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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Carol Chikodiri Chilaka

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2018

Abstract

Exploring Restorative Factors for Trafficked and Sexually Exploited Women

By

Carol Chikodiri Chilaka

MAPTH, Seton Hall University, NJ. 2003

B.Ed. Abia State University, 1994

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Walden University

2018

Abstract

Many women who survived sex trafficking continue to suffer from severe and persistent psychological distress even after the traditional treatment and rehabilitation program. The lingering psychological symptoms that these survivors suffer make reintegration into their families and communities difficult. This phenomenological study identified the restorative factors that helped some women who were earlier engaged in sex trafficking to recover, readjust, and reintegrate into their families and communities. Six female survivors of human trafficking and six program directors/counselors at different rehabilitation centers were individually interviewed in in-depth with semi-structured questionnaires and audio recorded. I kept diary of my readings and observation of the participants during the interviews to maintain the rigor and established trustworthiness of the study. With NVivo 11 plus Software, the information were coded to identify the different patterns. The Manen's hermeneutic descriptive phenomenological interpretative approach was employed to sort out the emerging themes. The findings were grouped under the perspectives of survivors and program directors/counselors. Both survivors and program directors/counselors agreed that factors such as supports from family/friends, medical treatments, counseling, and individual characteristics promoted recovery. The theories of social support, self-efficacy, and resilience guided the understanding of the recovery process of the survivors. For positive social change, this study provides information that families, communities, and society can become more aware of the ways to improve survivors' support systems and build a sustainable community that cares and supports survivors for a successful integration into families and communities.

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Dedication

To trafficked and sexually violated women. You are strong! But your violators are poor and weak. May they too be healed!

Acknowledgments

This work would not have been accomplished without a band of encouraging, generous, and loving supporters of few are here mentioned. I would like to thank my colleagues, friends and Dr. Charles Ofiabulu for their valuable comments and insights on an earliest draft of this paper. I am also grateful to Mr. Eric, Veronica, Bright Eke, and Joe, my computer technicians. Your skilled tech supports advanced my performance in this work.

I am grateful to my cousin, Mrs. Antonia Ogugua and her family who billeted me at the first year of my arrival in California before I found stability. My cousin Dr. Mrs. Ogechi and her husband Dum Emenike always acted as buffer that protected me from colliding at the most difficult times. In them, I experienced the effect and the importance of family support. I will continue to remain grateful to them. To the adoring families and friend, Osy Ufondu families, Chinwe Nnodim, Dr. V. Okafor, F. Osuji, R. Amah, C. Ofiabulu, H. Egbuniwe, O. Okolue, E.Mmuomegha, F. Ezeh, G. Ugbogu, T. Onwukeme, W. Ndubizu, M. Omeaku, E.Ikebudu, the Igbo community prayer line, and the hosts of you, for your sacrifices and unstinting supports during this program, I am indebted.

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of your spirit even from your “other side” of the physical plane. Yes, I am holding on to your instructions; to extend my helping hands to others.

A special thanks to Dr. Jean Maria who from the time of our meeting in Hawaii continued in several ways to mentor and energize the cause of this work. This study is also dedicated to her. I would like to thank the staff at St. Francis mental hospital and Oasis rehabilitation center for directing my internship experiences and expanding my understanding in working with severely traumatized and struggling population. I deeply thank my survivor participants in this study for trusting in me and confidently shared their deep private stories and experiences with me to encourage the healing of other hurting survivors still experiencing lingering psychological symptoms. You are very daring and generous. Also, my heartfelt thanks to my director/counselor participants to this study, whose expertise and professional knowledge and insights made invaluable contributions to this work.

My deepest and hearty thanks to my dissertation committee members, Dr. Medha Talpade, my Chair person, your dedication and professional kindheartedness brought this work to this successful reality. Dr. Lucile Esralew, your contributions, insights, and encouragements were appreciated beyond measure. Above all, I give praise, honor and thanks to the Supreme High and Eternal Loving Father for inscribing my name among academia.

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Chapter 1: Introduction

In this study, I sought to identify factors that helped the recovery of female survivors of the sex trade who experienced lingering psychological distress that prevented them from functioning productively. I also investigated the role of social support, self-efficacy, and resilient strength in the recovery process of victims of trauma. The primary goal of the study was to find out the restorative factors that empowered female survivors of sex trade to thrive and rebound from their traumatic experiences. The secondary goal was to explore how survivors who still experience lingering psychological distress and mental health problems may be served better in order to alleviate their sufferings.

Background of the study

The inability of some female survivors of sex trafficking/the sex trade to recover from their experiences and function productively after traditional rehabilitation and treatments pose challenges to researchers and mental health professionals (Katona & Bamber, 2013; Zimmerman et al., 2014). There is an influx of female survivors of the sex trade into treatment centers for post traffic treatment progress (Deshpande & Nour, 2013; Ostrovsch et al., 2011). These women survivors of human trafficking suffer from persistent and severe psychological symptoms and posttraumatic stress disorders (PTSD); panic disorder; major depression; high levels of anxiety; mood disorders; flashbacks; nightmares; intrusive thoughts; and co-occurring behavioral health problems, such as substance abuse, shoplifting, and sudden outbursts of anger and/or self-mutilations that

are associated with their experiences of trafficking (Briere & Gil, 1998; Ostrovschi et al., 2011; Zimmerman, 2007; Zimmerman et al., 2008). These symptoms lead to problems with productive functioning and inability to control emotional problems. Some issues regarding the welfare of survivors need to be addressed (Clawson, Salomon, & Grace, 2008; Katona & Bamber, 2013; Williamson, Dutch, & Caliber, 2010). Katona & Bamber (2013) reported that female survivors of sex trafficking exhibit complex posttraumatic stress disorders (CPTSD) and co-occurring behavioral health problems similar to the features found among victims of domestic violence, victims of torture, and war survivors. Those symptoms are results of the intrusive and long-term mental tortures and abuses that trafficked and sex trade women experienced. These features require trauma-informed providers for effective treatment (Clawson et al., 2008; Katona & Bamber, 2013; Williamson et al., 2010).

The rates of human trafficking and kidnapping of girls and women for sex trade are on the rise in California, and this practice spreads to many other states and countries (Couch, 2015; Gladstone, 2014; Polaris Project, 2012). News reports about kidnapped and missing girls and women abound in California and many states and countries (Couch, 2015; Gladstone, 2014; Polaris Project, 2012). If adequate treatment and preventive measures are not applied, there may be an increase in prostitution and numbers of maladjusted women who lack sound judgment in making good decisions and healthy choices.

Different laws and actions have been enacted to prevent human trafficking and prosecute traffickers. Examples of such laws include

- The United Nations Convention against Transnational Organized Crime (UNTOC, 2000)
- United Nations Protocol to Prevent, Suppress & Punish Trafficking in Persons (2000)
- United Nations General Assembly (1993). Declaration on the Elimination of Violence against Women. A/RES/48/104
- The European Union (EU) and United Nations Office on Drugs and Crime, (2008 & 2011, UNODC) launched the Global Action to Prevent and Address Trafficking in Persons and the Smuggling of Migrants.
- United Nations Global Initiative to Fight Human Trafficking (2009)
- The William Wilberforce Trafficking Victim's Protection Reauthorization Act (2008, S. 30 61)

Mental health professionals and researchers have identified the following distinctive mental health and psychological problems that plague female survivors of sex trafficking: complex post-traumatic stress disorder (CPTSD), depression, anxiety, flashbacks, boredom with life, sleeplessness or oversleeping, outbursts of irritability, and excessive abuse of drugs and alcohol. These include maladaptive and unacceptable social behaviors, such as prostitution and shoplifting, that continue even after treatment and rehabilitation (American Medical Women Association [AMWA], 2014; Bryant-Davis,

2013; Clawson & Dutch, 2008; Harper & Scot, 2005; Katona & Bamber, 2013; Lutya, 2010; World Health Organization [WHO], 2012; United Nations Office of Drugs & Crime [UNODC], 2008, Zimmerman, 2007; Zimmerman & Watt, 2009).

Goodman and Mazur (2014) confirmed that homelessness, loitering, shoplifting, and prostitution among survivors of human trafficking is increasing. About 43,000 women are arrested for prostitution annually in the United States (Federal Bureau of Investigation, 2012). Some victims of prostitution reported to police officers that punishment for prostitution will have little effect on them because the need for food, housing, clothing, and love overrides the shame, humiliation, and fear they experience with prostitution (Shdaimah & Weichelt, 2013).

Scholars have not investigated the restorative factors that could control the psychological distress and maladjustment that female survivors of sex trafficking experience. Also, researchers have not explored additional coping strategies that can reduce the distresses these survivors experience. In this qualitative, phenomenological study, I investigated the restorative factors that could help survivors with lingering distress as well as unusual and unacceptable behaviors directly from the survivors. I interviewed female survivors of sex trafficking who have recovered to certain level of stability and functioning. I also interviewed the directors/counselors who worked with survivors at different rehabilitation centers. I wished to document the factors that helped the recovery of the survivors. Identifying the restorative factors that helped these female survivors from the perspectives of the survivors and from those who have worked with

them may empower survivors who are still experiencing lingering symptoms to recover and integrate into their homes and society. It may also inform researchers and professionals.

Statement of Problem

Sex trafficking and forced sex trade are among the human rights violations listed on United Nations Human Rights Fact Sheet No. 36 (2014). Johnston, Allotey, Mulholland, & Markovic (2009) observed that the violation of human rights caused negative psychological consequences on victims. Harper and Scot (2005) revealed that later in their lives, survivors of human trafficking were found to develop psychological and social problems such as depression, PTSD, and prostitution. Similarly, many trafficked and sexually violated female survivors in South Africa opted for prostitution as a survival option after years of rehabilitation (Lutya, 2010). These women stated that they experienced social, psychological, and financial problems (Lutya, 2010). Survivors also state that a lack of support causes them to recidivate to prostitution.

Helping female survivors of human trafficking to recover, stabilize, and reintegrate into their families and communities is challenging to mental health professionals, health care providers, families, and society. Survivors have stated that one of the reasons why adjustment to life after these experiences is challenging to them was because they experienced opposition from their family members (Ebegbulem, 2011; Human Right Council, 2015; Zimmerman & Watt, 2009). Their acceptance and reintegration into homes and communities may not be smooth if the family do not

understand and tolerate them (Ebegbulem, 2011; Human Right Council, 2015; Zimmerman & Watt, 2009). Survivors have stated that their families and community members often misunderstand and misinterpret them, and the symptoms they display isolate, stigmatize, and blame them for their problems (Ebegbulem, 2011; Zimmerman, Watt, Hossain, Light, & Abas, 2010).

There were approximately 20 million trafficked individuals around the world (Hepbum & Simon, 2010; United States Department of State Diplomacy in Action, 2009; Zimmerman & Watt 2009). Most of these victims were women and girls who were held hostage for sexual exploitation and domestic servitude. Many researchers have studied different aspects of human trafficking, such as groups of people trafficked, routes of trafficking, reasons for trafficking, and risk exposures (Lutya, 2010; Zimmerman & Watt 2009). Also, government, agencies, and nongovernment organizations (NGO) are putting efforts and expenses toward the treatment of survivors (Deshpande & Nour, 2013; Laczko, 2002). In the United States, for example, several social services and treatment options are available for survivors. However, in spite of treatments, many survivors still experience lingering psychological and mental distress that prevents them from meeting their daily basic needs (AMWA, 2014; WHO, 2012; UNODC, 2008; Zimmerman, 2007). However, there was no known empirical research on why psychological symptoms persist in female survivors of sex trafficking even after treatment. Also, there was no research on restorative factors that could augment existing treatments and help in the recovery of these survivors with lingering psychological distress (Zimmerman, 2007). In

this qualitative phenomenological inquiry, I gained an understanding from those who recovered to certain level of functioning and stability and filled the existing gap in the literature.

Purpose of the Study

The purpose of this qualitative phenomenological study was to investigate, identify, and document the restorative features that helped some women who earlier were engaged in sex trafficking to recover, readjust, and reintegrate into their families and communities. I examined the different components of the restorative factors and processes that helped those women's recovery. I also examined the role that social support, self-efficacy, and resilient strength within and outside the treatment centers played on the recovery of these female survivors. The goal was to help female survivors of sex trafficking who still experience protracted psychological distress following treatment to recover.

I particularly focused on women forced into sex trafficking. The study was critical because I focused on the under researched areas of human trafficking that affect vulnerable populations who may be at risk of continuing to suffer consequences of human trafficking, forced sex trade, and humiliation. The purpose of this study was to identify the factors that helped some female survivors of sex trade to reintegrate into their families and society from the perspectives of the survivors themselves and the directors/counselors who worked with them. The goal of this study was to identify those effective restorative factors to help guide these other survivors who continue to

experience lingering psychological distress, as well as subsequent victims of human trafficking. The research questions that guided the study were as follows:

1. What factors contributed to the coping and recovery of female survivors of sex trafficking, as described by survivors and treatment center directors/counselors?
2. What personal resources (social supports, resilient strength, and self-efficacy) enabled female survivors of sex trafficking to overcome the effects of traumatic experiences during and after their victimization?
3. What is the role of mental health and social services in the community reintegration and adjustment of female survivors of sex trafficking?

Theoretical Framework

I aimed at identifying the healing factors for those female survivors who still suffer ill effects of trafficking and forced sex trade. Their experiences have led them into dysfunctional behaviors, such as prostitution, shoplifting and exposing themselves for re-abuse (Goodman & Mazur, 2014). The theoretical frameworks that provided a foundation for this study were resilience theory (Frankenberg, 1987), the theory of social support (Sarason & Sarason, 1985), and the theory of self-efficacy (Bandura, 1986/1977).

Resilience theorists believe that life has ups and downs that must be embraced. Frankenberg (1987) applied the concepts of resilience to children who experienced significant threats of adversity. The attainment of positive outcomes despite the threatening experience were significant. Frankenberg recognized the individual

differences in human beings, as well as resilient strength in the two groups of children. The first group of children were more resistant to withstanding the challenging situations. They survived the difficult environment and performed their assigned tasks with no assistance. The second group were shut down in the face of hardship in the challenging environment. They needed some form of support to survive. Frankenberg provided this second group of children with longer time to stay in the hospital. They provided the children with social support. Some members of the staff had one-on-one meeting with the children. The staff coached the children from simple tasks to gradually into more challenging tasks. Parents of the children were allowed to come and spend time with their children at the hospital. The children gradually progressed with some encouragements and social support. According to Levine (2010), "an empathetic and encouraging presence can save someone from crashing at the time of threat (p. 3)". This shows that social interaction and support enhance resilient strength.

The theory of social support, as described by Sarason and Sarason (1985) was also used as a framework in this study for its ability to reinforce resilient strength at the time of threat. According to Sarason and Sarason, social support can generate energy during enduring times of loneliness, social isolation, and adversity. Sarason and Sarason attested that social support and social relationships served as protective factors to vulnerable people regarding the negative impact of stress on health. Thoits (19820 stated that social support is an important asset which could come in different forms (as

approval, encouragement, or some forms of basic social help) when the person socializes with others.

The theory of self-efficacy by Bandura (1986/1977) was an additional framework for this study. Human beings should be in touch with the innate self-efficacy. According to Bandura (1986), self-efficacy in a person empowers and motivates him or her to stay on task to a successful end. Self-efficacy encompasses an individual's belief in self and personal capabilities to survive and achieve personal set goals. Self-efficacy is a personal determination to achieve a set goal. Bandura, (1986/ 1977) stated that the outcomes of self-efficacy are usually revealed in cognitive skill learning, performance, assertiveness, and in coping with feared events, and it strengthens a person to recover from stressful situations. Schunk (1995) stated that if a person has supports from people at the time of distress, the support will activate his or her innate self-efficacy, strengthens, motivate behavioral change, and promotes achievement of a set goal. When a person's self-efficacy is low, the person may become vulnerable and unable to stand firm in the face of disaster. In such situation, the person may need social support system.

Nature of the Study

I applied a qualitative, phenomenological approach. This method allowed for a close description of recovery and progress from the perspective of those who experienced sexual trafficking. They provided their personal perspective of their recovery experiences. Also, those who worked with survivors discussed what they observed helped in the recovery process of survivors. I explored how survivors of sex trafficking

perceived and described their coping processes. These survivors discussed how they applied their innate strength to help them recover and live beyond their tortured and humiliating experiences. The qualitative phenomenological approach enabled me to comprehend the meaning that female survivors of forced sex trade ascribed to the personal experiences of their being trafficked and violated, as well as the processes of their healing. Also, through a qualitative phenomenological approach, the directors/counselors who worked with survivors described the factors they observed were instrumental to the recovery of the survivors they participated in treating.

According to Creswell (2009), qualitative phenomenological research is useful in gaining a deep understanding of the experiences of an individual or group of individuals and the meaning they attach to the experiences of the phenomenon under study. The participants in qualitative phenomenological research must have experienced the phenomenon directly or indirectly (Bloomberg & Volpe, 2012). The directors and counselors at the rehabilitation centers observed the process of the recovery of the survivors. They were able to share with me the resources that they believed helped the survivors to cope and sustained their recovery as they integrated into their families and communities. Operational Definition of Terms

Compassion fatigue (CF): Figley (1995) described this as emotional residue or strain of exposure at working with those suffering from the consequences of traumatic events. It differs from burn-out, which is a marked emotional exhaustion and withdrawal

associated with increased workload and institutional stress. These can coexist, although CF can occur due to exposure to one case or to a cumulative level of trauma.

Coping: Cognitive and behavioral energy intentionally exerted to manage external and/or internal strains of challenging conditions (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) stated that coping is a means of overcoming a stressor. It pops up in response to psychological stress. Folkman (1984) stated that coping refers to the thoughts and actions people use to deal with a threatening situation. It is a way of challenging a situation in order to reduce its stress. Both definitions apply to survivors of the sex trade as they attempt to reduce stress and move on with life.

Domestic violence: According to the National Center on Domestic Violence (1994), domestic violence is described as patterns of abusive behaviors used by one intimate partner to gain or maintain power and control over another. Domestic violence can be physical, sexual, emotional, economic, or psychological. It describes actions or threats of actions that influence another person. These include behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound.

Health: Good health or a healthy condition is described as “a state of complete physical, mental and social well-being, but not merely the absence of disease or infirmity.” (World Health Organization International Health Conference (2000).

Human trafficking: Human trafficking is described as the recruitment, transportation, transfer, harboring 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 on a vulnerable person or the giving or receiving of payments or benefits to achieve the consent of a person, having control over another person, for the purpose of exploitation (National Institute of Justice, 2018)

Integration: A long-term and multifaceted process that is completed when an individual who was previously outside the community returns and becomes an active contributing member of the economic culture, civil, and political life as the community perceives. This shows that she has oriented and has accepted the life in the community (European Council on Refugees & Exiles, 1999).

Lingering psychological distress: A serious and persistent mental illness such as PTSD, effects of child abuse, anxiety disorder, depression, or violence that lasts after 1 year following exposure to traumatic event/extreme stressors (Psychology Today, 2010).

Perceived self-efficacy: Characteristics such as confidence or judgements about a person's capability to perform particular challenging tasks (Axtell & Parker, 2003). It serves to promote healthy habits and reduces health-impairing habits (Bandura, 1994, p. 71-81).

Personality ability: Mayer (2007) defined personality ability as an organized and developing system within an individual that represents the collective action of that individual's major psychological subsystems. Mayer stated that individuals are characterized by different patterns of thought, emotion, and behavior that guides actions.

Program supports: The support services that are developed to meet an array of needs of trafficked individuals to give them the opportunity to live a normal and comfortable life even after their stay at a rehabilitation center. Program supports may include counseling services, vocational education, and skills building to prepare the recovered survivors for life after an unusual experience.

Recovery: A degree of psychopathological/mental stability is achieved by the individual, typically upward of several months, following a traumatic event, before returning to pre-trauma. Recovery is defined as "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" (Substance Abuse and Mental Health Services Administration (2011). Recovery is coming back and regaining a state of complete physical, mental, and social wellbeing, not merely the absence of disease (WHO, 1985). Masten and Coatsworth. (1998) asserted that an effective development and successful adaptation in life in a family, community, or society can be measured by productive functioning and contribution to family and society.

Resilience: Resilience has various definitions. Sometimes resilience is defined as a psychological process developed in response to intense life stressors that facilitates healthy functioning. Resilience reflects the ability of an individual to maintain relatively stable mental function in the face of adversity. Resilience possesses three primary components: resilient qualities, the resilience process, and innate resilience. The challenge is for an individual to activate the innate resilient strength. The resilience

process describes how the individual adapts to traumatic events. The innate resilience consists of the identification of motivational factors that may influence the individual's response to sudden threat or unexpected circumstances (Richardson, 2002). Everyone possesses these components, but the difference is how high one scores on each of them. Resilience is also defined further as being able to recover quickly from misfortune to return to original form after being bent, compressed, or stretched out of shape. Resilience is a human ability to recover quickly from disruptive change, illness, or misfortune without being overwhelmed or acting in dysfunctional ways. Resilience is the human capacity to face, overcome, and even be strengthened by adverse experiences (Ungar, 2006). For the purpose of this study, the definition of resilience by Ungar (2006) included all of the qualities of resilience and was a best fit of the resilience required for the population under study and for humanity in general.

Resilience education: According to D'Emidio-Caston, Brown, and Benard (2000), resilience education is activating or instilling in the minds of people how to overcome adversities and tribulations. They are taught to understand what they feel and why. They learn not to see themselves as victims. Rather, they learn to see obstacles as challenges to be overcome. They learn to persevere and believe that they are in control of their lives.

Resilience thinking: Resilience thinking is the approach that tries to investigate how interaction in the systems of people and nature or social-ecological system can best be managed to ensure a sustainable and resilient supply of the essential ecosystem of services on which humanity depends. Resilience thinking offers the different ways of

understanding the world and new approaches to managing resources (Simonsen et al., 2006).

Restoration: Recovering from the stress of experiencing or being exposed to traumatic events (Smith, Robinson, & Segal, 2016).

Restorative factors: Those activities such as sleep, exercise, relaxation, vacation, social interaction, and spending time in natural environments that appear to be good ways of reducing stress (Hansmann, Hug, & Seeland, 2007).

Self-efficacy: Bandura (1977) defined self-efficacy as an individual's belief that he or she will be able to accomplish a specific task. Bandura referred to self-efficacy as the mind's self-regulatory function.

Sex trafficking: Sex trafficking is a form of modern slavery that exists throughout the United States and globally. Pimps lure victims and sell them to traffickers. Sex traffickers and pimps use violence, threats, lies, debt bondage, and other forms of coercion to compel adults and children to engage in commercial sex acts against their will (Polaris Projects, 2007).

Sex trafficking victim: People lured and trafficked. Traffickers and pimps subject victims to acts or practices that include all the elements of rape and forcible prostitution. These forced acts involve the involuntary participation of another person in sex acts by means of fraud, force, or coercion (Victims of Trafficking and Protection 2000).

Sex trade victims: Under the U.S. federal law, any minor under the age of 18 years induced into commercial sex is a victim of sex trade—regardless of whether or not

the trafficker used force, fraud, or coercion. Also, many adults are forced, manipulated, or lured with false promises of jobs, after which they are forced into prostitution (TVPA, 2000). The terms can be interchangeably used. Both are victims of human traffickers.

Social support: Social support is linked with how people connect and help each other cope with stressful events. Social support enhances people's wellbeing by providing the assistance needed at the distressful time. Social support serves as a protective factor for people's vulnerability to the effects of stress on health (Barnes, 1954; Berkman, Glass, Brisette, & Seeman, 2000; Cassel, 1976). Social support is a permeating phenomenon in everyday life. It is one of the most effective means by which people can cope with and adjust to difficult and stressful events, thereby buffering themselves from the adverse mental and physical health effects of stress (Cohen & Wills, 1985; Mbiti, 1970; Seeman, 1996).

Supportive staff members: The directors of programs, counselors, and official administrators at rehabilitation centers who, in their role as helpers, contribute in any positive form (counseling, encouragement, advice) to the recovery of female survivors of sex trafficking.

Sustainability model: The terms sustainable and sustainability are used to describe many different approaches toward improving our way of life. Sustainability means reducing harm on the environment and reversing the harm people have already caused. This means living within the resources of the planet without damaging the environment now or in the future. This involves creating an economic system that provides for quality

of life while renewing the environment and its resources. A sustainable community is one that resembles a living system where all of the resources (human, natural, and economic) are renewed and in balance for perpetuity. The sustainability model provides "the ability to sustain" or "the capacity to endure" in times of distress (Brauer, 2011, Vol. 4: Iss. 2, Article 6.

Torture: Committee against torture (1989) described torture as a deliberate infliction of severe physical or mental pain and suffering on a person, aimed often to extract information or a confession, or to punish or intimidate the person.

Trafficked woman: A woman who is in a trafficking situation or who has survived a trafficking experience. For the purpose of this study, the term woman was a female person 18 years or older (WHO, n.d.).

Triangulation strategy: A method that involves the use of multiple sources to increase the collection of data from more than a single source. This means collecting information people who experienced the phenomenon under study directly and indirectly (Bloomberg & Volpe 2012; Creswell, 2009). This method also increase the descriptive power of the data.

Verbatim transcription: The word-for-word reproduction of verbal data from participants during an interview where the written words are an exact replication of the recorded (video or audio) words (Poland, 1995).

Violence against women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women,

including threats of such acts, coercion, or arbitrary derivations of liberty, whether occurring in public or private life (United Nations General Assembly, 1993).

Assumptions

I focused on the restoration of lives of female survivors of sex trafficking. The participants for this study were women who met the definition and the criteria stipulated by the United Nations Convention against Transnational Organized Crime on human trafficking (year). Women who volunteer themselves into prostitution did not meet the criteria and were not included as participants.

