

AN EXAMINATION OF WHETHER SCORES OF ATTITUDES BASED ON
LABELS AND COUNSELOR ATTRIBUTES PREDICT SCORES OF HUMAN
RELATIONS AND BELIEFS ABOUT RAPE IN COUNSELORS

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By

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COUNSELOR EDUCATION AND
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AN EXAMINATION OF WHETHER SCORES OF ATTITUDES BASED ON LABELS
AND COUNSELOR ATTRIBUTES PREDICT SCORES OF HUMAN RELATIONS
AND BELIEFS ABOUT RAPE IN COUNSELORS (205 pp.)

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The purpose of this study was to examine whether scores of attitudes based on labels as measured by the Attitudes Toward Prostitutes and Prostitution Scale (APPS) and the Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS) and counselor attributes predicted scores of empathy on the Empathy Assessment Index (EAI) and scores of rape myth acceptance on the Illinois Rape Myth Acceptance Scale Short Form (IRMA-SF) in counselors. The participants in this study ($N = 396$) included licensed professional counselors (LPCs) and licensed professional clinical counselors (LPCCs) in Ohio.

The results of this study found a difference on attitudes depending on whether “prostitute” or “sex trafficking” labels were used. This study also confirmed how attitudes based on labels and counselor demographics predicted empathy scores on the EAI and scores of rape myth acceptance on the IRMA. Within both APPS and ATTS groups, male counselors were more likely to accept rape myths compared to female counselors. The significance of this study’s results illuminates the importance of avoiding stigmatizing labels within counseling, counselor education, and counselor supervision settings.

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CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

The exploitation of men, women, and children through human trafficking continues to occur in the United States and across the globe at an increasingly alarming rate (Shelly, 2013). Third only to the illegal drugs and firearms trades, human trafficking represents the most lucrative criminal enterprise worldwide, grossing approximately 150 billion in revenue annually (Hunt, 2013; International Labour Organization [ILO], n.d.; Polaris, 2016). Human trafficking has also been linked to other forms of organized crime such as human smuggling, drug trafficking, and money laundering (ILO, 2005b; U.S. Department of State, 2005). Crime experts projected that by 2020, human trafficking will be the highest occurring form of transnational crime (Wheaton, Schauer, & Galli, 2010). It has been estimated that every country and region of the world is involved in some way with the human trafficking trade (Chung, 2009; Shelly, 2013).

Human trafficking encompasses both labor trafficking and sex trafficking. In 2011, it was estimated 20.9 million people globally were exploited through labor trafficking (ILO, 2012). Labor trafficking is the recruiting, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion (Trafficking Victims Protection Act; U.S. Department of State, 2001). Research has been conducted to establish rates of labor trafficking within the U.S. In 2015, a total of 21,947 reports of suspected human trafficking were made to the National Human Trafficking Resource Center (Polaris, 2016). In an attempt to address the needs of domestic and internationally trafficked survivors, the Trafficking Victim Protection Act

(TVPA) was passed by U.S. congress in 2000. This act, which applies to instances of sex and/or labor trafficking, defines human trafficking as the recruiting, harboring, transporting, supplying, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of involuntary servitude or slavery (U.S. Department of State, 2001).

Despite compelling statistics, the true prevalence of human trafficking, both globally and domestically, remains unclear (Hyland, 2001; Laczko & Gramegna, 2003). Issues related to research methodologies (Fedina, 2015), conflicts between state and federal laws regarding age of consent and victim identification (A. Brown, 2004; Fedina, 2015; Hyland, 2001; J. Jordan, Patel, & Rapp, 2013; Smette, Stefansen, & Mossige, 2009), and the covert nature of the trafficking trade (Richard, 2000) have made determining the true scope of human trafficking a challenging area of research (Laczko & Gramegna, 2003).

Sex trafficking is a specific type of human trafficking characterized by scenarios in which commercial sex acts are induced by force, fraud, or coercion, and/or in which the person induced to perform sex acts is under 18 years of age (U.S. Department of State, 2001). Both adults and minors can become victims of sex trafficking. When persons under the age of 18 are forced to perform acts of commercial sex, the specific term, domestic minor sex trafficking (DMST; U.S. Department of State, 2001), may be used.

In 2011, the ILO (2012) reported 4.5 out of 20.9 million people were victims of sex trafficking worldwide. The perception that younger individuals are healthier and

more vulnerable (L. A. Smith & Vardaman, 2010-2011) places children and adolescents at increased risk for forced entry into the sex trafficking trade (Bales, 2005; J. Jordan et al., 2013). An estimated 326,000 homeless and runaway youth in the U.S. are at risk for domestic minor sex trafficking (Estes & Weiner, 2002). The National Center for Missing and Exploited Children (NCMEC) reported one in five runaway children in the U.S. are at risk for forced sexual exploitation (2014). This change represents an increase from an estimated one in six in 2014 (NCMEC, 2014).

Transient youth, especially LGBT persons, are especially vulnerable to forced entry into the sex trafficking trade (Martinez & Kelle, 2013). It was estimated traffickers approach runaway adolescents within 48 hours of homelessness with the purpose of recruiting them into sex trafficking scenarios (Albanese, 2007; J. Jordan et al., 2013). Survivors of intimate partner violence and individuals with sexual abuse histories are also at a higher risk of entering the sex trafficking trade (Hossain, Zimmerman, Abas, Light, & Watts, 2010). Clients with histories of risky or deviant behaviors, such as selling, buying, or using drugs, are more likely to cross paths with a trafficker (McClain & Garrity, 2010; Walsh & Donaldson, 2010).

A trend exists in which offenders trafficking drugs are beginning to traffic people (Shelly, 2013). Whereas drugs can be sold once, people can be sold repeatedly, creating a more profitable criminal venture with low initial cost of entry (Neville & Martinez, 2004; Shelly, 2013). Thus, trafficking in persons represents a high profit, low risk crime driven by a large demand for sexually exploited persons (Shelly, 2013).

Studies on how therapists build strong therapeutic alliances have consistently pointed to empathy as a catalyst to client change (Elliott, Bohart, Watson, & Greenberg, 2011; Feller & Cottone, 2003; Roche & Keith, 2014). Therefore, counselors encountering sex trafficked clients must demonstrate empathy, and place sensitivity and compassion at the forefront of their practice. Regardless of counselors' therapeutic framework, establishing and building a strong therapeutic alliance characterized by empathy is an extremely valuable tool to support sex trafficked survivors (Chesnay, 2013). A non-judgmental attitude and willingness to hear the clients' stories are essential components to establishing client rapport (Chesnay, 2013). Counselors should obtain a deeper understanding of the vulnerabilities, indicators, and processes through which persons become trafficked in order to support client wellbeing (Litam, 2017). Additionally, counselors must examine whether their pre-existing notions, biases, values, and beliefs about sex trafficked survivors and commercial sex workers may interfere with their abilities to demonstrate empathy and unconditional positive regard (Litam, 2017).

Existing research emphasized the importance of connecting sex trafficked survivors to counseling services as survivors often present with a myriad of mental health issues including dissociative disorders, substance use disorders, anxiety, depression, posttraumatic stress disorder, suicidality, and deliberate self injury (Chesnay, 2013; Hossain et al., 2010). Sex trafficked survivors are a complex population that require extensive services in order to promote successful reintegration into their communities and the development of a meaningful future (Hickle & Roe-Sepowitz, 2014).

Counselors can promote the success and wellbeing of sex trafficked survivors within the counseling setting by using sensitive language and avoiding stigmatizing labels. According to L. Anderson and Gold (1994), counselors working with women should recognize how language carries assumptions, meanings, and implications within the therapeutic setting. Language represents a complex social construction that has historically shaped our worldviews over time. According to the principle of linguistic relativity, language shapes perceptions of our world and significantly influences cognitive processes (Wolff & Holmes, 2011). Language serves as a powerful tool that communicates both overt and covert messages. The use of labels to define people has been found to increase stigma in the medical, legal, and social realms (McCoy & DeCecco, 2011; Russell, Mammen, & Russell, 2005).

According to the American Psychological Association (APA; 2010), it is important to avoid labeling people when possible, especially in scientific writing. Using labels when describing people may be especially damaging when used within the therapeutic context (L. Anderson & Gold, 1994). Additionally, labels should not be used in any form that is perceived as pejorative (APA, 2010, p. 72). The labels used to identify sexually exploited clients are important because victims rarely identify as trafficked (Chesnay, 2013). Labels used by counselors to describe their clients may unconsciously reflect the amount of empathy afforded to a client. Whereas labels such as prostitute and prostitution continue to carry negative stigma (Sallmann, 2010), survivor labels reflect more empowering and strength-based attitudes that connect women to their inner strengths and abilities to cope (L. Anderson & Gold, 1994). To my knowledge,

research that examined whether labels predicted attitudes and counselor reported levels of empathy and acceptance of rape myths when working with sex trafficked survivors has not been conducted.

Survivors of human sex trafficking are raped by traffickers during their initiation into sex work and are continually raped by buyers during their captivity (Cianriarulo, 2008). According to Cianriarulo (2008), an “ideal” rape victim is a virgin woman who was attacked by a stranger, attempted to fight off her assailant, and immediately reported the rape to law enforcement. Sex trafficking survivors are often misidentified as “prostitutes” and “sex workers” (L. A. Smith & Vardaman, 2010-2011) and are therefore not perceived to be “ideal” rape victims due to the presence of rape myths (Cianriarulo, 2008). Rape myths (i.e., false beliefs, stereotypes, or prejudices about rape, victims of rape, or perpetrators of rape; Burt, 1980; Payne, Lonsway, & Fitzgerald, 1999; Schechory & Idisis, 2006) have been held by counselors in training (Kassing & Prieto, 2003; Kushmider, Beebe, & Black, 2015).

A study conducted by Cunningham and Cromer (2016) was the first to find human trafficking myths in a sample of 409 undergraduate students. Human trafficking myths, or false beliefs that denigrate the victim, excuse the perpetrator, and obscure human trafficking, “appear to serve a similar function as rape myths by denying or justifying the sale or trade of human beings” (p. 237). Further research is needed to better understand the attitudes related to human trafficking survivors (Cunningham & Cromer, 2016), areas of counselor awareness and/or acceptance of rape myths, and the impact of counselors’ adherence of rape myths and human trafficking myths on clients’

recovery and the therapeutic relationship (Cunningham & Cromer, 2016; Kushmider et al., 2015; McLindon & Harms, 2011).

A phenomenological study of five master level counseling students found participants felt they lacked the skills, understanding, and interventions needed to assist survivors of rape (Kushmider et al., 2015). Within this study, lower work experience within the field of mental health was associated with greater rape myth acceptance (Kushmider et al., 2015). Studies have demonstrated how varying factors influenced respondents' rape myth acceptance. Gender (Aosved & Long, 2006; Jimenez & Abreu, 2003; Suarez & Gadalla, 2010), race/ethnicity (Giacopassi & Dull, 1986; Lefley, Scott, Llabre, & Hicks, 1993; Suarez & Gadalla, 2010), level of education, years of work experience, and age (Suarez & Gadalla, 2010) have all been found to influence the presence of rape myth acceptance. Gender and acceptance of human trafficking myths (e.g., the false belief that human trafficking victims can willingly leave their situations), were significantly related to perception of victims' responsibility (Cunningham & Cromer, 2016). It remains unknown whether the attributes of age, gender, race/ethnicity, work experience, and education predicts scores of empathy and scores of rape myth acceptance in counselors.

Purpose of the Study

A paucity of research has examined whether attitudes based on labels and counselor attributes predict scores of empathy and rape myth acceptance in counselors. Research on the therapeutic process has identified empathy and the therapeutic alliance as primary catalysts to client change regardless of theory used (Leibert & Dunne-Bryant,

2015). Watson, Steckley, and McMullen (2014) noted clients' perception of their counselor as empathic as the driving mechanism of change. Rape myths (i.e., false beliefs, stereotypes, or prejudices about rape, victims of rape, or perpetrators of rape; Burt, 1980; Payne et al., 1999; Schechory & Idisis, 2006) have been held by counselors (Idisis, Ben-David, & Ben-Nachum, 2007) and counselors in training (Kassing & Prieto, 2003; Kushmider et al., 2015). Therefore, the purpose of this study was to examine whether attitudes based on labels and counselor attributes predicted empathy and rape myth acceptance in counselors.

The implications of this study for counselors and counselor educators relate to the power of labels within the therapeutic setting and realm of higher education.

Specifically, the results of this study illuminated whether attitudes based on labels predicted empathy and rape myth acceptance. Counselors should remain mindful of the labels used within the therapeutic setting and in the conceptualization of clients. The implications of this study are additionally applicable to counselor educators who are expected to model affirming, sensitive, and culturally competent language within their courses and to teach the importance of empathy within the counseling relationship.

Framing the Research Questions

Due to the oppressive nature that characterizes human trafficking, a feminist viewpoint was maintained throughout the research study. The purpose of feminist research includes supporting social justice and social transformation efforts while seeking to obtain a deeper understanding of oppression and constructing knowledge to help end injustice (Hesse-Biber, 2012; Sprague, 2005). Furthermore, Hesse-Biber (2012)

explained how feminist empiricism remains a significant way to generate knowledge by exploring topics related to diversity and change while promoting dialogue and revealing androcentric biases. According to Creswell (2012), feminist epistemology developed out of socially navigated and historically grounded situations, which generally reflected positions of privilege and power. Labels used by counselors in client identification (e.g., prostitute and trafficked survivor) reflect the unequal gendered power relations that are inherent within prostitution (O'Connell Davidson, 2002). Historically, men had the power to identify and exclude "deviant" women from society and perpetuate oppression. I therefore sought to explore how stigmatizing labels may continue to oppress trafficked women by diminishing counselors' levels of empathy within the therapeutic relationship. I argue that failing to consider the influence of stigmatizing labels in the use of client-identifying language (e.g., prostitute) may support structures of inequality by perpetuating misconceptions about the clients' abilities, intentions, and character.

Research Questions

The purpose of this study was to examine whether scores of attitudes based on labels as measured by the Attitudes Toward Prostitutes and Prostitution Scale (APPS) and the Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS) and counselor attributes predicted scores of empathy on the Empathy Assessment Index (EAI) and scores of rape myth acceptance on the Illinois Rape Myth Acceptance Scale Short Form (IRMA-SF) in counselors.

The following research questions were identified:

1. Does a significant difference exist between APPS and ATTS scores?

2. Do APPS and ATTS scores and counselor attributes predict empathy scores on the EAI?
3. Do APPS and ATTS scores and counselor attributes predict rape myth acceptance scores on the IRMA-SF?

The hypotheses for this study are as follows:

Research Hypothesis (RQ1): Attitudes based on labels as measured by APPS and ATTS scores will be different.

Null Hypothesis (RQ1): Attitudes based on labels as measured by APPS and ATTS scores will not be different.

Research Hypothesis (RQ2): Attitudes based on labels as measured by APPS and ATTS scores and counselor attributes will predict empathy scores on the EAI.

Null Hypothesis (RQ2): Attitudes based on labels as measured by APPS and ATTS scores and counselor attributes will not predict empathy scores on the EAI.

Research Hypothesis (RQ3): Attitudes based on labels as measured by APPS and ATTS scores and counselor attributes will predict rape myth acceptance scores on the IRMA-SF.

Null Hypothesis (RQ3): Attitudes based on labels as measured by APPS and ATTS scores and counselor attributes will not predict rape myth acceptance scores on the IRMA-SF.

Alternative Research Questions

Because the possibility existed that there would be no difference between the mean scores of attitudes based on labels as measured by the APPS and ATTS, the following alternative research questions were developed:

1. Do attitudes based on labels as measured by combined APPS and ATTS scores and counselor attributes predict empathy scores on the EAI?
2. Do attitudes based on labels as measured by combined APPS and ATTS scores and counselor attributes predict rape myth acceptance scores on the IRMA-SF?

The hypotheses for the alternative research questions are as follows:

Alternative Research Hypothesis (ARQ1): Combined attitude scores on the APPS and ATTS and counselor attributes will predict empathy scores on the EAI.

Alternative Null Hypothesis (ARQ1): Combined attitude scores on the APPS and ATTS and counselor attributes will not predict empathy scores on the EAI.

Alternative Research Hypothesis (ARQ2): Combined attitude scores on the APPS and ATTS and counselor attributes will predict rape myth acceptance scores on the IRMA-SF.

Alternative Null Hypothesis (ARQ2): Combined attitude scores on the APPS and ATTS and counselor attributes will not predict rape myth acceptance scores on the IRMA-SF.

Definition of Terms

Attitude: A psychological tendency expressed by evaluating a particular entity with some degree of favor or disfavor (Eagly & Chaiken, 1993, p. 1).

Coercion: May involve threats of serious harm to or physical restraint against a person. Any plan intended to cause a person to believe that failure to perform an act would result in serious harm against any person; or the abuse or threatened abuse of the legal process (Polaris, 2016).

Counselor: Refers to a licensed professional counselor.

Debt Bondage: Refers to a never ending cycle through which traffickers obtain and maintain control by forcing victims to provide services in exchange for costs such as food, transportation, clothing, drugs, housing, and work related supplies (Chesnay, 2013; ILO, 2005a).

Domestic Minor Sex Trafficking: Acts of commercial sex in which the person performing the act has not reached the age of 18 (U.S. Department of State, 2001). Although both adults and minors can become victims of sex trafficking, this term is used to define acts of sex trafficking with minors.

Empathy: Defined by Rogers (1959) as the ability to experience an accurate understanding of the client's world as if it were your own.

Force: May involve the use of physical restraint or serious physical harm. In the early stages of victimization, traffickers may use physical violence including rape, beatings, and physical confinement as means of control (Polaris, 2016).

Fraud: Involves false promises regarding employment, wages, working conditions, or other matters. Many victims respond to advertisements that promise modeling, nanny, or other service jobs overseas or nationally and become forced into prostitution upon arrival (Polaris, 2016).

Human Trafficking: Recruiting, harboring, transporting, supplying, or obtaining a person for labor or services through the use of force, fraud, or coercion for the purpose of involuntary servitude or slavery (U.S. Department of State, 2001).

Human Trafficking Myth: Refers to false beliefs that denigrate the human trafficking victim, excuse the perpetrator, and deny or justify the sale or trade of human beings (Cunningham & Cromer, 2016).

Prostitution: Refers to the act of having sexual intercourse or performing other sexual acts explicitly for material compensation (Batsukova, 2007), although this definition should be met with the suspicion of sexist bias (Schauer & Wheaton, 2006).

