviewed might limit her response to that one example, potentially skewing the results.

In designing the questions, I attempted to include questions that would address the biological, psychological, and social factors affecting survivors. If I were to probe more towards the question on environmental issues, for example, I would risk favoring responses that highlight the social context impact on survivors. The terminology also reflects a certain philosophical view of trafficking; the term, "survivor," reflects a move away from viewing individuals as "victims" and focuses on strengths and successes. While this is certainly a common phrase used in the current discourse, not all those who work with individuals post-trafficking use this language. I attempted to leave the questions open and general enough so that they would be inclusive of all aspects of individuals' social identities and could be applied cross culturally.

Appendix B

1. How long have you been working in the field of human trafficking?

2. What motivated you to become involved in this field?

3. There are many types of organizations currently working in this field. Where does the organization to which you are affiliated fall in this spectrum?
   a. NGO
   b. Faith-based NGO
   c. Governmental
   d. Research-based
   e. Other

4. Can you describe what types of services this organization provides for survivors of

   human trafficking?

5. What is your role within this organization?
   a. Licensed Mental Health Clinician
   b. Counselor/caseworker (paid)
   c. Counselor/caseworker (unpaid)
   d. Researcher
   e. Advocate
   f. Program Administrator
   g. Other

6. What is your target population in regards to:
   a. Gender;
   b. Mode of trafficking;
   c. Age;
   d. Locality?

Appendix C

Dear Participant,

I am a graduate student at Smith College School for Social Work and am currently conducting research studying resiliency factors in survivors of human trafficking. As a provider of social and health care services to this population, you are familiar with the challenges that survivors face before, during, and after treatment and have valuable insight to share. The specific question that I am interested in exploring is why some people are able to go on to lead healthy and fulfilling lives, while others, who have experienced similar trauma, are not. By better understanding these protective factors, providers might be in a better position to serve this population. I will use this collection of data for the purposes of my Masters of Social Work thesis and potentially for publication and presentation.

Participation in this study would include an approximately 45-minute interview, in which I will ask about your background in the field, as well as, a series of five questions regarding protective factors in the population served. This is not an assessment of your organization or you, but an analysis of what factors those who work with survivors find to be predictive of success. In order to participate, the you must be at least 18 years of age, have worked in the field of human trafficking for at least one year and have never personally experienced being trafficked. I intend to audiotape the interview for the purpose of accuracy and I will be the sole transcriber of this data.

I appreciate that working with vulnerable populations, who have experienced prolonged trauma, can be as challenging as it is fulfilling. You might find the interview process to cause emotional discomfort or stress; in this case, you may choose to end the interview at any time. I have structured the interview in a thoughtful way, considering this risk. Participation also offers an opportunity to share personal experience and insight that can help advance the field in understanding how to best serve survivors. Although compensation will not be provided, access to its findings will be available upon the completion of the study.

Any information provided regarding specific survivors must remain anonymous. Further, all information specific to you will remain confidential. I will, therefore, limit the amount of identifying, demographic information obtained through the interview process in the completed study and create a code that would serve as your name. While my advisor will have access to the information gathered, she will not be made aware of identifying information pertaining to you, the participant. In the case of confidentiality and publications or presentations, findings will be presented as a whole and I will ensure that illustrative quotes and vignettes will be carefully disguised. All notes and audio recordings will be kept in a secure location for a period of three years as required by Federal guidelines and electronic data will be protected. Should I require the materials beyond the three-year period, they will continue to be kept in a secure location and be destroyed when no longer needed. Further, it is critical to the anonymity of the population served that you, as the respondent, do not provide any identifying information of the survivors themselves.

Participation in this study is voluntary and you may choose to withdraw from the study at any time during the interview process or choose not to answer any of the interview questions. You may also choose to withdraw up until April 1, 2012; in this case, any materials pertaining to you and/or your organization will be destroyed. If you have any concerns about your rights or questions regarding any aspect of this study, please contact me at **(personal information deleted by Laura H. Wyman, 11/30/12)** or the Smith College School for Social Work Human Subjects Review Committee at 413-585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant's name (printed): _____

Participant's signature: _____ Date: _____

Investigator's name (printed):_____

Investigator's signature: _____ Date: _____

Please retain a copy of this form for your records. Thank you for your participation. If you have further questions or concerns, please contact me:

Theresa Carter
(personal information deleted by Laura H. Wyman, 11/30/12)

Appendix D

Psychosocial Correlates of Resiliency

"Hot spots" for Multilevel Integration: Adaptive systems implicated in resilience research

1. Health and stress systems: Allostasis, normal immune and HPA function
2. Information processing and problem-solving systems:
   Normal cognitive development, IQ
3. Attachment relationships with parents, friends, and others:
   Secure attachment, connections to competent and caring adults, mentors, social support
4. Self-regulation, self-direction, response inhibition systems: **Agreeable personality/temperament traits; conscientiousness; lower neuroticism or stress reactivity;**
   effortful control of attention and impulses; executive functioning
5. Mastery and reward systems:
   positive outlook on life; achievement motivation; self-efficacy
6. Spiritual/religious systems of belief, practice, and support;
   believes life has meaning; attachment to spiritual figures;
   prayer or meditation; religious community support; religious rituals
7. Family systems: **close relationships with parents;** authoritative parenting style; parental support of education; parental supervision; soothing rituals and routines
8. **Peer systems: Friendships and romantic attachments with prosocial, well-regulated peers; positive peer networks**
9. Schools: **opportunities for learning, mastery, and relationships with prosocial adults and peers;** authoritative school and teacher styles; positive school climate; bonding to school
10. Larger community and cultural systems:
    opportunities for mastery and relationships with positive adults and peers; neighborhood collective efficacy; cultural rituals and routines; bonding to organizations with prosocial values and positive role models.

As adapted from Masten, 2007, p. 926)

Barnard's Identification of Individual and Family Correlates of Resiliency:

Individual Correlates:
1. Being perceived as more cuddly and affectionate in infancy and beyond
2. Having no sibling born within 20-24 months of one's own birth
3. A higher level of intelligence
4. **Capacity and skills for developing intimate relationships**
5. **Achievement orientation in and outside of school**
6. **The capacity construct productive meanings for events in their world that enhances their understanding of these events**
7. Being able to selectively disengage from the home and engage with those outside, and then reengage
8. Being internally oriented and having an internal locus of control
9. The absence of serious illness during adolescence

Family Correlates:
1. The extent and nature of the fit or "match" between the child and the parents
2. Possessing and maintaining rituals in the family
3. The family's assumption of a proactive posture and confrontation of the problem or stressor in contrast to a passive and reactive approach
4. The absence of parent-child role reversals
5. Minimal conflict in the home during infancy
6. The absence of divorce during adolescence
7. **A substantial and productive relationship with one's mother**
8. Selection of a nontroubled person as a mate

(As adapted from Barnard, 1994, p. 139-141)

Appendix E

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950   F (413) 585-7994

January 29, 2012

Theresa Carter

Dear Theresa,

Your project has been accepted and given the exceptional nature of some of your participant's geographic locations we will accept a faxed and emailed consent form and for you to proceed with the interview when you receive the fax.

There are many transcriptionist - some are on line. I use Verbalink. You can also ask other students. If it is not in your consent then you can't use a transcriptionist.

If you make no changes your project is accepted as revised and you may proceed. If you want to make changes, please let us know.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Best of luck with a very interesting study!

Sincerely,

David L. Burton, M.S.W., Ph.D.
Chair, Human Subjects Review Committee

CC: Starr Wood, Research Advisor