It was assumed that female survivors of sex trafficking who have recovered and moved on in life may be willing to volunteer and participate in this study without encountering serious problems after the interview.

I took a qualitative and phenomenological approach to elicit lived experiences. It was assumed that open-ended and unstructured questionnaires may be the best fit at giving participants the freedom to share freely about their recovery experiences and progression. Also, it was assumed that a face-to-face interview may establish a trusting yet professional atmosphere for both the participants and the interviewer to interact amicably and professionally during the interview. The lived experiences of people were unique; each participant's method of narration was different. It was assumed that the phenomenological approach uncovered the common and unique themes in their experiences. It was also assumed that participants who met the criteria and volunteered for this study provided honest and authentic information.

Scope

Female victims of human trafficking, sex trafficking, or the sex trade are varied. Some women volunteer themselves for sex trade. These groups were not eligible for this study. The trafficked populations can be U.S. citizens or from other nations. They can come from rich or deprived countries. They can belong to rich and educated families or underprivileged families. They could be women, men, or children, and they also may be lesbian, gay, bisexual, and transgender (LGBT) individuals.

However, this study was gender and age specific as well as criteria-based. The population for this study was only adult female survivors of human trafficking and sex trade who were 18-45 years of age at the time of this interview. This study was only on those female survivors who met the United Nation's definition and criteria for human trafficking. That is, they must be tricked against their will and coerced into the sex trade.

The women who volunteered themselves for prostitution were excluded for this study. The factors were collected only from the population of women who had survived the trafficking experience and had recovered to a significant level of stability. They were either learning a trade, schooled, or schooling, or they were engaged in learning any productive skill at the time of this interview. They had recovered to some level of stability where they felt comfortable and freely shared their recovery experiences with some sense of pride and hope for a better future. Also, the directors and counselors at some rehabilitation centers who had participated in treating more than two survivors and observed their recovery progressions for at least 2 years shared the factors they believed

helped in the recovery of the survivors. The factors they shared illuminated which treatment approaches helped to the recovery of their clients and which approaches do not facilitate their recovery.

Limitations

This study was limited to women who survived sex trafficking. The survivors were only those who had made significant recovery and had moved on and were functioning relatively well or making significant progress in acquiring skills that will lead them to function productively. The population of female survivors who still presented lingering psychological symptoms were excluded from participating in this study. Survivors with lingering psychological symptoms who responded to the flyers were helped to readmit for some more services.

Significance of the Study

Sex trafficking has negative impact on trafficked women and women forced to engage in sex trade, as well as their families and communities (Katona & Bamber, 2013; Zimmerman, 2007). The government and non-government organizations (NGOs) have addressed the health issues affecting female survivors of human trafficking and the sex trade (Deshpande & Nour, 2013; Laczko, 2002). Several studies have been conducted on different aspects of human trafficking. Such studies included the population trafficked, the route of trafficking, how to treat survivors, amount spent on survivors, and so on. The government has enacted different laws to stop trafficking and to punish traffickers.

However, no study had been conducted to research restorative factors from the perspectives of the survivors and the directors/counselors who treat the survivors. Also, there have been no in-depth studies from the viewpoint of the survivors and the directors/counselors to explore factors that can reduce psychological sequelae of trauma and trauma-related distress prevalent among female survivors of trafficking who were forced into the sex trade. Several professionals and mental providers experienced difficulties in treating the distinctive psychological symptoms observed among female survivors of human trafficking who were forced to engage in the sex trade (American Medical Women's Association [AMWA], 2014; Katona & Bamber, 2013; Zimmerman, 2007). These professionals suggested that studies should be conducted on how best to treat female survivors of sex trade. In this study, I filled this existing gap. I identified the factors that helped some female survivors of human trafficking who were also forced to engage in sex trade to recover and integrated into their families and communities.

Identifying these restorative factors from these survivors may inform professionals who treat female survivors and those who still go about their daily lives with severe lingering psychological distress. This information may guide the treatment process and provide positive social change that may offer a foundation upon which policies for successful treatment outcomes may be created. This may also inform health care providers in the treatment of traumatized victims. The information /findings regarding the recovery of trafficked women from survivors who experienced the ordeal of trafficking themselves and from directors/counselors who treat these survivors and

observed their recovery progression may be the most valid and authentic information. The findings may augment the treatment plan for survivors of human trafficking. It may also be useful for victims of trauma.

Summary

In this chapter, I provided the synopsis of human trafficking and the reasons for this study. Also, I highlighted the negative impact of sex trade on females and the difficulties encountered in treating these female survivors. I also emphasized the financial expenses to individuals and the society. I further revealed the efforts the government, NGOs, and mental health professionals have invested in the treatment and rehabilitation of survivors. Although some female survivors have found recovery, the number of reentries of survivors for post trafficking treatments poses concerns to health care providers, the government, and NGOs. I revealed the gap for research on the factors that helped some survivors to recover in the existing literature. Exploring the processes and strategies these female survivors applied to lead them through their recovery to productive functioning was beneficial. The goal for this study was to explore, identify, and document those effective restorative factors. This findings may augment the recovery of female survivors still experiencing lingering psychological distress. This phenomenological approach shed light to positive social change given that the model was designed to elicit information from real people who experienced the phenomenon and applied those strategies in their recovery. It is hoped that these findings may enhance the study that may help to fill the gap in the literature about this phenomenon.

In Chapter 2, I review the current related literature on human trafficking, the sex trade, and trauma in female survivors of wars, holocaust, domestic violence, and human trafficking. I also explore the effects of resilient strength, self-efficacy, and social supports as protective factors that contributed to recovery at distressing times and prevent survivors from becoming overwhelmed or acting in dysfunctional ways.

Chapter 2: Literature Review

Sex trafficking results in a multitude of costs to the individual, families, and society (Deshpande & Nour, 2013; Laczko, 2002). Researchers and mental health providers have observed that many female survivors of sex trafficking still manifest lingering psychological symptoms that prevent them from functioning effectively. These female survivors were also found to engage in excessive use and abuse of drugs and alcohol. They also involve themselves in unacceptable social behaviors, such as prostitution, even after treatment and rehabilitation (Ebegbulem, 2011; Harper & Scot, 2005; Lutya, 2010; Zimmerman & Watt, 2009). This made their reintegration into their families and communities challenging.

Human trafficking and sex trade particular have received heightened attention, concern, and reactions from the media, law enforcement agencies, politicians, researchers, social services, government agencies, NGOs, and health care providers (Polaris Project, 2012; Zimmerman, Hossain, Roche, Morison, & Watts, 2006). Sex trafficking started in economically low-developed countries and spread to highly developed countries. Now it is occurs in all corners of the world (Polaris Project, 2012; Zimmerman et al., 2006).

The majority of efforts to address the issues of human trafficking and sex trade include describing the various fundamentals of human trafficking, human rights, legislation on effective criminal justice, and how to punish traffickers. Yet, trafficking of people persists and continues to spread to other parts of the globe as a lucrative trade. The

hidden nature of operating human trafficking makes it difficult to determine the exact number of victims trafficked. However, estimates hold that within the United State alone, about 100,000 victims of human trafficking are recorded each year (Clawson et al., 2013). The global estimate is about 2.5 million people yearly (males, females, and children; (United Nations Office on Drugs and Crime. Vienna (2008). Women, adolescents, and girls make up the vast majority of human trafficking. About 80% of the trafficked people were engaged on forced labor and commercial sex trade (United States Department and the International Labor Organization, 2005).

The United States is one of the best-known depots for trafficked people from around the globe (Hughes, 2001). The U.S Department of Human Trafficking Prevention (2007) estimated about 14, 500 to 17,500 people, mostly women and girls from other countries, are brought into the United States yearly for sex trade and cheap labor. In recent years, an epidemic of cases of sex trafficking has been reported in all 50 states (AMWA, 2014). There is a growing concern about trafficking of women in California for sex exploitation, household labor, agriculture, food, and garment industries (California Human Trafficking Work Group, 2012; Tirman, 2013). As the interest in the gain from trafficking increases, the number of sexually violated women will increase and so does the number of women who manifest severe lingering psychological distress; mental health problems; and social, mental, and interpersonal problems (AMWA, 2014; WHO, 2012; UNODC, 2008; Zimmerman, 2007). Raymond, Janice, Hughes, and Donna (2001) examined issues confronting trafficked and sexually violated women. Raymond et al.

observed that the pimps maintained absolute control over the women they forced into sex industries. The pimps also controlled the money the female sex workers made from prostitutions. These sex workers were held captive and under intense vigilance of the pimps to prevent them from escaping. Both traffickers and pimps subjected the sex workers to severe physical and emotional torture. As a result of the cruel treatment and beatings, survivors suffered severe health complications ranging from brain injuries to sexually transmitted diseases such as HIV or AIDS, as well as psychological and mental health problems. Survivors came into the rehabilitation centers with these issues.

Hughes (2001) reported a similar sex trade and the transnational networks of traffickers and pimps who prey on women seeking employment opportunities in Asia, the Soviet Union, Ukraine, and other countries. Hughes illustrated the illegal activities of moneymakers who trade on women and girls for the purpose of making money through sexual exploitation of those women. Several sex trafficked females recounted heinous sex practices, manipulation, and ferocious treatment they experienced from traffickers and pimps as well as maltreatment by the police and how the enacted laws disfavored them (Hughes, 2001). These illegal and inhuman practices further tarnish the integrity of female survivors and also demoralizes the social and moral standard of the nations of the world (Hughes, 2001).

Human trafficking has become a national and global issue. Traffickers target women in particular for the sex trade (Muftic & Finn, 2013; Winterdyk & Reichel, 2010). As long as human trafficking continues spreading, the number of women who are forced

into the sex trade will rise. This has caused an increase in the number of women with severe lingering psychological and mental health problems. Many women formally engaged in sex trafficking developed trauma and different trauma-related symptoms, such as depression, anxiety, flashbacks, and withdrawal. They also suffer numerous physical wounds and complicated diseases accrued from sex industries (AMWA, 2014; Ebegbulem, 2011; Katona & Bamber, 2013; Polaris Project, 2012; WHO, 2012).

The goal of this study was to identify and document the effective restorative factors that helped the recovery of the female survivors who have moved on with life and from the directors/counselors who worked with at least two or more survivors for 2 or more years. I interviewed female survivors of sex trade who have made strides toward recovery with readjustment and reintegration into their families and communities. Also, directors/counselors who worked with survivors at different rehabilitation centers were interviewed. The effective restorative elements that contributed to the recovery of some female survivors were identified and documented. I also examined literature for effective restorative factors that helped other women exposed to different trauma. Such females were survivors of holocaust, female survivors of domestic violence, and female war survivors. Mental health professionals observed peculiar psychological symptoms in women survivors of sex trade. The psychological symptoms are similar to those found in women survivors of holocaust, women survivors of domestic violence, and female war survivors (AMWA, 2014; Bryant-Davis, 2013; Clawson & Dutch, 2008; Katona & Bamber, 2013).

In this study, I explore the role that social support, resilience strength, and self-efficacy played on female survivors of holocaust, survivors of domestic violence, and female war survivors. I review the most recent, peer-reviewed literature published within the last 5 years. Also, some prominent and longitudinal scholarly studies from the previous years that informed the current study were considered.

Literature Search Strategy

The search for scholarly information was conducted via the Walden University library in the following databases: PsychINFO, ProQuest academic search engines, PsycARTICLES, Psych BOOKS, PsycCRITIQUES, PsycEXTRA, and PsychINFO American Psychological Association (APA), National Institute for Mental Health Database; National Human Trafficking resource center, and National Alliance on Mental Health. Several search terms were conducted on psychology databases across multiple databases that simultaneously included *trauma and coping strategy*. This resulted in 2,541 articles. *Trafficked women and health problems* resulted in 210 articles. *Victims of human trafficking, case management, and clinical services* yielded 2,020 articles. *Resiliency and multiculturalism* resulted in 617 articles. T*rafficked women, HIV, and vulnerability* yielded 69 articles. *Trauma and self-efficacy* generated 59 articles. *Trauma and perceived support* resulted in 250 articles. *Combat women and PTSD* yielded 49 articles. *Commercial sex exploitation and forced labor* resulted in 2, 754 articles. *Trafficking, stigma, and discrimination* yielded 193 articles. These search terms were considered because of their relevance to the study.

Theoretical Foundations

The three theoretical lenses that drove this study were the theory of social support, resilience theory, and the theory of self-efficacy. These theories were discussed in sequence.

Social Support

I explored the roles social supports played on people who experienced trauma. Barnes (1954) described the roles of social support and social relationships and stated that social supports serve as protective factors on a person's vulnerability and on the ill impacts of stress and adversity, as well as on a person's psychological and emotional health. Barnes associated social support with how networking relationship helps people cope with stressful events and enhances psychological wellbeing. Barnes organized social support into four categories: (a) emotional support, which provides empathy, love, trust and caring; (b) instrumental support, which involves the provision of tangible aid and services from friends, colleagues, and neighbors; (c) informational support, which involves providing advices, suggestions, and information that a person experiencing a stressful event can apply to solve personal problems; and (d) appraisal support, which are skills useful for self-evaluation, evaluating constructive feedback, information, and social comparison that help in building up a person at the time of distress. Through all these aspects, the distressed person is revitalized and renewed.

Sarason and Sarason (1985) detailed that supports from family, community members, and friends assist a person at distressed periods. Sarason and Sarason described

supports as acting as protective factors that prevent a person from breaking down in the face of adversities. Also, Williams (2005) applied the grounded theory of social interaction to examine the effects of social interaction and social support in the context of loneliness. Williams revealed that supports from family, community, and society contribute to changes in attitudes of people who were feeling lonely, neglected, and stigmatized. There are positive cognitive-behavioral change that are observed as a result of support to individual who experienced distressful and shameful events. The concept of supports in discussion can be conceptualized as those caring gestures expressed in actions and deeds to safeguard a person from ill effects of distress. These forms of social supports can come from immediate family members, extended relatives, caring community members, and society that have the potential to assist the individual during challenging periods. Social supports provide respite to an individual to cope with strain and negative emotions. These social supports may come in material forms or in the form of affection, esteem/approval, strengthening identity, and security (Agnew, 1992; Thoits, 1982).

However, many survivors of human trafficking lacked the above protective features-hence the lingering psychological distress. Many female survivors of sex trafficking specified that their family members isolated, stigmatized, and blamed them for their experiences. These female survivors also reported that legal systems discriminated against them (Heath, 2013). Many female survivors reported that they experienced a lack of financial supports and emotional supports from family, community, and the

government. The female survivors stated that they could not secure jobs because they were legally listed as felons. Survivors stated that without jobs or family and community support, life became hard to bear. This situation jeopardized their recovery. Also, they complained that isolation and loneliness empowered their addictions to drugs and alcohol abuse, as well as engagement in deviant behaviors such as prostitutions and shopliftings (Clawson et al., 2013; Harper & Scot, 2005; UNODC, 2009).

Some female survivors who received financial supports and good social relationships from families, friends, or communities recovered fast. Mbiti (1970) discussed how family and community networks of social supports could weaken depression and its distressful effects and motivate a person's effectiveness to withstand the challenging times. Supports to someone at the time of adversity is crucial to survival.

Resilience

Resilience has varied definitions. Resilience is a human ability to recover quickly from disruptive sudden change, illness, or misfortune without being overwhelmed or acting in dysfunctional ways. It is the human capacity and capability to face, overcome, and even be strengthened by adverse experiences (Ungar, 2006). Luthara and Cicchetti (2000) defined resilience as a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma. Resilience generates out of the desire and determination to overcome in the face of adversity. It is like the strength or energy inside a person that enables him or her to resist failure and claim success and overcome difficulty.

Resilience education. According to D'Emidio-Caston et al. (2000), resilience education is activating or instilling in the minds of people how to overcome adversities and tribulations. People are taught to understand what they feel and why they feel the way they feel. They learn not to see themselves as victims. Rather, they learn to see obstacles as challenges to be overcome. They learn to persevere and believe that they are in control of their lives and situations.

Resilience thinking. Resilience thinking is applied in a system. This is a thinking approach that navigates around the system. It analyzes how interaction in the system and nature or social-ecological system can best be managed to ensure a sustainable and resilient supply of the essential ecosystem of services that humanity depends upon. Resilience thinking offers different ways of understanding the world and new approaches to managing resources (Simonsen et al., 2006). Resilience education refers to instilling in the minds of people the skills that enables people to evoke their innate strength to action. Resilience thinking leads a person to approach life issues in a positive and sustainable manner. In so doing, the person builds up a sustainable strength to overcome adversity.

Resilience theory. At exposure to significant threat, the "flight or fight" response in the body is activated to respond to the perceived threat or danger. The ability to hold onto a person's innate strength while hoping for external help may guarantee his or her survival despite the impending threat. This is the basis for resilience theory first proposed by Frankenberg (1987). This type of resilience was developed about the 17th century (McAslan, 2010). It has since progressed from being used in the field of science to being

applied in the study of environments. The term resilience was used freely and actively by policy makers, practitioners, and academics. Resilience has been cited as a trait or strength that enables people to recover, cope, and bounce back to normalcy after an experience of alarming pressure, tragic threat, or unexpected adversity (Levine, 2010; McAslan, 2010).

Resilience originated from the Latin verb resilire, which means rebound or recoil. The term resilience was introduced to describe the consistency of timber and to explain why some types of woods were able to withstand severe weight, compression, and time lapse without breaking while others were not (Tredgold, 1818). Four decades later, Mallet (year) further expanded the concept of resilience as a means of measuring and comparing the strength of material used for building quality Royal Navy constructions for fighting ships. Later, systems theory was incorporated into the theory of resilience thinking. The resilience thinking approach helped Mallet and Tredgold withstand and adapt through cycles of different changes and challenges in their corporation (Walker & Salt, 2005).

In 1987, Frankenburg presented an encounter with children who manifested resilient strength in the hospital. Frankenburg (1987) described how resilience theory emerged by chance rather than by intent. Frankenburg observed that some of the children at the hospital had normal development without any negative outcomes despite the disadvantaged environment they lived in. The team of doctors who worked with these children at that hospital before the arrival of Frankenburg were engrossed in the search

for pathology in the children. They focused on the poor environmental conditions where the children lived. Frankenburg focused on pinpointing the harm and the impact the illness and the poor environment might have had on the children. In the process, they observed that some of the children developed normally with no signs of trauma. These children were also physically and emotionally sound. They performed well mentally. Frankenburg set forth to search deeper for what might have contributed to the observed well-being in these children. Their findings challenged them to search for service options that could help other disadvantaged children to develop normally even in the face of the poor environment they lived in (Garmezy, 1971). Frankenburg set up some theoretical propositions and /or hypotheses, which included the explanation of the assumptions upon which they were basing their findings. Some of their assumptions were (a) the previous researchers and care providers were biased because they were occupied with searching for pathological manifestations in the children, and (b) The previous researchers were prejudiced and created unhealthy feelings that produced undesirable effects and caused parents to present negative attitudes towards their children's experiences and the symptoms they displayed (Garmezy, 1985). Frankenburg focused on "self-righting" factors, that is, those innate strengths that help normal healthy normal growth and progress in a person's life. Frankenburg indicated that it is more than the exposure to adverse events or extreme stressors that result in positive or negative outcomes. Certain concepts about resilience were taking form in the literature including the ability to

characterize resilience and indicate person and social factors associated with higher or lower likelihood of resilience.

The International Resilience Conference in Colorado in 1987, provided the right opportunity for Frankenburg and his group to come to unanimous agreement on their findings and to the conviction of their discovery. They explained the rare positive traits and characteristics they discovered among some of the children in the hospital. They reported that such positive traits were lacking in the other group of children in the same hospital. The children without these positive traits and characteristics were not making the expected developmental progress compared to the children who possessed those traits. Thus, Frankenburg (1987) and his group organized those positive traits and categorized them into “internal and external traits.” Internal traits were personal innate strengths, including a sense of well-being, a sense of believing that one is being cared for and loved, a sense of autonomy, achievement oriented strength, high- self-esteem; hope, and faith. External traits were trusting and caring relationships, access to health care, education, emotional and social support within and outside family structure and guiding rules at home, parental encouragement of autonomy, stable home and stable school, and affiliation to religious organizations for good morality building.

But the main concerns Frankenburg and his team encountered were their inability to explain resilience and its effect on children. Consequently, they formulated guiding research questions about what parents, teachers and other adults could do to promote strength in children both at home and in school. This research questions enabled them to

go beyond the current studies that had found some children who were resilient. The search questions to understand resilience connected the team with different agencies and organizations such as the Civitan International Research Center of the University of Alabama at Birmingham, the United Nation Educational, Scientific and Cultural Organization (UNESCO), the Pan American Health Organization (PAHO), and the World Health Organization, (WHO). These organizations provided them with valid suggestions and criticisms to the International Resilience Project.

Frankenberg (1987) and his group assembled some 9-11 year-old children to study how they behaved in the midst of adversity. They found that 11-year-old resilient children maintained enough flexibility to move back and forth between autonomy and appropriate dependence. Those children recognized when they needed help and requested for it from appropriate authority figures and peers who helped them develop confidence and connected with their innate strength. The children learned to complete their assigned tasks and good problem- solving- skills and shared their ideas with others (Frankenberg, 1987). However, Frankenberg and his team observed that not all the children developed resilient abilities at the same level. The abilities they searched for were personal ability (such as: I am, I can, and I have) that demonstrated who they are, what they can do, and what they possess and owe. Mayer (2007) attributed this personality ability to individual uniqueness as well as individual differences. This drives the individual to his/her actions and deeds at home, school or job. It also guides one on how one deals with stress and issues associated to one's activities (P. 14). Frankenberg and team decided to increase

their support systems according to the needs of the individual. This includes but not limited to encouragement and social support. With the increase of supports Frankenberg and his team observed that these disadvantaged children gradually and successively developed confidence and inner strengths that helped them improve in many aspects of daily living like the other group of children. Frankenberg and his team recognized that increased additional supports from members of his staff and the care providers to the children, as well as supports and encouragement from families and friends helped the disadvantaged children to develop as other children did. This attested to the view that supports from family and community can sustain one during times of adversity (Levine, 2010 p.10: Mbiti, 1970 p. 311-352). Social support thus acts as a buffer that helps an individual demonstrate resilience when faced with adversity.

Since then, resilience theory has been successfully applied in building up people's innate strength in times of adversity. This is not applied in children alone, it is also applied in adults and professionals as well. For example, during the era of academic reforms in America (No Child Left Behind Act NCLB, 1990-2001), promoters of resilience theory introduced resilience approaches to public schools in the United States, especially schools that serve students from all nationalities, cultures, and different levels of socioeconomic status. Students who were not measuring up academically due to multiple precipitating factors and stressors that put them at risk of academic failure were assigned mentors, supporters to guide them academically, emotionally, morally and psychologically (Capra, 2009). School counselors also played an important role in the

implementation of resilience theory in schools. According to the American School Counselor Association (ASCA, 2003), the approach addressed the ways people see their issues and helped them become stronger in looking at their problems positively and with hope. A significant improvement was observed among high risk disadvantaged students. School administrators, teachers, and parents also learned resiliency skills to help them reach their optimum performance.

The concept of resilience has also been applied in many other walks of life. For example, Hopkins, (2009) discussed that resilience thinking applied in their community setting offered him and his community members insight into why some systems collapse when they encounter shock, and some stand firm. Hopkins asserted that resilience thinking enabled him and his community members to complete their community projects successfully. Hopkins (2009) compared resilience thinking with “sustainability model,” which is “the ability to sustain” or “the capacity to endure” at distressing times (Brauer, 2011). Hopkins, (2009) believed that resilience thinking is a better option than the sustainability model in terms of its efficacy.

Also, resilience as a concept has proved as helpful recovery measure regarding the “parental deprivation” of young children. Katyal, (2015) investigated the effects of resilience among orphans and non-orphans of 12-18 years of at two orphanages and two schools in India. The result showed a significant difference in the resilience of orphan and non-orphan children. The non-orphan children showed higher resilience than orphan children mainly because the non-orphan children have support from family members.

Further, the risk and resilience survey conducted in New Mexico showed that risk behaviors such as cigarette smoking, consumption of alcohol, drug abuse, violence, and self-harm were highly reduced among students when resilience thinking was inculcated in schools and community and public places (Simonsen et al., 2006). According to these scientists, resilience thinking is an impressive and highly successful approach to explain complex environmental and social interactions. It entails commitment, focus, sense of direction and ability to work as a group as well as trusting in every members' good will and contributions to the success of the company. This helps to make changes in a unified framework and in language accessible to a wide audience of community members. Resilience thinking offers a different way of understanding the world and a new approach to managing resources.

At the California Healthy Kids center, it was proved that the manifestation of multiple risk behaviors such as obsessive cigarette smoking, heavy alcohol consumption, abuse of drugs and practices of self-harm were connected to lack of resilient strength and resilience thinking (Ritesh, William, Antronette, Yao, & Minal, 2009; Dan, 2010).

This study searched for the factors that helped those female survivors of the sex trade to recover from their severe psychological distress such as trauma, PTSD, anxiety disorders, etc. The study also investigated the coping strategies that enabled some female survivors to bounce back and be transformed after their trauma. According to the National Institute of Mental Health (NIMH, 2013), trauma is a serious devastating condition that could disable the sufferer and his/her loved ones. However, trauma is a

manageable disease/disorder. Those who experienced traumatic events such as the sex trade, domestic violence, war, and torture could be helped with different treatment approaches like psychotherapy, medication or both (NIMH, 2013). Nonetheless, any treatment approach to any illness or disorder requires personal commitment/a personal decision to reduce distress or and /get well and live full normal and productive life. This implies that recovery requires a proactive and committed effort on the part of the sufferer and treatment team choose appropriate treatment approach that will help him/her to achieve the desired goal (Levine, 2010, p 10). Therefore, female survivors of sex trade are required to actively commit themselves to their treatment and to their journey to recovery. This suggests that survivors who seek recovery must be goal-directed, dedicated and determined to benefit from the findings that may support their recovery. Also family members, communities and society are required to work together and provide the resources that may assist female survivors of sex trade to recover. No one makes it through life alone. We need the help and support of each other (Levine, 2010, p 9; Mbiti, 1970 p. 311-352).