Rape Myths: Refers to “attitudes and beliefs that are generally false but widely and persistently held, and that serve to deny and justify male sexual aggression against women” (Lonsway & Fitzgerald, 1994, p. 134). Examples include the prejudiced beliefs that victims are lying about being raped, a rape did not occur, the perpetrator was provoked by the victim, and that the victim deserved the rape in some way based on appearance, behavior, or style of dress (K. M. Edwards, Turchik, Dardis, Reynolds, & Gidycz, 2011; Moor, 2007; Franiuk, Seefelt, & Vandello, 2008).

Sex Trafficking: A subcategory of human trafficking in which persons are induced to perform acts of commercial sex through force, fraud, or coercion to benefit a

third party. Defined as the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act (U.S. Department of State, 2001).

Trafficker: Whoever knowingly benefits, financially or by receiving anything of value, from participation in a venture in which labor or services were provided through force, fraud, or coercion (U.S. Department of State, 2001).

Review of the Literature

Prior to examining the existing body of literature, it was important to address the power of attributing labels to people. The socially constructed meaning attributed to words is important. For example, I believed that *victim* is representative of a deficit model and may arouse feelings of pity for the subject. Conversely, *survivor* is a strength-based term that may inspire feelings of empathy. Thus, the survivor label represents a socially constructed term in which the subject is perceived as empowered, strong, and resilient (L. Anderson & Gold, 1994). It was my intention to avoid minimizing the traumatic experiences that characterize sex trafficking while amplifying the resiliency of trafficked persons. Therefore, both victim and survivor terms were used in the study although each term was employed deliberately. Specifically, persons in exploitative scenarios were identified as victims whereas individuals who have escaped instances of forced labor were recognized as survivors.

Counselors must recognize the process, terms, and clinical implications of working with survivors of sex trafficking within the therapeutic setting. The following section outlines the history and definition of human trafficking and provides an overview on related terms associated with modern day slavery. Next, the influence of these terms

and rape myths within mental health settings are examined. Finally, the role of empathy as a primary catalyst to client change is addressed.

History of Human Trafficking

Exploitation through the use of force, fraud, and coercion is not a new phenomenon. Despite increased awareness to the social injustice of human trafficking and modern day slavery, trading in human beings represents a business enterprise well established prior to the colonization of North America (P. Johnson, 1997). The practice of slavery originated in classical times and occurred throughout every corner of the globe including Europe (Blackburn, 1997), Ancient China (Yates, 2001), Egypt, Greece, and Rome (Baer, 1967; Bardis, 1967; Leshem, 2014). The topics of slavery and the economics of selling people for profit, goods, or services were included in the Bible, in writings by Aristotle, and in Homer's *Odyssey* (Bardis, 1967; Leshem, 2014). Slavery impacted the civilization of ancient Egypt in which slaves served as concubines and field workers (Baer, 1967). In fact, the Mamluks, an elite group of soldiers who had been White slaves, ruled Egypt for a period of approximately 600 years (Baer, 1967). In Imperial Rome, an estimated 30% to 40% of the Roman population was comprised of slaves trafficked from nearby countries such as Thrace, Gaul, Britain, and Germany (Collingridge, 2006). During the height of the Roman Empire, wars were fought solely to procure more slaves (Cahill, 1995; Goldworthy, 2006; Rawson, 1993). Although slaves held various roles including administrators, craftsman, and domestic workers, the majority of Italian slaves provided manual labor in the fields (Blackburn, 1997). Despite its origin, forced slavery was not limited to European, Asian, and African countries and

eventually became a significant source of labor during the settlement of the New World (Fonner, 1947). Beginning in 1619, British and African slaves were taken from their countries and imported to Virginia to construct the American colonies (Davis, 2006; Hoffman, 1993; D. Jordan & Walsh, 2007). The legal trade in humans and forced labor exploitation continued in North America until the Thirteenth Amendment was passed which prohibited the selling of persons into bondage (Richard, 2000). Thus, human trafficking represents an act of social injustice that has historically been oppressive to men, women, and children.

Definition of human trafficking. Human trafficking and other forms of transnational organized crime were recognized by the United Nations as serious global problems that required a comprehensive response. In an attempt to promote cooperation to prevent and combat transnational organized crime more effectively, the United Nations General assembly convened in Palermo, Italy, in December 2000, to pass the Convention against Transnational Organized Crime (United Nations Office on Drugs and Crime [UNODC], 2004). Three protocols, commonly referred to as the Palermo protocols, supplemented the Convention and targeted specific facets of transnational crime: the Protocol to Prevent, Suppress, and Punish Trafficking in Persons; the Protocol against the Smuggling of Migrants by Land, Air and Sea; and the Protocol against the Illicit Manufacturing and Trafficking in Firearms, Their Parts and Components and Ammunition supplemented the original convention. Prior to the Palermo protocols, a clear definition that distinguished the crimes of human trafficking from human smuggling remained vague (Laczko & Gramegna, 2003). According to the U.N., human smuggling

is defined as, “The procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident” (UNODC, 2004, p. XXVIII). The UNODC (2004) identified “trafficking in persons” to mean:

- (a) The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments of benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at the minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. (UNODC, 2004, p. XX)
- (b) The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used. (UNODC, 2004)
- (c) The recruitment, transportation, transfer, harboring or receipt of a child for the purpose of exploitation shall be considered “trafficking in persons” even if this does not involve any of the means set forth in subparagraph (a) of this article. (UNODC, 2004)
- (d) “Child” shall mean any person under eighteen years of age. (UNODC, 2004)

Thus, at the culmination of the Palermo Protocols, the United Nations Office on Drugs and Crime (UNODC) distinguished human trafficking from human smuggling in three distinct ways. First, whereas human trafficking victims do not consent to transportation, smuggled migrants do provide consent (UNODC, 2016; Schauer & Wheaton, 2006). Another distinction between the crimes can be made upon arrival to their destination. Whereas trafficking involves ongoing exploitation, smuggling ends once the migrants arrive to their destination (UNODC, 2016). Finally, whereas transportation across borders is not required to determine an instance of human trafficking, the crime of human smuggling represents a transnational offense that relates more to immigration laws than it does to criminal statutes (UNODC, 2016; Schauer & Wheaton, 2006). Legally, the distinction is made depending on what happens to the person after transit (Whitaker & Hinterlong, 2008).

The Convention and Palermo Projects established by the UNODC (2004) represented the first steps toward combating the transnational crime of human trafficking. The U.S. Department of State began monitoring human trafficking in 1994 and approximated that 45,000 to 50,000 persons become trafficked into the U.S. annually (U.S. Department of State, 2001). In order to address the growing rates of human trafficking, provide support for survivors, and prosecute offenders, Congress passed the Victims of Trafficking and Violence Protection Act (TVPA) in 2000 which defined “severe forms of trafficking in persons” as:

- (a) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained

18 years of age; or (b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. (U.S. Department of State, 2001b)

According to the TVPA (U.S. Department of State, 2001a), human trafficking encompasses both labor and sex trafficking. Although cases exist in which trafficked persons are moved across international borders, physical transportation is not required to constitute an act of human trafficking (U. S. Department of State, 2008). In fact, most victims are trafficked domestically within their own countries and by persons of the same nationality (U.S. Department of State, 2009).

Globally, rates of human trafficking are largely attributed to poverty, civil unrest and violence, and corruption within governments (Bales, 2005). The devaluation of women and girls, desire to find economic opportunities, demand for purchasing sexually exploited persons, and a cultural tolerance fueled by the glamorization of a “pimping” lifestyle have been identified as contributing factors to human trafficking within the United States (Baumeister & Vohs, 2004; Chung, 2009; Hunt, 2013; Kotrla, 2010; Raphael & Myers-Powell, 2010; U.S. Department of State, 2001b).

In 2012, the International Labour Organization (ILO) estimated 20.9 million people were victims of forced labor worldwide based on data collected over a study period of 2002–2011. The results of the ILO’s (2012) study indicated that approximately 3 out of every 1,000 persons worldwide were victims of forced labor or forced sexual exploitation at any given point during the 10-year study period. Although the ILO

admitted that limitations existed within their methodology, the organization relied on double sampling of “reported cases” of forced labor from which a global estimate of reported and non-reported cases was deduced (ILO, 2012). A “reported case” unit of information was only included in the data sample when victims claiming forced labor were able to identify the activity which amounted to forced labor, indicate the number of other victims, state the geographical location of exploitation, and identify the time period during which the exploitation took place (ILO, 2012). Based on the capture-recapture method employed by the ILO (2012), it is likely that the identified 20.9 million victims represented an underestimated value.

Labor trafficking. Human trafficking encompasses multiple forms of exploitation including labor trafficking, child soldiers, and sex trafficking (U.S. Department of State, 2013). Labor trafficking refers to scenarios of exploitation in which persons are forced to provide services against their will and may take the form of domestic servitude, agricultural labor, sweatshop labor, and begging (U.S. Department of Health & Human Services, 2012). The ILO Forced Labour Convention in 1930 clarified that forced labor included any forms of work or services performed by persons under a third party, under threat of a penalty (e.g., physical harm, threats of violence), and in which the person performing the labor cannot leave at their free will (ILO, 1930). According to the ILO (2012), of the 20.9 million people in forced labor scenarios worldwide, 18.7 million people were exploited in the private economy either by individuals or through enterprises. Although 4.5 million of the 20.9 persons in forced labor scenarios were subjected to forced sexual exploitation, rates of forced labor

trafficking were higher with 14.2 million people exploited in activities such as agriculture, construction, domestic work and manufacturing (ILO, 2012). The remaining 2.2 million people in forced labor were subjected to state-imposed forms of work such as in prisons, militaries, or rebel armies.

Sex trafficking. Sex trafficking includes a wide variety of forced labor including commercial sex, exotic dancing, pornography, and work in massage parlors (Logan, Walker, & Hunt, 2009; Richard, 2000). Despite common misconceptions, for an act to be considered sex trafficking, forced movement from one place to another is not required (U.S. Department of State, 2001). When threats, force, or coercion are used for the purpose of exploitation, victim consent is not relevant because people cannot consent to enslavement or forced labor (Logan, 2007; Richard, 2000).

Sex trafficking can be understood as an organized crime activity and a crime of relational nature (Verhoeven, van Gestel, de Jong, & Kleemans, 2015). Traffickers may promise women modeling jobs, nanny positions, educational opportunities, and other lawful careers only to forcibly sell them into the sex trade (U.S. Department of State, 2008). Many traffickers obtain and maintain control of trafficked women by instilling a sense of fear and gratitude for being allowed to live (United States Department of Health and Human Services, 2012). This form of coercive control often results in a “trauma bond” (L. A. Smith, Vardaman, & Snow, 2009), through which trafficked survivors begin to relate to and defend their captors. Unlike survivors of labor trafficking, sex trafficking survivors may enter into forced sexual exploitation through a “grooming process,” or the progression of power used by traffickers to control their victims (L. A. Smith et al.,

2009). As outlined by O'Connor and Healy (2006), traffickers groom individuals by identifying themselves as trustworthy, providing favors and affection, buying expensive gifts, creating dependence, and ultimately taking control. The grooming process is complete once trafficked women begin selling sex to earn money and to maintain the relationship with their traffickers (O'Connor & Healy, 2006).

Methods of Control for Sex and Labor Trafficking

Traffickers use a variety of strategies to obtain and maintain control of victims. The following section defines methods of control used within human sex trafficking scenarios. A description of how traffickers employ force, fraud, and coercion are outlined.

Force. As defined by the National Human Trafficking Resource Center (Polaris, 2016), force encompasses the physical restraint or serious physical harm used by traffickers to obtain and maintain control. Examples of force used by traffickers include rape, physical violence, intimidation, physical confinement, and severe restriction of freedom (Shelly, 2013; C. Williamson & Prior, 2009; Zimmerman et al., 2008).

Traffickers may physically beat victims using sticks or weapons, withhold food, or subject the victims to repeated gang rapes until they comply with demands (Schauer & Wheaton, 2006). Illicit substances also represent means of force as evidenced by scenarios in which traffickers introduce an addiction or use existing drug or alcohol addictions to force persons into exploitive circumstances (Raphael & Ashley, 2008; Raymond et al., 2002; Whitaker & Hinterlong, 2008; Williamson & Prior, 2009; Zimmerman, 2003). Traffickers use increasingly forceful control mechanisms when

victims resist (Whitaker & Hinterlong, 2008). For example, victims who do not meet traffickers' demands after enduring rape and other physical attacks may be subjected to more severe forms of torture such as burning of breasts and genitals with cigarettes (Institute for Integrated Development Studies, 2004). Although many trafficked persons are subjected to extreme violence, not all trafficked persons experience physical suffering (Aradau, 2004; Belser, 2005).

Fraud. Fraud is another method of control used by traffickers to exploit victims (Polaris, 2016). Traffickers use fraud within both labor trafficking and sex trafficking scenarios (Belser, 2005; Whitaker & Hinterlong, 2008). In many labor trafficking scenarios, traffickers gravitate toward impoverished communities where they promise attractive employment opportunities in exciting locations, such as within U.S. cities (Richard, 2000). Traffickers offer women jobs overseas as waitresses, nannies, or models and force victims into prostitution upon arrival (Belser, 2005; Whitaker & Hinterlong, 2008). In some countries, children are sold to traffickers by their parents or caregivers (Bales, 2005). Traffickers take advantage of low-income families by promising parents that their children will be safer, better cared for, and taught a useful skill or trade abroad (Albanese, 2007; U.S. Department of State, 2009). Once recruited, victims enter into debt bondage and are promised freedom upon re-payment to traffickers for the cost for travel documents, jobs, and transportation (Richard, 2000; C. Williamson et al., 2010). Debt bondage is an inescapable debt (Chesnay, 2013). Traffickers trap victims by enforcing high interest rates, withholding payment, and adding additional costs such as for food, transportation, clothing, housing, and work related supplies (ILO, 2005b). For

many victims of forced labor, traffickers use fraud to exploit dreams or hope for a better life (U.S. Department of State, 2009).

Coercion. Coercion, or threatening physical harm or physical restraint against a person, represents another context of control that characterizes human trafficking (Polaris, 2016). Coercion may include threats of direct physical violence or may be psychological in nature (Logan et al., 2009; U.S. Department of State, 2009). For example, coercive strategies can exploit victims' cultural beliefs, such as the case described by Whitaker and Hinterlong (2008) in which a victim believed she had to obey a trafficker because he kept a lock of her hair. Traffickers may also use coercion by threatening to harm victims' family members, friends, or the victims themselves if they do not comply with demands (Whitaker & Hinterlong, 2008; C. Williamson & Prior, 2009). Homeless youth lacking resources and safety are coerced by traffickers who provide shelter and later demand payment through forced sexual exploitation (Hagan & McCarthy, 1997). Many trafficked victims are coerced into forced sexual exploitation and controlled through third parties including boyfriends, girlfriends, or friends (Hagan & McCarthy, 1997; Widom & Kuhns, 1996).

Mental, Physical, and Emotional Implications of Sex Trafficking

Sex trafficked persons experience mental, physical, and emotional consequences after surviving forced sexual victimization. Counselors must become educated on how human sex trafficking impacts survivors in order to effectively address the complex needs of this unique client population (Barrows & Finger, 2008). With an estimated 4.5 million people in scenarios of forced sexual exploitation (ILO, 2012), it is likely that counselors

will find themselves working with sex trafficked survivors at some point during their counseling career. The following section outlines the mental health consequences and medical health consequences associated with sex trafficking.

Mental health consequences associated with sex trafficking. Existing research that has explored the effects of sex trafficking on the wellbeing of women has demonstrated its deleterious consequences. Due to the ongoing sexual victimization, inability to control and predict events, and presence of control mechanisms, survivors of sex trafficking often present with mental health symptoms such as depression, dissociative reactions, suicidal ideation, posttraumatic stress disorder, feelings of guilt and shame, and deliberate self injury (Chesnay, 2013; Hossain et al., 2010). Clawson, Dutch, and Williamson (2008) identified primary diagnoses of trafficked survivors to include mood and anxiety disorders, substance related disorders, attention deficit hyperactivity disorder, conduct disorder, and antisocial personality traits.

Researchers have sought to obtain a better understanding of how to support the mental health of trafficked women shortly after their liberation. A study conducted by Zimmerman and colleagues (2008) was the first to quantify the types of mental health symptoms reported by trafficked women and adolescent girls within 14 days of entering post-trafficking services. Psychologists and social workers facilitated semi-structured interviews with 192 trafficked women from Belgium, Bulgaria, Czech Republic, Italy, Moldova, Ukraine, and the United Kingdom. Zimmerman and colleagues measured participants' reported symptoms of depression, anxiety, and hostility using the Brief Symptom Inventory subscales and measured the symptoms of posttraumatic stress

disorder using the Harvard Trauma Questionnaire. In order to ensure that content from the instruments was not lost in translation, the questionnaire was translated from English into the participants' languages then back-translated and reviewed for cultural meaning by bilingual professionals. The participants ranged from age 15 to 45 years with the majority falling between ages 21 to 25 (59%). Nearly all the participants reported physical or sexual violence while trafficked (95%) and most reported experiencing sexual abuse while trafficked (90%). Zimmerman and colleagues also found that compared to the general U.S. population, the study participants scored within the 95th percentile for depression, anxiety, and hostility, with 39% of participants reporting suicidal ideation over the past seven days. The results of this study emphasized the extent to which physical and sexual violence influenced trafficked women and adolescent girls' mental health. Counselors who provide services to trafficked persons should recognize how survivors' trauma may result in high likelihood of mental health issues. In order to best support trafficked survivors, helping professionals must include counseling strategies that promote social support, crisis intervention, trust, and confidentiality (Zimmerman et al., 2008).

Medical health consequences associated with sex trafficking. Medical issues associated with trafficked survivors include sexually transmitted infections (STIs), pregnancy, history of unsafe abortions, chronic pain, malnutrition, substance use issues, and sleep deprivation (Chesnay, 2013; Estes & Weiner, 2002). Existing research on sex trafficked survivors has identified higher vulnerabilities of sexually transmitted infections (STIs), Human Immunodeficiency Virus (HIV), and tuberculosis (Beyrer, 2001; Beyrer

& Stachowiak, 2003; Silverman et al., 2006; Silverman et al., 2007). Counselors should connect trafficked survivors to necessary support services that provide comprehensive care within medical, mental health, and social services settings.