According to Levine (2010), to be healed from trauma, the victim/sufferer most learn to give a human face to resilience as well as the feelings of goodness and motivation. He argues that learning to harness the "elemental and intelligent instinctual energies," at the time of trauma moves one through trauma (p.15-16). According to D'Emidio-Caston et al. (2000), resilience education is learning how to manage and overcome adversities and tribulations. The essence of resilience is described as the

capability to bounce back from some form of life disruption, distress, shocking events, or sudden negative changes that could negatively impact functioning (Frankenberg, 1987; Levine, 2010, p 8-9).

Self-Efficacy

Our thoughts and beliefs systems play vital role in the way we handle situations that confront us on the daily basis. The confronting situations include learning to do different things and achieve our set goals or our personal ability to rise when we fall. Self-efficacy is a key element of social cognitive theory that affects how human beings are motivated in accomplishing a task. According to Bandura (1997), Self-efficacy is described as belief in one's ability to stay on task to a successful end. Bandura stated that the essential component to accomplishing a set task is the confidence an individual has that he/she can do it. Bandura argued that skillfulness of self-efficacy begins from childhood and continues to adulthood. In explaining the processes of self-efficacy, Schunk (1985) discussed the relationship between self-efficacy, motivation, and performance in the cognitive and sport domains. He reported that self-efficacy motivates one's inner disposition and beliefs. He stated that accomplishing a task can influence one's choice of activities, efforts, persistence and achievement. Schunk (1985) observed that positive feedback inspires and motivates self-efficacy. Schunk (1985) maintained that motivation and confidence predicted self-efficacy and performance. In like manner, Bandura (1997) further described another aspect of self-efficacy as perceived capability. In this vein, Bandura (1997) expressed his interest in what one is capable of doing now

rather than what one will do in the future. He described self-esteem and locus of control. Perceived efficacy, he stated affects behavior and positively impacts aspirations, empowers goal attainment and raises outcome expectations (Bandura, 1995, 1997). He stated that Self-efficacy beliefs explain whether people think erratically or strategically, optimistically or pessimistically. He maintained that Self-efficacy influences how quickly people rebound and persevere in the face of life's threats, obstacles, and adversities. (Frankenburg, 1987; Levine, 2010) pg. 8-9). Due to their levels of experiences with stimulations, Frankenburg, (1987) and Levine, (2010) attested that a person with high level of self-efficacy performs well compared to the one with low self –efficacy, who may need support to be effective.

Self-efficacy is applied in this study to explore how survivors' beliefs systems will enable them regain their human dignity physically and psychologically and be able to function productively. But when self-efficacy is low, support is needed to up-lift the individual. Support is applied in varied forms. For instance, Relich, Debus, and Walker (1986) found that exposing low-achieving school children to models, for example, explaining mathematical division and providing them with feedbacks, stressing the importance of ability and effort had a positive effect on self-efficacy of those children. Also, Schunk, (1987) believed that perceived similarity is an important attribute for progress in life. Schunk stated that observing others succeed can raise observers' self-efficacy and motivates them to try the task because they are apt to believe that if others can succeed, they can as well succeed. Schunk, (1987) explained that similarity method

may be especially influential when individuals are uncertain about their capabilities such as lack of task familiarity or they have little information to use in judging efficacy or when they previously experienced difficulties and have doubts about performing well in that task.

Further, Schunk and Hanson (1985) had low-achieving children observe videotapes of peer mastery or coping approach or adult teacher explaining and demonstrating subtraction operations. It was found that peer mastery approach helped the children better solve problems correctly and verbalized statements reflecting high self-efficacy and ability in the children. At the initial stage into solving the problems, peer coping group made some errors and verbalized negative statements. But they began to verbalize coping statements and corrected themselves with positive statements such as; ("I need to pay attention to what I'm doing"). They eventually performed better than the teacher approach. Schunk and Hanson (1985) contend that children sometimes could help their peers learn better. Support activates self-efficacy and motivates learning and an achievement of self-efficacy. .

The rationale for the application of the theory of social support, resilience theory, and the theory of self-efficacy in this research is threefold; (I), resilience strength energizes and rebuilds life. It is anticipated that if the distressed female survivors strive harder, they could stimulate their innate resilient strength. (ii), it is anticipated that social support from families, communities, and society may provide the necessary resources for female survivors of the sex trade to regain their human dignity and healthy behaviors and

rebuild their resilient strength. This will enable their smooth-reintegration into their families and communities. This may reduce the drive into prostitution and deviant behaviors which they claim as survival options. (iii) Building resilient strength and social support will initiate activation and re-building of their self-efficacy which will renew their self-confidence, self-esteem, and locus of control of survivors. It will impact aspirations, focus on goal achievement and positive outcome expectations.

Above all, these three theories are valuable and are valued in all cultures and in the society for their intrinsic worth. They have the ability to enable a person who experience sudden distressful event to stand firm to the circumstance and not crash out of despair. Several communities and cultures appreciate strength and ruggedness in the face of threat as against giving in to desperation, failure, and crashing when danger looms. Resilient strength, supportive care and self-efficacy are thus important for survival and recovery from traumatic exposure as related to human, sex trafficking, and humiliation.

Conceptual Framework

The following literature review was based on reliable and peer-reviewed journals and published studies that were related to the subject of trauma treatment and sex trade. The content of this chapter included the general overview of the elements of trauma that affected women. The literature was focused specifically on women who experienced different types of trauma, the impact of trauma on women, and the stories and the recovery processes as narrated by the victims of trauma.

Trauma

When a person is exposed to a distressing incident, the person may or may not develop upsetting symptoms. This may depend upon the level of support around the person at the time of the incidence and the resilient strength in the person. Many people have come to the recognition of the high level of resilient strength and self-efficacy - determination in them after surviving the experiences of distressful events. Some obvious examples were the testimonies of many survivors of the 1974 tornado in Xenia, Ohio. The people experienced psychological distress. However a good number of the survivors described positive outcomes of that tornado experience. Some of the survivors of the tornado stated; that they learned that they could handle crises effectively and felt that they were better off for having met that type of challenge (Quarantelli, 1985). Thus, traumatic event may not always cause problem. It may challenge one to discover one's hidden innate strength. However, it has actually been found that many people who experienced overwhelming stressful events have eventually developed trauma disorders (Kor, (2015). It was also obvious that lack of supports and lack of coping resources launched a distressed person into trauma disorder. This situation was evident in the cases of war survivors, holocaust survivors and people who survived terrible accident, terrible inhuman treatment in relationships, disaster, illnesses, violence, loss of loved ones or loss of job. These people suffered post-traumatic stress disorder (PTSD). They exhibited symptoms such as fear, intense anger, anxiety, and depression, sleep disorder, irritability,

flashback and mood disorder which may require serious trauma intervention or hospitalization (Levine, 2010, p 9; Kor, 2015).

The term "trauma" has been variously and broadly used. As psychologists, we refer the experience of having been directly or indirectly exposed, witnessing or learning about someone exposed, to extreme stressors, as trauma. Some trauma triggers are: the experience of disaster such as hurricanes, accidents, earthquakes, wildfires, unexpected death of a loved one, the experience of war, torture, illness, hostages, kidnapping, human trafficking, terrorist attacks, physical attacks, loneliness, sexual abuse, and many others. Sexual trafficking and forced sexual trade were found to be deeply traumatizing to individuals who experienced it.

According to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, Text Revision (DSM-V-TR), trauma is being exposed to direct personal experience of an event that involves threatened or actual death or serious injury, or other threats to one's physical integrity; or witnessing an event or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (p. 463-464). In the cases when individuals or groups of individuals are exposed to prolonged and repeated trauma and they suffer the symptoms for several months, this may result in complex traumatic stress disorder.

However, some experts have noted other commonly reported trauma-related symptoms such as anger, disgust, guilt, shame, and sadness that are not listed in the

DSM-V-TR criteria (Andrews, Brewin, Rose, & Kirk, 2000; Power & Fyvie, 2012). Also, self-blame and negative conceptions of oneself appear to be particularly salient posttraumatic responses observed by professionals (Larsen & Fitzgerald, 2011; Whiffen & MacIntosh, 2005). According to Roth, Newman, Pelcovitz, van der Kolk, & Mandel (1997), when the DSM-V –TR Field Trials indicated that 92% of individuals with Complex PTSD (CPTSD) met diagnostic criteria for PTSD, Complex PTSD was not added as a separate diagnosis classification. However, cases that involve prolonged, repeated trauma indicated a need for special treatment considerations. Listed below from the National Center for PTSD are some cases that exposed one to CPTSD:

- Concentration camp experiences
- Prisoner of War camps
- Prostitution
- Long-term domestic violence
- Long-term child physical abuse
- Long-term child sexual abuse
- Organized child exploitation rings

The National Center for PTSD described Complex Post Traumatic Stress Disorder (C-PTSD) as a condition that results from chronic or long-term exposure to emotional trauma over which victims have little or no control and from which there is little or no hope of escape. They experienced difficulties with emotional regulation--experiencing persistent sadness, suicidal thoughts, explosive anger, or inhibited anger. They also

experienced distorted perceptions of the perpetrator. They attributed total power to the perpetrator, they got fixated on the relationship with the perpetrator, or preoccupied with the thoughts for revenge. They experienced deep sense of helplessness, despair, shame, guilt, stigma, and a sense of being completely different from other human beings. They also experienced problems with relationships with others and isolated themselves from others as well as experienced hard times trusting people.

Sometimes, some professionals who serve victims of trauma (e.g., social workers, therapists, physicians, psychologists and researchers) may be affected by the sufferings of trauma patients. This have caused them to suffer compassion fatigue (CF)/vicarious traumatization (VT)/secondary traumatization (ST) (Figley, 1995; Walker, (n.d.). Compassion fatigue is described as emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events (Figley, 1995). Compassion fatigue differs from burn-out, but can co-exist. Compassion Fatigue can occur due to exposure on one case or can be due to a "cumulative" level of exposure to people who experienced trauma. These changes can affect both personal and professional lives with symptoms of C-PTSD.

According to Kor, (2015) many women suffered exposure to extreme traumatic events in various ways that distorted their cognitive equilibrium and caused them strife, pain, and confusion as well as distortion in their daily functioning. These negative alterations in life ranged from experiences of war, torture, sexual abuse, domestic violence, human trafficking and the sex trade. These have grossly plunged affected

females into austere trauma that have deterred their positive functioning. However, a few of these women have applied proactive approaches that activated their innate abilities. They developed some positive coping strategies that helped them thrive, bounced back to normalcy and overcame these challenging circumstances (Carver, Scheier & Weintraub, 1989; Levine, 2010 p. 33-35). This study explore and identified those factors and coping mechanisms that enabled this group of women to cope and flourish.

Coping

According to Lazarus & Folkman (1984), coping is defined as a cognitive and behavioral energy consciously exerted to manage, tolerate, or reduce external and internal strains of challenging conditions. Lazarus & Folkman (1984) opined that coping is a means of overcoming stressors. It pops up in response to psychological stress. Lazarus and Folkman (1980)'s research revealed a significant correlation among the personality traits of neuroticism, socialization, and social support, as well as between socialization and coping.

Life is full of stressors. One may not be surprised to learn that some unpredicted circumstances such as: health challenges, disasters, loss of a loved one, kidnapping, being held hostage, rape, divorce, domestic violence, war, torture, or sudden death in the family could stress one out. However, it was be more surprising to learn that some people stressed out due to positive changes in their lives such as: moving to a new home, childbirth, marriage, passing an important examination, and many more. The experience

of an extreme intense stressor may require coping skills to adjust to the situation and prevent breakdown. Hence, coping is a way of challenging a situation to reduce its stress.

Coping Strategies

Coping strategies refer to specific efforts both behavioral and psychological that people employed to master, tolerate, reduce, or minimize stressful events. For instance, a severe episode of distress, an automatic and rational thought may pose a fight or flight challenge to an individual. Lazarus & Folkman, (1984) noted that; when confronted with adversity, some people may first perceive the threat to themselves. Next, is the process of bringing to mind a potential response to the threat; then, coping is the process of executing a response to the situation. Lazarus & Folkman, (1984) argued that coping involves making the choice among behaviors to address a severe challenging episode or the aftermath of a traumatic event. Thus, coping is defined as a continual change of the cognitive and behavioral efforts to manage specific demands that are appraised as potentially challenging or beyond the individual's sources. This includes attempts to reduce the apparent disagreement between situational demands and available personal resources (Lazarus, 1993). Lazarus & Folkman, (1980) asserted that the cognitive approach to coping is built on a mental process of how individuals or groups assess a puzzling situation, and that the level of assessment determines the level of stress and the unique coping strategies that should be taken by individuals or groups to address the issue.

Also, coping is described as an interaction between a person's internal resources and external environmental demands (Lazarus & Folkman, 1984). When one applies an appropriate coping skill to alleviate a stressful encounter, one may experience positive personal growth (Lazarus & Folkman, 1984). Lazarus (1999) noted that an individual may apply coping strategies in one of two ways; (a) problem-focused coping strategy, which is actively or behaviorally changing the external behavior that is connected to environmental relationship. They claimed that this coping strategy directs efforts to handle distressful situation, decision making, information gathering, conflict resolution and resource acquisition such as; (knowledge, skills, and abilities) to the problem. (b) Emotion-focused coping strategy. They contend that this approach modifies the personal or internal meaning or relationships one has developed. This leads to positive re-evaluation, cognitively reframing typically difficult thoughts or situations in a positive manner to reveal deeply held values that help in coping. It is noted that all these can work together and help one transform, rebuild self and rebound (Levine, 2010 p. 33-35) after the experience of extreme stress.

Carver, Scheier, & Weintraub, (1989) researched the different ways people responded to stress. Among the findings were: higher levels of both acceptance and denial when a situation was potentially changeable. They observed that if a situation was important to the person, the person focused on venting emotions and proactively seeking out social support or engaging in denial. However, Carver, et al (1989) stated that some

women tend to explore their innate strength to face distress head-on and demonstrate better ability to deal with stress.

Further, Matthieu, Lewis, Ivanoff & Conroy, (2006) examined the field instructors' perceptions of their academic institutions' response to the World Trade Center (WTC) disaster in New York. They stated that reactions to a variety of additional academic supports and extra check-in meetings to support groups, instituted by their school to bolster student's coping, personal time specifically devoted to processing the events, and their coping reactions, whether alone, with peers, in a group, or with their field instructor, played a vital role in helping students to cope.

Finally, the Red Cross, (community-based approach) believes that anything people do to adjust to the challenges and demands of stress, and any adjustments made to reduce the negative impact of stress such as; (talking, visiting, phone calls, or verbal encouragement) are coping strategies (Red Cross: Community-based Psychological Support).

Bandura (1986)'s self-efficacy focused on the assumptions that one is capable of carrying out a designated course of action and will be able to achieve the required success. While Bandura's (1977) self-efficacy emphasized on motivation and performance, and that determination is required to complete a task and achieve success. Schunk, (1995) reported that self-efficacy in a person with social support leads to behavioral change and motivates one to engage in and complete the task successfully. Schunk, (1995) observed that motivation can enhance self-efficacy from within, which

allows achievement of a set goal. The roles of these theories were highlighted more in this study.

Holocaust Survivors

One of the events of history that exposed women to unspeakable trauma was the 1933-1945 Nazi regime in Germany. Humanity and particularly the entire Jewish people, men, women and children, suffered enormous mental and psychological distress during the Holocaust era. The documentations at the United States Holocaust Museum revealed that Jewish women were specifically vulnerable to the Nazi oppressors (Ringelheim, 1993). Yet, some women who survived the ordeal of the Holocaust coped and thrived during and after the war. These female survivors emigrated from different parts of Europe, such as Germany, Poland, Czechoslovakia, Hungary and Greece, and were sent to different concentration camps during the war. According to Sinnreich (2009), these women experienced similar abusive and cruel treatment from the beginning of the Nazi regime in 1933 until the liberation by the Allies in 1945.

The female Holocaust survivors narrated that they were subjected to brutal persecutions that were unique to their gender. Several women were killed and many others contracted different diseases and conditions affecting the vulva and vagina (Avraham 2013; Kor, 2015). The women were frequently beaten and forced to stand naked for hours outside in the heat of the sun for public view as a way of degrading and ridiculing them. The oppressors ordered the women to shave their heads as a form of torture to demean their womanhood and dignity (Kor, 2010). Rapes and sexual

exploitation were regular methods of physical and psychological attack on the women. A doctor at Warsaw declared that it was pathetic to continuously listen to the shrieking cries of the Jewish girls in Warsaw as they were being raped (Avraham, 2013). Women were killed daily to diminish procreation among the Jews. This was one of the means to accomplish Hitler's plan to exterminate all Jews. Ringelheim (1993), the Director of Oral History at the United States Holocaust Memorial Museum New York, reported that;

> Jewish women were killed not simply as Jewish women who may carry and give birth to the next generation of Jews, although all Jews were to be killed. However, Jewish women's death and survival rate were dependent upon two obvious descriptions- Jewishness and femaleness (p.392).

Also, the director of Judaic and Holocaust Studies at Youngstown State University, affirmed this story when he narrated that;

> ”there is a strong connection between rape and genocide. The rape of Jewish women during the Holocaust was caused by political conditions that began immediately with the Nazis' occupation of Germany. Jewish women were abducted off the streets and during the searches of their homes for valuables. Sometimes, forced labor preceded sexual abuse and in some cases, rape was the primary motive for entry into a home”, (Sinnreich 2009, p. 1).

Sinnreich, (2009) argued that the sexual violation of Jewish women continued even in the ghettos and concentration camps. "Yet, we never talked about it even among ourselves," (p. 4). Such forms of abuse and humiliation paralyzed, confused the cognitive

thinking of victims and turned their senses of helplessness and sorrow inward. These contributed to the immeasurable health complications that challenged victims and mental health professionals who served the female survivors of the Holocaust.

Holocaust survivors stated that they had anticipated a warm welcome from the Jewish people in the United States. But they were shocked to observe that the Jewish people who were already in the United States during and after the wars in Europe isolated the Jews from the war experience. These Jewish war survivors faced humiliation and taunting from these people who demonstrated a high level of ignorance of the Nazi wars and the experiences the survivors endured. Marlene Sway, (2015), one of the female Jewish survivors as well as an author narrated that the American Jews (Jews who were already in America during the Nazi wars and the Jews born in America) tormented, teased, and mimicked the Jewish survivors. When the Jewish survivors encountered American Jews in public, the American Jews ridiculed the Jewish survivors. The American Jews teased Jewish survivors to "eat more food to make up for their starving at the concentration camps". The Jewish survivors experienced additional embarrassment and shame from the humiliating questions that American Jews posed to them. Those questions usually provoked absolute silence rather than responses. Such questions included:

"Did you eat human meat or dogs to survive in the concentration camps?"

"Isn't it sickening enough that you had to eat worms to get protein?"

The above included many more humiliating statements (Marlene Sway, 2015). These attitudes were taunting to Jewish survivors and caused them to feel extremely confounded. But, instead of giving in to their hurts, the Jewish survivors rather focused on searching for positive ways to cope with their present situations (Marlene Sway, 2015).

Holocaust survivors' coping strategies. Viktor Emil Frankl (2006), one of the male Holocaust survivors as well as an author of the book titled "Man's Search for Meaning", stated, "When we are no longer able to change a situation, we are challenged to change ourselves." Nonetheless, this study focuses on the coping strategies the female Holocaust survivors employed in dealing with their peculiar female experiences. Accordingly, to overcome the overwhelming horrors of the holocaust, one needed to change one's personal perspectives. Evidently, the female holocaust survivors changed their perspectives as viewed by Frankl, (2006). The Jewish female survivors determined to recover from their horrific experiences. They applied some recovery strategies that pulled them through. Marlene Sway (2015) stated that although not all female survivors confirmed their use of all the coping strategies listed below, but most of the female survivors specified that they survived, coped, and lived above the trauma of the Holocaust because:

> "They began to perceive life with positive thinking and determined to survive in spite of all the odds they experienced.
>
> They established new families to hold on to for support.

They built community relationships with other survivors.

They used work as therapy to cope and avoided boredom and loneliness."

Most of the survivors lost connection with their family members, who either were gassed at Auschwitz or may have relocated to unknown places. In such situations, life without any family member would seem empty and lonely and could cause a major negative impact on one's daily life and functioning. In this regard, the survivors determined to create new family ties for support with people around them. This need for family ties and family support compelled the survivors to immediately seek for relationships and to enter into marriages in order to establish new family ties. During an interview, Marlene Sway (2015), one of the female survivors who also was the author of the book, "Coping Strategies for female holocaust survivors", stated;

"I was liberated by the British on April 15th (1945) at Belsen.
I was skin and bones, and full of lice. I had heard through reliable rumors that my parents had been gassed in Auschwitz. It's funny I really didn't have anything to live for, but I was determined to go on living. I met my husband two weeks later at a British Army installation. We decided to get married and have a baby right away. I did not want to wait. I knew that the only thing that could heal me was a new family system" (Sway, p.942).

These survivors 'moved on to establish new families. This demonstrates the importance of communal supports as coping strategy. This action confirmed the importance of family ties, family relationships and family social supportive networks.

Family and community support is a common cultural practice in some places, especially among the Igbos of Nigeria-West Africa. It explained the popular statement that describes the Africans as a people. The statement holds that "… the life of the African man/woman hovers around family ties; the family ties are expressed in connection, care, support, and protection to one another among one's family members." "… the survival of a person among the Igbos mainly depends on the family, relatives, and community support –hence the dictum, I am, because we are, and since we are, therefore, I am." (Mbiti, 1970 p. 311-352). The love, support, and friendship from family members who care about one another can act as a catalyst that enhances the good times and helps to reduce the effects of trauma one experiences in extreme challenging periods (Mbiti, 1970 p.352; Moor & Komter, 2012).

The female survivors of the Holocaust further stated they were stunned by the reactions to their arrival to the United States by the American Jews in the United States. Survivors reported that they were isolated by the American Jews who felt uncomfortable around them. Female Jewish survivors stated that they came to the shocking realization of the incredible indifference the American Jews showed to them by disregarding the Nazi wars and the mistreatment the Jewish survivors experienced through the years of inhuman regime of Hitler in Germany. The insensitivity of the American Jews to the sufferings of the survivors ignited the innate strength in the holocaust survivors. Rather than give up or become depressed, the female holocaust survivors immediately withdrew from the American Jews and moved to a location where survivors lived alongside each

other (Sway, 2015). In their subsequent circumstances, the Holocaust survivors found forming a community of only survivors a way to deal with the problems of humiliation and condescending treatment by the American Jews (Marlene Sway, 2015). According to Sway (2015), at the new location, the survivors formed different clubs, such as: the Lodz club, Warsaw club, Cracow club, and so on. These clubs served the female survivors' social and emotional needs. They bonded with and supported one another. The clubs also provided a linkage with pre-war experiences in Europe, and evoked the mood and happy memories of their music and culture. The regular meetings provided the opportunity for Jewish survivors to share ideas and learn about American life and culture in a non-judgmental manner and a relaxed environment. The club leaders connected with medical doctors who understood their issues and treated them with respect. The clubs made it possible for Jewish survivors to have access to resources that served their basic needs (Sway, 2015) p.946. p. 946. Sway (2015) stated;

> "The people in the club were my family. We celebrated holidays,
> Bar Mitzvahs, birthdays and anniversaries each other together.
> In times of trouble, like during the Yom Kippur War in Israel,
> We got together to discuss each celebration as one family" (Marlene Sway, 2015, p. 945).

Traumatic experiences can lead a person to negative perceptions about life. The negative perceptions could cause depression, anxiety, and flashbacks to the original events that caused the trauma. However, strong social support systems are building

blocks that could hold and sustain individuals or groups to overcome the experiences of trauma and rebuild life.

During the interview, many of the female holocaust survivors revealed that, their decision to take on positive attitudes, attach meaning to their lives, and seek affiliation with others played vital roles in their ability to cope during and after the war. It was surprising to note that none of the women interviewed stated that they depended on the services of a therapist. Rather, they emphasized connection and work with people, (Sway, 2015). Female survivors worked very hard at home and helped one another to develop interests in either sewing, painting, designing, or coloring, and anything they could learn from each other to keep themselves busy and provide for their families. These physical activities connected them to one another and pulled them through traumatic experiences during and after the Nazi regime (Frankl, E. V., 2006).

In conclusion, Hitler's regime continues to echo its genocide and outrageous emotional and psychological treatment meted on women of the time. It was not only because they were Jewish, but for their being a link to further generations which he desired to exterminate (Ringelheim, 1993). However, Ringelheim, (1993) argues that for those females to resist being extinguished and determined to develop the resilient ability to overcome such devastating psychological, emotional and physical torture in that time was a commendable attitude. The actions and survival factors employed by these survivors required finely honed skills for coping and adaptation which should be passed on to generations of women.

Female Survivors of Domestic Violence

Locally and globally, many women are susceptible to all kinds of male dominance and violence. Relationships and marriages are also fraught with physical, verbal, and sexual abuse and violence (Kubiak, Sullivan, Fries, Nnawulezi & Fedock, 2011; WHO, 2012). Domestic or intimate partner violence (IPV) is mentally damaging to women (WHO, 2012). This may be because the abuse comes from intimate relationships where women anticipated mutual love, protection, nurturing care and affection. But, sadly, domestic violence is rather a common global occurrence that cuts across all countries, cultural, ethnic, class, age, educational, and income boundaries (Modi, Palmer, & Armstrong, 2014). Domestic violence involves control that includes psychological abuse, sexual coercion, and economic abuse, as well as physical and verbal assault (Bancroft, 2003; U.S. Dept. of Justice, 2011).