Influence of Labels on Stigma

According to the principle of linguistic relativity, language shapes perceptions of our world and significantly influences cognitive processes (Wolff & Holmes, 2011). Goffman (1963) described stigma as an attribute that is “deeply discrediting” (p. 3), spoiling one’s identity and disqualifying them from full social acceptance. Attitudes and perceptions toward groups of people vary depending on the labels ascribed to them (Szeto, Luong, & Dobson, 2013). For example, labels have been found to influence negative attitudes and perceptions when describing groups of people as “homeless” (Phelan, Link, Moore, & Stueve, 1997), and “fat” (Brochu & Esses, 2011; C. A. Smith, Schmoll, Konic, & Oberlander, 2007), compared to “poor person” and “overweight,” respectively. Labels also influence rates of stigma for individuals receiving mental health services. Terms like “psycho,” “nuts,” and “crazy” may evoke feelings of danger and unpredictability about individuals with mental illness, ultimately contributing to increased rates of stigma (Szeto et al., 2013).

Counselors should understand the power of language (both ours and our clients) because verbal communication represents the primary means through which we provide service. Counselors are equipped to diagnose and treat clients presenting with a variety of mental health concerns. The words we use represent our profession’s evolving discourse intended to communicate with and conceptualize our clients. For example,

diagnoses are a form of labels used by mental health professionals to describe people with mental illnesses (Corrigan, 2007). Although diagnoses help clinicians describe symptom presentation, expected course, and prognosis, the presence of a diagnosis may lead to stigma (Corrigan, 2007). The following section addresses the relationship between labels, the counseling relationship, and the clients' internalized perception of themselves. A brief history of the stigma related to prostitution labels is also examined.

Labels and stigma in counseling. The use of labels to define people has been found to increase stigma in the medical, legal, counseling, and social realms (McCoy & DeCecco, 2011; McLindon & Harms, 2011; Russell et al., 2005). According to the American Psychological Association (2010), using labels when referring to individuals should be avoided. To avoid marginalizing clients by referring to them by their diagnosis (e.g., schizophrenics, borderlines, autistics), person-first language was developed to separate an individual's identity from their clinical diagnosis, disability, or chronic condition (Granello & Gibbs, 2016). Person-first language asserts that individuals diagnosed with autism should be identified as a "person with autism" rather than labeled "an autistic." Thus, counselors must avoid labels to minimize the stigmatization of clients, especially when those labels are perceived as pejorative (APA, 2010).

A study conducted by Granello and Gibbs (2016) sought to examine the influence of person-first language on levels of tolerance across several groups. Undergraduate students ($n = 221$), adults from a community sample ($n = 211$), and professional counselors and counselors-in-training ($n = 269$) were each given a measurement of tolerance. Tolerance was measured using the Community Attitudes Toward the Mentally

Ill (CAMI; Dear & Taylor, 1979), which measured four subscales of tolerance: authoritarianism, benevolence, social restrictiveness, and community mental health ideology (Dear & Taylor, 1979). These subscales respectively referred to participants' views that people with mental illnesses need to be hospitalized, the belief that society should be sympathetic and kind to people with mental illnesses, the belief that people with mental illness are dangerous, and the belief that community-based mental health care is more beneficial than treatment in residential mental health care facilities (Dear & Taylor, 1979). Within each group, half of the participants received a tolerance measure that used the phrase "the mentally ill" while the other half completed the same tolerance measure with the person-first language "people with mental illness." The results of this study indicated that across all three groups, the measurement using "the mentally ill" yielded lower levels of tolerance (Granello & Gibbs 2016). The results of this study emphasized how stigma related to labels continues to be evident within educational, community, and counseling settings.

Prostitution labels. The language used by counselors to conceptualize our clients can yield significant results. Client labels influenced counselors' feelings of tolerance and client wellbeing (Granello & Gibbs, 2016). In order for counselors to work effectively with sex trafficked clients, it is important to examine the possible influence that labels may have on the quality of the therapeutic relationship. Historically, the term *prostitute* has received a negative stigma within academia and the social sciences (Pheterson, 1990). Researchers exploring the act of prostitution have based their research on "symbolic and legal representations of the bad woman or whore" (Pheterson, 1990, p.

398), rather than upon characteristics within a population of persons. According to Pheterson, the stigma associated with the word prostitute must be deconstructed before empirical studies regarding sexual history may be conducted.

The negative influence of prostitute labels on commercial sex workers' wellbeing has been established. Research conducted by Bradley (2007) found that internalized stigma associated with the term prostitute in commercial sex workers was negatively correlated with wellbeing. Similarly, Tomura (2009) conducted qualitative interviews with commercial sex workers and discovered that individuals labeled prostitute struggled with feelings of anger, confusion, frustration, and sensed they were misunderstood. Additional research has linked the presence of prostitution labels with rape myths, such as the beliefs that women willingly exchange commercial sex acts to avoid boring or other low skill jobs (Schauer & Wheaton, 2006), enjoy sex (Basow & Campanile, 1990; Cotton, Farley, & Baron, 2002), and cannot be harmed by rape (Farley & Kelly, 2000; Miller & Schwartz, 1995). In a study conducted by Sawyer and Metz (2008), rape myths related to prostitution were used primarily to justify sexual violence toward women and children. Counselors must examine whether they hold prejudiced beliefs or myths about sex trafficked persons to better understand the deleterious effects of labels on sex trafficked clients (Cunningham & Cromer, 2016).

Human trafficking labels. In order to better identify and protect trafficked survivors while prosecuting buyers, the labels related to human trafficking has shifted. For example, the term *pimp* has been historically glamorized. Pimps have been traditionally characterized as an acceptable and desirable form of patriarchy made

popular by mainstream culture, music, and movies (Nevin, 2013). In order to emphasize the criminality associated with sex trafficking while acknowledging the existence of female traffickers (Hunt, 2013), the labels identifying controlling and exploitive third parties shifted from pimps to traffickers. Similarly, because not all buyers of exploited individuals are male (Hunt, 2013), the labels identifying persons who illegally obtain another human being for the purpose of sexual exploitation or labor has shifted from *Johns* to *buyers*.

Regardless of labels, the acts of juvenile prostitution and domestic minor sex trafficking are one in the same (Leidholdt, 2003; Logan et al., 2009; Schauer & Wheaton, 2006). In cases where the person performing a sex act is under age 18, the consent of a victim is irrelevant in cases of exploitation (Loff & Sanghera, 2004; Logan, 2007; United Nations General Assembly, 2000). The passing of the Trafficking Victims Protection Act (TVPA) represented significant progress regarding the ways in which law enforcement responded to minors engaging in commercial sex acts (C. Williamson & Prior, 2009). Prior to the TVPA (U.S. Department of State, 2001), victims of domestic minor sex trafficking (DMST) were perceived as child prostitutes, denied mental health services, and often subjected to legal action (L. A. Smith & Vardaman, 2010-2011). Since the TVPA was passed by Congress in 2000, mental health professionals and persons in law enforcement were given new language through which persons under the age of 18 were re-labeled from *juvenile prostitute* to *trafficked survivor* (L. A. Smith & Vardaman, 2010-2011). This shift in labels represents the de-criminalization of trafficked minors by acknowledging their exploitive situations. Counselors must understand how client

labeling may create barriers within the counseling relationship and impede their abilities to demonstrate accurate empathy.

Prostitution and Sex Trafficking

Although not all prostitutes are victims of sex trafficking, many sex trafficked victims are forced into prostitution (Outshoorn, 2005). Counselors must recognize the signs of sex trafficked clients in order to differentiate sexually exploited survivors from women who choose to engage in commercial sex. I use the term choose loosely, as some academicians attest that prostitution and sex trafficking are inextricably linked forms of illegitimate violence against women driven by male sexual demand (Hynes & Raymond, 2002; Raymond & Hughes, 2001), whereas other academicians believe that prostitution and trafficking differ substantially (Hunt, 2013; Weitzer, 2007). Although a detailed analysis that provides evidence to support or refute either polarizing argument was beyond the scope of this study, the following section outlines the two prevailing stances within the sex trafficking literature.

Prostitution distinct from sex trafficking. U.S. federal law, the United Nations, and much of the existing literature make clear distinctions between sex trafficking and prostitution (Schauer & Wheaton, 2006). The pro-rights approach emphasizes women's rights to sexual self-determination and their choice to work as a prostitute (Outshoorn, 2005). The pro-rights approach also asserts that sex trafficking evolved, and continues to occur, due to the illegal nature of prostitution (Schauer & Wheaton, 2006). Proponents of the pro-rights stance define sex trafficking as distinct from, yet related to prostitution. Many supporters of this argument believe that if prostitution was recognized legally as

work and regulated, rates of sex trafficking would decrease as the underground market for sexual exploitation would also decline (Bindman, 1998; Outshoorn, 2005).

According to Batsukova (2007), the tendency to equate human trafficking as tantamount to prostitution occurs due to lack of knowledge and training on how to distinguish sex trafficking from prostitution. Acts of prostitution and sex trafficking can be distinguished based on personal agency, compensation, and legal status (Batsukova, 2007). Whereas trafficking for sexual exploitation is always illegal, prostitution may be legal or regulated. In cases of sex trafficking, individuals are forced to provide sex services, are not paid, or are paid very little. Conversely, prostitutes *choose* to provide sex acts and are compensated for their services (Batsukova, 2007). Under the TVPA (U.S. Department of State, 2001), however, the pro-rights group agrees that when children or adolescents are forced to engage in commercial sex acts to benefit a controlling third party, an act of sex trafficking has occurred (Grosz, 1994).

Prostitution tantamount to sex trafficking. Although some researchers, social justice advocates, and legislators believe that prostitution is distinct from sex trafficking, other individuals adhere to the *sexual domination discourse* (Outshoorn, 2005, p. 145), which views prostitution as the epitome of women's oppression (Barry, 1979).

Proponents of the sexual domination discourse reject the notion that women choose prostitution out of their own free will, and interpret the oppressed and traumatized histories that often characterize the early lives of prostitutes as evidence of their coercion into the sex industry (Hunt, 2013; Outshoorn, 2005). Many juvenile sex workers labeled prostitute come from dysfunctional homes, lack a strong support system, struggle with

addictions to drugs and alcohol, or are sexually exploited by controlling third parties such as boyfriends (Farley & Barakan, 1998). Hunt (2013) argued, “Since the crushing number of women and girls being bought were raped and otherwise sexually traumatized when they were younger, those who “choose” a life of prostitution generally do so against a backdrop of severe inequality” (p. 5).

Proponents of the sexual domination discourse assert that prostitution is synonymous to sex trafficking because women do not willingly choose to engage in acts of oppression. In a study conducted by Farley and Barakan (1998), 88% of the women surveyed stated that they wanted to leave the sex trade and that prostitution was not their career of choice. In another study, Farley and colleagues (2003) interviewed 854 women, men, and transgendered individuals who currently or were recently involved in prostitution across nine countries. Participants’ ages ranged from 12 to 68 years with a mean age of 28 years ($n = 779$) and were from Canada ($n = 100$), Columbia ($n = 96$), Germany ($n = 54$), Mexico ($n = 123$), South Africa ($n = 68$), Thailand ($n = 110$), Turkey ($n = 50$), the United States ($n = 130$), and Zambia ($n = 117$; Farley et al., 2003). The results of this study indicated that 89% of participants reported they wanted to escape prostitution but felt they had no other options for survival (Farley et al., 2003). These findings have been cited to support the argument that the majority of prostitutes do not freely consent to sex work and therefore prostitution is not different from trafficking (Farley et al., 2003).

Although not explicitly stated by the researchers, it is possible the additional 11% of prostitutes in the study did not report a desire to escape prostitution for another reason.

Many adolescents who become victims of sex trafficking experience neurological effects from childhood physical, emotional, and sexual trauma that inhibits their abilities to make pragmatic choices or escape their traffickers (Reid & Jones, 2011). Additionally, the presence of chronic fear creates barriers to cognitive processing and decision-making (Loewenstein, Weber, Hsee, & Welch, 2001; Logan, Walker, Jordan, & Leukefelt, 2006). It is possible the 11% of prostitutes did not report a desire to escape because they believed they were powerless to change their own circumstances.

Although proponents of the pro-rights and sexual domination discourse remain polarized on the relationship between sex trafficking and prostitution, both groups recognize violence against women as an omnipresent issue that characterizes prostitution and sex trafficking (Weitzer, 2007). Educating counselors on the successful identification of sex trafficked survivors was beyond the scope of the study. The purpose of this study was to examine whether attitudes based on labels and counselor attributes predicted levels of empathy and rape myth acceptance in counselors.

Rape Myths

First introduced in the 1970s, rape myths (Burt, 1980) are complex sets of cultural beliefs including false beliefs, stereotypes, or prejudices about rape, victims of rape, or perpetrators of rape that support and perpetuate male violence against women (Payne et al., 1999; Schechory & Idisis, 2006). Regardless of how women enter the commercial sex industry, sex workers have legally and socially been stigmatized by the presence of rape myths. One of the greatest challenges of identifying and assisting victims of DMST has been due to lack of clarity regarding language (Loff & Sanghera, 2004; McClain &

Garrity, 2010). Recall that for instances characterized by force, fraud, or coercion, victim consent is not relevant because one cannot consent to enslavement or forced exploitation (Logan, 2007; Richard, 2000). Additionally, commercial sex performed by a person under 18 years of age constitutes an act of sex trafficking (U.S. Department of State, 2001). Therefore, counselors working with commercial sex workers under the age of 18 are providing support to trafficked survivors. It is therefore of paramount importance that counselors examine and reflect on whether they hold prejudiced attitudes, or rape myths, about survivors of sexual violence to promote client care (Kushmider et al., 2015). The following section defines rape myths, examines types of rape myths applied to women, and outlines how the presence of rape myths influences treatment outcomes within counseling settings.

Purpose of rape myths. Common rape myths toward women include the prejudiced beliefs that victims are lying, a rape did not occur, the perpetrator was provoked by the victim, and that the victim deserved the rape in some way based on appearance, behavior, or style of dress (K. M. Edwards et al., 2011; Franiuk et al., 2008; Moor, 2007). Additionally, the presence of benevolent sexism, or the set of beliefs that women should be protected by men, possess domestic qualities, and should fulfill men's romantic needs (Barreto & Ellemers, 2005), has been associated with rape myth acceptance (Chapleau, Oswald, & Russell, 2007). The concept of benevolent sexism explains how women who violate this stereotype by using drugs, alcohol, dressing provocatively, or by trusting strangers are partially responsible for their rape because they are expected to be aware of risks and avoid precarious situation (Chapleau et al., 2007;

Smette et al., 2009). Rape victims are often perceived as partially responsible and are blamed for the rape (Cameron & Stritzke, 2003).

The extent to which rape victims are blamed for their own victimization has been associated with various factors including the presence of traditional gender roles (Burt, 1980; Schechory & Idisis, 2006), sexual conservatism, and a tolerance for interpersonal violence (Burt, 1980; Burt, 1991). Additionally, society continues to hold prejudiced attitudes about “real” rape victims (Hocket, Smith, Klausning, & Saucier, 2016).

According to Maier (2008) and Williams (1984), a real rape victim is characterized by a non-intoxicated woman who was unexpectedly and violently raped by a stranger in a deserted place, sustained obvious physical injuries, struggles with apparent emotional distress, and quickly reported the crime to law enforcement. In reality, few reported cases meet these criteria for the “real” rape victim stereotype (Hocket et al., 2016). Yet, survivors of rape who do not meet the real victim stereotype are more likely to be blamed or perceived as responsible in some way for their attack (Lonsway & Fitzgerald, 1994). Sex trafficked survivors are subjected to rape but are unlikely to meet the real victim stereotype.

Prostitution myths. Prostitution myths are false beliefs used to justify the exploitation of women (Cotton et al., 2000; Sawyer & Metz, 2008), minimize the perception of harm (Farley et al., 2003), and contribute to a culture of violence towards women (Cotton et al., 2000). The most common rape myths about prostitutes are that prostitutes willingly exchange commercial sex acts to avoid boring or other low skill jobs (Schauer & Wheaton, 2006), enjoy sex (Basow & Campanile, 1990; Cotton et al., 2002),

deserve to be raped (Miller & Schwartz, 1995), are all the same (Miller & Schwartz, 1995), and cannot be harmed by rape (Farley & Kelly, 2000; Miller & Schwartz, 1995). However, studies have shown that women labeled prostitute do not willingly seek out sex work and are unable to leave due to perceived lack of better options (Farley & Barakan, 1998).

A strong correlation between prostitution myths and rape myths has been found in one study of undergraduate college students. College undergraduate students ($n = 783$) from California, Iowa, Oregon, and Texas completed a 6-item “Prostitution Behavior Questionnaire” that measured respondents’ attitudes about prostitutes and prostituted women on a 4-point scale and the Illinois Rape Myth Acceptance Scale to determine their attitudes toward rape myths and prostitute myths (Cotton et al., 2000). The respondents were 65% female, with a mean age of 19.5, and predominantly European American (67%; Cotton et al., 2000). The results indicated 59% of respondents either disagreed or strongly disagreed with the statement, “prostitutes are victims of pimps,” and 45% agreed or strongly agreed that “women are prostitutes because they want to be; it’s their choice” (Cotton et al., 2000). The greater the likelihood that students believed in prostitution myths, the greater the likelihood the students also believed in rape myths (Cotton et al., 2000). Prostitution rape myths are detrimental and invalidating to the experiences of women who are forced into sexual exploitation and perceived by others as prostitutes.

Human trafficking myths. Human trafficking myths are false beliefs about human trafficking and trafficking survivors that blame the victim, excuse the perpetrator, and deny or justify the sale or trade of human beings (Cunningham & Cromer, 2016).

Limited research has been conducted on the public attitudes about human trafficking. According to the National Human Trafficking Resource Center (Polaris, 2016), myths about human trafficking contribute to difficulties in victim identification. For example, human trafficking victims in the media are portrayed as young, innocent, and vulnerable children, when in reality, victims of all ages are trafficked (Menaker & Franklin, 2013).