The World Health Organization (WHO 2014) reported that an estimated 30% of women experienced domestic violence in 2013, about 38% of women were murdered by an intimate partner, and about 42% of women were sexually and physically abused and injured by their intimate partners. The forms of domestic violence included but were not limited to physical violence, such as kicking, hitting, slapping, yelling, punching, assaults with weapon and homicide; domestic sexual violence in the forms of forced sex or forced participation in degrading sexual acts (Kubiak, Sullivan, Fries, Nnawulezi, & Fedock, 2011 & Zimmerman, 2002). The perpetrators of domestic violence habitually subject victims to emotional torture, humiliation, and control. The perpetrator of domestic

violence prevent their victims from connection to their friends and family members. The perpetrators may prevent their victims from getting job. They may intimidate and accuse their victims of engaging in relationships with other men or women. They may confiscate their personal items such as shoes, car, bangles and earrings), (Kubiak, Sullivan, Fries, Nnawulezi, & Fedock, 2011; Zimmerman, 2012).

Outstanding efforts have been exerted by the government and non-governmental organizations (NGO) to stop domestic violence. Their efforts to stop domestic violence has not been successful. Rather, there is increase in the practice of violence in relationships (National Violence against Women Act, NVAWA, 1994; U. N Declaration on the Elimination of Violence against Women, General Assembly Resolution, 1993; United Nations General Assembly, ANGA, 2010; World Health Organization 2012; UN Women, 2009). The Center for disease control and prevention reported spending about $9 billion on the health of women involved in intimate partner violence (IPV, 2014).Yet, some women still experience the cruel ordeal of their male partners' violence (Meyer, 2012). Those women stood firm in relationships, overcame the torment, and coped with the devastating tortures that could have destroyed them.

Coping Strategies of Survivors of Domestic Violence

Despite the severe physical brutality, psychological distress, emotional torture, and cognitive deterioration battered women experience, yet, many battered women continue to stay in that violent, abusive, and hurtful marriages/relationships (Burman 2003; Dare, Guadagno & Muscanell, 2013). Burman argued that the abused women's

continuing to stay in such abusive and ego-defeating relationships could be mistaken to mean accepting that violence is normal in relationships. Burman claimed that such attitudes may give strength to perpetrators, especially those culprits from the cultures and communities that practice and tolerate abusive and violent relationships. Even a skim at the reality of the systemic operations, it is observed that traditional and cultural values that promote male leadership in families as well as religious teachings that exalt male leadership roles in families were misinterpreted to mean control and dominance. Perpetrators may capitalize on these values to lord and control their partners. Evidently, this has long impeded women from raising their voices in families, communities, and in many countries such as Java and Purworejo (Hayati, Eriksson, Hakimi, Högberg & Emmelin, 2013). However, there are some women who have experienced domestic and disparaging violence who have established survival measures and coped well in spite of the insults and humiliation from their partners (Meyer, 2012; National Cancer Institute, NCI, 2014). Researchers and mental health professionals have identified and organized two distinct categories of coping strategies that females employed in order to cope in their abusive relationships. The first was titled approach/ avoidance and the second the cognitive/behavioral coping approach, which involves cognitive processing and the use of one's cognitions to process a situation ((Elliot & Covington 2001; National Cancer Institute, NCI, 2014; Waldro & Resickz, 20014). Elliot & Covington (2001) described approach/avoidance conflicts as two competing forces of positive and negative valence that act upon an individual in parallel regarding to a set goal to achieve. It involves

making decisions and choices about situations that have both positive and negative implications. Some of these coping strategies were helpful and some were not very helpful. These unhealthy parts may result from either of the groups and the choice one made. The unhealthy groups of coping strategies caused more psychological complications to women who employed them (The National Cancer Institute, NCI, 2014; Waldrop, & Resickz, 2014). Some of the unhealthy approaches adopted to deal with their situations included:

- Denial and minimization of the situation to mask feelings of terror and humiliations from partner.
- Engaged in reckless driving.
- Practiced the biting nails approach to release anxiety and pain.
- They employed the aggressive or violent behavior (such as hitting someone, throwing or kicking their children as ways of releasing their anger).
- They resorted to self-blame and (negative self-talk)
- Over- or undereating or excessive caffeine consumption
- They isolated themselves (especially from family members and friends).
- They mostly lashed out at children or friends.
- Misuse of tobacco, prescription medicine, and other drugs.

On the other hand, there were some survivors of domestic violence who applied positive coping choices that enabled them held on and coped until they established safety

and self-wellbeing (Hayati, Eriksson, Hakimi, Högberg, & Emmelin, 2013). This group used positive choices tools that included but are not limited to:

- Temporarily walked out from the stressful environment.
- They spent time listening to favorite music.
- Spent time playing with their pet.
- They watched interesting movies with friends.
- They employed and enjoyed creative activities (such as painting, coloring, gardening, designing).
- Joined physical exercise (such as aerobic, dancing, practicing deep breathing, meditation, muscle and relaxation) groups.
- Got involved in church activities and prayer services.
- Found time to address situations with spouse and voiced personal opinions and concerns.
- They applied positive attitude and followed through with action plans to solve the problems
- They sought counseling and professional help in family intervention.

The application of positive coping strategies sustained these battered women until they found solutions and fully rebounded to new life with freedom (Hayati, Eriksson, Hakimi, Högberg, & Emmelin, 2013).

Female Survivors of Torture

Torture is a brutal practice that had existed since the 4th century. Torture has been a method used to inflict pains and sufferings on thousands of unfortunate victims (Reyes, 2007). Human history was paved with stages of physical, mental, psychological and emotional tortures inflicted on women from the early civilization through medieval times to this day. Torture as punishment has been used both as retribution and deterrent to offenders. The Code of Hammurabi (18th-century B.C.) contained a set of 282 pre-Biblical laws was engraved in stone in the words, “eye for an eye”. Torture was applied by many kings and rulers of the medieval era. However, some kings like King Camute and William the Conqueror 1 were reluctant to apply approaches that are inhuman and degrading treatments in England. This demonstrated their disagreement about cruelty and torture to human beings. The death penalty per se may not be considered as torture but the processes applied in the death penalty torture the person before the actual death. The global practices of torture seemingly play down its magnitude as well as ignoring its ethical stance when it is used by leaders of this age. Torture is used on women to demonstrate power, control, dominance and humiliation. Hence, the frequent news of hitting, kidnapping and raping of women in many countries (U.S. Department of Justice 2000). The United Nation Convention against torture (CAT 1989) defined torture for the purpose of their particular convention as:

> “Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him/her or

a third person information or a confession, punishing him/her for an act he/she or a third person has committed or is suspected of having committed, or intimidating or coercing him/her or third person, for any reason based on instigation of or with the consent, or acquiescence of a public official or other person acting in an official capacity. This does not include pain or suffering arising only from, inherent or incidental to lawful to sanctions." (CAT 1989).

The above definition of torture was not generally accepted, because some groups held the idea that this definition negates the features of torture that most explains its negative impact on the victims. Thus, the World Medical Association (1975) at Tokyo, explained torture as:

"A deliberate, systematic, or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of an authority, to the victim to yield information, to make a confession, or for any other reason," (CAT 1989). This definition pointed out that the victims of torture experienced the pains of torture physically, mentally, as well as psychologically. No one is able to comprehend torture except only those who experience it (Liebling-Kalifani, Marshall, Ojiambo-Ochieng & Kakembo (2007); Spero, 2010).

Coping Strategies of Torture survivors.

Physical and psychological torture overlap in their intensities, and both produce physical, psychological, and mental pains and sufferings that need to be healed. Keller, (1880-1968). Helen Keller knew what it means to overcome a situation that caused internal torture and pain, though Helen Keller's "torture" and physical disability were not inflicted by another person, or intended to extract information from her. Helen Keller lost her sight and hearing ability in her early life and then learned to grapple with life's small and big struggles to overcome her situation and lived on. Similarly, females who experienced torture by people struggled hard to overcome, survive, recover and lived on. Thus, Helen Keller advises all victims of torture to, "look the world straight in the eyes and overcome torture." This means that one should face adversity head –on, and not give in to the adversity. This may strengthen the victims and lead them toward overcoming adversity. Keller led us to understand that; "to overcome adversity one should activate the innate strength and explore opportunities for survival "(Helen Keller, 1880-1968, p 5).

According to Quiroga, Jaranson, Reyes, Elhai & Ford (2008), torture survivors attested that they were able to survive and renew themselves from the distress they experienced because they:

- Quickly and strongly affiliated themselves with family members who supported them financially and emotionally and encouraged them each day to live and be of strong heart.
- They activated their innate strength.

- They reduced the negative coping skills that were not helpful to their survival (such as constant weeping, excessive use of drugs and alcohol).
- They got deeply connected with spiritual exercise and joined a religious group to renew their inner strength.
- They avoided places and people that could trigger traumatic experiences.
- They joined healthy social groups and participated in gainful social activities.
- They enjoyed physical and spiritual exercise (relaxation, meditation, yoga etc.) to keep the body and spirit together.
- They looked for and found jobs and created enjoyable hobbies that kept them busy and helped them brush off the recall of torture and moved on with life.

Female Victims of Sex Trafficking

Human trafficking is a global human menace and misery of this age. It is a humiliating practice that shames us all with the psychological distress it causes female victims as well as the toll it takes on society (AMWA, 2014; Hoefer, Rytina, & Baker, 2010; U. N. Office of Drugs & Crime, 2008, UNODC).

Prevalence of Human Trafficking

The United Nations Office of the High Representative for Least Developed Countries, U.N-OHRLLS in (2016) listed Afghanistan, Angola, Bangladesh, Benin, Central African Republic, Haiti, to mention but a few as least developed countries. Also, they listed some economically developed countries such as: The United Kingdom, Qatar, Luxembourg, Singapore, Kuwait, Brunei Darussalam, United Arab Emirates, Norway,

Great Britain, Germany, the United States of America and others. This distinguishing classification of developed and least developed countries is based on the view that some countries display a fragile sense of instability in agricultural production and exportation of goods and services, while others manufacture money- yielding merchandise that could be exchanged or exported to other countries.

It was generally and erroneously assumed that only those least developed countries with low economic background are affected by many social ills such as; hunger, human trafficking and the sex trade (UNODC, 2011). In support to that belief, Hepbum and Simon's (2010) listed the environmental factors, such as poverty, joblessness, and cultural differences in the Americas, Africa, Asia, and other countries in Europe. The opined that these factors may negatively affect women and children and may render them vulnerable to traffickers. They reported that traffickers capitalize on the vulnerability and the low economic conditions to lure women and children into the sex trade (Hughes, 2001- The "Natasha" trade is a typical example). However, other researchers, professionals, the government, and non-government organizations (NGO) have observed that human trafficking is a national and international crime that cuts across the globe, rich or poor, developed or least developed countries alike (U. N. Global Initiative to Fight Human Trafficking (UN.GIFT) (2007). It has become obvious that perpetrators of human trafficking raid both developed and least developed countries (UNODC, 2008). Children are trafficked for household servitude, adolescents and youths are trafficked for

factory labor, and women are trafficked for domestic servitude and the sex trade (UNODC, 2008).

Surprisingly, both low and highly educated people as well as low and high income earners are trafficked (Caitlin Wiesen-Antin, 2007 & McClain, & Garrity, 2011). Traffickers do not have criteria for who they traffic. They do not target particular categories of people or particular countries or ethnic groups. Traffickers' interest may be to make money through their victims. Anyone who can serve the needs of their customers in labor services and/or the sex trade is trafficked (Caitlin Wiesen-Antin, 2007). Human trafficking is a global issue. The United Nations Office of Drugs and Crime (UNODC, 2008) estimated about 27 million slaves due to human trafficking and sex trade across the globe yearly. This number excludes unidentified victims. The majority of the trafficked are women (UNODC, 2008). More than half of them are brought into United States for the purpose of sexual exploitation, forced prostitution, false marriages and domestic labors. Human trafficking operates in all 50 of United States. In California, for example, human trafficking and the sex trade have progressed fast. It is replacing the transnational and domestic gangs that used to traffic guns and drugs. The focus on trafficking is especially on women and girls (California Department of Justice, 2012). The perpetrators of human trafficking are very sophisticated and intricately organized in their operations. These make it difficult for law enforcement officers to identify traffickers before trafficking takes place. The state of California has

been experiencing rapid growth in trafficking adolescents and missing girls (California Department of Justice, 2012).

The UNODC, 2008 reported that trafficked women are subjected to torture and psychological confinement. This results in women suffering from severe mental health complications and psychological distress. Hence, the continuous presence of severe complex lingering psychological symptoms that persist in spite of rehabilitation and treatments among female survivors of the sex trade (Ebegbulem, 2011; Harrison, Atkinson, Newman, Leavell, Miller, Brown, et al., 2014; Ostrovschi et al., 2011). The disorders commonly manifested by female survivors of the sex trade include:

- Complex post-traumatic stress disorders (CPTSD)
- Depression and anxiety
- Difficulty remaining focused,
- Recurrent nightmares
- Recurrent memories of terrifying sexual relationships
- Flashbacks
- Boredom with life
- Sleeplessness or oversleeping
- Outbursts of irritability
- Isolation from others
- Sudden emotional or physical reactions when reminded of the most hurtful or traumatic events.

- Physical problems (such as HIV, different kinds of wounds)
- Abuse of drugs and alcohol.

Posttraumatic Services for Survivors

Females who manifest the majority of the above symptoms are hospitalized. These symptoms may co-occur with physical wounds such as broken bones and abuse of drugs and alcohol (Heath, 2013; Kiss, Pocock, Naisanguansri, Suos, Dickson, Thuy, et al., 2015). The effects of the complicated psychological and physical diseases the survivors suffer fog their cognitive thinking as well as preventing them from functioning productively (Hossain, Zimmerman, Abas, Light, Watts, 2007; Ostrovsch et al., 2011; Polaris Project, 2012; Ramsay, Gorst-Unsworth, Turner, Van -Velsen, Gorst-Unsworth, & Turner, 1996). These symptoms persist despite treatments. Hence, the frequent trends of returns for post-trafficking services prevalent among female survivors of the sex trade (Harrison, Atkinson, Newman, Leavell, Miller, Brown, et al., 2014; Zimmerman, Hossain, Roche, Morison, and Watts, 2006; Williamson et al., 2010).

In their longitudinal study on female survivors of sex trade who returned for post-services at Moldova treatment centers, Ostrovsch et al., (2011) observed that, 176 out of 178 women assessed by psychiatric doctors and psychologists were at risk of experiencing serious disorders. They suffered from acute psychiatric illness at the crisis intervention phase, PTSD, mood and anxiety disorders. Two of those women were immediately hospitalized due to on-going severe physical illness.

Similarly, Zimmerman, Kiss, Pocock, Naisanguansri, Soksreymom, & Pongrungsee, (2014) conducted a longitudinal and quantitative study on the Great Mekong Sub-regions. They examined the consequences of sex trafficking on female victims of sex trafficking. The goal for the study was to examine the improvement in the health care services and the protection of the victims of sex trade in Thailand, Cambodia and Viet Nam. The 1,102 female volunteers who registered for post-trafficking services were interviewed. The findings showed signs of abuse of drugs, patterns of risk behaviors, and psychological health hazards such as cutting among the survivors. Zimmerman, et, al (2014) argued that this study and the findings may likely produce the same or similar results if conducted outside Thailand, Cambodia and Viet Nam with different participants who were trafficked and who experienced the sex trade. This study shed light on similar findings from researchers and professionals in mental health care from other countries (Harrison, Atkinson, Newman, Leavell, Miller, & Brown, et., al., 2014; WHO, 2012; Zimmerman, Hossain, Yun, Roche, Morison, & Watts, 2006). These findings confirm that survivors of sex trafficking locally and globally endure obvious physical and psychological health issues of national concern (Deshpande & Nour, 2013; Laczko, 2002; UN.GIFT 2007). If additional new treatment is not provided to radically address the health problems confronting survivors of the sex trade, society may soon have to care for numerous women with psychological and social problems (Harper & Scot, 2005; Katona & Bamber, 2013; Lutya, 2010; UNODC, 2008; Zimmerman & Watt, 2009).

Some researchers and mental health professionals examined the health needs of female survivors of sex trade. They observed high level symptoms of PTSD/CPTSD, depression, mood swings and anxiety disorders, pain due to broken bones, and other related health problems at critical clinical stages (Alexander, Kellogg, & Thompson, 2005; Clawson, Salomon, & Goldblatt, 2007; International Organization for Migration, 2006; Pico-Alfonso, 2005; Raymond et al., 2002). These mental health professionals argued that the complications in health issues of female survivors may make their recovery extremely difficult. Also, these professionals reported distinct peculiar complex posttraumatic stress disorders (CPTSD) among female survivors of the sex trade. These peculiar CPTSD were observed to be prevalent among victims of domestic violence, victims of torture, and war survivors (International Organization for Migration, 2006; Pico-Alfonso, 2005; Zimmerman et al., 2006). These findings exposed the direct connection between psychological symptoms of female survivors of the sex trade and the psychological symptoms among survivors of domestic violence, victims of tortures, and war survivors. The negative effects of sex trafficking on females do not affect the victims alone. They also affect the family members of the survivors. These effects disable the family dynamics and the social connection of the survivors with friends and they also levy a financial cost to society (Deshpande & Nour, 2013; Laczko, 2002; UN.GIFT, 2007).

Zimmerman’s (2007) qualitative and quantitative thesis examined the health of trafficked survivors who are in post-trafficking services in Europe. Those survivors were

either engaged in prostitution or were sexually abused as domestic laborers. Results from both studies showed that neurological disorders such as: constant headaches, trauma, alcoholism, depression, etc., were significant in these sex trade survivors. In the second interviews, it was observed that complaints of physical symptoms were reduced. However, complex post-traumatic stress disorder, depression, anxiety, and hostility levels were reported to be significantly high. These findings suggest immediate admission for long term comprehensive health care services. Zimmerman, (2007) recommended that further research is needed to identify the amount of time the survivors should stay in treatment to ensure complete recovery.

Further, Kiss, Pocock, Naisanguansri, Suos, Dickson, and Thuy, et al. (2015), conducted face-to-face interviews with samples of 15 different groups of people in Cambodia, Thailand, and Vietnam. These were survivors entering post-trafficking services. These researchers focused on the process of adjustment and recovery from post-traumatic stress disorders and their related disorders such as anxiety, fear, and reacting with shame when ridiculed by people. The findings showed that, of the 1102 people in the post-trafficking services interviewed, 1015 were still manifesting significant symptoms of post-traumatic stress disorder, anxiety, fear, and feelings of shame. These participants also reported diverse socio-economic needs that exacerbate their psychological distress and recidivism.

Furthermore, Roe-Sepowitz, Hickle, and Cimino (2012) reviewed the 90 days exit treatment program for females admitted for post-trafficking services. The services are

given when female survivors come two or more times after the first rehabilitation treatment. It serves as continued care to survivors. Their findings showed significant elevation of trauma symptoms among these female survivors even after completion of the 90 days of treatment. These findings suggest deficiency in treating females who experienced trauma due to sex trafficking. Roe-Sepowitz, et al. (2012), suggested incorporating trauma-focused treatment early in the existing treatment process. Roe-Sepowitz, et al, (2012) argue that trauma-focused treatment may address complex trauma symptoms and trauma-related distresses such as depression, shame, the feeling of being stigmatized, and feelings of abandonment, hopelessness, and substance abuse problems. But these researchers did not suggest any other methods for treating severe lingering psychological and emotional distress.

Survivors of Sex Trafficking: Coping Strategies

Katona & Bamber (2013) reported their observation of the persistent CPTSD among the female survivors of sex trafficking. Katona & Bamber (2013) and other mental health professionals argued that trauma informed treatment may help female survivors to recover (Bryant-Davis, 2013; Clawson & Dutch, 2008). In addition to trauma-informed treatment, Bryant-Davis (2013) suggested that a faith-based recovery strategy may play a vital role in the recovery from traumatic experiences. Yet, no mention on how to address the lingering psychological symptoms among female survivors of sex trafficking.

In the literature, researchers and mental health professionals reported with deep concern challenging and persistent clinical CPTSD and related trauma symptoms among female survivors of the sex trade (Ebegbulem, 2011; Katona & Bamber, 2013; Roe-Sepowitz, et al, 2012; Zimmerman, 2007). Nonetheless, some professionals observed some female survivors who overcome the brutality of their pimps and traffickers and recover to a significant degree of functioning. These recovered female survivors re-integrated into their families and engaged in productive lives (Ebegbulem, 2011; Polaris Project, 2015). Bryant-Davis (2013), examined some women who survived sex trafficking. She enquired from them what they believed were the most helpful factors that contributed to their recovery. Bryant-Davis (2013) found that resilient strength, affiliation to a church, social support, and the personal decision to evolve and live a fulfilling life played key roles in their recovery. Bryant-Davis (2013) narrated that during the course of the interviews for the research, one female survivor of sex trafficking reported that she made a personal decision to survive and rise above her humiliating experiences. This female survivor stated that she decided to engage herself with positive activities. She stated that; she volunteered her services at a local animal rescue shelter. She held in her mind the idea of rescuing herself from the grips of her pimps and traffickers. She also participated in weekly poetry workshops and learned to bring to paper the anger and hatred she felt for her traffickers and the pimps. She resisted all difficulties that could pull her down, and gradually she observed that she became freer each day. She is now pursuing an education to become a nurse (Polaris Project, 2015).

Self-improvement and determination were her method and tools for achieving victory and recovery. All these may be documented for subsequent treatment plans.

Resilience

The knowledge of individual differences may inform trauma treatment providers on the potential protective factors that may address the needs of the victims. The concept of resilience is central to this study, which attempts to explain why some high-risk individuals surprisingly failed to show no clear signs of psychological distress at risky environment (Garmezy, 1983; Rutter, 1979). Bernard (1991) listed four distinctive resilience attributes prominent in resilient individuals as:

- Social competence,
- Problem-solving skill,
- Autonomy,
- A sense of purpose for the future.

The teenage and adolescent stage is a learning period as well as a period of great vulnerability for most individuals (McLeod, 2015). This delicate period is associated with trials and exposures that often involve risk-taking behaviors as well as negotiating the difficulties of life. The above characteristics, if properly developed and applied, may enable individuals to negotiate each stage of life experience successfully. Children, adolescents and adults experience risk and feelings of vulnerability on a daily basis, but a successful adaptation process is different for everyone. Researchers observed that some children, youth, and adults coped and adapted well in the face of adversity (Garmezy &

Masten 1990), whereas many others coped poorly in the presence of adversity. Those who coped poorly revealed diminished resilience strength (Ahern, Ark, & Byers, 2008; Masten 1994). A longitudinal study on children born in 1955 in Kauai, Hawaii, provided empirical evidence of the importance of resilience strength in human life. It also pointed out the importance of possessing resilience strength from adolescence to adulthood. These researchers observed that about one third of the participants in their study manifested resilience strength in the midst of the environmental, cultural and developmental risks and adversities around them. This group continued to demonstrate resilience strength through adulthood (Werner 1993). In another longitudinal study conducted by Luther in 1991, it was revealed that children who were less resilient also could not adjust well with trauma during adolescent and youthful periods. They were found to be negatively affected and easily crushed by traumatic events in adulthood (p 259 -260).

These findings pointed out the need for trauma treatment providers to understand the effects of resilient strength in human development and how resilient strength helps people to face life threatening issues. This understanding will facilitate the provision of adequate services that will empower trauma victims to build up their innate strength and confront their mental blocks to cope with trauma. Researchers observed that schizophrenic patients who were categorized as melancholic due to severe illnesses they suffered were found to be competent and responsible at work and at their homes. They exhibited acceptable social interaction with peer groups (Garmezy, 1970; Luthar &

Zigler, 1991). These researchers argued that there was no description that portrayed resilience as a contributing factor to their competence and well-being. In the same manner, Garmezy & Streetman, (1974)'s study of children of schizophrenic mothers found that many of those children thrived in spite of their exposure to the high- risk elements of their mothers' situations. Another researcher found that some adolescents and teenagers suffering from cancer developed defensive coping mechanisms that helped them to deal with adversities (Haase, 1997). These results sparked the interest of different researchers to explore the factors behind an individual's response to risk and adversity.

Several researchers examined different aspects of resilience. For example, Masten and Garmezy, (1985) studied the personal qualities resilient people would be expected to possess. At the end of their study, Masten and Garmezy, (1985) claimed that resilience factors could be internal and variant among individuals (Masten & Garmezy, 1985). For example, when experiencing a traumatic event, the experience may make some individuals helpless, but some, especially those with social support, have the ability to deal with adversity. Further, another set of researchers focused on the understanding of how resilience factors may contribute to positive outcomes (Cowen et al., 1997; Luthar, 1999). These later researchers focused on the underlying mechanisms that are essential for advancing and extending the theory of resilience as proposed by Frankenburg, (1987) - the theoretical framework of this study. They concluded that resilience offers the positive ability to facilitate adaptation after exposure to adversity. This finding led to the

general acceptance of resilience for the positive strength and the power for adaptation it provides.

Resilience in times of trauma

The experience of trauma depends on the way individuals process stressors or the effects of adversity (Levine, 2010 p 21-34). The reason some people quickly rebound soon after the experience of stressors and trauma, while others may experience the effects of the trauma and struggle for a longer time, still remains a major concern for psychologists and mental health providers. This difference in the ways people are affected by shock and unpredictable calamities explains the individual differences of people. These individual differences might contribute to answering questions such as**:**

- Why do some people thrive in the face of traumatic events and adversity?
- Why do some people experience so much difficulty and struggle in the face of adversity?
- What should be done to help those who still experience severe lingering psychological distress that hinders positive functioning?

Many researchers and health care providers exposed their findings or personal experiences on how resilient strength helped different individuals in times of adversity (Haase, 1997; Cicchetti & Toth, 1992; Luthar, 1993; Masten et al., 1990; Cowen et al., 1997; Frankenburg, 1987; Levine, 2010). Those who still experience difficulties in their adjustment processes due to sex trade trauma cannot be neglected. This leads to the realization of the global need for searching for protective factors that may empower

survivors to thrive and rebound from traumatic experiences. The literature revealed that traumatic events are complicated and may be processed differently (Levine, 2010; Frankenburg, 1987). The phenomenon that can generate trauma sometimes may overtake individuals without pre-information, thus causing a huge amount of shock to the victim (Levine, 2010). For instance, the experience of tornado disasters, domestic violence, war, torture, accident, sexual abuse, sexual trafficking, and many others can create a negative impact on an individual or group of individuals. This can thrust the victim into a state of confusion and cause long lasting emotional and psychological damage to the individual (National Institute of Mental Health, NIMH, 2014). Some clinicians observed that posttraumatic stress disorder patients experience difficulty putting together the story of their complicated experiences when they narrate the event in several forms (Jan, & Asta, 2009; Van der Kolk, 2001). The inability to comprehend and narrate the cause of their trauma and their experiences may contribute to the persistence of their symptoms. The understanding of the different psychological makeup in human beings may help health care providers to understand why some people may struggle a little longer with traumatic experience and may require some more help before they can experience some relief. To this effect, different "strokes" may be applied to different folks (Papa, Eadens, & Eadens, 2016) in the treatment process. Individual cases may be analyzed and treated differently.

Getting victims back to their original state of equilibrium after the experience of catastrophic shock may require combinations of different involvements. For example, in a study of ten Cambodian children of war survivors, the children stated that their family

cohesion, positive childhood memories, supportive recovery environment, supportive care of peer groups, the Buddhist values (–cultural- faith-based religion), personal determination to survive, and inner strength were the contributing factors to their recovery from the effects of the war (Fuderich, 2008). These children stated that, above all, they made conscientious decisions and radically shifted their downward spiral thinking of the adverse effects of the war to the decision to overcome the experience of the war. Thus, they awakened their personal innate strength and faced survival head-on (Levine, 2010). These children engaged in doing positive things and believed in their capabilities to survive and regenerate. They activated the inner strength in themselves and re-built their hopes for a better future (Fuderich, 2008). Trusting in their capabilities produced the desired effects as well as personal efforts and determination to face all obstacles and challenges (Bandura, 1997). Also, assistance from caring people was shown to be a great asset that led to recovery.

Social Support

Social support operationally defined, incorporates several categories of supports, namely, perceived support, enacted support and social integration. Researchers pointed out that these three categories of supports have no connection to each other but act in different capacities on people (Barrera, 1986; Dunkel-Schetter & Bennett, 1990; Lakey & Drew, 1997).

Perceived Social Support

The working definition of perceived social support according to Sarason & Sarason, 1985 explained support as the firm perception that one is cared for; has assistance available from other people; and that one perceives oneself as part of a supportive social network. These supportive resources can be emotional (nurturance), tangible (financial assistance), informational (direction), companionship (sense of belonging, friendship) and intangible (personal advice) (Sarason, & Sarason, 1985). Wills and Filer, (2001) see perceived support as a hope that family and friends will provide assistance whenever the survivor experiences stress. The help someone provides is intended to keep the person from falling apart. In the same vein, other researchers asserted that people with high perceived-support develop the belief system and assurance that they can count on their family members, friends and community to provide help in times of trouble. Thus, Sarason, Sarason & Gurung, (2001) concluded that consistent and bonding relationships may direct the measure of social support.

Social Integration

Social integration is the anticipated state that an individual is able to socially affiliate smoothly with a group at any time because of an established social support system. At this stage, individuals, professionals, and the community at large, experience the combination of social supports and social relationships erected in the community by the community. Strong communities provide avenues for social integration to their members and encourage members to care for one other (Darwin, 18th century) especially

in times of distress. The weight of social integration naturally is measured by the total number of good social relationships people experience in the community where no one is left out or isolated in times of adversity. These social relationships can include a community, family, and society that welcome and support members. These resources are means of supporting members in times of difficulty. This includes the traumatized sex trafficked women. A strong and supportive community is non-judgmental to any of the members at his/her difficult time. A caring community could provide strong motivation to help the member rebound and re-integrate smoothly into the family, community and society and flourish with members in spite of the devastating experience the individual had. It is anticipated that community works closely with the traumatized survivors in meeting their emotional needs, financial needs, as well as the physical needs. This support if provided may renew the sexually traumatized individuals and thrust them into a new recovery and survival. The community and society at large could waive the legal sanctions that prohibit qualified survivors who were forced to engage in the sex trade from getting a job. Acquisition of gainful employment may accelerate survivors' healing and prevent recidivism.

Sarason and Sarason, (1985) described the positive energy that is generated when a person receives social support in times of adversity. Sarason and Sarason, (1985) emphasized that social integration prevents one from experiencing loneliness and social isolation when faced with challenging and shameful experiences. This explains the vital importance of social relationships as life-affirming measures of care. Sarason and

Sarason, (1985) viewed the concepts of loneliness and support to be in opposition to each other. They attributed loneliness to the experience of deficiency in social relations. It is a state of lack of help and lack of goods and services from family, friends, and community. Conversely, social support is access to social resources from family members, friends, and community (Sarason & Sarason, 1985).

Williams (2005) presented the positive effects of social interaction and social support in times of loneliness and isolation. He argued that social interaction and supports from family, community and society contribute to changes in attitudes for those who feel lonely, neglected, isolated, or stigmatized. He listed some kinds of supports such as visits and calls to wish someone well or to give valuable information or financial supports. These kinds of gestures help victims to re-establish relationships with people in which they felt accepted, valued, and loved, (Williams, 2005).

Social interaction and supportive social integration are strengthening factors that may help one rebound from trauma (Sarason & Sarason 1985). It has been observed that social interaction and supportive social integration have accelerated and facilitated adjustment and re-integration of some female survivors into their families and communities. For example, Jackson (2009), a survivor of sex trafficking described how supports from her family members catalyzed her recovery and re-integration into her family p. 32. Bonanno and Hymel, (2010) narrated that not having support from family, friends, or community was linked with suicidal ideation among adolescents. On the other hand reports from some professionals showed that high levels of parental and social

supports served as buffer against the ill effects of depression, emotional/behavioral problems, and victimization (Conners-Burrow, Johnson, Whiteside-Mansell, McKelvey, & Gargus, 2009). However, Cullen (1994) asserted that the link of social support with crime remains ambiguous in the judiciary. He argued that the effect of social support is not theoretically systematic and therefore needs further investigation. But Cassel (1976; Berkman & Syme, 1979) identified some correlations among relationships and support such as social interaction, social integration, and good health. These researchers argue that social supports serve as protective factors to people's vulnerability and the effects of stress on health. Cassel (1976) and Berkman & Syme 1979) asserted that social networks can be seen as a web of social relationships that surround individuals and their community members who provide quality social support and care, especially to traumatized members.

Also, from literature reviewed, it was obvious that resilient strength, self-efficacy and social support played key roles in the recovery of those who experienced traumatic events. In this study, through qualitative phenomenological approach, the researcher interviewed female survivors who experienced the phenomenon of human trafficking and were forced to engage in the sex trade. The researcher also interviewed some director/counselors at some treatment centers. These enabled me identify the role social support, resilient strength, and self-efficacy played in the recovery of survivors. The group of female survivors for interviewed were significantly recovered, stabilized and highly functioning survivors who shared their recovery experiences and the factors that

contributed to their recovery without expressing traumatic episode. Literature reviewed revealed the roles resilience strength, social support, and self-efficacy played in the recovery processes of women who experienced wars, women who experienced domestic violence and female holocaust survivors. The reason for searching for effective recovery factors from those who have recovered from similar trauma was to discover better new tools that can serve female survivors who still experience severe lingering psychological distress and subsequent survivors.

From the literature reviewed, the victims emphasized challenges related to the social support system. They reported lack of support from families and communities who isolated them, misunderstand their behaviors and blamed them for their experiences. They also expressed concerns for the government legal system that listed them as felons. This prevents them from getting jobs. These situations have caused many survivors to re-enter into prostitution as means of survival. Some of the survivors roam on the streets and parks exposing themselves to further sexual abuse (Ebegbulem, 2011; Hughes, 2001; Lutya, 2010). The social support system has the ability to rebuild the life of the victims of trauma and enables them to move on in life despite the humiliating experiences and catastrophic events (Banes, 1954; Williams, 2005; Levine, 2010). The resilience theory explained the power of the innate resilient strength when activated with social support. Also, the theory of self-efficacy motivates one to believe in him/her ability to achieve a desired goal. This sense of self-efficacy empowers one to approach any task with zeal and confidence to succeed. It drives home the meaning of Bandura's study and identified

the importance of encouraging one to believe in one's self and seek support when needed (Bandura, 1997; Schunk, 1985). The three theories complement and enhance each other. It is anticipated that these theories of resilience, self-efficacy and social support can help explain the restorative factors that helped the survivors.

Summary

The experience of trauma (as a result of being trafficked and sexually violated, tortured, experience of war, or domestic violence, etc.,) could be devastating to victims, their loved ones, and society at large (Deshpande & Nour, 2013; Laczko, 2002). Literature revealed that female traumatized victims endured deep inner wounds and severe pains (Kor, 2010). Sexual violation and humiliation are painful to female victims (Kor, 2010). The complex nature of trauma from sex work explained the complex severe lingering psychological distress that many female survivors sex trafficking still manifest (Kor, 2010). The nature of the brutality female survivors experienced suggested why traditional treatment seems ineffective and unable to eliminate the persistent depression and flashbacks that remind female survivors of the "scares in their minds" (Hernan Reyes, 2007; Kor, 2010). Literature also revealed that female survivors frequently experienced lack of financial and family support. Some female survivors of sex trafficking reported they were ridiculed and taunted by family and community members (AMWA, 2014; Ebegbulem, 2011; WHO. 2012). Worse still, female survivors of sex trafficking stated that they are frequently discriminated against in workplaces because in some states, the legal system list sex workers and trafficked survivors as felons and thus

prohibit them from securing jobs they may be qualified for {personal conversation with some survivors of sex trafficking at a conference on preventing human trafficking, 2013}. Such poor treatment as: isolation, stigma, segregation and social discriminations are humiliating and may contribute to mental and psychological agony for female survivors. Further, some of the features associated with lingering psychological symptoms included but limited to symptoms of C-PTSD. They included the feelings of emptiness, humiliation, craving for drugs and alcohol, lack of purpose, sense of shame, not finding meaning in life and many others. Literature exposed that these situations prompted many female survivors both in the past and at present to engage in deviant social behaviors such as prostitution, shoplifting, and abuse of drugs as survival options (Harper, & Scoot, 2005; Lutya, 2010).

However, some female survivors who have attained some level of recovery listed some factors they believed helped their recovery. Those factors listed in the literature included; personal resilient strength, affiliation with religious groups, self-determination, and supports from families and non-profit organizations (NGO). Literature emphasized the important roles resilient strength, self-efficacy, and social support systems have historically played in alleviating the effects of trauma and misfortunes. These factors cannot be over emphasized. Masten and Coatsworth, (1998) asserted that effective development and successful adaptation in life is evaluated in large part on how productively individuals can function and contribute to family and society. Masten and Coatsworth, (1998) also argued that the ability to adapt to life is evaluated in the way one

reacts and adjusts to adverse effects of life such as trauma. They opined that the capability to experience trauma and overcome it is a valuable strength. The primary goal for this study is to identify and document those effective restorative features that contributed to the recovery of some female survivors of sex trafficking. The current researcher wondered if these findings can also be applied to the survivors who experienced other types of gender-related trauma exposure. The current researcher also questioned if these findings be generalizable to men as well as women exposed to any type of trauma. These questions, whether the findings are generalizable to other types of trauma and to men, need further study.

This unique study may remind families, communities and society of the social tenet which teaches that protective and supportive care help a community and a society to flourish (Mbiti, 1970).

The apprehensions that continued to challenge mental health professionals include: (a) how to determine the appropriate length of time survivors should stay in treatment to achieve full recovery, (b) how to determine the nature of “appropriate” treatment, (c) and the period of time such treatment will be efficacious. The responses to these crucial questions were successfully provided in chapter four of this study by the participants. The literature reviewed were peer-reviewed journals and published studies that were related to the subject of trauma, treatment, trafficking, and sex trade. The content of this chapter included the overview of the elements of trauma that affect women. The literature focused mainly on women who experienced different kinds of

trauma, the impact of trauma on them, the stories of their experiences and their recovery processes as narrated by individuals (e.g., Sway, 2015; Levine, 2010; Kor, 2010). It also discussed how resilience strength, social support, and self-efficacy have positively influenced coping and acted as rebuilding mechanisms to survivors of trauma. Chapter three discussed the method of data collection, the process of recruiting participants as well as how data was transcribed and analyzed.

Chapter 3: Research Method

In this chapter, I present the research design and the procedures for conducting the design and method of data collection. The purpose of this study was to investigate and identify the effective restorative factors that helped some female survivors of sex trafficking to recover. I took a qualitative and phenomenological approach. Qualitative and phenomenological study is a broad approach to the study of social phenomena based on the critical perspectives of participants who lived or observed the lived experiences of the phenomenon under study (Bloomberg & Volpe, 2012; Creswell, 2009). Further, I will investigate the role of resilient strength, social support, and self-efficacy in the recovery process of female survivors of sex trafficking. Specifically, I wished to discover these effective restorative and protective factors that empowered female survivors to thrive and rebound from traumatic experience. These effective restorative factor may also help the female survivors who still experience severe lingering psychological distress to alleviate their sufferings.

Some female survivors of sex trafficking, as well as some directors/counselors, were interviewed to explore the factors that they believed helped those female survivors of human trafficking to recover. Interviewing these female survivors who directly experienced the phenomenon of human trafficking, and those individuals who had worked with them, provided factors that informed this study. The female survivors considered for interview had recovered to a certain level of stability and positive functioning as evidenced by their responses to the research questions and their recovery

processes. The directors/counselors interviewed had worked with two or more survivors for at least 2 years and above. The information from these groups was believed to be real and authentic because they came from people who directly or indirectly experienced the phenomenon under study

In Chapter 3, I address the research design. I further discuss the research design and rationale behind the choice of the design. Also, the role of the researcher is explained. Additionally, the method of data collection, selected participants, and ethical implications that guided this study are discussed. Finally, the plan for data analysis is clarified.

Research Design

I took a qualitative inquiry approach. I used the qualitative phenomenological approach to elicit information from female survivors of human trafficking who were forced into the sex trade. The directors/counselors at some rehabilitation centers were also interviewed. They described the factors they believed were most helpful to the recovery of survivors. Their responses provided answers to the following research questions:

1. What factors contributed to the coping and recovery of female survivors of sex trafficking, as described by survivors and treatment center directors/counselors?

2. What personal resources (social supports, resilient strength, and self-efficacy) enabled female survivors of sex trafficking to overcome the effects of traumatic experiences during and after their victimization?
3. What is the role of mental health and social services in the community reintegration and adjustment of female survivors of sex trafficking?

From the above research questions, some sub questions were created as interview questions for the survivors who directly experienced the phenomenon under study. Also, the directors/counselors at some rehabilitation agencies described the factors that they observed that contributed to the recovery processes of survivors. The following exploratory questions were used to answer the research questions from the perspectives of the female survivors of sex trafficking:

1. Which of the services provided to you at the agency (ies) were most helpful to your recovery?
2. Describe the types of social support you think were most helpful to your recovery.
3. How do you describe the coping strategies (such as resilient strength and/self-efficacy) you used that best supported your recovery?
4. What types of services and social supports best helped your recovery?
5. In your opinion, what features do you think helped you best to integrate into your family, your community, and society?

6. What is your educational level and/or what skills do you have that can help you find employment today?
7. What is it like to experience recovery as you did?
8. Describe to me your plan for the future.

The sense of shame and stigma attached to sex trafficked populations inhibits some survivors from participating in any activities that they fear might expose their identities and further rob them off their self-worth. I suspected this situation may hinder women from participating from for the study. However, qualitative phenomenological study allows for combinations of data from more than one source that have direct or indirect knowledge of the phenomenon under study. This is a triangulation approach in the qualitative phenomenological method. Triangulation afforded me the opportunity to collect and combine data from more than one source. The combination of information from different similar sources strengthened these data and authenticated and solidified the method of this study (Bloomberg & Volpe, 2012). This was the reason for collecting data from some directors/counselors who had worked in any rehabilitation center for sex trafficked survivors as well as from the survivors themselves. The counselors must have contributed to the treatment of more than two survivors and observed their recovery processes for at least 2 years.

The following exploratory questions were employed to answer the research questions from the perspectives of the counselors/directors who worked at the treatment center for the survivors:

1. About how many female survivors of human trafficking who were involved in the sex trade have you contributed in treating and observed as they made progression in their recovery?
2. What factors do you believe were most helpful to their recovery and integration into families, communities and society?
3. What are the nature of services given to survivors at your facility?
4. What is the length of time survivors received such services, and which ones were most effective to recovery?
5. What are some restorative factors, sources, and signs you observed in survivors that helped you conclude that they had made significant recovery progress and ready to go home? What resources are available to them as after care services?
6. In your experience, how many female survivors of the sex trade have you observed volunteering their services in your agency or agencies elsewhere?

Development of Instrument.

The instruments for this study included an audio-tape recorder, pen and note book, interview method, and researcher-modified/questionnaires. This modified questionnaire was originally used by Raymond, Janice, Hughes, and Donna in 2001. Raymond et al. used the questionnaires to conduct a longitudinal study on sex trafficked women nationally and internationally. This study was nationally and internationally

accepted because of its established validity and reliability from the scores drawn from the use of the instruments. Some of their questionnaires were adapted to fit the present study and enhance its validity and reliability. e interview questions from Raymond et al. were also modified, reworded, and built up with related peer-reviewed literature sources on sex trafficked women that included the treatment for survivors, rehabilitation processes, and coping mechanism (Rudestam & Newton, 2007). I ensured that these chosen instruments were valid, reliable, and appropriate to produce expected data that answered all the research questions.

The rationale for the qualitative phenomenological approach was because the approach enabled me to focus on how participants who directly or indirectly (survivors and program director/counselors) experienced the phenomenon under study make sense of their perceptions and identified the factors pertinent to recovery. With the qualitative phenomenological approach, I examined the experience of the phenomenon from the perspectives of the individual or groups who lived the experiences directly or indirectly. Qualitative phenomenological inquiry includes an understanding the personal perspectives on lived experiences. Thus, I analyzed an event from the point of view of an individual or group who experienced an event directly or indirectly. I chose this method because I wished to obtain authentic information from the population that experienced the phenomenon, and those who have worked closely with this population. I also desire to identify the essence of human experiences about the phenomenon under study. The logic behind the use of the qualitative phenomenological approach is to ascertain effective

restorative factors from participants who experienced the phenomenon directly and directors/counselors who worked with those who experienced the phenomenon. The sex trafficked survivors and directors/counselors who indirectly observed the effective factors that positively impacted the recovery were interviewed.

The qualitative phenomenological research design is based on interview. The interviewer observes the participants and listens and records information. Qualitative phenomenological approach requires a small numbers of participants, about five through twenty five for data collection (Bloomberg & Volpe, 2012; Creswell, 1998, 2009). The qualitative phenomenological inquiry focuses on understanding the essence of the meaning of the experiences of human challenges from the point of view of those who lived through those challenges (Bloomberg & Volpe, 2012; Creswell, 2009; Moustakas, 1994; Rudestam & Newton, 2007). These characteristics make the qualitative phenomenological inquiry a fit approach for this study. I sought the factors that helped in the recovery of female survivors formerly engaged in the sex trade. Qualitative phenomenological approach allowed me to come to understand the lived experience of the respondents. The qualitative phenomenological inquiry is also characterized by the use of words and descriptive images that give insight to the experiences and stories of participants (Creswell, 2009; Sullivan, 2010). I was aware of and willing to address the challenges related to the large amounts of data that resulted from this phenomenological investigation. I was prepared to organize the data thematically and categorically as they provided insight in terms of credibility and enlightenment about this phenomenon.

Other qualitative research designs were not chosen because they did not adequately address the research questions for this study. For instance, the ethnography approach focuses on culture. The research questions for this study did not include questions on culture in particular. A case study approach uses a variety method of data collection as phenomenology, but a case study scholar examines the entire event or activity. In this qualitative phenomenological study, I wished to identify only the positive factors that helped the survivors' recovery. Therefore, case study method was rejected. The grounded theory approach seeks to derive or provide explanation of a theory. I did not intend to develop a theory, and so the grounded theory approach was rejected. The narrative approach was not considered because, although it weaves together a sequence of events in themes like the phenomenological approach, it takes more time for data collection, which could range from one week to a year for the researcher to build up the data. It was not cost efficient in terms of time and money.

Role of the Researcher

Qualitative phenomenological research is an intensive and rigorous examination of data elicited from participants who directly or indirectly experienced the phenomenon under study. There could be a tendency for me the researcher to experience intense emotions and be involved in a face-to-face encounter during the interview. The challenge I faced was to put my own personal prejudices, biases, values, emotions, and belief systems in check and adopt a transparent and reflexive listening presence. In this qualitative phenomenological study, my role as the researcher was to identify and record

the factors the participants listed that helped in their recovery processes. I performed the role of an attentive and committed listener and recorder while watching the interviewee. Also, I adopted a nonjudgmental stance while listening and watching the body language, eye-movements, manner of coordination in the participants' speeches, and the emotions they expressed as they told their stories of recovery. I maintained rapport with participants from the beginning of the interview while maintaining a professional distance and relationship as the interview progressed to the end. I directed the flow of the questions that elicited information from the interviewee on the lived experiences and the components believed to have best facilitated recovery.

I had no personal or professional knowledge of who the participants were before this study. However, I guided against any personal biases, such as values, socioeconomic status, and cultural beliefs. I was aware that participants might have different cultural backgrounds. This personal awareness guided me to prevent what could have thwarted the conversation. I endeavored to keep the interview rolling at a comfortable and conversational speed while maintaining honest and candid respect for the interviewee. I also promoted openness and diffused any escalation of negative emotion that could have occurred during interviews. I kept separate scrawls on each participant's interview responses. I maintained each interviewees' own words during the interpretation of the data. These participants 'own words explained the individual's inductive style of communicating personal experiences. These contributed in authenticating and validating the data and provided the unique information in this qualitative study.

Procedure for data collection.

As soon as I received approval notice from the institutional review board (IRB) to proceed to data collection, I distributed flyers at strategic locations, such as rehabilitation centers, hotels, shopping centers, salons, libraries, colleges, and churches to invite volunteer participants. The flyer contained the description and reason for the interview, my personal name and phone number so the interested volunteers can contact me directly. Once interested volunteers contacted me, I scheduled for date at the nearest library or location chosen by each participant/volunteer, including a convenient time for an interview with each volunteer. Similarly, I distributed written request letters to interview some administrators and counselors at some rehabilitation centers. Samples of flyers and request letters to the directors and counselors are located in Appendices B and C. This investigation was carried out at locations that had no connection with me or with people who knew me prior to this study. The participants were highly respected and appreciated.

I collected the addresses of the county/ community free counseling centers near the locations of those who contacted me for this interview. I distributed the addresses of counseling centers to each participant in case they might need to talk to a therapist later.

Participants and Sampling Strategy

I selected the most suitable participants from the volunteered survivors to obtain a valid and reliable data. These survivor participants were at least 18 to 45 years at the time of this interview. They were only females coerced into trafficking and forced into sex trade. The volunteered groups interviewed had recovered to a significant levels of

stability and functioning. They had either completed a university diploma, or were still in school, or getting some kinds of trade skills. The other set of participants interviewed were directors/counselors who had worked with trafficked females for about two years and above. They provided valid and authentic professional information from their experiences.

The rationale behind this study was to gather relevant, valid, and reliable data from those who were most knowledgeable about the recovery of the survivors. The severe lingering psychological symptoms among survivors are indications that some issues on survivors need to be addressed appropriately. This might reduce the frequent return of survivors for posttreatments for lingering symptoms (Katona & Bamber, 2013). In this study, I focused on bringing about a social change and making a difference by documenting restorative factors that have helped reduce psychological distress of some female survivors of sex trafficking.

The consent form for permission and the reasons to audiotape during the interview was explained, and the participants signed the consent form before the interview proceeded. The names of participants were not provided in the form. Rather, I assigned an identification number as #1, 2. 3 or A B. C to represent the person's name for the purpose of confidentiality. The interview was about 40-45 minutes per person which came out to be approximately 380- 540 minutes of intense interview on 12 participants. Samples for the questions are located in Appendix A.

The questionnaires were open –ended in nature, and each question directly addressed the research questions. According to Graziano et al, (2000), open-ended questions give the interviewee the freedom to share freely and deeply as much as they wanted on the questions posed before them. The interview were unstructured yet guided to keep the focus on the research questions. The unstructured method of interview is informal. I provided a conducive environment that minimized distractions.

The face-to-face interview format is also called the in-person interview. This approach brings the physical presence of the interviewee and the interviewer together during the interview. This method contrasts other forms of interviews that distance the interviewee from the interviewer. For instance, phone interviews could be disrupted by noise and frustrates conversations on both ends. With interviews by mail, some questionnaires may be delayed or lost on transit. Also, sometimes respondents to questionnaires by mail may be busy or in a hurry and may forget to provide accurate information or may delegate someone else to respond on their behalf. This might distort the results of the research. But a face-to-face interviews provide the opportunity for the respondents and interviewer to form a professional relationship. The interviewee has the chance to ask for clarification on the questionnaires. The face-to-face interview is the best method of collecting data as it minimizes nonresponse and maximizes the quality of data collected from a real person. Respondents provide their unique answers to questions in their own words and in a manner that reflects their own unique perceptions of their experiences. With the face-to-face interview, the authenticity and sources of the data

were known to me. I was sure the participants were the real people who met the criteria for the research. I was able to observe nonverbal communications. Both the interviewer and the participants clarify the ambiguities and all the unclear issues when face-to face approach is used (Cavana, Delahaye, & Sekaran, 2001). During this face-to-face interview, I connected professionally with participants and in the information they provided. Data collected using the face-to-face interview method strengthened the reliability and validity of a study since I the researcher know the source of the information. This interview was audio-recorded with the permission of the interviewee. The rationale for audio recording was to use participants' own words during interpretation and analysis of the data as well as helping me to capture all the information from the participants.