A study conducted by Cunningham and Cromer (2016) was the first to identify human trafficking myths in 409 undergraduate students. Participants within the study included females (57%) and males (42%) at a private university in the Northeastern U.S. The racial and ethnic demographic of the participants were Caucasian (67%), Asian (16.1%), Black (5.9%), Hispanic (5.9%), multiracial (3.7%), and Native American (0.7%) with ethnicity data missing for 0.7% of the sample. Participants were asked to read a vignette depicting a realistic human trafficking scenario and respond to statements on a Likert scale regarding the believability of the portrayed scenario and the victims' perceived responsibility in the situation. Participants also completed the 17-item Human Trafficking Myths Scale, developed for the study, that reflected false beliefs about the nature of human trafficking, characteristics of trafficking victims, and victim agency (Cunningham & Cromer, 2016). The items were applicable to all forms of human trafficking (e.g., "If someone does not want to be trafficked, he or she would leave the situation"), although two items specifically referred to sex trafficking (e.g., "If a person receives any kind of payment for sex, he or she is not being trafficked"). The results of the study indicated moderate belief in the believability of the vignette ($M = 4.23$, $SD = 1.21$) although nearly a quarter of the sample (23%, $n = 98$) reported they doubted the

vignette's believability. The study indicated 134 participants (31%) attributed some form of blame to the victim and identified the presence of human trafficking myths in 36.5% of the participants ($n = 154$). The results from the study supported existing research on the relationship between gender and rape myth acceptance. Findings from the study indicated men were less likely to perceive the portrayed vignette as an instance of sex trafficking, were more likely to engage in victim blaming, and were more accepting of human trafficking myths than their female counterparts (Cunningham & Cromer, 2016).

Rape myths and mental health. On average, 288,820 persons become victims of rape and sexual assault annually in the United States (Truman & Morgan, 2016). The Department of Justice further estimated that one sexual assault occurs in the United States every two minutes with 54% of victims falling between the ages of 18 to 34. Females aged 16–19 are at an estimated four times more likely than the general population to become rape victims or to experience attempted rape or sexual assault (Greenfield, 1997).

The influence of rape myths on mental health has been studied (Aosved & Long, 2006). Compared to the general population, survivors of rape are 3 times more likely to experience depression, 6 times more likely to suffer from post traumatic stress disorder, 13 more times more likely to abuse alcohol, 26 times more likely to abuse drugs, and 4 times more likely to experience suicidal ideation (Rape, Abuse, & Incest National Network; RAINN, 2014). The quality of counselor response when survivors disclose rape is a significant predictor of treatment outcomes (Ahrens, Cabral, & Abeling, 2009; Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Filipas & Ullman, 2001). Ahrens

(2006) interviewed 102 adult rape survivors and found survivors often felt as though they were blamed for their assault, received insensitive reactions (e.g., lack of sympathy for their distress and doubt that the rape had occurred), and lack of support. Rape survivors who were met with disbelief by mental health professionals reported feelings of uncertainty about whether their experiences qualified as rape and described beliefs that future disclosures would be ineffective (Ahrens, 2006).

It is essential that counselors place empathy, support, and compassion at the forefront of their practice to avoid further traumatizing survivors of sexual trauma. The type of sexual assault reported by clients (e.g., experiences of sex trafficking and/or rape) may influence rape myth acceptance in professional counselors. Compared to the general public, mental health professionals held more positive attitudes toward rape victims (Schechory & Idisis, 2006) but held negative, judgmental attitudes toward sexual assault victims who had not experienced rape (Dye & Roth, 1990; White & Robinson Kurpius, 1999). When therapists meet survivors' disclosures with disbelief and blame, survivors are at risk for secondary victimization and are less likely to return to treatment (Burgess & Holmstrom, 1974). In a study conducted by Dye and Roth (1990), psychologists, social workers, and psychiatrists who held more prejudiced beliefs toward sexual assault victims were significantly more likely to use victim blaming interventions (e.g., exploring the role of the victim in the assault). A study conducted by McLindon and Harms (2011) indicated counselors who used biased or judgmental speech when conceptualizing clients who had been raped were more likely to adhere to rape myths.

Counselor attributes and rape myth acceptance. Studies have demonstrated how varying factors influence respondents' rape myth acceptance. The following section provides a brief overview of age, gender, race/ethnicity, education, and work experience as factors of rape myth acceptance.

Age. A meta-analysis of 37 studies of rape myth acceptance from the United States ($n = 34$) and Canada ($n = 3$), analyzed a total of 11,424 participants including women ($n = 4,756$) and men ($n = 6,668$; Suarez & Gadalla, 2010). The participants' ages ranged from 15 to 52 years with a mean of 25 (Suarez & Gadalla, 2010). The analysis found higher levels of rape myth acceptance in individuals who held higher levels of other oppressive beliefs such as ageism, although the effect size of age did not yield statistically significant results (Suarez & Gadalla, 2010). In order to contribute to the growing body of literature examining the relationship between age and rape myth acceptance, age was included as a variable and was collected in the demographic form within my study.

Gender. Gender has been found to be a significant predictor of rape myth acceptance (Aosved & Long, 2006; Jimenez & Abreu, 2003; Suarez & Gadalla, 2010). In a study conducted by Aosved and Long (2006), men ($M = 485$, $SD = 0.85$) displayed greater scores of rape myth acceptance than women ($M = 504$, $SD = .83$), $t(11.2) = 0.71$, $p = .001$ on the Illinois Rape Myth Acceptance Scale (IRMA). The presence of gender as a mediating factor to rape myth acceptance was further supported in a meta-analysis of 37-peer reviewed studies that found men displayed significantly higher endorsements of rape myth acceptance than women (Suarez & Gadalla, 2010). Gender has also been

found to mediate the presence of rape myth acceptance specifically for counselors. Research conducted by White and Robinson Kurpius (1999) examined the relationship between gender and professional status on attitudes toward rape victims. In the study, male ($n = 22$) and female ($n = 23$) masters and doctoral level mental health practitioners, male ($n = 18$) and female ($n = 60$) counselor trainees, and male ($n = 20$) and female ($n = 54$) upper-class undergraduates completed the Attitudes Toward Rape Victims Scale (White & Robinson Kurpius, 1999). The researchers found males across each group held more negative attitudes toward rape victims than their female counterparts with strongest negative attitudes held by male undergraduate students. Counselors and counselor educators, especially males, working with survivors of sexual assault must be mindful of how their attitudes influence their treatment of clients. Gender was included as a variable and was collected in the demographic form within my study.

Race and ethnicity. Race and ethnicity are variables in social judgment about rape (W. H. George & Martinez, 2002). Studies examining race and ethnicity as mediating factors to rape myth acceptance has yielded mixed results. Some studies found higher rates of rape myth acceptance in African Americans compared to Whites (Giacopassi & Dull, 1986), and other studies claimed Hispanics displayed greater rape myth acceptance compared to their African American and White counterparts (Lefley et al., 1993). Yet, when examining the interaction of race and sex, Caucasian women compared to Latinas reported lower levels of rape myth acceptance (Jimenez & Abreu, 2003). In a meta-analysis of 37 studies, lower levels of rape myth acceptance was displayed by participants who were coded White compared to their non-White

counterparts (Suarez & Gadalla, 2010). However, Suarez and Gadalla expressed that limited representation of ethnic and racial groups existed in their meta-analysis and all other ethnic and racial participants were grouped into one non-White category. Race/ethnicity was included as a variable and was collected in the demographic form within my study.

Education. According to findings by Suarez and Gadalla (2010), higher levels of rape myth acceptance were identified in persons with lower education levels. These findings were consistent with research conducted by White and Robinson Kurpius (1999) in which negative attitudes toward rape victims was negatively correlated to level of education. Specifically, undergraduate students held more negative attitudes toward rape victims compared to counseling graduate students (White & Robinson Kurpius, 1999). Additionally, counseling graduate students held more negative attitudes toward rape victims than mental health professionals (White & Robinson Kurpius, 1999). Education was included as a variable and was collected in the demographic form within my study.

Work experience. Therapist length of experience working with rape victims was associated with higher levels of rape myth acceptance (Suarez & Gadalla, 2010). The researchers hypothesized that extensive experience working with rape victims may desensitize therapists to their clients' suffering (Suarez & Gadalla, 2010). A study conducted by Idisis et al. (2007) presented 36 therapists and 36 non-therapists with four rape vignettes then measured attribution of blame, judgment about rape severity, and judgment regarding the punishment deserved by the rapist. The results indicated both therapists and non-therapists demonstrated a slight general tendency to blame both male

and female victims, although women received more blame than men (Idisis et al., 2007). Therapists were also more likely to judge the rape vignettes as more severe (Idisis et al., 2007). I included years of counselor experience as a variable and collected the data in the demographic form within my study.

Empathy in Counseling

The role of empathy in counseling has been extensively studied since Rogers (1959) first described empathic understanding of the client's world as a necessary and sufficient condition for change. Rogers (1959) defined empathy as the therapist's ability, "to sense the client's private world as if it were your own, but without ever losing the "as if" quality" (p. 235). Rogers described how therapists who are able to understand their client's worlds become adept at both conveying understanding of their client's experiences while guiding the client to uncover deeper meanings associated with their experiences. Theorists have since expanded the definition of empathy to encompass one's awareness of self and others (Batson et al., 1997), the capacity to feel the experiences of another individual (Kohut, 1959), and one's ability to engage in emotional regulation (Eisenberg et al., 1994).

Measuring the construct of empathy. Rogers' assertion about the universal effectiveness of empathy in therapy was met with skepticism and fell under intense scrutiny by researchers who struggled to measure what appeared to be an ambiguous construct (Elliott et al., 2011). Although early researchers sought to measure empathy using objective non-participant raters (Carkhuff & Berenson, 1967; Truax & Carkhuff, 1967), more recent studies assessed client perceived measures of counselor empathy

(Bohart, Elliott, Greenberg & Watson, 2002; Orlinsky, Grawe, & Parks, 1994), obtained empathy ratings from therapists themselves (Bohart et al., 2002), or measured congruence between client and therapist perceived empathy (Ickes, 2003).

The construct of empathy remained somewhat ambiguous until findings in neuroscience identified the original four subjectively experienced components of empathy: affective response, self-other awareness, perspective taking, and emotional regulation (Decety & Jackson, 2004). Affective response refers to the automatic reactions experienced upon observing another individual (Decety & Jackson, 2004). Self-other awareness is the ability of individuals to differentiate the experiences of others from their own (Decety & Jackson, 2004). Perspective taking occurs when imagining someone else's experiences whereas emotion regulation is one's ability to sense the feelings of another without experiencing overwhelm (Decety & Jackson, 2004). Affective mentalizing, or one's capacity to cognitively appraise another person's emotional state, has also been identified as a construct of empathy (Frith & Frith, 2006).

Empathy as a catalyst to client change. The role of empathy as a catalyst to client change in the therapeutic relationship has been studied (Elliott et al., 2011; Feller & Cottone, 2003; Roche & Keith, 2014). Researchers have measured the influence of accurate empathy, or the therapists' ability to understand and reflect their clients' thoughts and emotions (Bohart et al., 2002), on the therapeutic relationship. A study conducted by Watson et al. (2014) identified therapists' empathy and clients' perceptions of therapists' empathy as significant indicators of positive client outcomes. Empathy was also a greater predictor in client change than counselor's perceived credibility (Luborsky,

McLellan, Woody, O'Brien, & Auerbach, 1985) or specific interventions used by therapists (Bohart et al., 2002; Imel, Wampold, & Miller, 2008). The results of these studies identified client-perceived therapist empathy as the strongest predictor of therapeutic outcomes (Bohart et al., 2002; Orlinsky et al., 1994).

Additional studies exploring the relationship between empathy and therapeutic outcomes have been conducted. In a meta-analysis of 224 studies examining empathy and outcomes in 3,599 clients, empathy was found to account for more outcome variance than specific treatment method (Elliott et al., 2011). The results further found empathy was a medium sized predictor of psychotherapy outcome across therapists' theoretical orientation, treatment format, and severity of clients' presenting concerns (Elliot et al., 2011).

The influence of empathy in substance abuse treatment has also been investigated in part because of the departure from addiction counseling's traditional confrontational style of counseling (Janzen, 2001; Yablonsky, 1965) toward a more empathic treatment style. A meta-analysis of five studies examining the relationship between client substance use outcomes and therapist empathy identified empathy as a moderately strong predictor of substance use treatment outcomes (Moyers & Miller, 2013). Moyers and Miller additionally found counselors in addiction treatment centers who demonstrated high empathy reported greater success rates regardless of theoretical orientation. Conversely, low empathy counselors reported higher rates of early termination, relapse, and lower rates of positive client change (Moyers & Miller, 2013).

Empathy has been found to be a significant component of client success within university counseling centers. In an examination of licensed doctoral therapists ($n = 17$), postdoctoral therapists ($n = 2$), predoctoral interns ($n = 3$), and graduate trainees ($n = 3$) at a university counseling center, therapist empathy was a significant predictor of client success (T. Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009). Across varying client populations, empathy has been identified as an important catalyst to client change (Boardman, Catley, Grobe, Little, & Ahluwalia, 2006; Feller & Cottone, 2003). The combination of these findings provides evidence for the significant role of empathy as a catalyst to client change regardless of counselor's theoretical orientation, treatment format, or severity of client issues (Bohart et al., 2002; Elliot et al., 2011; Imel et al., 2008; Moyers & Miller, 2013; Watson et al., 2014).

Empathy and sex trafficking. The empathic lens through which counselors perceive and conceptualize our clients influence our abilities on conscious and subconscious levels. Counselors must be prepared to meet sex trafficking survivors with empathy in order to facilitate client growth. Clients, including but not limited to sex trafficking survivors, who experience a therapeutic environment characterized by counselor empathy feel more deeply understood (Clark, 2010), which promotes treatment satisfaction, likelihood of compliance, and involvement in the treatment process (Bohart et al., 2002). Based on the complex, multi-systemic, and unique needs of sex trafficking survivors (Beyrer, 2001; Beyrer & Stachowiak, 2003; Chesnay, 2013; Estes & Weiner, 2002; Silverman et al., 2006; Silverman et al., 2007), it is imperative that counselors working with this population demonstrate empathy to promote client compliance and

treatment involvement. A paucity of research exists which examines whether client labels impede counselors' abilities to demonstrate empathy with sex trafficking survivors.

Counselors working with sex trafficked clients must be mindful of how labels used in client conceptualization may interfere with their abilities to demonstrate empathy. Research on whether labels used to identify sex trafficking clients affects counselor reported levels of empathy has not been conducted. Counselors should work to identify and dispel false beliefs about this unique population that may hinder their abilities to meet sex trafficking clients with empathy.

Chapter Summary

Human sex trafficking represents a social justice issue that exploits millions of men, women, and children. A dearth of quantitative research exists that adequately addresses the assessment, processes, and outcome experiences of sex trafficking survivors in mental health settings (Meshkovska, Siegel, Stutterheim & Bos, 2015). The purpose of this study was to determine whether attitude scores based on labels and counselor attributes predicted scores of empathy and scores of rape myth acceptance in counselors. Findings from this study would contribute to the existing body of literature that examines whether attitudes based on labels and counselor attributes predicted scores of empathy and scores of rape myth acceptance in counselors.

CHAPTER II

METHODOLOGY

The following chapter outlines the inclusion criteria, instruments, recruitment and data collection procedures, and data analysis used in the study. The historical context and psychometric properties associated with the Attitudes Toward Prostitutes and Prostitution Scale (APPS; adapted from Levin & Peled, 2011), Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS; Levin & Peled, 2011), Illinois Rape Myth Acceptance Short Form (IRMA-SF; Payne et al., 1999), and Empathy Assessment Index (EAI; Gerdes, Segel, & Lietz, 2012) are presented. Finally, the delimitations of this study are examined and a chapter summary is provided.

Purpose of the Study

The purpose of this study was to examine whether attitudes based on labels as measured by APPS and ATTS scores and counselor attributes predicted scores of empathy and scores of rape myth acceptance in counselors.

Research Questions

1. Does a significant difference exist between APPS and ATTS scores?
2. Do APPS and ATTS scores and counselor attributes predict empathy scores on the EAI?
3. Do APPS and ATTS scores and counselor attributes predict rape myth acceptance scores on the IRMA-SF?

The hypotheses for this study are as follows:

Research Hypothesis (RQ1): Attitudes based on labels as measured by APPS and ATTS scores will be different.

Null Hypothesis (RQ1): Attitudes based on labels as measured by APPS and ATTS scores will not be different.

Research Hypothesis (RQ2): Attitudes based on labels as measured by APPS and ATTS scores and counselor attributes will predict empathy scores on the EAI.

Null Hypothesis (RQ2): Attitudes based on labels as measured by APPS and ATTS scores and counselor attributes will not predict empathy scores on the EAI.

Research Hypothesis (RQ3): Attitudes based on labels as measured by APPS and ATTS scores and counselor attributes will predict rape myth acceptance scores on the IRMA-SF.

Null Hypothesis (RQ3): Attitudes based on labels as measured by APPS and ATTS scores and counselor attributes will not predict rape myth acceptance scores on the IRMA-SF.

Alternative Research Questions

Because the possibility existed that there would be no difference between the mean scores of attitudes based on labels as measured by the APPS and ATTS, the following alternative research questions were developed:

1. Do attitudes based on labels as measured by combined APPS and ATTS scores and counselor attributes predict empathy scores on the EAI?

2. Do attitudes based on labels as measured by combined APPS and ATTS scores and counselor attributes predict rape myth acceptance scores on the IRMA-SF?

The hypotheses for the alternative research questions are as follows:

Alternative Research Hypothesis (ARQ1): Combined attitude scores on the APPS and ATTS and counselor attributes will predict empathy scores on the EAI.

Alternative Null Hypothesis (ARQ1): Combined attitude scores on the APPS and ATTS and counselor attributes will not predict empathy scores on the EAI.

Alternative Research Hypothesis (ARQ2): Combined attitude scores on the APPS and ATTS and counselor attributes will predict rape myth acceptance scores on the IRMA-SF.

Alternative Null Hypothesis (ARQ2): Combined attitude scores on the APPS and ATTS and counselor attributes will not predict rape myth acceptance scores on the IRMA-SF.

Each group of research questions is presented in Figure 1. This figure illustrates the research questions used in the research study. In Phase 3, a *T*-test was conducted to determine whether there was a difference between APPS and ATTS scores. In Phase 5, if a difference was found between APPS and ATTS scores, two hierarchical regressions were completed to examine whether APPS and ATTS scores and counselor attributes predicted empathy scores on the EAI. In Phase 6, if a difference was found between APPS and ATTS scores, two hierarchical regressions were completed to examine whether APPS and ATTS scores and counselor attributes education predicted

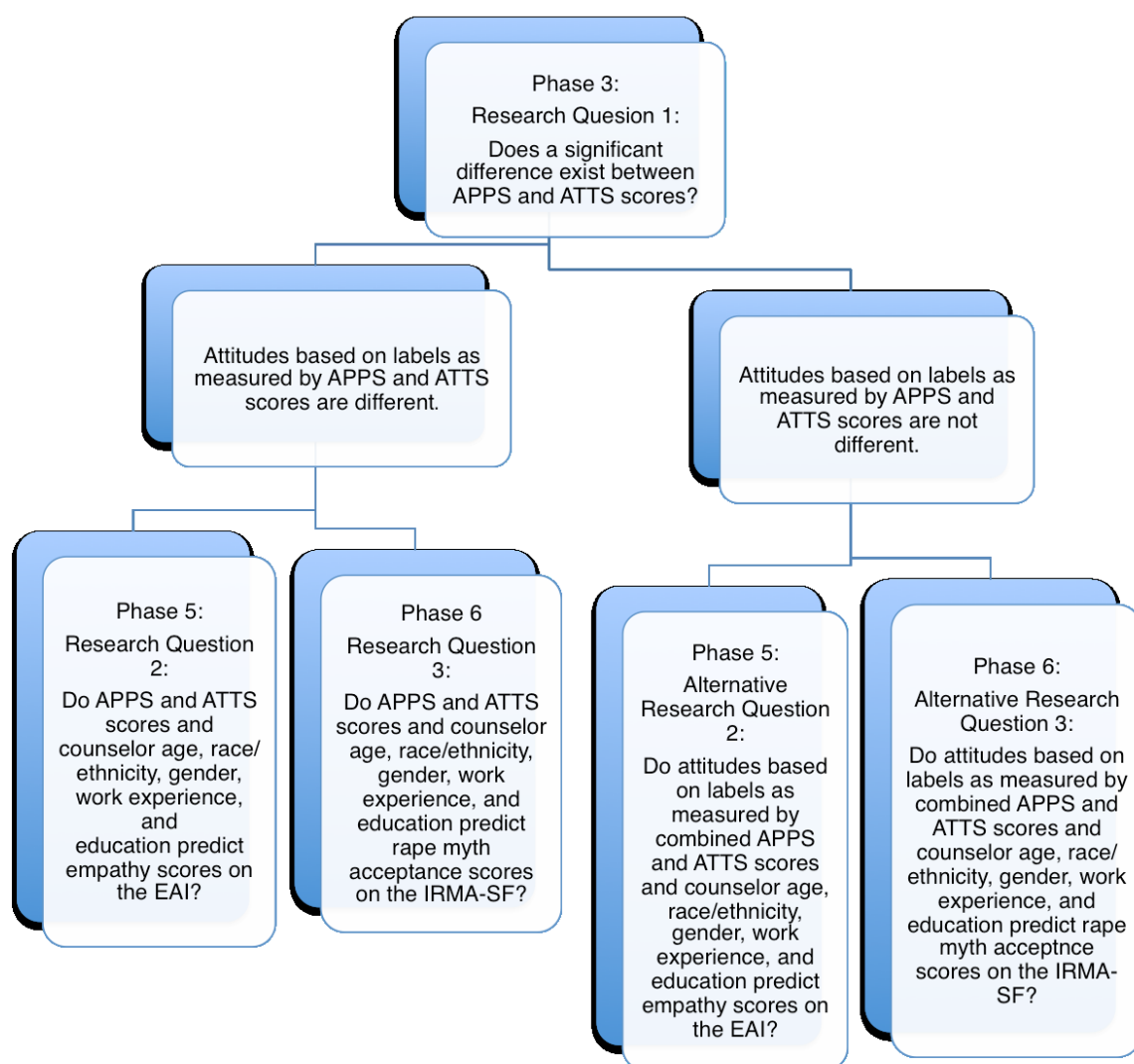


Figure 1. Research questions are in Phase 3, Phase 5, and Phase 6 of the Research Study.

rape myth acceptance scores on the IRMA-SF. If no difference was found between APPS and ATTS scores, one hierarchical regression was completed in Phase 5 to examine whether combined APPS and ATTS scores and counselor attributes predicted empathy scores on the EAI. If no difference was found between APPS and ATTS scores, one hierarchical regression was completed in Phase 6 to examine whether combined

APPS and ATTS scores and counselor attributes predicted rape myth acceptance scores on the IRMA-SF.

Participants: Inclusionary Criteria

All 35,628 licensed counselors within the state of Ohio met the inclusionary criteria for this study. The licensed counselor criterion was selected to contribute to the growing body of research specific to counselors and counselor education. Participants' identifying information (e.g., names) were not collected to ensure anonymity. There were no additional inclusion criteria for the study.

Sampling

An alpha level of .05 and a medium effect size of .15 were maintained for all statistical procedures (Cohen, 1988). I calculated the study sample size using G*Power (Faul, Erdfelder, Lang, & Buchner, 2007). A power analysis conducted using G*Power for a linear regression identified a sample size of 109 ($F = 16.35$). A power analysis using G*Power was conducted for an independent samples *t*-test which yielded a sample of 128. My identified sample of 128 participants was supported by Cohen (1992) who reported a minimum of 64 participants were needed in each group to detect a medium difference between two independent sample means at the .05 alpha level. To guard against the possibility of achieving a lower than medium effect size and to increase my ability to track existing effects, I boosted the total sample size to 200 participants, 100 within each group. I collected the first 100 responses from each survey until I reached my identified sample size of 200.

IRB Approval (see Appendix A) was obtained prior to contacting possible participants for this study. Once the emails of all 35,628 licensed professional counselors and licensed professional clinical counselors from the state of Ohio were obtained, potential participants were alphabetized by email address and were sorted into one of two groups. One recruitment email was sent to 4,909 licensed professional counselors (LPCs) and licensed professional clinical counselors (LPCCs) in Ohio to complete the APPS. Ten emails were removed from the distribution list due to typographical errors (e.g., incomplete emails). Another recruitment email was sent to 4,906 LPCs and LPCCs to complete the ATTS. Seven emails were removed due to typographical errors. According to George, Haas, and Pentland (2014), “an immense volume of data means that almost everything is significant” (p. 6). To maintain the integrity of my research study, the survey was closed after three days once my identified sample ($n = 100$) was achieved. A total of 193 participants completed the APPS and 203 participants completed the ATTS. Overall, 439 participants took part in the study. A total of 260 APPS surveys were started and 193 were completed resulting in a completion rate of 74%. Similarly, a total of 295 ATTS surveys were started and 203 were completed resulting in a 69% survey completion rate. Overall, 9,815 surveys were distributed and 396 surveys were completed resulting in a response rate of 4%.

To determine whether labels influenced attitudes, participants who received the APPS were primed with “prostitute” and “prostitution” language in the recruitment email and in the consent form. The APPS group was not exposed to “sex trafficking” labels. Conversely, the ATTS group was primed with “sex trafficking” labels in the recruitment

email and in the consent form. The ATTS group was not exposed to “prostitute” and “prostitute” language. After completing the demographics form, both groups completed either the APPS or ATTS surveys before moving on to the EAI, IRMA-SF, and MC-SDS Form A.

As an incentive to participate in the study, three participants were randomly selected by the Kent State University Research and Evaluation Bureau to receive one of three \$75 Amazon gift cards. The participants were notified via email of their selection and completed an online version of the Research Participant Receipt 1 (RPR-1) form prior to receiving compensation. The gift cards were distributed through Amazon.com at the completion of the data collection process.

Instruments

The following section describes the purposes and assessment characteristics of the five instruments used to collect data: the Demographics/background form, the APPS (Levin & Peled, 2011), the ATTS (adapted from Levin & Peled, 2011), the IRMA-SF (Payne et al., 1999), and the EAI (Gerdes et al., 2012). The process through which each instrument is scored and a detailed description of each instrument is presented.

Demographics/Background Form

I created a Demographics/background form (see Appendix B) to collect respondents’ age, race/ethnicity, gender, work experience, and level of education. These counselor attributes were used as predictor variables to determine whether they predicted scores of empathy and scores of rape myth acceptance. After consulting literature that examined the effects of variables on rape myth acceptance, the predictor variables were

added in the following order: gender (Aosved & Long, 2006; Jimenez & Abreu, 2003; Suarez & Gadalla, 2010), race/ethnicity (Giacopassi & Dull, 1986; Lefley et al., 1993; Suarez & Gadalla, 2010), level of education (Suarez & Gadalla, 2010), years of experience (Suarez & Gadalla, 2010), and age (Suarez & Gadalla, 2010). The Demographics/background form also included two items to assess whether respondents held membership within any professional counseling organizations and whether they had graduated from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited program. The latter two items were included to collect data for additional analysis.

Attitudes Toward Prostitutes and Prostitution Scale (APPS)

The Attitudes Toward Prostitution Scale (ATPS) was developed by Sawyer and Metz (2008) and assesses the beliefs of men who purchased sex from prostitutes. The instrument itself was developed from a sample of 1,001 men and measures social and legal support of prostitution, beliefs about prostitutes, and family values related to prostitution. The ATPS demonstrated scale-item reliability that supported the instrument's internal consistency and reliability but was not selected for use within this study because it was normed using an exclusively male sample. Because my inclusionary criteria were licensed professional counselors and licensed professional clinical counselors, predominantly women (Evans, 2010), I did not believe the ATPS was an appropriate measure for my study.

Instead, I used the Attitudes Toward Prostitutes and Prostitution Scale (APPS; see Appendix C; Levin & Peled, 2011). It is a 29-item instrument that uses a 5-point Likert

scale ranging from 1 (*fully disagree*) to 5 (*fully agree*) and measures the degree to which participants agree with statements about prostitutes and prostitution. Responses about prostitutes and prostitution are measured on two axes (“normative/deviant” and “choosing/victimized”) that can be further categorized into four subgroups (Levin & Peled, 2011). The four subgroups measured by the APPS are described in detail later in this section. The APPS was developed to provide an overall score of attitudes about prostitutes and prostitution, scores related to attitudes about prostitutes and prostitution, and scores within each subgroup. I selected the APPS as an instrument for the study because it was uniquely able to measure participants’ views along the “prorights approach” (Outshoorn, 2005, p. 145), or sexual domination discourse evident within the literature.

The theoretical background for the APPS emerged after an analysis of the existing literature found that views about prostitutes and prostitution could be roughly divided into normative and problem-oriented attitudes (Levin & Peled, 2011). According to Levin and Peled, the normative attitude refers to beliefs that prostitutes and prostitution are inherent and functional aspects of a normative society in which commercial sex work is an independent choice. The normative attitude was developed based on the “prorights or sex work approach,” which emphasizes women’s rights to sexual self-determination and choice to work as a prostitute (Outshoorn, 2005, p. 145). Conversely, the problem-oriented attitude refers to beliefs that prostitutes and prostitution are socially deviant in nature (Levin & Peled, 2011). The two main subcategories regarding the socially deviant nature of prostitutes and prostitution are consistent with the “sexual

domination discourse” (Outshoorn, 2005, p. 145), that rejects the notion that women choose prostitution out of their own free will (Farley et al., 2003; Hunt, 2013; Outshoorn, 2005).

The APPS has four subscales. Two subscales assess the participants’ perception of prostitutes as people. Scores on the “Prostitutes as choosing/victimized” (PSCV) subscale measures whether respondents believe prostitutes choose to engage in prostitution (“Prostitutes enjoy the controlling of men”), or whether respondents believe prostitutes are victimized into the act of prostitution (“Prostitutes are unable to get out of the situation they are in”). The PSCV subscale has 7 items. The “Prostitutes as normative/deviant” (PSND) subscale measures the extent to which respondents believe prostitutes, as people, are either normative (“Women become prostitutes because they were not properly educated”), or deviant (“Most prostitutes are drug addicts”). The PSND subscale has 8 items.

Two additional subscales measure the act of prostitution itself. Scores on the “Prostitution as normativeness/deviance” (PNND) subscale measures whether respondents perceive the act of prostitution to represent either social normativeness (“Prostitution provides men with stress relief”), or social deviance (“Prostitution harms the institution of marriage”). The PNND subscale has 7 items. Finally, the “Prostitution as choice/victimization” (PNCV) subscale measures whether respondents perceive prostitution represents either women’s choice (“Prostitution is a way for some women to gain power and control”), or the victimization of women (“Prostitution is a form of rape

in which the victim gets paid”). The PNCV has 7 items. In total, the APPS measures four subscales (PSVC, PSND, PNVC, PNND; Levin & Peled, 2011).

The Attitudes Toward Prostitutes and Prostitution Scale (APPS) demonstrates sound psychometric properties for the measurement as a whole, across both measures about prostitutes and prostitution, and across all four subscales. The instrument was developed over two pilot studies using 392 male and female undergraduate and graduate students. The researchers included an equal number of women and men from a variety of study majors including social sciences and humanities, medicine, engineering, arts, law, management, and life sciences (Levin & Peled, 2011). As reported by Levin and Peled, Cronbach’s α rendered an internal consistency for the entire scale ($\alpha = .81$), on both subscales ($\alpha = .73$; $\alpha = .73$), and across all four subscales ($\alpha = .88$; $\alpha = .81$; $\alpha = .86$; $\alpha = .83$). These results indicated high internal consistencies when using the APPS as a whole or across each of the subscales (Wasserman & Bracken, 2003). In addition to high internal consistency, Levin and Peled (2011) conducted a Categorical Principle Component Analysis (CATPCA) with Varimax rotation and found the presence of two distinct group dimensions: “Attitudes toward prostitutes” and “Attitudes toward prostitution.” Together, these dimensions accounted for 36.9% of the variance in participants’ responses (Levin & Peled, 2011). A correlational analysis between each of the measures’ dimensions and associated subscales resulted in low to moderate scores (Weinberg & Knapp Abramowitz, 2002) ranging from $r = .06$ and $r = .62$. The results of these analyses suggest satisfactory construct validity for a two- and four-dimensional model of the APPS (Levin & Peled, 2011).

Convergent validity was also examined between the APPS' subscales, the Illinois Rape Myth Acceptance Scale-Short Form (IRMA-SF; Payne et al., 1999), and the Self-Perceptions of Social Tolerance Scale (SPST; Schnittker, 2000). The results from the bivariate correlation analyses between the APPS and the IRMA-SF yielded moderate to high strength with a negative directional correlation (Weinberg & Knapp Abramowitz, 2002). Thus, the less accepting participants were of rape myths, the more likely they were to perceive prostitution as a form of victimization (Levin & Peled, 2011). After conducting a bivariate correlations analysis between the SPST and the APPS' subscales, the results indicated negative and generally moderate correlations, supporting a satisfactory convergent validity for the APPS. I received permission to use the Attitudes Toward Prostitutes and Prostitution Scale (APPS) in the study (see Appendix D).

Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS)

A study conducted by Granello and Gibbs (2016) demonstrated the effect of person-first language on levels of tolerance as measured by scores on the Community Attitudes Toward the Mentally Ill (CAMI; Dear & Taylor, 1979) across a sample of undergraduate students, adults from the community, and professional counselors and counselors in training. Within each group, half of the participants received a tolerance measure that used the phrase "the mentally ill" while the other half completed the same tolerance measure with the person-first language "people with mental illness." The results of this study indicated that across all three groups, the measurement using "the mentally ill" yielded lower levels of tolerance (Granello & Gibbs 2016). The results of this study

emphasized how stigma related to labels continues to be evident within educational, community, and counseling settings.

The study conducted by Granello and Gibbs (2016) created the precedence for additional research that examined whether other forms of person-first language predicted attitudes. With these findings in mind, I collaborated with the developers of the Attitudes Toward Prostitutes and Prostitution Scale (APPS; Levin & Peled, 2011) to alter the APPS wording to better reflect person-first language (e.g., “human trafficking survivor” and “sex trafficking”). I called the updated form the Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS; see Appendix E). The ATTS was developed to measure scores reflecting the degree to which participants believed statements about sex trafficked women and sex trafficking were accurate. The ATTS is a 29-item instrument that uses a 5-point Likert scale ranging from 1 (*fully disagree*) to 5 (*fully agree*). I complied with suggestions provided by the instruments’ original developer to minimize the possibility that updating the APPS would not interfere with its sound psychometric properties. For example, one suggestion the developer made for the updated form was to change the wording from “Prostitution is important for teaching teenage boys about sexuality,” to “Sex trafficking provides important opportunities for teaching teenage boys about sexuality.” The ATTS measured responses about trafficked women and sex trafficking on two axes: “normativeness/deviance” and “choice/victimization” that could be further categorized into four subgroups. Therefore, the ATTS provided an overall score of attitudes based on sex trafficking labels, scores pertaining to attitudes about trafficked women and sex trafficking based on labels, and scores within each subgroup.

The four subgroups measured by the ATTS are the same as for the APPS. The reliability and validity information pertaining to the ATTS are unknown as my study was the first to use it. I received permission to use the Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS) in the study (see Appendix F).

Illinois Rape Myth Acceptance Scale Short Form (IRMAS-SF)

Developed by Payne et al. (1999), the Illinois Rape Myth Acceptance Scale (IRMA) measures the degree to which persons accept myths that perpetuate male sexual aggression toward women. The Illinois Rape Myth Acceptance Scale is a 45-item instrument that provides an overall measurement of rape myth acceptance and seven independent subscales of rape myths: (a) She asked for it; (b) It wasn't really rape; (c) He didn't mean to; (d) She wanted it; (e) She lied; (f) Rape is a trivial event; and (g) Rape is a deviant event (Payne et al., 1999). Due to concerns that the lengthy IRMA would limit widespread applicability, the 22-item Illinois Rape Myth Acceptance Scale Short Form (IRMA-SF; see Appendix G) was developed to allow brief assessment for the general factor of rape myth acceptance (Payne et al., 1999).

I selected the 22-item IRMA-SF for the study in order to limit the cognitive fatigue associated with lengthy questionnaire forms, and to minimize the rate of non-response error for long surveys with many items (Groves, 1989). The IRMA-SF possesses adequate construct validity, internal consistency, and reliability compared to the IRMA and allows for a quicker assessment for the general factor of rape myth acceptance but does not measure all seven specific components (Payne et al., 1999). These seven components were not required to answer the research questions in my study.

The IRMA-SF is scored by totaling the cumulative score, with higher scores indicating greater rejection of rape myths.