I debriefed each participant as I finished with her interview. I gave each participant the phone number and address of the county's free counseling centers near to each of the participants should they may need to talk to a therapist after our discussion. At the end of each interview, I thanked each of the participants for contributing to this research which is the partial fulfilment of this academic pursuit.

Ethical Issues

The hallmark of qualitative phenomenological study is its person-centered approach. I made effort to reduce anxiety that participants may bring to the interview by demonstrating respect, sense of appreciation to them, and express a light mood approach to them. The person-centered qualitative phenomenological research expects the

researcher to commit to the American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct. The ethical principles emphasize respect for human rights and dignity especially when the researcher comes in contact with participants during the course of data collection and/or interview (Bersoff, 2008,). They emphasize the responsibility for the researcher to protect the privacy and any information disclosed in private as well as the dignity of the subject. This information includes but not limited to anything that can identify the subject (such as; files, notes on the subjects, information about the subjects' names, address, words or quotes; signed consent forms should not bear participants' names and should be protected (p. 159). For this reason, both the subjects and the information from subjects will bear identification numbers and words or codes as stated above, which cannot connect with the participants or reveal the participants' identity or locations.

In implementing these ethical requirements, I endeavored to safeguard the recorded information and personal transcripts from the interviews. I used identification number and alphabets for the names of participants in respect and protection of the information provided with me in confidence. Now, I locked all my scripts and recorder chip in a secured cabinet till the professional destruction date.

Consent form

I explained the consent form and my commitment to confidentiality and reiterated to the participants the reason for the research as well as the process of the interview. I let

participants know their freedom and right to withdraw their volunteer participation right at any stage of the interview without any obligation.

Before the data collection, I requested from the Walden University IRB a permission to carry out this study. The letter was explained to the participants and the intent of the research and all the precautions to see that harm is guided and will be prevented as much as humanly possible. The IRB was informed of the population of the expected participants.

Sampling Strategy

This study took a qualitative phenomenological approach. This approach seeks to understand human experience from the perspectives of those who experienced the phenomenon. Members of the sex trafficked population hide themselves and their issues from the society who, they state, "stigmatize and miss-judge their actions, misinterpret their behaviors, and blame them for their being trafficked" (Zimmerman, & Watt, 2009). To recruit enough participants for this study, I used multiple sampling strategies to procure the required numbers of participants for this study. As a gender-based study, the survivor participants were only women. The focus was on those female survivors who were coerced into trafficking and subsequently forced into sex work. But the directors/counselors could be male or female. For this reason, I applied a triangulation sampling strategy. Triangulation sampling is an approach of deepening and widening one's search and understanding of a phenomenon from many related sources. It involves the use of multiple sources to increase the collection of data from people who

experienced the phenomenon under study directly or indirectly (Bloomberg & Volpe 2012; Creswell, 2009). This method supports an interdisciplinary research approach (Yeasmin & Rahman, 2012). This approach increased my confidence in the data. I involved the use of triangulation sampling approach to complement and validate the amount of data I required for this study. Many researchers affirm that triangulation method of data collection enables qualitative phenomenological researchers working on sensitive topic areas to capture a more complete, holistic, and contextual portrayal of direct or indirect personal testimony about the phenomenon under study. This was evident in this study. It revealed the varied dimensions of a given phenomenon with each source contributing an additional truthful and valid piece to solving the puzzle in the recovery of the survivors. This was also evident in the current study that included varied director/counselor participants from different backgrounds and experiences. Also, some researchers argue that triangulation strategy can minimize biases, increase confidence in the information gathered, and enhance the validity of the research (Bloomberg & Volpe 2012; Perone & Tucker 2003). This is because the data was collected from the most knowledgeable people about the phenomenon under study.

In this current study, through triangulation strategy, I interviewed the six female survivors of sex trade. I also interviewed six director/counselors from some different rehabilitation centers associated with the treatment process of survivors. The male counselor perspective enriched the data collected. These groups have worked with two or more survivors for two or more years and observed the recovery progressions of

survivors. These groups provided detailed, authentic, valid and descriptive information on the factors they believed best helped in the recovery of the survivors.

Sample Size

Researchers have different views regarding the number of participants to be interviewed considering the rigors of interpretation and analysis that are associated with qualitative phenomenological approaches to research. They argue that researchers should interview a small number of participants to enable them do a thorough job in the analysis (Onwuegbuzie, 2007; Creswell, 2009.). However, some other researchers were more specific to the required number, thus, they suggest that 5-25 participants should be good enough to derive quality and in-depth information on any situation (Bloomberg & Volpe 2012; Creswell, 1998).

In this current study, I focused on the saturation point as well as the number of participants within the ranges of required numbers. Saturation point is attained in the phenomenological qualitative interview when enough information that answered the research questions for the study is reached and no more new information is provided by the addition of new participants (Fusch & Ness 2015). With 12 participants interviewed for the current study the saturation point was reached.

Summary

In this methodology section of the study, I explained the aims and procedures for data collection. This research explored, identified, and documented factors that helped some female survivors of sex trafficking and who were forced into the sex trade used to recover and re-integrate into their families and communities. The data was collected from participants-the survivors who directly experienced the phenomenon under study. The directors and counselors at some rehabilitation centers who work with survivors as they struggled through recovery were also interviewed. The goal for this approach was to gain authentic data for this study. The prospective value of this research was to describe what has helped some survivors to recover in order to assist other survivors who still manifest lingering psychological distress that prevents them from functioning productively as indicated by researchers and treatment professionals (Ebegbulem, 2011; Katona & Bamber, (2013); Zimmerman, et al., 2010).

I adopted a qualitative phenomenological approach for this study to produce descriptive data in words, images, and expressions which communicated the effective restorative factors from the female survivors of sex trade. These rich descriptive words and images helped in the analysis of the data. I explained the process used for data collection, how the files are continued to be preserved, and the confidentiality and respect to participants. The chapter 4 described the collection of the data, its organizations, coding and analysis of the data.

Chapter 4: Results

Introduction

In this chapter, I present the data collected from the survivors and directors/counselors through in-depth interviews. The data analysis process enabled me to make sense of the large amount of information gathered from these participants. The data described the processes of recovery and the key factors that contributed to recovery from the perspectives of the survivors themselves and the directors/counselors at different treatment/rehabilitation centers who treated and watched some survivors as they struggled out of their trafficking painful experiences. A descriptive analysis approach was engaged to capture the life stories and key elements that contributed to the recovery of the survivors. We focused on what helped the survivors recover and how this recovery was sustained. This chapter also provides the descriptive interpretation and summary of the phenomenological dimensions of the themes.

The purpose of this qualitative phenomenological study was to investigate, identify, and document the restorative features that helped some women previously engaged in sex trafficking to recover, readjust, and reintegrate into their families and communities. This included the different components of the restorative factors and recovery processes of those women within and outside the treatment centers as perceived by those survivors and the directors/counselors who worked at treatment centers with survivors. The information revealed the meanings the survivors attached to their experiences while being kidnapped, during their treatments/rehabilitation periods, and as

they lived their lives as survivors of human trafficking. The research questions that precipitated the responses are as follows:

1. What factors contributed to the coping and recovery of female survivors of sex trafficking as described by survivors and treatment center directors/counselors?
2. What personal resources (social supports, resilient strength, and self-efficacy) enabled female survivors of sex trafficking to overcome the effects of traumatic experiences during and after their victimization?
3. What is the role of mental health and social services in the community reintegration and adjustment of female survivors of sex trafficking?

From the above three research questions, 14 interview questions were created. Eight of the questions were used with the survivors while six of the questions were used to elicit information from the directors/counselors. These questions were created to answer the research questions. At the end of the interviews, the responses were examined, transcribed, and organized. With NVivo 11 plus Software, the information from participants' responses to the questions were coded, analyzed, and categorized to identify significant patterns and themes. This process involved different approaches. According to Saldana (2010), qualitative phenomenological research does not follow a particular method of coding. Rather, a researcher considers the research questions and the responses produced and codes and organizes the themes that responded to the research questions. Then, the findings from the study can be used for dissemination to the public.

Setting for the interviews

The interviews were conducted in diverse settings because consideration was given to convenience and accessibility for the participants. The program directors and counselors preferred their work places and used their offices. Three survivors chose libraries, and the other three survivors obtained permission and were interviewed in the facilities where they volunteer their services. I adapted to their choices of places and times.

Demographic Characteristics

The demographic characteristics of the participants are described below. Note that survivors were designated with numbers 1 through 6.

Table 1

Demographic Characteristics of Survivors

Participants By pseudonym:	Survivor 1	Survivor 2	Survivor 3	Survivor 4	Survivor 5	Survivor 6
Age at interview	40	36	34	36	41	41
Educational level	BS Psychology	BS Psychology	Schooling for GED	Make-up artist	1 year college	BS Psychology
Marital status	Married	Married	Single	Single	Single	Married
Number of children	3	2	None	None	3	2
Job	Counselor	Counselor	Still Schooling For GED.	Make-up artist	Receptionist	Counselor
Years in recovery	18	11	16	10	13	15

Table 2

Demographic Characteristics of the Program Directors/Counselors

Participants By pseudonym:	A	B	C	D	E	F
Gender	Female	Male	Female	Female	Female	Male
Position in the agency	Program director	Counselor	Program director	Program director	Counselor	Counselor
Years of experience	14	32	21	9	6	22
Number of survivors treated	70+	10	30	30	10	12-15

Data Collection

I had nine survivors who volunteered to participate. But during the first interview, I observed that the first three of them were homeless and appeared to be in need of financial support and psychological treatment. I discussed this problem with one of the program directors who had earlier indicated to me their openness to welcome survivors who needed more help. I had conversation with these survivors and made referrals to the treatment center. The staff at the treatment center connected with the three women to provide then with the services they need. I saw this incident as fulfilling one of the goals for this study.

Data were collected through semi structured interviews. I jotted down my observations of the participants' body language, some words, and gesticulations during the interviews. The interviews were audio-recorded. During the analysis, I used Van Manen's (1990) selective or highlighting approach which identifies words, phrases, and

sentences that appear to stand out as essential themes, statements, or facts rather than all the narrations of the event for analysis. This is one of the good approaches in qualitative phenomenological study. In this study, participants shared only the positive factors that contributed to their recovery process while in treatment and as they live on. I assigned numbers 1 to 6 to survivor participants in this study, whereas letters A through F were allotted to program director/counselor. This method helped me to maintain anonymity and protect participants' identities. Questions to survivors and their responses began with Survivor 1.

During the interview process, after interviewing the fifth survivor participants, the sixth person repeated what other survivors had stated with no new information. Thus, I knew that the saturation point had reached. Similarly, after the fifth director/counselor had been interviewed, there was no new information in the responses of the sixth person. In total, 12 participants were engaged in an in-depth interviews that lasted between 40-45 minutes per participant and produced the rich data for this study. My inclusion of directors and counselors from the different treatment centers and from male perspectives (two males) added novel insights and further established the uniqueness of this study. Also, the revelation of the similarities in the perceptions of survivors and the director/counselors substantiated the rich information for this study.

Data Analyses

Restorative Factors: Narratives of Survivors

Survivors and program directors/counselors used descriptive language to describe factors that they believed contributed to the recovery of survivors. In this section, I present the individual stories and the emerging themes that arose from the survivors' and program directors'/counselors' stories. I provide the stories of participants as they were narrated, with no grammatical or structural changes. The intent was to remain transparent and loyal to participants' own words. The statements of participants are enclosed in quotation marks.

Interview narratives for question 1. Which of the services provided to you at the agency (ies) were most helpful to your recovery?

Survivor 1 stated,

> "I stayed at the first agency for about 8 months. I was sick all through. I was in and out of hospitals. My brother and his wife came and took me to stay with them for about three months. Then I was taken to a 'church girl's center.' They taught us self-care, how to cook different kinds of foods from different cultures. We are from different countries. They taught us how to speak correct American English, Spanish and some words from other languages. We were taught to forgive ourselves, and forgive our perpetrators. We were given individual and group counseling. We shared our experiences in group counseling. I will say all the services were helpful, but that sharing periods were most helpful. It helped us to

release the bitterness, resentment, bitterness, anger and all feelings inside us. We shared emotional energy and support from each other. We learned to let go all our pains every day."

Survivor 2 stated,

"The first class that I participated was called "Pathways." This is when the survivors before us shared their personal healing process and how they deal with trauma experiences with the pimp and sex work on daily basis. Of course every one of us could identify with them. All the pimps behave the same way. They are very cruel. I learned from the pathway classes how to develop my inner strength. I began to copy with what I think could work for me. I began to believe in myself. I began to accept that fact that it was not my fault. This agency taught us how to develop positive lifestyle and modify our behaviors."

Survivor 3 stated,

"The counseling services at the women's center helped me to clean out my dirty self from inside out. You feel so worthless from the horrible experiences. Traffickers and the pimps are bad. They treated us like beasts best. But the center helped us to process our experiences. They led us to examine the meaning of the life we now have. They told us to write in our hearts our "purpose for life" and delete "all bad experiences and feelings" with the pimps. I learned to develop my personal courage and decided to move on with life. I learned to forgive myself as we were taught as well as forgiving my kidnappers, and the pimps. I listened to

the advice from the center. I decided to let go. In the treatment center, they teach us how to rebuild our lives and regain our strength so we can move on."

Survivor 4 stated,

"I liked the medical treatment I received. I was always sick there. With all the beatings and abuses. It made me to be very sick. I thought I was dying there like one girl that died one night. Ya , anyway, the treatment center took me to hospital. I did a lot of tests. I received a lot of medications. For months and months, until I got better. In the group therapy, the counselors asked us questions that helped us to discuss all kinds of sex work our pimps got us involved in and the trauma we faced and how we endured the daily pains and harassments from the pimps. The discussions were very helpful to me. It helped me to let out the steam that I carry."

Survivor 5 stated,

"Anger management was one. I was very angry when I was captured and all through my stay with the pimps. But I was hiding it from them. Self-talk feeling groups is also helpful because I was able to talk about the pimps at the women's group. Also, relapse prevention group was also helpful. The counselors helped me a lot. I was full of animosity in me against my pimp who held me in hostage from the age of 20 years and I lacked self-esteem for years until the pimp was arrested. The counselors here helped me to begin to recover myself."

Survivor 6 stated,

"I stayed only in a rehabilitation center for women. That is where I work now. They took us there in the late evening. For about three days or so, I was really sick. They took me to the doctor the next morning. The nurses checked me. The counselors visited and spoke with me until I was ready to come out and meet with other girls. It was so scary for me when we first came. You know, you feel so embarrassed, so ashamed of yourself. You do not know what to expect when you come out to meet the people in the center. The periods for story telling of our experiences were like the times for letting off steam out of our hurting hearts. I think that was helpful to my healing. The therapies and counseling were helpful. The staff at the center helped got us off the use of drug. The first thing the pimps do is to introduce you to the use of drugs. At this center, we were taught how to cook, bake, use computers, job search and preparation for interviews and so forth."

Interview narratives for question 2. Describe the types of social support you think were most helpful to your recovery.

Survivor 1 stated,

"My brother and his wife were very supportive from the day they located me at the first agency we were taken to. My brother told me that he was happy to see me alive. He said everybody thought I was dead. They were visiting me at the centers. The support of my brother and his wife was most helpful to my recovery. Also, my continued education and counseling helped me to rebuild myself."

Survivor 2 stated,

"The first supports came from my family and relatives. The first thing was further medical evaluations and treatment. My baby sisters started me with home schooling. They taught me with their used books. My counselor in the school helps me too. I get food stamps. But it is not a lot. But that is okay. The Jewish women's organization helped us a lot with really good clothing and my uncle helps me too. I get really good supports from our church members. They teach us English language and Mathematics on Saturdays".

Survivor 3 stated,

"My mother, Oh, God bless her. When I came back to my family, I found that my mother had went deep into relationship with Christ. She told me that she was always waiting for my return. I said what? Yes, she said God had assured her that I will be safe and return home someday. They celebrated my home-coming that evening. The next day, my mom and my dad took me to their pastor who prayed over me. The pastor's wife took us to their private doctor who examined and prescribed some treatment and some tests. The next Sunday we went to church and some members of the church prayed over me and I accepted Christ that day. I found out later that this church people have been praying with my mom since my kidnap. The church members started helping me with material and financial gifts. My brother and my two sisters were very supportive to me. My mom's brothers and sisters and my dad's brother and his children received me very well.

Everyone was out to help me. After a while, my uncle, my mom and I went to the college for my assessment. That is how I started school at the college. My college counselor is a member of my parents' church. She gave me extra, extra attention and supported me a lot in the courses. She guided me and checked out all the social services that I was eligible for and directed me on how to get them."

Survivor 4 stated,

"There were some groups of women who sponsor the treatment center. They donated clothing and shoes to us. Those were very helpful. One of the women bought me my face makeup kit with different items such as eyeshadow palettes, eye set, and face set for makeup. Those women also helped financially for the furniture in my room. I did not want to go to the place where I was kidnapped. I wanted a new environment and a new life. Those women provided me with the necessary things."

Survivor 5 stated,

"My boss is a great woman. She has been so supportive to me. The other survivors are my social supports. We focused on our treatment. We just stick together for one another. Nobody judges each other. The staff members are very supportive to us too. I come here every day for ten years now. If I am not answering phones I sit here and do errands for the staff and the patients. My children support me too."

Survivor 6 stated,

"I think the police's rescue team was my first social support team. I thank God every day for the police. I will not be here today if they had not busted our house that night and took us to that center. The center with the counselors are also good team that helped my recovery. Then, my family, my aunts, my brothers, the friends of my family, and parents' pastor and his wife. These people were bringing up suggestions on what they think that can help me. My parents' pastor's wife suggested that they put me in a different school. That is how my other aunt took me to her house and I stayed with her and her children all through my education. My aunt helped me to gain my identity, self-image, and helped me to wipe off the sense of shame that nearly crippled me. My school counselor was very helpful to me. I stopped reviewing here due to time constraints."

Interview narratives for question 3, How do you describe the coping strategies (such as resilient strength and/self-efficacy) you used that best supported your recovery?

Survivor 1 stated

"That unfaithful day, when I realized that those men were kidnapper, I recalled saying, please God help me. That was all. Every day and night for that eleven months, I hoped I will be freed one day and I was looking for opportunity to escape. I was holding my strength no matter how bad was their assault to me."

Survivor 2 stated

"Me and my sister have learned from my mom how to clean houses really good. I now help to clean my Uncle's offices and I get paid for that. When I get my GED, I will

be doing cleaning job with my mom.   I like to do anything that can help me make a little money to help my family".

Survivor 3 *stated,*

"My family members demonstrate their love of me. Those gave me a lot of energy to fit myself into my family and church community. Secondly, I decided to focus on working hard in my studies. I put good time to my studies. I made sure I completed my week homework package really well each week. I determined to earn good grades in all the courses to maintain my financial aid each semester and receive my school supplies from the school's drug and alcohol club. I focused very well in my education. And it paid off at the end with my graduating with a 3.8 point average. That helped me to gain admission at Dominguez University where I earned a diploma degree in counseling".

Survivor 4 stated,

"When I did not die the first two months, I decided to develop an inner strength to block the pains of their abusive treatments of me. I decided to do whatever they asked me to do. They still your mind. You become a robot in their hands".

Survivor 5 stated,

"My strength comes from my boss. I take everybody here in the agency as my family. When I was trafficked, I remained loyal to my pimp for those years until when the high power intervened for me and he was arrested and jailed".

Survivor 6 stated,

"You know, when those guys shoveled me into that car and warned me not to talk, I decided to behave myself. I prayed inside me. I cannot say that I used this or that word of prayers, but I searched for God's help with my heart. I decided to do whatever they asked me to do".

Interview narratives for question 4. What types of services and social supports best helped you to recover?

Survivor 1 stated,

"I receive supports from my family members and friends to my brother and his wife and my husband".

Survivor 2 stated,

"I get free treatment at the hospital. The Medicaid--the Obamacare--is really helpful. I still go for counseling services at our church. I still go to 12 step meetings. You know I am still struggling but I do not use but think of it. Our church members are really nice to me. My dad, mom, grandma and my sisters support me so, so much. The organization for women is very helpful too".

Survivor 3 stated,

"Medical services was very helpful. I will forever remain grateful to our pastor and his wife for my health issues after leaving the treatment center. They shared their private family doctor with me and paid all the bills until I was given health insurance coverage here--the Obama healthcare. My family quickly put me in college. That opened

the doors for me. The church community has never left me till today. They are my second family".

Survivor 4 stated,

"The services from the treatment center helped me to recover. The staff were kind to the core. Taking me to the hospital as soon I was brought to them saved me. The gifts from the women that support the center were very helpful. My mom and my sister and relatives were very supportive. Their love and financial support help me as I go through the recovery process. Till today, they still give me gifts to add to what I have. I go around with that sense of being loved and respected by my people in spite of what has happened to me. My mom sees me as her saved daughter".

Survivor 5 stated,

"Therapy and counseling. I have attended all the groups that is offered in the treatment center. Sometimes, I go and sit in for any group discussion and offer my insights. I use myself as an example to describe a recovery miracle. This agency first got me into shelter. I continued volunteering my services here. Then I was qualified for one bedroom apartment. When I got my second son I got two bed rooms".

Survivor 6 stated,

"The police was instrumental to my rescue. They arrested those men and sent us to the women center. They delivered me. The center with the counselors were the first family after my rescue. They first put me together before my biological family. Then, my

family, my aunts, my brothers, the friends of my family, and our church's pastor and his wife. Those are the social support system that are helping my recovery".

Interview narratives for question 5. In your opinion, what features do you think helped you best to integrate into your family, your community and society?

Survivor 1 stated,

"The staff at the center calmed our anxieties. Other survivors at the center and the volunteers were supportive to us. They taught us how to behave before our family members and friends. The welcome spirit and kind supports from my brother and his wife. My going back to school got me busy and changed my life".

Survivor 2 stated,

"My family welcomed me. You cannot believe the welcome party that was given to me. My mom said she was praying for me with my grandma. I will say the love of my family. My dad, my mom, my grandma, my sisters, my uncle and family as well as members of his church helped me to quickly adjust myself into my family and church community. They encouraged me a lot to recover. They tell me always that they love me".

Survivor 3 stated,

"The loving kindness and welcoming heart from my family made it easy to integrate well with my family who have been searching for me. Every member of my family was happy to see me back alive. No one blamed me. No one accused me. No one judged me. Yes I was assaulted over there, but on my return home, my family cleaned

me up, the church community bandaged my wounds, and the school, my education dressed me up. I now participate in empowering other survivors".

Survivor 4 stated,

"The love from my mom and sister help me to heal physically and emotionally. They support me financially and socially. They are always at my house. I live every day in gratitude to God for the love of my mom and sister. They respected my opinion when I told them that I was not going to live with them at the place where I was abducted".

Survivor 5 stated,

"I had to forgive myself. The staff members kept telling us to forgive ourselves. Until I started looking deep into myself and looking up to the high power. I am not trying to bring up religion to this interview but believe me it was the high power that helped me and supported me to be out from the pimp. I was brought here by the police. When the program director contacted my family, they said they don't want me. They said I ran away from the house but that was not true. I was hanging out with my friend when those men came to us. . I integrated myself into this agency. I started making my family. I have two boys and a daughter. That is my new family".

Survivor 6 stated,

"The non-judgmental manner with which my family welcomed me even before they heard my kidnapping story. Everyone in my family and around my family and friends of my family was out to help me. I still remember what happened to me, but my supportive family help me to push it off".

***Interview narrative for question** 7*. What is it like for you to experience recovery as you did?

Survivor 1 stated,

"It is an amazing experience. It's like coming from a place of despair and humiliation to be in a place of peace and love. The treatment center helps us to overcome the sense of shame. My brother and his wife poured their love on me. I don't know how else to put it. You know recovery from this type of experience is a life-long commitment. Though I have recovered in many ways but I keep working on it. I recognize my triggers and see patterns. After thirteen years of liberation, I still go for therapy once in a while. My husband overlooks my mistakes and helps me to catch myself up. I am recovering every day I say to people. It feels awesome".

Survivor 2 stated,

"You know when I first came home, it was hard for me. I could not believe myself being set free from those men. I will not like to come out for people to see me. I felt very dirty in the hands of the pimps and sex trade. But the counselors at the center kept on pressing on us to believe in ourselves and work towards our recovery. When I got home my mom and my grandma took me to church. They took me to my uncle the pastor to pray over me. We started going to church a lot more. My grandma is a very strong believer. She will take me for prayers when my mom went to work but on Sundays, we all go together. My uncle talked to me and told me how God loves me. Gradually I started feeling happy. I am not afraid no more. I go to school now by bus by myself. I feel

very happy now. Like they told us at the treatment center, those people do not have power over me again. I feel free and feel recovering every day".

Survivor 3 stated,

"It is not easy to describe the experiences of freedom and recovery from being kidnapped sent to a country you do not know and every minute under guard, sexualized and terrorized with gun. Miss, it was an experience of liberation from a state of bondage. It was like pulling you out of the deepest pit where no one was hearing your cries no matter how aloud you yell. Then all of a sudden you were pushed out from the under net and pulled to the level ground and sent free. I experience my recovery every day. I tell other survivors the same thing. It made me to understand what Joseph in the Bible suffered when his brothers threw him into that pit. When it was time God delivered him. That was me. It makes me to appreciate God and his goodness every day".

Survivor 4 stated,

"I feel I am recovering every day. As I come here to volunteer my information, that feels like recovery to me. When I go to girls group, big sister gathering to talk to the girls about the tricks of the pimps and how those girls could protect themselves that feels like recovery and freedom to me. I experience recovery physically and mentally every day. I tell people not to die in the hands of their enemies. I know the pimps have no power over me again. The important thing for me now is to educate other girls on some ways to avoid the pimps".

Survivor 5 stated,

"It was a great experience. I never thought I would be able to be clean and sober and be free from the pimp. . Now I have been clean and sober for 13 years. It feels wonderful to be free. When I was using drugs, I thought I was high and happy. No, I was in bondage. Since I became sober and clean, I feel like a human being and happy. My boss is my rock. She loves everybody and all the staff love her. I draw my strength from her. I feel much protected here and very free".

Survivor 6 stated**,**

"You know what, I am trying to create a poem on freedom from the pimps. I like your questions. It is hard for me to explain when I think of the controlling powers the pimps had on me. When I came home it was difficult for me to walk to the back of our building without someone being with me. My living with my aunt helped me to come out of that phobia. My cousins always walked by my side. They told me to get it out of my head and that it will never happen again. My cousins and I attended the same school. They would come to my class or waited at the door so we can walk home together. I always walked in the company of my cousins. But now, it is different. I am strong to go anywhere by myself. I feel loved and protected by God. I feel the pimps are chained forever".

Interview narratives question 8. Describe to me your plan for the future.

*Survivor 1 stated**,***

"I will continue with my volunteering service at the center twice a week. In this way, I give back to other women what was given to me when I was rescued. It also helps

me to get my therapy. I plan to be a therapist for survivors. That was why I was interested in your topic. It is quite different from other researches and write ups I have read in this field. I will like to read your findings when you are done. My mother will come to live with us next year to help us take care of our children so I can go back to school to earn a master's degree in psychology. That will help me to be of better service to fellow survivors".

Survivor 2 stated,

"Hum um, when I complete my GED, I will like to do cleaning job with my mom. I don't want to go to more school. My uncle told me he will help me have my own cleaning company. Me and my mom will manage it".

Survivor 3 stated,

"Well, I hope to go back to school to do my Master's degree in counseling. I will continue to be an advocate to end human trafficking. I listened to your speeches and the purpose of your study. I will think about the way I can help those who still live on with lingering psychological symptoms. I never thought of them before this time. If a survivor has no strong support, it is hard to last. There could be bunch of social services out there, but someone has to direct you on how to get them. My being what I am today is because I had a lot of help from my family, from the church and from the school. As you were talking I was thinking about it in my mind. I hope to join you in helping them".

Survivor 4 stated,

"My plan is to open my own beauty shop. Women always like to make up. I encourage women to fix themselves and appear good".

Survivor 5 stated**,**

"My plan for the future is to be a case manager. I want to go back to school to complete the remaining one year work left to complete my studies and become a case manager".

Survivor 6 stated**,**

"I am going to continue with my psychology education. I like working with survivors. It helps me to help myself."

Restorative Factors: Narratives of Program Directors/Counselors

The responses from the program directors/counselors are combined for each question based on the common element they observed that contributed to the recovering of survivors. The areas of differences are discussed separately.

Interview narratives for question 1. About how many female survivors of human trafficking who were involved in the sex trade have you contributed in treating and observed as they made progression in their recovery?

Program director/counselor responses.

Program director A works with a large treatment organization for 14 years. She has participated in serving over 70 women *survivors.*

Program director number B has worked with survivors for 32 years and has participated in treating about 10 women survivors.

Counselor C has worked with survivors for 21 years and has participated in treating about 30 women survivors.

Program director D has worked with survivors for 9 years and has participated in treating 30 women survivors.

Counselor E has worked with survivors for 6 years and has participated in treating about 10 survivors.

Counselor F has worked with survivors for 22 years and has participated in treating about 12-15 women survivors of human trafficking.

Interview narratives for question 2. What factors do you believe were most helpful to the recovery and integration into their families, communities and society?

Responses from ***Program directors/counselors***. Four program directors/counselors agreed that; one- on-one and group therapy, peer-mentoring, health education such as HIV and mental/physical health services helped survivors connect all the dots of their lives. These four program directors/counselors stated that they provided re-entry services for survivors who need more services. Each of them used the term "We" during the interview meaning that all the providers in each treatment center work as service team. Thus, they said; "We help them find sense of self and recover themselves. We help them find sense in self without which they disassociate and continue doing what they were doing with the pimps or allow themselves to be re-abused. We also help them connect with their families where possible. The family supports help them integrate safely into their families, communities, and the society. But where we

cannot connect with their families we begin to prepare the individual on how to live independently in safe houses and shelters. We make sure the individuals learn trade or some kind of education that will enable her get job to sustain self. When the individual is ready, we help her explore the social services that she may qualify for. Our social workers lead the individual explore the community services that might be helpful to her. But, we regret that not much is available to this population. The limited funds for this population makes it impossible to properly equip them for self-support",

The two male participants' responses were notable. Counselor C stated, "for myself as a male, I help them recognize that not all males are bad, not all males are there to violate them but some males could act as good brothers and good fathers and good protectors. This could help them in the future to build trust in some good males that are not violators and consider engaging in relationships with good and responsible males. This helps them as they integrate into the community and society".

Counselor F, also male, stated; "from my male perspective, I understand these women's apprehension. They were abused by mainly males. I know some females are pimps too, but males are the majority. It is not surprising that their experiences with the pimps could put survivors in enmity with male figures. However, as I work with survivors, I show them a little more real kindness to let them know that there are some responsible males who will not disrespect females. I let them know that there are some kind males, caring males, responsible males out there who can be caring husbands, good fathers. I tell them to be prudent in their future relationships with people whether males

or females. At the beginning of treatment, they are apprehensive. It is appreciated. But as time went by, they come to know that you are one of those healing male figures".

Interview narratives for question 3. What is the nature of services given to survivors at your facility?

Responses from ***Program directors/counselors.*** To this question, the responses from two program directors and one counselor are similar. They stated that their treatment centers provide one-on-one counseling, group counseling, and individual therapy. They have trauma-informed psychologists who help survivors go deeper and connect with their trauma and explore how to deal with and manage their trauma. They stated that they explored human trafficking and discussed the basics with survivors. They stated that they showed films, invited speakers to speak on specific topics such as emotional intelligence, and helped survivors explore ways to manage their emotions. In their curriculum, they added the topic on building self-esteem and how to create healthy relationships. They stated that they helped survivors explore their value system and their personal perspectives on the ways they see the world. They also have after-care plans and services-as continuum of care. This group works on exiting and how to make valid exit plans that include safety and support systems. They teach survivors value systems such as new healthy languages instead of street languages that the pimps used with them. They teach survivors new ways to see men. They teach survivors how to be self-assisting in identifying some caring and good men. They teach them how to be smart and identify when trouble is coming up and be safe and watch their ways. They teach survivors how

to be strong and not allow themselves to be exploited. They constantly emphasize self-assessing principles to them. They stated that their program is safety-measure-based.

For the same question, two counselors and a program director stated that; they provide rehabilitation services. However, they do not have psychologists or trauma informed therapists working with them in their agencies. Rather they work with social workers who help to provide immediate shelter to survivors while continuing work on permanent housing situations. Also, they do not have after care plans, but if a survivor encounters problems and comes to their agencies for more help, they re-admit and provide services to them.

Interview narratives for question 4. What is the length of time survivors received such services, and which ones were most effective to recovery?

Responses From **Program directors/counselors .** For this question, all six program directors/counselors stated that there is no time limit for treatment to survivors. They all reported that every survivor is different. They agreed that each individual has different ways of processing traumatic experiences. They have different back grounds, different ages, different life experiences, and different needs. These differences therefore may contribute to the varying length of time survivors stay and receive services. They further explained that some survivors may take a few years to begin their recovery process. Also, the recovery process may depend on the impact of the sex trade on them. Some of the survivors may have been so beaten down that their self-worth went down very low. It may take many years for these survivors to begin to recover.

Program director B added; “In fact, many of them may take life time struggles because of the intense trauma associated to their abduction. This is why we encourage families, communities, and law makers to empathize with them. They need coordinated help”.

Interview narratives for question 5. What are some restorative factors, sources, and signs you observed in survivors that helped you conclude that they had made significant recovering progress and were ready to go home? What resources are available to them as after care services?

Responses From Program directors/counselors . All six (program directors and counselors) stated that when the survivors are brought to them; at first, they observed some kind of resistance, mistrust, face-down gestures, they cannot smile, they appear fearful, they present a kind of cynical attitude that may be saying, “We should not trust these people. They might take advantage of us, or disbelieve us, or blame us for what had happened to us”. However, as time goes by, that gap gradually begins to close, and connection and rapport are established. The program director/counselors stated that; “as behavior modification, we are constantly looking at the persons’ behaviors. So what we see as a sign of success in a person is not a whole big thing but one slight step at a time. For example, when we see a person wakes up and grooms without help, without being talked into it, when they start to take a walk around the premises. When they start to make eye contact, when they start to see that the damage took a toll on them. When they start to articulate how their life style has affected them and their families and how they

view men and the world. When they start to see how the traffickers and the pimps shaped their views. When they start to take care of themselves a little more. They start to be more kind to themselves. They start to take their psych medication to stabilize their mood or anxieties without being talked into it or being reminded to take their medication. When they start to know what they need and what could be good for them. Then, you know they have started getting better. They start to make better choices. They start gravitating towards healthier groups of peers. They start to develop healthier boundaries. They start to demonstrate trust and discuss what they want for a better life and job where they could be safe and so on and so forth. Those are the big, big signs we see and know that recuperating is kicking in. Other things that demonstrate improvement in the lives of survivors follow up into the process of rehabilitation and recovering goes all the way out in their lives. We are open to continued support to the survivors even when they leave the treatment center and call for help."

These observations by program directors/counselors show that they appreciate any simple positive change in the lives of the survivors.

Interview narratives for question 6. In your experience, how many female survivors or sex trade have you observed volunteering their services in your agency or agencies elsewhere?

Responses from Program directors/counselors. Only one counselor stated that she has not actually seen survivors volunteer their services in her agency, whereas the other 5 (program directors/counselors) have seen several survivors volunteering their

services in their treatment centers. They even alluded to several survivors who have contributed to saving lives where they volunteer their services by sharing their personal horrible experiences with women who engage in self-destructive behaviors. Also, some program directors/counselors stated that some survivors go to schools and libraries to speak to young people on the operations of the pimps and traffickers and advice teenagers to be watchful.

Organizing the data

I first transcribed the audiotapes in verbatim after the interviews as shown above. The interpretive summaries and coding of individual statements were completed by way of assigning labels that helped me to organize them in sub headings, words, phrases, sentences and even paragraphs from the data described. The coded words, phrases, or sentences are identified in different patterns. Then, they are categorized in different themes. Coding minimizes the chances of error and facilitates analysis. Coding increases the reliability of the data. It organizes the data into themes and helped me to make sense of the participants' stories.

The analysis of data followed the selective approach, in which I extracted the essential statements from participants' statements that answered the research questions. This approach was inspired by Manen' (2002)'s hermeneutic qualitative phenomenological investigation. The hermeneutic qualitative phenomenology method focuses on the subjective experience of individuals and groups. It is an attempt to unveil the world as experienced by the subject through the personal life stories of the experience

of an event. This school of hermeneutic qualitative phenomenology believes that interpretations are all we have and description itself is an interpretive process. This school trusts, encourages, and proposes the use of the hermeneutic approach to enable the researcher to generate the best interpretation of a phenomenon under study.

This section gives a generalized sense of the interviews, transcriptions, coding and interpretation. Here the outstanding themes are categorized according to what survivors believed helped in their recovery.

Table 3

Restorative Factors: Survivor Perspectives

Categorized common themes among survivors.	Survivor No 1	Survivor No 2	Survivor No 3	Survivor No 4	Survivor No 5	Survivor No 6	Total No.
Survivors who are welcomed and supported by family and relatives	Yes	Yes	Yes	Yes	No	Yes	5
Received social support	Yes	Yes	Yes	Yes	Yes	Yes	6
Connected with church faith/Religion/spirituality and school	Yes	Yes	Yes	Yes	Yes	Yes	6
Volunteered/helping other survivors	Yes	Yes	Yes	Yes	Yes	Yes	6
Received therapy /counseling	Yes	Yes	Yes	Yes	Yes	Yes	6
Helped with treatment and medication	Yes	Yes	Yes	Yes	Yes	Yes	6
Acknowledged the Police for their rescue					Yes	Yes	2

Out of the six survivors interviewed, five acknowledged that their families and/or relatives welcomed them home without judging them and that accelerated their recovery and their re-integration to the family, community church community and school

community. One survivor stated that her family rejected her, but the agency where she was rehabilitated treated her with kindness and gave her job and she still work with them. The six survivors interviewed agreed that they received social support from churches and non-governmental women agencies as well as from individuals. The six women interviewed agreed that they are offering their services as volunteers to their agencies and are advocates to stopping human trafficking. The six survivors all agreed that individual and group therapy were helpful to their recovery; also they received medical treatment for the ailments they developed during their time in the sex industries, and that was helpful for their recovering.

Table 4 depicts the behaviors that participants identified as necessary to help them survive during their victimization.

Table 4

What Survivors did to survive the Pimps and traffickers

- Focusing on the future with hope.
- Remain loyal to pimps and traffickers

Table 5

Restorative Factors: What Survivors did to survive and sustain themselves when trafficked and as they live on after rescue.

Reconnection with family and Emotional Support	• Acceptance of the experience. • Received encouragement from people • Non-judgmental attitude of families and friends and community

	• Letting go of the pains and bad experiences. • Self-forgiveness and forgiving the pimps. • Not dwelling on trafficked experiences and pain.
Belief and Value Systems	• Strong connection with God and church community • Strong faith in a higher power • Enduring with patience and hope for the future. • Forgiveness of self and forgiving the pimps. • Establishing new goals.
Economic Stability	• High desire for education/trade. • Desire to have job for security and financial sustenance.
Safety plans	• Avoiding people and memories of painful events (Red flag to PTSD) • Maintaining health and keeping in touch with doctor. • Make time to relax with good and positive people. • Keeping and maintaining boundaries. • Appreciating self and upholding self-worth.
Observed results/effects	• Emotional wellbeing • Improved interpersonal relationships • A happy bright and well processed behavior in relationship with others. • Positive functioning • Renewed spirit • Processing relationships with people • Avoiding abusive relationships

The common themes of factors that contributed to the recovery of the survivors and signs seen in survivors as observed by the program directors/counselors are categorized as follows:

Table 6

Restorative Factors: Perceptions of Program Directors/Counselors

Themes	**A (Female)**	**B (male)**	**C (Female)**	**D (Female)**	**E (Female)**	**F (male)**	**Agree**
Survivors' self-disposition to treatment	Yes	Yes	Yes	Yes	Yes	Yes	6
Support from family or relatives	Yes	Yes	Yes	Yes	Yes	Yes	6
Survivors' spirit of volunteerism	Yes	Yes	Yes	Yes	None	Yes	5
Individual and group therapy	Yes	Yes	Yes	Yes	Yes	Yes	6
Medical treatments	Yes	Yes	Yes	Yes	Yes	Yes	6
Aftercare services	Yes	Yes	None	None	None	Yes	3

to sustain recovery							
Legal assistance	None	Yes	None	None	None	Yes	2
Language services	Yes	None	None	None	None	None	1
Job training	Yes	Yes	Yes	Yes	Yes	Yes	6
Showing signs of hope and recovering such as getting up and grooming to set for the day.	Yes	Yes	Yes	Yes	Yes	Yes	6
Maintaining eye- contact	Yes	Yes	Yes	Yes	Yes	Yes	6
Planning for new life.	Yes	Yes	Yes	Yes	Yes	Yes	6
Showing interest and participating more in several activities.	Yes	Yes	Yes	Yes	Yes	Yes	6

Table 6 reveals the common themes related to restorative factors for survivors of sex-trafficking. The common areas of agreement are indicated with number 6. . But when the number is fewer than 6 as in the case of aftercare services, legal assistance, and language training, this means that only those treatment centers indicated provided those services to the survivors. There were also some overlapping themes of restorative factors between the survivors and those identified by the program director/counselors. Both survivors and program directors/counselors agreed that the following factors promoted the recovery of survivors:

- Warm welcome by family or relatives.
- Family and social supports.
- Medical treatment.
- Individual and group therapy.
- Self-disposition to treatment and to recovery (resilient strength).
- Spirit of volunteerism.
- Education and skilled trade.
- Job preparation.

- Belief and value system

Interpretation of the Results

Twelve participants (6 survivors and 6 program directors/counselors) engaged in an in-depth semi-structured interview. These participants are from diverse nationalities as; American, African, and Mexican. These participants described the process and factors that contributed to the recovery of the survivors as well as the sources of the means for recovery. Both survivors and program directors/counselors described the different support systems to survivors as coming from; treatment centers, their families and relatives, religious communities/the church/spirituality, non-governmental organizations of women, and the survivors' self-efficacy, and their resilient strength. Each survivor participant described a multi-dimensional process that included belief systems, environmental factors, coping mechanisms, personal innate strength, and determination that promoted recovery. Participants' rich descriptions of the process of recovery and the factors that stimulated recovery revealed the reasons some survivors successfully and quickly turned over a new leaf as soon as they re-connected with their families/relatives. One of the survivors stated: "…as soon as my brother and his wife brought me home from the treatment center, they put me to school. I immediately forgot about my trafficked experiences and focused on my piled school home work. But during the vacation I go to the treatment center and participate in the treatment." The other survivor stated;" Oh, my mom, God bless her…" These and other examples explained the importance of family support. This section connects the results of these findings to the

theories that drive this study such as; the theory of social support and social integration (Cohen & Wills, 1985; Wills & Filer, 2001). The good treatments of the survivor's brother and his wife and friends pulled the survivor out from a depressive environment and pushed her to the road to recovery. The other survivor reports that the care from her mom aided her recovery. These statements revealed that when family and friends provided quality assistance when confronted with unforeseen stressors, the individual is likely to thrive. And people with high perceived-support networks believe that they can count on their families and friends to provide quality support in times of trouble. And these supports sustain people and prevent them from crashing. Also, according to the views and reports of the program directors/counselors, those survivors without support from family or friends remained longer in their trauma at the rehabilitation centers. But survivors who felt a sense of safety and support or those with resilient strength or self-efficacy felt empowered to persist with the recovery process.

Summary

Participants provided valuable information that illuminated this study. Major findings highlighted here by participants were that recovery for survivors of human trafficking seemed easier when there is support and when family/relatives welcomed the survivors and helped them to cope with the experiences. Survivors recover fast and move on in life when they experience a support system that includes the community and society. The data collected from both the survivors and the program director/counselors supported the notion that the recovery process could be classified into three group levels.

This grouping is based on what survivors verbalized was helpful to their recovery and also as observed and narrated by the program directors/counselors due to the accumulations of their rich experiences from working with this population over the period of ten to 30 years.

Group 1 of recovering survivors.

For those in this group, the program directors/counselors stated that; as soon as their families/relatives were contacted and notified about their daughters, these families hastened to the treatment centers to re-unite with their daughters. Most times, they opted to take their daughters home with them immediately. Usually, the treatment centers asked them to wait for coupe of day/weeks during which the survivors were prepared to rejoin with their families. Within this preparatory period, the caring families frequently visited the survivors. These visits demonstrated the love for the survivors and usually expedited the recovery process of these survivors. As soon as the survivors get home, their families/relatives put them into school or some kind of trade.

Group 2 recovering survivors.

The families/relatives of survivors in this group were unable to be located due to lack of contact information. Some of the causes for the missing information could be that it has taken some time since the separation from their families and these survivors might have forgotten the contact information of their families. Or the families might have moved out of the places they lived before the abduction of their daughters. These groups of survivors might begin to think that they are alone in the world. This can be

emotionally draining. These groups might take the treatment centers as their adopted families. These groups might take more time to start to take recovery steps but when they are ready they are transitioned into shelters and later moved into residential homes.

Group 3 recovering survivors.

The families/relatives of the survivors in this group were located, and they rejected the survivors from coming back to them. Some reasons put forth by some survivors were that their families and relatives blamed the survivors for being trafficked. The families might be experiencing embarrassment that their daughters were trafficked. This situation could be devastating to the survivors who find themselves in this group. They tend to experience lasting, lingering, and demoralizing emotional symptoms with an intense sense of loss of personal dignity, family and connection to relatives. Survivors in this group may experience intense mental, physical, and emotional hurt with the trafficking experiences and sense of loss that their recovery paths may be unpredictable.

This study succeeded in revealing the restorative factors that contributed to the recovery of some survivors from the perspectives of survivors themselves and the perspectives of program directors/counselors who work with survivors. Also, what thwart recovery were highlighted. These findings illuminated the need for trauma-informed therapists to work at rehabilitation centers for survivors of sex trafficking.

Program directors/counselors indicated the needs for trauma-informed professionals to work with this population and address their intense traumatic experiences. The program directors/counselors speculated that if trauma-informed

services were provided to survivors at the treatment centers, survivors might make fewer returns for post treatments. This argument confirms literature that suggested treatment to survivors should include trauma treatment to address their intense traumatic experiences (Zimmerman, et al, 2008). Also, the program directors/counselors expressed the need for trauma-informed therapists to work program directors/counselors expressed the need for trauma-informed therapists with survivors as soon as they are rescued and the need for ongoing services and training that could promote the recovery of survivors and better equip them to integrate into the society. This approach could prevent survivors from exposing themselves to re-abuse and unacceptable social behaviors.

All through the interview process, I bracketed myself and isolated personal learning and information about trafficked women and their struggles to survive. This was to enable me grasp the true stories from the "horses' mouth" so I could report valid and reliable information. Since the inception of this study, I had consistently kept a journal of personal reflection on what I read and heard within the setting of the interview, the memoing method helped me observe non-standard data and keep track of thoughts about codes, themes, and patterns. These non-standard data are gestures, facial expressions, and other non-verbal forms of expression (Creswell, 2011). These enlightened my reflections on the process.

Evidence of Trustworthiness

Many researchers seem not to come to consensus with the idea of establishing

Trustworthiness in qualitative research. However, Shenton (2004) and some other researchers stipulated certain principles that could induce trustworthiness. They argue that trustworthiness is the ability to address how qualitative researchers establish that a research study's findings are credible, transferable, confirmable, and dependable. In addition, these data are in line with ethical observation protocols in that they were collected, analyzed, and reported as they were collected from the participants who lived and experienced the phenomenon under study.

Credibility

This study population are new to me. I plunged into this study with open-mindedness but also with a sense of anticipation about the findings. I decided to use first-hand information from the real people who experienced the phenomenon under study and listened and noted what I heard as well as bracketing myself off from personal readings, diaries, and biases. I depended on the experiences of the survivors and program directors/counselors for their authentic stories. I engaged in face to face and one-on-one in-depth interviews that lasted about 40-to 45 minutes with each of the participants using a semi-structured questionnaire that allowed participants to describe and take their stories to any level. This assured that the findings were authentic since they come from the real people who experienced the phenomenon. The next step was the application of triangulation method of data collection from multiple sources; the survivors, program directors/counselors and addition of male viewpoints of observations. This combination of information from varied sources strengthened the data and authenticated and solidified

the methodology and the research. It also extended the horizon and trustworthiness of the findings. I offered to provide the participants with a copy of transcribed data for a participant check of the material but they all stated they wanted the findings at the end of the study. I promised to distribute findings at the libraries, rehabilitation centers, salon, and churches as I did with the flyers. Through this method all participants will get copies.

Transferability

Literature reviewed in the course of this study revealed that the psychological symptoms observed in female survivors of human trafficking were similar to those found in female survivors of holocaust, domestic violence, and war (AMWA, 2014; Bryant-Davis, 2013; Clawson & Dutch, 2008; Katona & Bamber, 2013). It was observed that many women formally engaged in sex trafficking developed trauma and different trauma related symptoms such as depression, anxiety, flashbacks, withdrawal, etc., (AMWA, 2014; Ebegbulem, 2011; Katona & Bamber, 2013; Polaris Project, 2012; World Health Organization WHO, 2012). The participants in this study are from different cultural backgrounds. They all described similar restorative factors because all cultures, nationalities, and ages experience trauma. Although the responses of the survivors and program directors/counselors were consistent with what were reported in the literature regarding survivors of other types of trauma, yet, it may not be assumed that these results can then be applied across all types of traumatic exposures. I rather suggests that another study can build upon these findings. Also, the next study can be conducted involving mixed method and quantitative analysis in order to speculate about transferability.

Dependability

During the interview, two of the program directors and one counselor positively commended the research questions. They stated that the research questions were elaborate and focused on the survivors and their restorative factors. The participant survivors also endorsed the interview questions. They stated the questions easily provoked their responses-hence they shared freely and deeply what aided their recovery. It is believed that participants provided authentic restorative information based on their experiences. However, the nature of this type of lived experience does not allow for dependability or to generalize across populations or settings at this point. Further study could be conducted building upon the findings from the current study.

Confirmability

The findings from this study are not corrupted by any potential bias or personal motivations. I applied every precautionary measure within my ability for the data to remain genuine. From the onset of the study, I bracketed off personal prejudices and beliefs, including ideas to which I had been previously exposed through the literature in order to remain transparent and focused on the participants' experiences. The findings were totally based on participants' responses. This is demonstrated by the use of direct quote/statements from the participant's descriptions at the interpretations sections. I listened to the recorded data several times so that I did not miss any information and compared audiotaped material with personal notes and observations of participants during the interviews.