A total of six research studies exploring psychometric qualities have confirmed that both the IRMA and IRMA-SF possess adequate construct validity, internal consistency, and reliability. To examine the construct validity of the IRMA and IRMA-SF, *t*-tests that compared gender on the IRMA and IRMA-SF in relation to other variables with theoretical and/or empirically demonstrated relationships to rape myth acceptance, such as sex-role stereotyping, adversarial sexual beliefs, hostility towards women, and attitudes toward violence, were conducted. The results indicated men had higher means on these scales than women; IRMA: $t(1174) = 6.23, p < .001$; IRMA-SF: $t(174) = 6.09, p < .001$ (Payne et al., 1999). Additionally, the previously mentioned variables ranged from $r(174) = .47, p < .001$, to $r(174) = .74, p < .001$ (Payne et al., 1999). These results confirmed the construct validity of the IRMA and IRMA-SF and indicated that persons with higher scores on the IRMA and IRMA-SF were more likely to hold traditional sex role stereotypes, endorse the belief that the relationship between men and women is adversarial in nature, express hostile attitudes toward women, and be relatively accepting of both interpersonal violence and violence in general (Payne et al., 1999). The IRMA-SF is a publically available instrument, so no permission was needed to use it in my study.

Empathy Assessment Index (EAI)

Internal consistency of the Empathy Assessment Index (EAI) was demonstrated using Cronbach's alpha on the EAI ($\alpha = .823$) in addition to the components of

affective response ($\alpha = .751$), cognitive-based ($\alpha = .785$), and empathic attitudes ($\alpha = .671$). The results from a test-retest reliability study yielded significant correlations ($n = 429$; $p = .001$) with correlation coefficients for affective response ($r = .743$, Spearman's $\rho = .739$), self-other awareness ($r = .686$, Spearman's $\rho = .670$), emotion regulation ($r = .759$, Spearman's $\rho = .748$), perspective taking ($r = .771$, Spearman's $\rho = .776$), and empathic attitude ($r = .792$, Spearman's $\rho = .759$). The results from these analyses demonstrate good test-retest reliability for the EAI (Cohen, 1988). Results from an internal consistency analysis of the five EAI components using Cronbach's alpha found excellent internal consistency for affective response ($\alpha = .84$), perspective taking ($\alpha = .81$) and empathic attitudes ($\alpha = .81$). Emotion regulation ($\alpha = .72$) and self-other awareness ($\alpha = .70$) had acceptable internal consistency. Convergent validity correlation coefficients for the CERQ-short and the MAAS were also statistically significant with the constructs of perspective taking and self-other awareness yielding the highest intercorrelations ($r = .86$; Lietz et al., 2011). Thus, the EAI generates excellent internal consistency, strong test-retest reliability, and sufficiently valid scores (Lietz et al., 2011).

The Empathy Assessment Index (EAI; see Appendix H) was developed by Gerdes et al. (2012) and reflects neuroscience findings that linked observable brain activity to components of empathy (Decety & Jackson, 2004). Originally, the four components of empathy were: (a) affective response, (b) self-other awareness, (c), perspective-taking, and (d) emotion regulation (Decety & Moriguchi, 2007). According to Decety and Moriguchi, affective responses refer to the automatic reactions that occur when observing

others. Self-other awareness describes the ability to differentiate one's experience as independent from others (Decety & Moriguchi, 2007). Perspective-taking is the cognitive process of imagining others' experiences, and emotion regulation refers to the ability to sense what others are feeling without becoming engrossed in their experience (Decety & Moriguchi, 2007). The EAI was later updated to address new neuroscience findings (Decety, 2011; Walter, 2012) that identified affective mentalizing in the role of measuring empathy. Affective mentalizing is the process of cognitively evaluating another individual's emotional state (Frith & Frith, 2006) and occurs when one imagines or thinks about an experience and subsequently experiences the event (Decety, 2011; Walter, 2012). For example, hearing about an individual's traumatic experience may evoke mental pictures that result in affective responses in the listener. Affective mentalizing is both a physiological reaction and a cognitive response that combines self-other awareness, perspective-taking, and emotion regulation (Segal, Gerdes, Lietz, Wagaman, & Geiger, 2017). The presence of affective mentalizing in the role of empathy has been demonstrated through neurological research (Schnell, Bluschke, Konradt, & Walter, 2011). The EAI incorporates both emotional and cognitive components of empathy and was developed over a four-year period with eight different administrations to more than 3,500 participants (Gerdes & Segal, 2011; Gerdes, Geiger, Lietz, Wagaman, & Segal, 2012; Lietz et al., 2011).

Concurrent validity for the constructs of emotion regulation and self-other awareness were demonstrated in a re-test round using social work students ($n = 429$). In addition to the items on the EAI, nine items from the Cognitive Emotion Regulation

Questionnaire (CERQ-short; Garnefski & Kraaij, 2006) and eight items from the Mindfulness Attention and Awareness Scale (MAAS; K. W. Brown & Ryan, 2003) were added. Both the CERQ-short and MAAS have been validated in several studies with diverse samples (K. W. Brown & Ryan, 2003; Carlson & Brown, 2005; Garnefski & Kraaij, 2007; Jermann, Van, d'Acremont, & Zermatten, 2006).

The EAI is a 22-item instrument that measures five neurologically identified components of empathy: (a) affective response (e.g., “When I see someone receive a gift that makes them happy, I feel happy”), (b) self-other awareness (e.g., “I can tell the difference between someone else’s feelings and my own”), (c), perspective-taking (e.g., “I can imagine what the character is feeling in a good movie”), (d) emotion regulation (e.g., “When I am upset or unhappy, I get over it quickly”), and (e) affective mentalizing (e.g., “When I see a person experiencing a strong emotion, I can describe what the person is feeling to someone else”). Items five (“When I get angry, I need a lot of time to get over it”) and ten (“Friends view me as a moody person”) are reverse scored. In order to control for social desirability, or the tendency for participants to respond in more socially desirable ways, the EAI is titled the “Human Relations Survey” to hide the link to empathy. The typical time to complete the EAI is 5–10 minutes. The EAI is a publicly available instrument, so no permission was needed to include it in my study.

Marlowe-Crowne Social Desirability Scale (MC SDS) Form A

Developed by Crowne and Marlowe (1960), the Marlowe-Crowne Social Desirability Scale (M-C SDS; Appendix I) consists of 33-items and uses a true/false format to measure whether participants respond to survey items in a socially desirable

way. The items on the M-C SDS describe culturally approved behaviors with minimal implication of psychopathology (Crowne & Marlowe, 1960). The M-C SDS is used in conjunction with other self-report measures to assess the impact of social desirability on participants' responses (Reynolds, 1982).

A total of 39 students from an undergraduate abnormal psychology course consisting of males ($n = 10$) and females ($n = 29$) were used to identify the internal consistency coefficient of .88 (Crowne & Marlowe, 1960). The correlation between the M-C SDS and the Edwards 39-item Social Desirability Scale (A. L. Edwards, 1957) was .35, which was significant at the .01 level. The M-C SDS was additionally correlated with 17 Minnesota Multiphasic Personality Inventory (MMPI) validity, clinical, and derived scales (Crowne & Marlowe, 1960).

Although the M-C SDS has been widely used and demonstrates sound reliability and validity (Loo & Thorpe, 2000), a practical difficulty with the M-C SDS was its length (Fischer & Fick, 1993; Reynolds, 1982). In order to create shorter versions of the M-C SDS that still maintained sound psychometric properties, Reynolds (1982) sampled a total of 608 undergraduate students comprising of 239 males (39.3%) and 369 females (60.7%) from a cross-section of college majors. The mean age of the students was 20.5 and ranged from 17 to 54 years. The races and ethnicities of students included White (81.2%), Black (8.7%), Hispanic (6.2%), and other (1.8%), with 2.1% of participants not indicating race. The criterion factor-variable correlation of .40 was used in the factor analysis to select items for inclusion in the initial short form (Reynolds, 1982). Additional forms were developed by adding homogenous items (Reynolds, 1982). A

total of 11-items was selected for the initial Marlowe-Crowe short form and was designated the M-C Form A. Factor loadings for the M-C Form A ranged from .40 to .52 with a median loading on the principal factor analysis of .46 (Reynolds, 1982). According to Reynolds, both the Marlowe-Crowne standard and short forms demonstrate normal score distributions. The M-C Form A yielded .74 using the Kuder-Richardson formula 20 reliability with a significant correlation coefficient ($r = .91; p < .001$) and coefficient of determination ($r^2 = .83$). Thus, the M-C Form A is a reliable and valid short form of the M-C SDS (Reynolds, 1982).

A factor analysis conducted by Loo and Thorpe (2000) using 232 Canadian undergraduate students indicated all the M-C SDS short version scales (Reynolds, 1982; Strahan & Gerbasi, 1972) to be a significant improvement in fit over the 33-item full scale with Reynolds (1982) Forms A (11 items) and B (12 items) as the best fitting short versions. I selected the M-C Form A for use in my study due to its shortened length compared to the full version and its strong psychometric properties (Loo & Thorpe, 2000; Reynolds, 1982).

Recruitment and Data Collection Procedures

The following section outlines the procedures used for this study. First, I created two online surveys using Qualtrics software (Qualtrics, 2014). One online survey included the APPS and the other online survey contained the ATTS. The use of online surveys was chosen for the study due to advantages including low cost, quick distribution, access to participants, and ease of transferring responses into a database through software (Andrews, Nonnecke, & Preece, 2003).

IRB approval was obtained prior to contacting possible participants for this study. Next, I contacted the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (CSWMFTB; see Appendix J) requesting the email addresses of all 35,628 licensed counselors registered at the time of this study. The state of Ohio was selected due to convenience as well as the large number of counselors in the state. Email addresses were combined into one Excel sheet. Potential participants were alphabetized by email address and were sorted into one of two groups by dividing the list equally in half. The people in the first half (17,814), those who began toward the start of the alphabet, received a recruitment email with a link to the APPS. Those in the other half (17,814) received a recruitment email with a link to the ATTS.

An initial email (see Appendix K) was sent to all potential participants inviting them to participate in the study. If the identified sample was not obtained after the first email, a second email was sent. If the identified sample was not obtained after the second email, a third email was sent. The recruitment email contained a brief description outlining the purpose of my study and a link to either the ATTS or APPS survey website. Upon accessing the survey link, participants read the online consent document (see Appendix L) and checked a box indicating that they understood and consented to participate in the study. If they clicked “I Agree” and consented to participate in the study, participants were sent to the surveys. Participants that clicked “I Do Not Agree” were thanked for their participation and were exited from the website.

The survey containing the APPS was created to determine whether scores of attitudes based on “prostitute” and “prostitution” labels and counselor attributes predicted

scores of empathy on the EAI and scores of rape myth acceptance on the IRMA-SF. The APPS survey included a demographics questionnaire, the Attitudes toward Prostitutes and Prostitution Scale (APPS; Levin & Peled, 2011), the Illinois Rape Myth Acceptance Short Form (IRMA-SF; Payne et al., 1999), the Empathy Assessment Index (EAI; Gerdes et al., 2012), and the Marlowe-Crowe Social Desirability Scale Form A (Crowne & Marlowe, 1960; Reynolds, 1982). There was no specific reason why the IRMA-SF was placed before the EAI. According to Childs (2005), the order in which instruments appear in a study does not have large effects on responses. Instead, researchers should focus on keeping the order of instruments consistent throughout the study (Childs, 2005).

The survey containing the ATTS was created to determine whether scores of attitudes based on “trafficked women” and “sex trafficking” labels and counselor attributes predicted scores of empathy on the EAI and scores of rape myth acceptance on the IRMA-SF. The ATTS survey included a demographics questionnaire, the Attitudes toward Trafficked Women and Sex Trafficking Scale (ATTS; Levin & Peled, 2011), the Illinois Rape Myth Acceptance Short Form (IRMA-SF; Payne et al., 1999), the Empathy Assessment Index (EAI; Gerdes et al., 2012), and the Marlowe-Crowe Social Desirability Scale Form A (Crowne & Marlowe, 1960; Reynolds, 1982). Completed surveys that yielded high scores on the M-C SDS Form A were removed from the study sample and were not included in the data analysis as these surveys may have reflected a greater likelihood of socially desirable responses. Surveys were screened prior to data analysis until the desired number of surveys per group was obtained.

Throughout this process, participant names were not connected to their responses. To further keep confidentiality, the research bureau randomly selected three email addresses using an Excel spreadsheet to receive one of three \$75 Amazon gift cards.

Participants submitted their completed APPS and ATTS surveys electronically through Qualtrics (2014). At the completion of my data collection process, I imported the data from Qualtrics and then transferred it to the Statistical Package for the Social Sciences (SPSS) for data analysis.

Data Analysis

I used the Statistical Package for the Social Sciences (SPSS) Version 19 to analyze the data in my study. The data analysis for my research study included six phases. Research question one was addressed in Phase Three. Research questions two and three were examined in Phases Five and Six, respectively.

Phase One

In Phase One, I calculated descriptive statistics for the APPS, ATTS, for each of the demographic variables, and for the dependent variables (scores of rape myth acceptance on the IRMA-SF and scores of empathy on the EAI).

Phase Two

Next, I analyzed scores on the APPS, ATTS, IRMA-SF, EAI, and M-C SDS Form A including scores on each of the instruments' sub-scales. Completed Qualtrics surveys with high scores on the M-C SDS Form A were removed from the study sample and were not included in the data analysis.

Phase Three

Does a significant difference exist between two groups on attitudes based on labels as measured by APPS and ATTS scores? The client identifying labels (prostitute versus sex trafficked woman) was the independent variable and scores on the APPS and ATTS were the dependent variables. A *t*-test between both groups was conducted to determine whether scores between measures were significantly different.

Assumptions for the *t*-test include normality, independence, and homogeneity of variance (Lomax & Hahs-Vaughn, 2012). To test for normality, I looked for univariate outliers and used SPSS to calculate a Kolmogorov-Smirnov test. The assumption of independence was met from the random assignment of respondents and their lack of interaction within the experiment. The assumption of homogeneity of variance can be tested using Levene's test available in SPSS (Lomax & Hahs-Vaughn, 2012). If the result of Levene's test was not significant, the assumption of homogeneity of variance was not violated. Thus, each of the assumptions for an independent *t*-test was not violated. The research questions associated with Phase Five and Phase Six were different depending on the findings from this phase.

Phase Four

In Phase Four, correlational analyses were conducted to determine whether relationships existed among each of the factors.

Phase Five

Do attitudes based on labels as measured by APPS and ATTS scores and counselor attributes predict scores of empathy on the EAI? If the *t*-test indicated a

significant difference existed between mean APPS and ATTS scores, then Phase Five consisted of two hierarchical multiple regressions. I used a hierarchical regression analysis with an alpha level of .05 and power of .80 to achieve statistical significance. The .05 alpha level was maintained to mitigate the potential of a Type I error (Cowles & Davis, 1982). With a power of .80, I had a set beta of .20, which was an acceptable mitigation of Type II errors (Lenth, 2001).

Before conducting either of the multiple regressions in Phases Four and Five, five assumptions must be met: (a) independence (b) normality (c) linearity (d) multicollinearity, and (e) homoscedasticity (Lomax & Hahs-Vaughn, 2012; Osborne & Waters, 2002). The assumption of independence was met from the random sorting of respondents based on their email addresses and their lack of interaction within the experiment. Next, I tested the assumption for normality by examining the distribution of the EAI and IRMA-SF scores. I also looked for observations more than two standard errors from the mean to identify and remove outliers. To determine whether the assumption of normality was not violated, an analysis of EAI and IRMA-SF scores was plotted on SPSS to examine whether they demonstrated a normal shape. I also referred to the Kolmogorov-Smirnov test, which can provide inferential statistics on normality (Osborne & Waters, 2002). If results of the Kolmogorov-Smirnov test were not significant, the assumption of normality was not violated. The assumption of linearity was examined by looking at residual plots from SPSS to determine whether a linear relationship existed between the scores on the criterion variables and predictor variables. If the pattern appeared in a linear fashion, the linearity assumption was satisfied. To test

for multicollinearity the VIF statistic was referenced within the multiple regressions, with a heuristic value of four set as the upper bound for acceptable multicollinearity. The assumption of homoscedasticity can be determined by visually examining a plot of the standardized residuals by the regression standardized predicted value (Osborne & Waters, 2002). If the residuals appeared scattered around the 0 horizontal line, the assumption of homoscedasticity was not violated. Thus, each of the assumptions to conducting a multiple regression was met.

To answer my second research question, I conducted two hierarchical regressions to examine whether APPS and ATTS scores and counselor attributes predicted empathy scores on the EAI. The first multiple regression determined whether the linear combination of predictor values (APPS scores and counselor attributes) predicted the criterion value of empathy as measured by EAI scores. The second multiple regression determined whether the linear combination of predictor values (ATTS scores and counselor attributes) predicted the criterion value of empathy as measured by EAI scores. For each of the two hierarchical regressions, counselor attributes were added in order of anticipated strength. After consulting research that examined the effects of variables on rape myth acceptance, the predictor variables were added in the following order: gender (Aosved & Long, 2006; Jimenez & Abreu, 2003; Suarez & Gadalla, 2010), race/ethnicity (Giacopassi & Dull, 1986; Lefley et al., 1993; Suarez & Gadalla, 2010), level of education (Suarez & Gadalla, 2010), years of experience (Suarez & Gadalla, 2010), and age (Suarez & Gadalla, 2010).

If the *t*-test in Phase Three indicated no significant difference between APPS and ATTS mean scores, the scores from each scale were combined to form one overall measure of attitudes. To answer my alternative research question two, I conducted one hierarchical regression to determine whether the combined attitude scores from the APPS and ATTS and counselor attributes predicted scores of empathy on the EAI.

Phase Six

Do attitudes based on labels as measured by APPS and ATTS scores and counselor attributes predict scores of rape myth acceptance on the IRMA-SF? To answer my third research question, I conducted two hierarchical regressions to examine whether APPS and ATTS scores and counselor attributes predicted scores of rape myth acceptance on the IRMA-SF. As with Phase Five, each of the counselor attributes were added in the same order of anticipated strength.

The first multiple regression determined whether the linear combination of predictor values (APPS scores and counselor attributes) predicted the criterion value of rape myth acceptance as measured by scores on the IRMA-SF. The second multiple regression determined whether the linear combination of predictor values (ATTS scores and counselor attributes) predicted the criterion value of rape myth acceptance as measured by scores on the IRMA-SF.