Reflexivity

According to Etherington, (2004), reflexivity in research is a way a researcher reflects on how self-awareness of personal life experiences can enrich relationships with people, such as: participants in the study, committee members of the research, readers, and colleagues etc., who assisted in the research. In the current study, I did not have much information about this population before I started the investigation. The literature reviewed revealed a lot to me and stimulated my interest. From the onset I kept diaries of my experiences with people and my own attitudes. The constructive feedbacks from my research committee fueled my quest. Then, each day that I listened to each participant's story filled me with awe and inspiration about the strength the survivors exhibited and the determination to move forward in life in spite of the violation and humiliation they experienced. All these encounters fortified me to self-reflect on a new approach to dealing with personal uncomfortable issues experienced during the study. I reflected on how supports from family and friends played out in enabling participants to withstand the pressures of their experiences. Reflexivity inspired strength and opened opportunities for creative and personal transformations that sustained me during this research.

Memoing

I engaged in the "memoing" method from the onset of this study (that is, recording/ jotting reflective notes about what I learned from the data). Information in the audiotapes were transcribed exactly in the participants' own words.

Audit Trail

I kept personal notes as audit trails in keeping with the requirements of qualitative research. These personal notes are from the literature reviewed, the notes from conferences, commentaries and feedbacks from my reviewers enabled me to constantly reflect on the study.

In keeping to an audit trail, I used the triangulation method for data collection. The data was collected from diverse sources-survivors who directly experienced the phenomenon and program directors/counselors who work at different rehabilitation centers. Also, information from male program directors and counselors provided a unique perspective. I documented information from what people said and from personal reading about human trafficking, their treatments processes, and progress. Information from conferences and presentations on trafficking women and their rescue strategies as well as watching the survivors' gestures during the interviews equipped my audit trail. The next stage for this study is chapter 5 where I discussed the interpretation of the findings and how they related to the research questions. Also, I discussed the limitations to the study, provided implications for social change, and final conclusions and recommendations for the study.

Chapter 5: Discussion, Recommendations, and Conclusion

Introduction

I focused on exploring the restorative factors for female survivors of human trafficking. The purpose of this qualitative phenomenological study was to identify and document the restorative factors that helped some women previously engaged in sex trafficking to recover, readjust, and reintegrate into their families and communities. Females who experienced trafficking and were forced into the sex trade but were recovering from the experiences were invited to participate in this study. Also, program directors/counselors from different rehabilitation and treatment centers who were involved in the treatment and rehabilitation of survivors were invited to share their observations of the factors that they believed helped in the recovery processes of the survivors. The 12 participants who volunteered for this study (six survivors and six program directors/counselors) engaged in an in-depth exploratory interview. The research questions for the study were as follows:

1. What factors contributed to the coping and recovery of female survivors of sex trafficking as described by survivors and treatment center directors/counselors?
2. What personal resources (social supports, resilient strength, and self-efficacy) enabled female survivors of sex trafficking to overcome the effects of traumatic experiences during and after their victimization?
3. What is the role of mental health and social services in the community reintegration and adjustment of female survivors of sex trafficking?

To answer the above research questions, 14 interview questions, with eight of the questions for survivors and six for program directors/counselors, were generated and are displayed below.

1. Which of the services provided to you at the agency (ies) were most helpful to your recovery?
2. Describe the types of social support you think were most helpful to your recovery.
3. How do you describe the coping strategies (such as resilient strength and/self-efficacy) you used that best supported your recovery?
4. What types of services and social supports best helped your recovery?
5. In your opinion, what features do you think helped you best to integrate into your family, your community and society?
6. What is your educational level and/or what skills do you have that can help you find employment today
7. What is it like to experience recovery as you did?
8. Describe to me your plan for the future.

The six questions that elicited responses from the program directors/counselors were as follows;

1. About how many female survivors of human trafficking who were involved in the sex trade have you contributed in treating and observed as they made progression in their recovery?

2. What factors do you believe were most helpful to their recovery and integration into families, communities and society?
3. What is the nature of services given to survivors at your facility?
4. What is the length of time survivors received such services, and which ones were most effective to recovery?
5. What are some restorative factors, sources, and signs you observed in survivors that helped you conclude that they had made significant recovery progress and were ready to go home? What resources are available to them as after care services?
6. In your experience, how many female survivors of the sex trade have you observed volunteering their services in your agency or agencies elsewhere?

Interpretation of the Findings

Research Question 1. What factors contributed to the coping and recovery of female survivors of sex trafficking as described by survivors and treatment center directors/counselors?

The responses for this question demonstrated the turning points in the lives of the survivors. Survivors exhibited new life-styles that demonstrated hope for the future. The program directors/counselors witnessed with interest the radical revolution in the lives of survivors that indicated the positive results of their services to the survivors. They

observed that the sense of fear, confusion, and disillusionment gradually gave way to optimism and reassurance. Hence, both survivors and program directors/counselors identified and articulated similar factors that contributed to the coping and recovery of survivors. Some restorative factors, coping strategies, and safety plans enumerated by survivors and observed by program directors/counselors included survivors' loyalty to the pimps and traffickers. Survivors expressed how they subtly adopted loyal attitudes of respect to their pimps and did whatever the pimps required them to do to keep themselves safe. Survivors stated that they were always seeking an opportunity to escape. This loyalty approach helped them to remain alive and coped with the pressure. Survivors stated that they experienced respect and loving care from the treatment teams; self-disposition to treatment and medical teams; and a warm welcome from families, relatives, and social support systems. In addition, connection with faith communities, education, and skilled trade opportunities all contribute to coping.

These restorative factors supported the findings in the Chapter 2 literature review, which affirms that social support networks help people cope with stressful events and enhance psychological well-being (Barnes, 1954). Further, Sarason and Sarason (1985) detailed how supports from family, friends, and community members assist people in distressing times. The words of Survivor 3 attested to the role of the social support network, when she stated,

> "All through, I have been surrounded with people who helped me to focus on the brighter tomorrow rather than thinking about the past. I was well supported by

the treatment staff, my family members, my church community, and the school staff. They empowered and built me up. I am very grateful to them."

In support to the above testimony by a survivor, Program Director A admitted; that;

"what we feel that has been most helpful to the recovery of the survivors is integrating them into their families and back into the society. So we help them connect with their families where possible for family supports that help them integrate safely into their communities and the society."

This endorses Sarason's and Sarason's (1985) description of the positive energy that is generated when a person receives family social support in times of adversity. Sarason and Sarason emphasized that social integration prevents one from experiencing loneliness and social isolation when faced with challenging and shameful experiences.

Research Question 2. What personal resources (social supports, resilient strength, and self-efficacy) enabled female survivors of sex trafficking to overcome the effects of traumatic experiences during and after their victimization?

The above research question spawned different responses, which revealed several aspects of strategies, innate strength, and ability to stay on task for survival. Survivors recounted what they did to enable them to survive the pimps and what is helping them to move on with their lives.

Survivor 1 stated,

"I was holding my strength no matter how bad their assault to me was. But those people were always at us until that miraculous morning when the police busted into our house and handcuffed and took the pimp away and brought us to the treatment center. When my brother and his wife located me, I then believed that God heard my request. The support system from the staff, and all the survivors at the girls' center was great. The cares from my brother and his wife were unexplainable. The center has a wonderful program that addressed our experiences with the pimps. ….. I started volunteering my services at the church and helping the children's catechism teachers in the church. It helped to strengthen my self-esteem and self-confidence. Also, going to school helped me to integrate into the community and society"

Survivor 2 has this to say, "Me and my sister have learned from my mom how to clean houses really good. I now help to clean my uncle's offices and I get paid for that. It makes me feel good about myself".

Survivor 4 stated,

"My heart was pounding high all the time. I decided to do whatever they asked me to do. They steal your mind. You become like a robot. At the treatment center, I learned to fix myself up to renew me. That became my hobby and now my job-makeup artist."

Survivor 6 stated,

"I was doing whatever they asked me to do without questioning. But they capitalized on my silence and said I was not responsive to sex. They punished me so hard and threatened to kill me for my stubbornness. They tell me they are keeping watch on me because I appear dubious."

However, all the program directors/counselors agreed that family connection and supports expedite recovery. This observation is supported by the findings of Frankenberg (1987) and his team of service providers to children in a hospital in a less privileged rural country. When Frankenberg (1987) and his team of service providers observed that some of the children at the clinic did not develop their resilient strength as others, they decided to increase the support systems according to the needs of the individual child. This included; encouragement to those children and increasing more social support systems such as inviting the parents of the children to spend more time at the hospital with the children. With this increased supports, Frankenberg and his team observed that these traumatized children gradually and successively developed confidence and inner strengths that helped them to improve in many aspects of their daily functioning and living like the other children.

Frankenberg and his team of service providers recognized that increased additional supports from members of his staff and the care providers to the children, as well as supports and encouragement from families and friends prompted the traumatized children to develop as other children did. This confirms the view that supports from family and community can sustain one during times of adversity (Mbiti, 1970). Social

support thus acts as a buffer that helps an individual demonstrate resilience when adversity is overwhelming. The results are congruent with the theory of social support and social interaction by Williams (2005).

Williams argued that social interaction and supports from family, community, and society contribute to positive changes in attitudes in those who feel lonely, neglected, isolated or stigmatized as experienced by survivors.

Research question 3. What is the role of mental health and social services in the community reintegration and adjustment of female survivors of sex trafficking?

The responses of the participants to the above research question showed that survivors enjoyed the intervention and services of the mental health professionals. Literature reviewed revealed that mental health problems such as anxiety, depression, (PTSD), self-harm, and attempted suicide are prevalent among survivors of human trafficking (Abas, Ostrovschi et al, 2013). Domoney, Howard, Abas, et al. 2015; Oram, Abas, Bick, et al. 2016).

In this research question, Survivor 1 stated; “I stayed at the first agency for about 8 months. I was sick all through. I was in and out of hospitals”. Survivor 4 narrated; “I liked the medical treatment I received. I was always sick there. With all the beatings and abuses. It made me to be very sick. I thought I was dying there like one girl that died one night. Ya, anyway, the treatment center took me to hospital. I did a lot of tests. I received a lot of medications. For months and months, until I got better”.

Survivor 6 reported, "I stayed only in women's rehabilitation center. That is where I work now. They took us there in the late evening. For about three days or so, I was really sick. They took me to the doctor the next morning. The nurses checked me. The counselors visited and spoke with me until I was ready to come out and meet with other girls".

Three program directors and two counselors confirmed that they pay special attention to health issues of survivors in their facilities. They stated they provide health education such as HIV and physical health care to help survivors connect all the dots of their lives to help in their recovery process.

According to mental health professionals, women survivors of human trafficking experience several physical and psychological health issues that require mental health care. Mental health problems of survivors are the major reasons survivors return for post trafficking services. This was evident in the study conducted by Nicolae, et al (2011). Their study revealed that survivors of human trafficking who returned for post-trafficking services still suffer serious psychological distress with co-morbid PTSD or other forms of anxiety and depression. Also, this was evident in the comments of almost all the current survivors as described above. The survivors reported being sick and were in and out of the hospitals at the centers and even when they went home.

The restorative factors identified that contributed to the recovery of the survivors were: (a) care and respect by the treatment center team of service providers (b) warm welcome by family or relatives, (c) family and social supports (d) medical treatment, (e)

individual and group therapy (f) self-disposition to treatment and to recovery (resilient strength), (g) spirit of volunteerism (h) education and skilled trade, (i) job preparation, (j) belief in God and value system, (K) non-judgmental acceptance, (l) job acquisition, (m) getting married and having children and companionship.

The signs that enabled program directors/counselors to identify and believe that survivors are entering recovery process were: (1) signs of hope in recovery in the survivors such as getting up and grooming without help or reminders, or starting to take a walk around the premises or get ready for the day, (2) maintaining eye- contact, (3) planning for a new life, (4) showing interest and participating more in several activities, (5) starting to make better choices in relationships and gravitating towards healthier groups of peers, (6) starting to develop healthier boundaries and demonstrate trust and discuss what they want for a better life and so on.

These efforts observed in the survivors support Seligman's (2012) theory of positive psychology that aims to discover and promote the factors that allow individuals and communities to thrive. This theory uncovers the building blocks of happiness and well-being that create the foundation of a flourishing life. These survivors demonstrate strong personal determination to living renewed life with the help they receive from family and friends**.**

This study was conducted in California nonetheless participants were from several countries but resided in California at the time of their interview. With the nature of trafficking operations, people could be press-ganged from anywhere around the globe and

when rescued they could be taken to any nearby rehabilitation centers. The program directors/counselors also comprised of different nationalities. As indicated in the criteria for participants, they are all adults. Gender was not originally mentioned as a criterion for program directors/counselors, but when the male program directors/counselors listened to the topic, purpose, and goal of the study during my presentation, they felt their voices must be heard considering their important contributions in helping survivors to constructively view some good and respectful males in their future relationships. I reasoned their contributions shed light on these findings. It was a coincidental that study participants were six survivors and six program directors/counselors. With both sets of respondents saturation point was reached after the fifth person, whereby the sixth person had no more new information to add to what others had said.

Limitations during Data Collection

I faced different challenges that were beyond my control during the data collection. (1) The research questions were limited to and focused exclusively on positive restorative factors. This automatically excluded those still experiencing lingering symptoms and those still in treatment. (2) The invitation was only those who are at the verge of recovery and had the confidence to share their recovery tools with confidence. . (3) Data collection was during the time of cold and inclement weather in California. Many people suffered from flu and people were staying isolated. I received several cancellations calls over a period of several weeks from volunteers. Generally researchers utilizing qualitative phenomenological designs interview their study

participants during face-to-face encounters. Due to exacerbated stigma and sense of shame associated with human trafficking victims, survivors live in hiding. They are hesitant to participate in any study that might reveal their identities. They feel uncomfortable to expose themselves to researchers and to the public (Duncan, Delisle, Esquith, 2015). But the survivors who participated in this study appeared bold and seemed ready to move forward beyond the sense of shame and humiliation. They felt confident with themselves and willing to provide information that could help other victims to recover. This was a self-selected group/volunteer participants who have achieved significant recovery process and confident enough to participate in the study. So this group may not be representative of others who are in a post-trafficking phase.

Recommendations

Many steps go into a successful and long-lasting manageable level of recovery. When a restoration fails, the first important step might be to explore and understand the cause of the failure. This is the case with survivors who still experience lingering psychological symptoms. This vital approach may guide and prevent a subsequent /similar problem from re-occurring in the future. During this interview, the program directors/counselors expressed the need for family and community supports to survivors. They also expressed the need for trauma-informed professionals to be involved in the treatment of survivors due to their unique traumatic experiences. This trauma-informed need was echoed in the literature (Bryant-Davis, 2013; Katona and Bamber, 2013; & Roe-Sepowitz, Hickle, and Cimino 2012). Some of the program directors/counselors

argued that if trauma-informed professionals helped to address the unique trauma that survivors experience, perhaps the survivors' recovery process would be different. It is therefore recommended that further study examine the potential benefits of interventions by trauma –informed professionals as part of the treatment of survivors of human trafficking**.**

Further, the findings from this study are limited to female survivors of human trafficking. In future planning for research of this kind, male survivors could be involved. This may provide us with the knowledge on how trafficked male survivors cope with their trafficking experiences and the factors that contributed to their recovery.

Furthermore, the findings from this study point to broader community awareness and education on how human trafficking negatively impacts society especially to women. Because these groups of trafficked women were lured into trafficking and the sex trade through fraud, coercion, and tricks, it is strongly recommended that law makers consider expunging the felony charges against this population. According to survivors, this population are listed as felons in some states. This legal terms/stigma prevents them from securing jobs for which they are qualified for after their rehabilitation and acquisition of some standard educations or skills. Government agencies should help solve problems of survivors and not marginalize them.

Implications for Positive Social Change

This study delved into a sensitive topic about vulnerable population that was neglected the inception of sex trafficking and sex trade around the globe. There has

been no study before this time that investigated the restorative factors from the perspectives of the survivors and the treatment providers. Breaking this long existing gap that may reduce the numbers of homeless women survivors and survivors engaged in prostitutions is a significant social change. Also, there has been no study that investigated the effects of resilience, self-efficacy, and social support as tools for recovery for women survivors of sex trafficking and those forced to engage in sex trade. This study unearthed at this time the role resilient strength, self-efficacy, and social support play in human life at a most distressful time.

From the literature, the distinctive vital functions and the importance of resilient strength, self-efficacy, and social supports at the time of distress were highlighted (Bandura, 1997; Frankenberg, 1987; Levine, 2010; Mbiti 1970; Sarason & Sarason, 1985 & Schunk, 1985). On the other hand, the detrimental effects of lack of resilient strength, self-efficacy, and social support at distressed times were also exposed (Harper & Scoot 2005; Lutya, 2010). Communities and societies may benefit from understanding that supports, resilient strength, and self-efficacy promote emotional health and stability of members.

This study also created awareness about the importance of providing resources and services to female survivors from the federal and state levels. It also challenges families/relatives, communities, and society to help in the rehabilitation of female survivors of human trafficking.

The results from this study highlighted a strong awareness of the need for educating families, communities, and society at large on how to support, encourage, empower and contribute in providing for survivors' rehabilitation. The findings also stressed the need for government/policy makers to become more aware of the horrid effects of human trafficking to the society. Thus, it can be argued that stronger efforts could be applied to tighten up securities at the local and national borders. Strong securities at the borders could prevent traffickers from escaping with their victims.

This revelation of the negative impacts of human trafficking and sex trade on women is a call for positive social change.

Summary and Conclusions

This study was developed from a personal quest for answers to how female survivors of human trafficking who wander on the streets and parks in California and other cities with lingering psychological symptoms could be further helped. These survivors need to be empowered and rehabilitated. In searching for redeeming factors for these suffering survivors I decided to explore what helped some survivors who have made significant recovering progress in their recovery. To expand the search, I also invited directors/counselors who work directly with survivors at different treatment centers to provide factors they observed that are helpful in the recovery of survivors they work with. These two groups formed my participant groups. Survivors who were at the verge of recovery and program directors/counselors from different treatment centers volunteered for this study. I utilized qualitative phenomenological approach. These

participants were engaged in in-depth face-to-face and one-on-one semi-structured interviews. The aforementioned findings from these participants shed light on the factors that helped in the recovery of some survivors and how to encourage those survivors who still suffer the traumatic effects of trafficking and sexual violations.

During this search, several literatures were reviewed which revealed that the lingering psychological symptoms observed in female survivors of human trafficking were similar to those found in female survivors of holocaust, domestic violence, and war (AMWA, 2014; Bryant-Davis, 2013; Clawson & Dutch, 2008; Katona & Bamber, 2013). Also, the survival tactics female survivors of human trafficking utilized to get to their present recovery levels were identical to the tactics and methods used by the survivors of holocaust, the survivors of domestic violence, and female war survivors. The survival strategies that have been commonly cited by different groups of trauma survivors include:

- Began to perceive life with positive thinking and determined to live in spite of all the humiliations they experienced.
- Established new families to hold on to for support (Marlene Sway 2015).
- Quickly and strongly affiliated with family members who supported them financially and emotionally and encouraged them each day to live and be of strong heart.
- Activated their innate strength to enable them to establish themselves, etc.
- Got deeply connected with spiritual exercise and joined a religious/church group to renew their innate strength.

Chapter 5 interpreted the findings and described how these findings aligned with the theoretical framework for this study. It provided recommendations for future studies focusing on recovery of survivors. It also established the research's implications for positive social change. Finally, it invites all to contribute to the rehabilitation of survivors of human trafficking and to explore ways to stop this menace.

Participants in this study reported similar approaches in dealing with trauma and sudden catastrophic events of their lives as those found in female survivors of holocaust, torture, war, and survivors of domestic violence (Hayati, Eriksson, Hakimi, Högberg, & Emmelin 2013; Sway 2015; Quiroga, Jaranson, Reyes, Elhai & Ford 2008).

This study revealed the ills of human trafficking as one of the most degrading experiences to human beings, especially females can endure. One of the survivors simply put it that; "the experiences of trafficking is psychologically debilitating and emotionally draining, so, recovering from the experiences take a lot of commitment and determination". Further, she continued, " that is why we are diagnosed with posttraumatic stress disorders (PTSD), as well as other psychiatric disorders, such as panic attacks, depression and paranoia. And so, social adjustment and social integration could be challenging if there is no strong net-work of support system and personal determination /resilient strength and self-efficacy to move on with life."

The above statement explains the basis of the theory of social support, resilience theory, and the theory of self-efficacy in this research. The justification for the application of the theory of social support, resilience theory, and the theory of self-

efficacy is threefold: (I), Resilient strength energizes and rebuilds life. It is anticipated that if distressed female survivors strive harder, with support they could stimulate their innate resilient strength. Survivors expressed how they subtly adopted loyal attitudes of respect to their pimps and did whatever the pimps required them to do while waiting for any opportunity to escape. This revealed their eagerness to live despite their brokenness. (ii), it is predicted that social support from families, communities, and society may provide the necessary resources for female survivors to re-build their resilient strength. In this regard, quantitative and mixed design research may help researchers understand if social support is predictive of better outcomes among survivors of a broad range of trauma. There is a reason to believe on the basis of the experiences reported that resilience is a key to finding a new life and not returning to prostitution. Future research can also help researchers to better understand the relationship between these three theories. However it is indicated that resilient strength could sustain one to regain lost human dignity and lead to the practice of healthy behaviors. This may reduce the drive to enter prostitution and engagement in deviant behaviors as means of survival. This new state of mind will facilitate survivors' smooth-reintegration into their families and communities. (iii) Building resilient strength and social support will initiate activation and re-building of self-efficacy which will renew self-confidence, self-esteem, and appropriate locus of control. It will impact aspirations, turning the focus on goal achievement and positive outcome expectations.

These three theories; resilience theory (Frankenberg, 1987), the theory of social support by Sarason, & Sarason, (1985) and the theory of self-efficacy (Bandura 1986) are theories that are valued in all cultures and societies for their focus on an individual's intrinsic worth. They complement each other. These theories help us understand that a person who experiences sudden distressful events could withstand and overcome their adverse circumstances if provided with supports, and resilient strength and self-efficacy are activated. Several communities and cultures appreciate strength and ruggedness in the face of threat as opposed to giving in to desperation, failure, and crashing when danger looms. Resilient strength, supportive care, and self-efficacy are thus important for survival and recovery from traumatic exposure as revealed by survivors of human and sex trafficking. We need the help and support of each other as explained by Levine, (2010 & Mbiti, 1970). These theories explained the sustaining factors in the recovery of survivors of human trafficking.

This study was originally directed to identify and document factors that could augment the recovery for female survivors of human trafficking who still present lingering psychological symptoms. These factors are similar to those identified in the literature as helping survivors of other trauma (Meyer, 2012; Sway 2015).

Personally, I can bear witness to the effectiveness of social supports from family, friends and well-wishers, personal innate strength, and resilient strength listed by the participants in this study. I can testify to the important role these strength-giving theories

played in assisting me during this study as I struggled to deal with protracted ill-health and the losses of several loved ones.

In conclusion, it is vital to recall that women are the generators of generations. If you hurt one woman in any way, you hurt all women, you hurt humanity at large and you hurt generations. If you fail to rehabilitate a hurting woman, you hold all generations in bondage. This study challenges our actions and contributions to the rehabilitation of female survivors of human trafficking and to stop the menace of human trafficking that shames humanity.

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Appendix A: Interview guide to survivors

- What services provided to you at the agency (ies) were most helpful to your recovery?
- In your opinion, describe your best sources of social supports and the types of support you think were most helpful to your recovery.
- How do you describe the coping strategies you used that best supported your recovery?
- What do you think needs to happen in the justice system to better serve the survivors?
- In your opinion, what features do you think helped you best to integrate into your family, your community and society?
- What is your educational level or skills that can provide you with supportive job today?
- What is it like to experience recovery as you did?
- Describe to me your goal for the future.

.Appendix B: Flyer

TRAPPED NO MORE! TRAPPED NO MORE!! TRAPPED NO MORE!!!

OUR COMMUNITY NEEDS YOUR VOICE

Researcher: Carol Chilaka, M.A.PTH,
invites you to explain in private the programs and personal efforts most helpful to you.

To assist, please telephone
Carol Chilaka at 310-228-8187

I CAN VOLUNTEER INFORMATION TO HELP OTHER VIOLATED WOMEN RECLAIM THEIR LIVES.

Woman Survivor of human trafficking

I AM LIBERATED

I am my own now. No one can come in my way again

JOINING OUR VOICES STRENGTHENS US ALL

Appendix C:

Invitation letter to Program directors and counselors to participate in the study.

Dear Sir/Madam,

Request for your participation in the study: Identifying factors that helped women survivors of human trafficking to recover.

I am Ms. Carol Chilaka from Walden University department of clinical psychology. I am researching on factors that helped survivors of human trafficking and women forced into sex trade to survive. This study is a partial fulfillment of my study. As one of the people who provide services to this population, I request for your participation in this study if your time permits you. The goal for this study is to collect only the positive elements that you found helpful to the recovery of the women you have treated.

This study has received approval of Walden University IRB. The approval notice is attached. Also, attached is a support letter from my research Chair. It is my hope that you will support this study by your participation to answer five questions that explore the recovery processes. The interview will take not more than **40-45 minutes** of your time. No name of a particular survivor nor your facility will be mentioned. Every answer will be anonymous, strictly confidential and only for the purpose of my dissertation. The findings may contribute to the improvement in the treatment of the survivors of sex trafficking and sex trade as well as informing policy makers in the treatment of trauma.

The research questions are attached bellow. If you decides to participate, please check “Yes” to the space provided under the research questions order wise “No”.

I thank you in advance for your time and kind consideration.

Very respectfully,

Carol Chilaka

Student researcher. Walden University

MAPTH.

B. Ed.