If the *t*-test in Phase Three indicated no significant difference between APPS and ATTS mean scores, the scores from each scale were combined to form one overall measure of attitudes. To answer alternative research question three, I conducted one hierarchical regression to determine whether the linear combination of predictor values

(combined APPS and ATTS scores and counselor attributes) predicted the criterion value of rape myth acceptance as measured by IRMA-SF scores.

Delimitations

Throughout the research design and data collection processes, I remained cognizant of several delimitations that existed prior to conducting the study. As with any questionnaire, the possibility existed that respondents may experience cognitive fatigue during the study. Although I attempted to avoid this issue by selecting the IRMA-SF, the delimitation remained. The potential for respondents to select socially desirable answers also existed. To help address this limitation, participants were assured that I would not know their identities. Delimitations of the study including the variance of computer literacy across respondents, presentation and compatibility of the questionnaire on different devices (e.g., whether the respondent completed the survey on a smart phone or laptop), and Internet speed may have influenced whether the questionnaire was completed accurately or at all. Finally, not all licensed professional counselors and licensed professional clinical counselors within the state of Ohio may have access to the Internet. Future research seeking to replicate this study must remain mindful of the presence of these delimitations and actively seek to minimize their influences.

Chapter Summary

This chapter outlined the methodology used in the research study. The purpose of the study was reiterated and the research questions, inclusionary criteria, sampling methods, instruments, recruitment and data collection procedures, and data analysis were presented. The study sought to examine whether attitudes based on labels as measured

by APPS and ATTS scores and counselor attributes predicted scores of empathy on the EAI and scores of rape myth acceptance on the IRMA-SF in licensed professional counselors and licensed professional clinical counselors from Ohio. Using this information as a foundation, it was then possible to analyze the results of the study.

CHAPTER III

RESULTS

The following chapter provides a detailed explanation of the study results. First, the sampling procedures are described. Next, descriptive statistics and univariate data related to the sample are presented. The results from the independent *t*-tests are discussed and significant correlation coefficients are examined. Finally, results from the simple regression are considered, which revealed the amount of variance explained by the linear combination of attitude and counselor demographics within each group. The chapter ends with a summary.

The purpose of this study was to examine whether scores of attitudes based on labels and counselor age, race/ethnicity, gender, work experience, and education predict scores of empathy and rape myth acceptance in counselors. The Attitudes Toward Prostitutes and Prostitution Scale (APPS) measured attitudes about prostitutes and prostitution. To measure attitudes about sex trafficking and sex trafficked survivors, I followed the recommendations from the APPS instrument developer and updated the APPS into The Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS). Counselor empathy and rape myth acceptance were measured using the Empathy Assessment Index (EAI), and the Illinois Rape Myth Acceptance Short Form (IRMA-SF), respectively. To determine whether participant responses were influenced by social desirability, the Marlowe-Crowne Social Desirability Scale (MC-SDS) Form A was used.

The following research questions were identified:

1. Does a significant difference exist between APPS and ATTS scores?
2. Do APPS and ATTS scores and counselor demographics predict empathy scores on the EAI?
3. Do APPS and ATTS scores and counselor demographics predict rape myth acceptance scores on the IRMA-SF?

Because the possibility existed that there would be no difference between the mean scores of attitudes based on labels as measured by the APPS and ATTS, the following alternative research questions were developed:

1. Do attitudes based on labels as measured by combined APPS and ATTS scores and counselor demographics predict empathy scores on the EAI?
2. Do attitudes based on labels as measured by combined APPS and ATTS scores and counselor demographics predict rape myth acceptance scores on the IRMA-SF?

In Phase One, I calculated descriptive statistics for the APPS, ATTS, for each of the demographic variables, and for the dependent variables (scores of rape myth acceptance on the IRMA-SF and scores of empathy on the EAI). In Phase Two, I analyzed scores on the APPS, ATTS, IRMA-SF, EAI, M-C SDS form A, and for the five subscales on the EAI. In Phase Three, I conducted independent *t*-tests between APPS and ATTS scores and for each of the four subscales. Because the means between APPS and ATTS groups were different, the alternative research questions were not used and APPS and ATTS scores were not combined to form an overall measure of attitudes. I conducted bivariate correlational analyses to examine the strength of relationships

between variables and survey items in Phase Four. In Phase Five, I conducted one simple linear regression to examine whether the combination of APPS scores and counselor demographics predicted empathy scores on the EAI. I conducted another simple linear regression to examine whether the combination of ATTS scores and counselor demographics predicted empathy scores on the EAI. In Phase Six, I conducted one simple linear regression to examine whether the combination of APPS scores and counselor demographics predicted scores of rape myth acceptance on the IRMA-SF. I conducted another simple linear regression to examine whether the combination of ATTS scores and counselor demographics predicted scores of rape myth acceptance on the IRMA-SF.

Sexual Domination Discourse Attitudes

Prior to examining whether the use of labels influenced attitudes, it was important to obtain a deeper understanding of the specific attitude that was measured in the study. The APPS and ATTS measure the construct of *Sexual Domination Discourse* (SDD; Outshoorn, 2005, p. 145), which views prostitution as a form of oppression (Barry, 1979). Individuals with high SDD attitudes believe women do not choose to engage in prostitution and are instead forced to participate in the sex industry as the result of early oppressive and traumatic experiences (Hunt, 2013; Outshoorn, 2005). Thus, high SDD attitudes correspond with the belief that prostitutes are victims who do not freely consent to sex work and therefore prostitution is tantamount to human trafficking (Farley et al., 2003). In this way, prostitutes are deviant rather than normative. High SDD attitudes also encompass the belief that prostitution in and of itself is a deviant, rather than

normative act, which victimizes women. Overall measures of SDD attitudes in addition to independent subscales related to prostitutes and prostitution are measured by the APPS (Levin & Peled, 2011) and ATTS with higher scores corresponding to greater SDD attitudes.

Univariate Data Analysis

Univariate data analysis was completed for this study. A total of 396 licensed LPCs and LPCCs from Ohio completed a demographics form, either the APPS or ATTS, and the EAI, IRMA-SF, and MC-SDS Form A. This section provides the descriptive statistics of the sampled participants, and summarizes the data set for all the variables. The means, standard deviations, and ranges for the counselor demographics of age, race/ethnicity, gender, years of counseling experience, level of education, graduation from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited program, and previous training on prostitution and/or human trafficking are provided. An analysis of the Marlowe-Crowne Social Desirability Scale Form A is provided.

Demographic Data

Descriptive statistics were obtained to understand the characteristics of the sample participants. Table 1 includes the frequency and percentages of the demographic data pertaining to age, race/ethnicity, gender, years of counseling experience, and education of the study sample. Graduation from a CACREP accredited program, previous training on prostitution and/or human trafficking, and membership in professional counseling organizations are also included.

Table 1

Demographic Data of Overall Study Sample (N = 396)

Variable	Frequency	Percent
Age		
18-24	14	3.5%
25-34	142	32.8%
35-44	86	21.8%
45-54	72	18.2%
55 and above	82	21.1%
Race/ethnicity		
African American/Black	22	5.6%
American Indian/Alaskan Native	3	0.8%
Asian American/Asian	3	0.8%
Caucasian/White	364	91.9%
Hispanic/Latino/a	6	1.5%
Arab American	1	0.3%
Native Hawaiian/Pacific Islander	0	0.0%
Other	1	0.3%
Gender		
Male	53	13.4%
Female	341	86.1%
Transgender	1	0.3%
Years of experience		
0–1.5 years	49	12.4%
2–5 years	114	29.0%
6–10 years	84	21.3%
11–15 years	39	9.9%
16–20 years	39	9.9%
21–25 years	30	7.6%
26–30 years	19	4.9%
31+ years	22	5.8%
Level of education		
Master's Degree	354	89.4%
Doctoral Degree	42	10.6%
CACREP program		
Yes	328	82.8%
No	48	12.1%
Unsure	20	5.1%

(table continues)

Table 1 (continued)

Demographic Data of Overall Study Sample (N = 396)

Variable	Frequency	Percent
Membership		
American Counseling Association (ACA)	215	54.3%
Ohio Counseling Association (OCA)	114	28.8%
American Mental Health Counselors Association (AMHCA)	12	3.0%
Ohio Association for Counselor Education and Supervision (OACES)	13	3.3%
Association for Adult Development and Aging (AADA)	0	0.0%
Association for Assessment and Research in Counseling (AARC)	1	0.3%
Association for Child and Adolescent Counseling	2	0.5%
Association for Creativity in Counseling (ACC)	3	0.8%
American College Counseling Association (ACCA)	4	1.0%
Association for Counselor Education and Supervision	11	2.8%
The Association for Humanistic Counseling (AHC)	4	1.0%
Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC)	10	2.5%
Association for Multicultural Counseling and Development (AMCD)	3	0.8%
American Mental Health Counselors Association (AMHCA)	17	4.3%
American Rehabilitation Counseling Association (ARCA)	1	0.3%
American School Counselor Association (ASCA)	7	1.8%
Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)	6	1.5%
Association for Specialists in Group Work (ASGW)	2	0.5%
Counselors for Social Justice (CSJ)	7	1.8%
Military and Government Counseling Association (MGCA)	0	0.0%
National Career Development Association (NCDA)	2	0.5%
National Employment Counseling Association (NECA)	0	0.0%
Other	168	42.4%
Previous Training		
Yes	198	50.0%
No	198	50.0%

Age. The age range of all participants ranged from 22 to 77 years of age. The mean age for participants in the study was 42.1 ($SD = 13.51$).

Race/Ethnicity. Participants who completed the study self-identified as African American/Black ($n = 22$, 5.6%), American Indian/Alaskan Native ($n = 3$, 0.8%), Asian American/Asian ($n = 3$, 0.8%), Caucasian/White ($n = 364$, 91.9%), Hispanic/Latino(a) (n

= 6, 1.5%), Arab American ($n = 1$, 0.3%), and Other ($n = 1$, 0.3%). The participant who selected Other self-identified as European American. As suggested by Table 1, significantly more Caucasian/White ($n = 364$, 91.9%) participants were represented in the study sample compared to multi-racial or not Caucasian participants. The next highest frequency related to race/ethnicity was African American/Black ($n = 22$, 5.6%). Thus, most participants in this study identified as Caucasian/White.

Gender. Of the total 396 participants who completed the study, there were significantly more females ($n = 341$, 86.1%) than males ($n = 53$, 13.4%) surveyed. One participant (0.3%) identified as transgender.

Counseling experience. Years of counseling experience spanned from less than 1 year to 46 years with a mean of 11.1 years ($SD = 10.43$).

Education. Of the 396 study participants, the majority of persons sampled had earned a master's degree in counseling ($n = 354$, 89.4%). A smaller percentage of individuals sampled had earned a doctoral degree ($n = 42$, 10.6%). One participant indicated he or she had earned a master's degree and an Ed.S. degree ($n = 1$, 0.3%).

CACREP program. Within the sample, the majority of participants graduated from CACREP accredited programs ($n = 328$, 82.8%) compared to graduates from non-CACREP accredited programs ($n = 48$, 12.1%). A total of 20 participants (5.1%) indicated they were unsure about their graduate program's accreditation status.

Previous training. A total of 198 (50%) of participants sampled indicated they had previously received training on prostitution and/or human trafficking and 198 (50%)

of participants reported they had not received any prior training. Thus, half of the overall sample had received training on prostitution and/or human trafficking.

Demographic Data Between Groups

The demographic data associated with the APPS and ATTS groups were obtained and compared to determine whether significant differences existed between groups. The sample size, frequency, and percentage between APPS and ATTS group demographics can be found in Table 2.

Table 2

Demographic Data Between Groups

Variable	APPS Frequency	%	ATTS Frequency	%
Age				
18-24	8	4.2	6	3
25-34	69	35.8	73	36
35-44	36	18.5	50	24.8
45-54	36	18.6	36	18
55 and above	<u>44</u>	<u>22.8</u>	<u>38</u>	<u>18.8</u>
Total	193	100	203	100
Race/ethnicity				
African American/Black	12	6.2	10	4.9
American Indian/Alaskan Native	2	1	1	.5
Asian American/ Asian	2	1	1	.5
Caucasian/White	176	91.2	188	92.6
Hispanic/Latino/a	4	2.1	2	1
Arab American	0	0	1	.5
Native Hawaiian/ Pacific Islander	0	0	1	.5
Other	<u>0</u>	<u>0</u>	<u>1</u>	<u>.5</u>
Total	193	100	203	100

(table continues)

Table 2 (continued)

Demographic Data Between Groups

Variable	APPS Frequency	%	ATTS Frequency	%
Gender				
Male	30	15.5	23	11.3
Female	163	84.5	178	87.7
Transgender	<u>0</u>	<u>0</u>	<u>1</u>	<u>.5</u>
Total	193	100	203	100
Years of Counseling Experience				
0-1.5 years	23	12	26	12.8
2-5 years	60	31.1	54	26.6
6-10 years	39	20.1	45	22.1
11-15 years	17	8.9	22	10.9
16-20 years	20	10.3	18	9.4
Years of Counseling Experience				
21-25 years	14	7.3	16	7.8
26-30 years	8	4.2	11	5.5
31+ years	<u>12</u>	<u>6.2</u>	<u>10</u>	<u>5</u>
Total	193	100	203	100
Level of Education				
Master's Degree	177	91.7	177	87.2
Doctoral Degree	16	8.3	26	12.8
Other	<u>0</u>	<u>0</u>	<u>1</u>	<u>.5</u>
Total	193	100	203	100
CACREP Program				
Yes	166	86	162	79.8
No	24	12.4	24	11.8
Unsure	<u>3</u>	<u>1.6</u>	<u>17</u>	<u>8.4</u>
Total	193	100	203	100
Previous Training				
Yes	91	47.2	107	52.7
No	<u>102</u>	<u>52.8</u>	<u>96</u>	<u>47.3</u>
Total	193	100	203	100

Comparing APPS and ATTS Groups

I compared the demographic information from APPS and ATTS groups to determine whether the groups were significantly different from one another.

Age. Although the mean age of the APPS group was slightly higher ($M = 42.34$, $SD = 13.79$) than the ATTS group ($M = 41.80$, $SD = 13.26$), the mean age between groups was similar.

Race/Ethnicity. The majority of participants in the APPS group self-identified as Caucasian/White ($n = 176$, 91.2%), with the second highest group self-identifying as African American/Black ($n = 12$, 6.2%). The majority of participants in the ATTS group self-identified as Caucasian/White ($n = 188$, 92.6%), with the second highest group self-identifying as African American/Black ($n = 10$, 4.9%). Thus, the race/ethnicities between groups were comparable, with the highest frequency of participants self-identifying as Caucasian (APPS; $n = 173$, 89.6%; ATTS; $n = 188$, 92.6%).

Gender. Between both groups, more females than males completed the study. A total of 163 (84.5%) females completed the APPS and 178 females (87.7%) completed the ATTS. One participant in the ATTS group identified as transgender (0.5%). Based on these results, the groups were similar in relation to gender.

Counseling experience. The years of counseling experience between groups were compared for the study. Although the mean for the ATTS group was slightly higher ($M = 11.32$, $SD = 10.44$) compared to the APPS group ($M = 10.99$, $SD = 10.45$), the amount of counseling experience between groups were comparable.

Education. The level of education between APPS and ATTS groups were similar. Within both groups, the majority of participants surveyed in the APPS had earned a master's degree (APPS; $n = 177$, 91.7%; ATTS; $n = 177$, 87.2%) with a smaller number of participants having earned a doctoral degree (APPS; $n = 16$, 8.3%; ATTS; $n = 26$, 12.8%). One participant in the ATT group indicated s/he had completed a master's degree and a separate Ed.S. degree (0.5%). Based on these results, the groups were similar regarding level of education.

CACREP program. Although slightly more participants in the APPS group reported they had graduated from a CACREP accredited program ($n = 166$, 86%) compared to the ATTS group ($n = 162$, 79.8%), more participants in the ATTS group indicated they were unsure of their graduate program's accreditation status ($n = 17$, 8.4%) compared to the APPS group ($n = 3$, 1.6%). Based on these results, no differences existed between groups regarding graduation from a CACREP accredited program.

Based on the demographic data between the APPS and ATTS, the groups were similar in relation to age, race/ethnicity, gender, work experience, education, and graduation from a CACREP accredited program. Therefore, the statistical analyses related to the *t*-test and simple linear regressions likely reflected the true influence of attitudes based on labels and whether the linear combination of attitudes and counselor demographics predicted scores of empathy on the EAI and scores of rape myth acceptance on the IRMA-SF.

Analysis of the Marlowe-Crowne Social Desirability Scale Form A

The Marlowe-Crowne Social Desirability Scale (M-C SDS) is an 11-item scale that uses a true/false format to measure whether participants respond to survey items in a socially desirable way. The items on the M-C SDS describe culturally approved behaviors with minimal implication of psychopathology (Crowne & Marlowe, 1960). Prior to analyzing the data from the APPS, ATTS, EAI, and IRMA-SF, I examined the M-C SDS Form A results to determine whether the sample results were trustworthy.

The means for both groups were similar although the ATTS group ($M = 5.24$, $SD = 2.48$) scored slightly higher than the APPS group ($M = 5.17$, $SD = 2.49$). Based on these results, it was likely the responses provided by the study sample were trustworthy, indicated acceptable rates of social desirability, and the data results likely reflect participants' true attitudes based on labels.

***t*-Test Results**

I conducted five independent samples *t*-tests to determine whether a difference existed between APPS and ATTS scores. One independent samples *t*-test was conducted to examine whether the mean scores between groups were different overall. Four separate independent samples *t*-tests were conducted to examine whether the means of scores on each of the APPS/ATTS subscales were different. Table 3 outlines the results of the *t*-tests.

Table 3

Independent t-Test Between APPS, ATTS, and Subscales

	APPS			Group ATTS			t	Sig (p < .01)
	M	SD	n	M	SD	n		
Overall	3.56	.427	193	3.80	.255	203	-6.95	.000
PNCV	3.80	.707	193	4.13	.405	203	-5.830	.000
PNND	3.76	.553	193	4.12	.468	203	-6.905	.009
PSCV	3.80	.575	193	4.33	.276	203	-10.697	.000
PSND	2.95	.410	193	2.79	.276	203	4.50	.000

Note. SDD = Sexual Domination Discourse Attitudes, PNCV = Prostitution as Choosing/Victimized, PNND = Prostitution as Normative/Deviant, PSCV = Prostitutes as Choosing/Victimized, PSCV = Prostitutes as Normative/Deviant.

Higher scores were related to greater agreement on the sexual domination discourse attitude, in which prostitutes were perceived as victimized and deviant and prostitution was perceived as victimizing and deviant. The scores on the APPS and ATTS ranged from one (*Strongly Disagree*), to five (*Strongly Agree*). The results of the *t*-test indicated the overall mean scores between APPS ($M = 3.55$, $SD = .426$) and ATTS groups ($M = 3.80$, $SD = .255$), $t(394) = -6.952$, $p < .01$, were significantly different. The results of the *t*-test indicated participants who completed the ATTS were significantly more likely to perceive trafficked women as victims and sex trafficking as a form of victimization. Participants who completed the APPS were significantly less likely to perceive prostitutes as victims and prostitution as a form of victimization. Therefore, a significant difference existed between the two groups on attitudes based on labels.

Four additional *t*-tests were conducted for each of the APPS/ATTS subscales. The results are presented below.

Prostitution as choice/victimized (PNCV). An independent samples *t*-test was conducted between groups to determine if a significant difference existed on the PNCV subscale measuring whether prostitution occurred by choice or whether it occurred through victimization. The mean scores between APPS ($M = 3.79, SD = .707$) and ATTS groups ($M = 4.13, SD = .405$), $t(394) = -5.830, p < .01$ were significantly different. The results of the *t*-test indicated participants who completed the ATTS scored significantly higher on sexual domination discourse attitudes compared to the APPS group. Therefore, a significant difference existed between the two groups on the PNCV subscale based on labels. Participants who received the survey with “trafficking” labels indicated significantly stronger beliefs that sex trafficking was an act of victimization.

Prostitution as normative/deviant (PNND). An independent samples *t*-test was conducted between groups to examine if a significant difference existed on the PNND subscale measuring whether the act of prostitution was normative or deviant. The mean scores between APPS ($M = 3.76, SD = .552$) and ATTS group ($M = 4.11, SD = .467$), $t(394) = -6.905, p < .01$ were significantly different. The results of the *t*-test indicated participants who completed the ATTS scored significantly higher on sexual domination discourse attitudes compared to the APPS group. Therefore, a significant difference existed between the two groups on the PNND subscale based on labels. Participants who received the survey with “trafficking” labels indicated significantly stronger beliefs that sex trafficking represented a deviant rather than normative act.

Prostitutes as choosing/victimized (PSCV). An independent samples *t*-test was conducted between groups to examine if a significant difference existed on the PSCV subscale measuring whether prostitutes choose to engage in sex acts or whether prostitutes are victimized. The mean scores between APPS ($M = 3.82, SD = .575$) and ATTS groups ($M = 4.32, SD = .390$), $t(394) = -10.697, p < .01$ were significantly different. The results of the *t*-test indicated participants who completed the ATTS scored significantly higher on sexual domination discourse attitudes compared to the APPS group. Therefore, a significant difference existed between the two groups on the PSCV subscale based on labels. Participants who received the survey with “trafficking” labels indicated significantly stronger beliefs that trafficked women were victimized and did not choose to engage in sex acts.

Prostitutes as normative/deviant (PSND). An independent samples *t*-test was conducted between groups to examine if a significant difference existed on the PSND subscale measuring whether prostitutes as people were normative or deviant. The mean scores between APPS ($M = 2.952, SD = .410$) and ATTS groups ($M = 2.794, SD = .275$), $t(394) = 4.504, p < .01$ were significantly different. The results of the *t*-test indicated participants who completed the ATTS scored significantly higher on sexual domination discourse attitudes compared to the APPS group. Therefore, a significant difference existed between the two groups on the PSND subscale. Participants who received the survey with “trafficking” labels indicated significantly stronger beliefs that trafficked women who engaged in sex acts were engaging in deviant rather than normative acts.

Testing Instruments (Criterion Variables)

Data related to the variables measured on the testing instruments used for this study were collected. Descriptive statistics are presented for the APPS and ATTS group scores on the EAI, IRMA-SF, and MC-SDS Form A. The APPS and ATTS group scores were not combined because a significant difference existed between the two groups on mean scores. Data from each of the five subscales measured by the EAI are also provided. These subscales included affective mentalizing (AM), affective response (AR), emotion regulation (ER), perspective taking (PT), and self-other awareness (SOA).

According to Decety and Moriguchi (2007), affective mentalizing is the process of cognitively evaluating another individual's emotional state (Frith & Frith, 2006) and occurs when one imagines or thinks about an experience and subsequently experiences the event (Decety, 2011; Walter, 2012). Affective responses refer to the automatic reactions that occur when observing others. Emotion regulation refers to the ability to sense what others are feeling without becoming engrossed in their experience (Decety & Moriguchi, 2007). Perspective-taking is the cognitive process of imagining others' experiences, and self-other awareness describes the ability to differentiate one's experience as independent from others (Decety & Moriguchi, 2007). A summary of the means, standard deviations, minimums, maximums, and ranges of APPS and ATTS groups are presented in Tables 4 and 5, respectively.

Table 4

Descriptive Statistics of the Criterion Variables for the APPS

Variable	Mean	SD	Minimum	Maximum	Range
EAI	4.73	.428	3.59	5.68	2.09
AM	4.77	.555	3.0	6.0	3.00
AR	4.82	.639	3.2	6.0	2.80
ER	4.41	.594	2.3	6.0	3.75
PT	4.83	.529	3.2	6.0	2.80
SOA	4.80	.576	2.75	6.0	3.25
IRMA-SF	1.47	.462	1.0	2.73	1.73
MC-SDS	5.20	2.484	0	11	11

Table 5

Descriptive Statistics of the Criterion Variables for the ATTS

Variable	Mean	SD	Minimum	Maximum	Range
EAI	4.76	.426	3.86	5.86	2.00
AM	4.80	.610	3.2	6.0	2.75
AR	4.75	.632	3.2	6.0	2.80
ER	4.46	.483	3.0	5.5	2.5
PT	4.88	.540	3.2	6.0	2.80
SOA	4.87	.540	2.75	6.0	3.25
IRMA-SF	1.38	.380	1.0	2.5	1.50
MC-SDS	5.20	2.484	0	11	11

Bivariate Results

Correlations were used to examine the strength of relationships between variables. The following section outlines significant correlations between counselor demographics, and scales, subscales and survey items on the APPS or ATTS, EAI, and IRMA-SF. Table 6 outlines the statistically significant correlation coefficients between counselor demographics, survey scales, and subscales.

Significant Correlations Between Age and Survey Items

Bivariate correlational analyses were conducted to examine whether any significant relationships existed between counselor age and the APPS/ATTS, EAI, and IRMA-SF. Age and PSSV were significantly correlated, $r = .128, p < .05$. Thus, as participants' age increases, the belief that prostitutes are victimized also increases. Age was significantly correlated with the IRMA-SF, $r = .101, p < .05$ in addition to 11 items on the IRMA-SF. The results from the correlation analysis indicated as participant age increases, so too does acceptance of most rape myths. Thus, younger participants were less likely to accept rape myths than older participants. Age was significantly correlated with the Emotion Regulation ($r = .200, p < .01$) and Affective Mentalizing ($r = -.137, p < .01$) subscales on the EAI. The results from the bivariate correlational analysis indicated older participants were reportedly better able to regulate their emotions whereas younger participants reported greater success in cognitively evaluating another persons' emotion state compared to their older counterparts. Table 7 outlines the significant correlation coefficients between age and survey items.

Table 6

Statistically Significant Correlation Coefficients Between Counselor Demographics and Survey Scales and Subscales ($p < .05$)

Variable 1	Variable 2	Correlation (r)
Age	Prostitutes as Choosing/victimized Subscale	.128
Age	IRMA-SF	.101*
Age	Emotion Regulation Subscale	.200**
Age	Affective Mentalizing Subscale	-.137**
Gender	Years of Counseling Experience	-.110*
Gender	Prostitute as Choice/Victim Subscale	.102*
Gender	Prostitute as Choosing/victimized Subscale	.106*
Gender	IRMA-SF	.269**
Gender	Affective Regulation Subscale	.161**
Gender	Perspective Taking Subscale	.142**
Gender	Previous Training on Human Trafficking	-.112*
Gender	EAI	.112*
Training	IRMA	.127*
Training	Self-Other Awareness Subscale	-.101*

Note. * $p < .05$. ** $p < .01$.

Table 7

Statistically Significant Correlation Coefficients Between Age and Attitudes Toward Prostitutes and Prostitution Scale, Illinois Rape Myth Acceptance Scale Short Form, Empathy Assessment Index, and Marlowe-Crowne Survey

Variable 1	Variable 2	Correlation (r)
Age	“Prostitutes/Trafficked women earn a lot of money.”	.164**
Age	“Prostitutes/Sex trafficking allows the women who practice it to actualize their sexual fantasies.”	.177**
Age	“Most prostitutes/trafficked women are ugly.”	-.100*
Age	“Prostitutes/trafficked women like sex.”	.133*
Age	“Through prostitution/sex trafficking, pretty girls can find a husband.”	.122*
Age	“When girls go to parties wearing slutty clothes, they are asking for trouble.”	.199*
Age	“If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.”	.255**
Age	“If a girl acts like a slut, eventually she is going to get into trouble.”	.204**
Age	“When girls get raped, it’s often because the way they said ‘no’ was unclear.”	.101*
Age	“If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.”	.232**
Age	“When guys rape, it is usually because of their strong desire for sex.”	-.187**
Age	“If both people are drunk, it can’t be rape.”	-.125*
Age	“If a girl doesn’t physically resist sex, even if protesting verbally, it can’t be considered rape.”	.100*
Age	“Rape accusations are often used as a way of getting back at guys.”	.103*
Age	“A lot of times, girls who say they were raped often led the guy on and then had regrets.”	.137**
Age	“Girls who are caught cheating on their boyfriends sometimes claim it was rape.”	.146**

(table continues)

Table 7 (continued)

Statistically Significant Correlation Coefficients Between Age and Attitudes Toward Prostitutes and Prostitution Scale, Illinois Rape Myth Acceptance Scale Short Form, Empathy Assessment Index, and Marlowe-Crowne Survey

Variable 1	Variable 2	Correlation (r)
Age	“Emotional stability describes me well.”	.149**
Age	“I can imagine what the character is feeling in a good movie.”	-.164**
Age	“I can tell the difference between someone else’s feelings and my own.”	.119*
Age	“When I see a person experiencing a strong emotion I can accurately assess what that person is feeling.”	-.181**
Age	“Friends view me as a moody person.”	.162*
Age	“When I see a person experiencing a strong emotion, I can describe what the person is feeling to someone else.”	-.139**
Age	“I can imagine what it’s like to be in someone else’s shoes.”	-.189**
Age	“When I am upset or unhappy, I get over it quickly.”	.196**
Age	“I can agree to disagree with other people.”	.104*

Note. * $p < .05$. ** $p < .01$.

Significant Correlations With Gender

Bivariate correlational analyses were conducted to examine whether significant relationships existed between counselor gender and the APPS/ATTS, EAI, and IRMA-SF. Gender and previous training on prostitution and/or human trafficking were significantly correlated, $r = -.112$, $p < .05$. Based on the results of the correlation coefficient, males were less likely to have received training on prostitution and/or human trafficking compared to females. Gender and years of counseling experience were

significantly correlated, $r = -.110, p < .05$. Based on the results of the correlation coefficient, men reported more counseling experience than women.

Regarding the APPS/ATTS surveys, gender was significantly correlated to the PSCV subscale, $r = .102, p < .05$, and the PNCV subscale, $r = .102, p < .05$. Thus, female counselors were more likely than their male counterparts to perceive prostitutes as victims and were more likely to hold the attitude that prostitution occurred as the result of victimization. Gender and the IRMA-SF were significantly correlated, $r = -.269, p < .01$, with counselor gender significantly correlating with 19 out of 22 items on the IRMA-SF (86%). Based on the results of the correlation coefficients, male counselors reported greater acceptance of rape myths compared to female counselors.

Regarding the EAI, gender was significantly correlated to the Perspective Taking ($r = .161, p < .01$) and Affective Regulation ($r = .142, p < .01$) subscales on the EAI, in addition to the overall EAI measure ($r = .112, p < .05$). Thus, female counselors reported greater success with imagining the experiences of others and were more likely to experience automatic reactions when observing the emotions of others. Compared to their male counterparts, females reported higher scores of empathy overall. Table 8 outlines the significant correlation coefficients between gender and survey items.

Table 8

Statistically Significant Correlation Coefficients Between Gender and Attitudes Toward Prostitutes and Prostitution Scale, Illinois Rape Myth Acceptance Scale Short Form, and Empathy Assessment Index, and Marlowe-Crowne Survey

Variable 1	Variable 2	Correlation (r)
Gender	“Without prostitution/sex trafficking more women would get raped.”	.155**
Gender	“Most prostitutes/trafficked women are ugly.”	-.110*
Gender	“Prostitution/sex trafficking is a violation of women’s human dignity.”	.154**
Gender	“Prostitution/sex trafficking is a form of violence against women.”	.158**
Gender	“Prostitution/sex trafficking increases the rate of sexually transmitted diseases.”	.117*
Gender	“Prostitution/sex trafficking harms the institution of marriage.”	-.106*
Gender	“Most prostitutes/trafficked women only work for a few years to get settled financially.”	.109*
Gender	“Prostitutes/trafficked women are unable to get out of the situation they are in.”	.121*
Gender	“Through prostitution/sex trafficking, pretty girls can find a husband.”	.103*
Gender	“If a girl is raped while she is drunk, she is at least responsible for letting things get out of hand.”	-.149**
Gender	“When girls go to parties wearing slutty clothes, they are asking for trouble.”	-.200**
Gender	“If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.”	-.137**
Gender	“If a girl acts like a slut, eventually she is going to get into trouble.”	-.145**
Gender	“When girls get raped its often because the way they said no was unclear.”	-.114*

(table continues)

Table 8 (continued)

Statistically Significant Correlation Coefficients Between Gender and Attitudes Toward Prostitutes and Prostitution Scale, Illinois Rape Myth Acceptance Scale Short Form, and Empathy Assessment Index, and Marlowe-Crowne Survey

Variable 1	Variable 2	Correlation (r)
Gender	"If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex."	-.197**
Gender	"When guys rape, it is usually because of their strong desire for sex."	-.132**
Gender	"Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away."	-.188**
Gender	"Rape happens when a guy's sex drive goes out of control."	-.130*
Gender	"If both people are drunk, it can't be rape."	-.157**
Gender	"If a girl doesn't physically resist sex, even if protesting verbally, it can't be considered rape."	-.117*
Gender	"If a girl doesn't physically fight back, you can't really say it was rape."	-.132**
Gender	"A rape probably doesn't happen if a girl doesn't have any bruises or marks."	-.178**
Gender	"If the accused rapist doesn't have a weapon, you can't really call it rape."	-.196**
Gender	"A lot of times, girls who say they were raped agreed to have sex and then regret it."	-.173**
Gender	"Rape accusations are often used as a way of getting back at guys."	-.178**
Gender	"A lot of times, girls who say they were raped often led the guy on and then had regrets"	-.177**
Gender	"A lot of times, girls who claim they were raped have emotional problems."	-.148**
Gender	"Girls who are caught cheating on their boyfriends sometimes claim it was rape."	-.218**

(table continues)

Table 8 (continued)

Statistically Significant Correlation Coefficients Between Gender and Attitudes Toward Prostitutes and Prostitution Scale, Illinois Rape Myth Acceptance Scale Short Form, and Empathy Assessment Index, and Marlowe-Crowne Survey

Variable 1	Variable 2	Correlation (r)
Gender	“When I see someone receive a girl that makes them happy, I feel happy myself.”	.182**
Gender	“I can imagine what the character is feeling in a good movie.”	.177**
Gender	“When I see someone being publically embarrassed sometimes I cringe a little.”	.161**
Gender	“When I see a person experiencing a strong emotion I can accurately assess what the person is feeling.”	.108*
Gender	“I can imagine what it’s like to be in someone else’s shoes.”	.108*
Gender	“Hearing laughter makes me smile.”	.111*

Note. * $p < .05$. ** $p < .01$.

Significant Correlations With Years of Counseling Experience

Bivariate correlational analyses were conducted to examine whether significant relationships existed between years of counselor experience and the APPS/ATTS, EAI, and IRMA-SF. Years of counseling experience and previous training on prostitution and/or human trafficking were significantly correlated, $r = -.142, p < .01$. The longer LPCs and LPCCs had practiced, the less likely they were to have received training on prostitution and human trafficking. Years of counseling experience was also significantly correlated with the APPS/ATTS item, “Prostitutes/trafficked women earn a lot of money,” $r = .153, p < .01$. The longer counselors had practiced, the more they believed

engaging in prostitution or being trafficked was a lucrative endeavor. Years of counseling experience were not significantly correlated with overall APPS/ATTS scores ($r = .030, p > .05$), overall IRMA-SF scores ($r = .055, p > .05$), or overall EAI scores ($r = .025, p > .05$).

Significant Correlations With Training on Prostitution and/or Human Trafficking

Bivariate correlational analyses were conducted to examine whether significant relationships existed between previous training on prostitution and/or human sex trafficking and the APPS/ATTS, EAI, and IRMA-SF. An examination between training and survey items revealed a significant relationship between previous training and the APPS/ATTS item, “Most prostitutes/trafficked women are morally corrupt” ($r = .157, p < .01$), “Most prostitutes/trafficked women are ugly” ($r = .150, p < .01$), “Prostitutes/trafficked women spread AIDS” ($r = .122, p < .05$), “Prostitutes/trafficked women enjoy the controlling of men” ($r = -.125, p < .05$), “Prostitution/sex trafficking is a way for some women to gain power and control” ($r = -.113, p < .01$), and “Prostitution/sex trafficking harms the institution of marriage” ($r = .108, p < .05$). Based on the bivariate correlations, LPCs and LPCCs in Ohio who had not received training on prostitution and/or sex trafficking were more likely to believe prostitutes and/or trafficked women were morally corrupt, ugly, spread AIDs, and harmed the institution of marriage. LPCs and LPCCs who had not received training on prostitution and/or sex trafficking were less likely to believe that prostitutes/trafficked women engaged in sex acts to gain power and control and enjoyed the controlling of men.

Previous training was significantly correlated with the overall IRMA-SF scale ($r = .127, p < .05$) and the Self-Other Awareness subscale. Thus, counselors with no previous training on prostitution/sex trafficking were more likely to accept rape myths and less likely to successfully engage in the empathy construct of perspective taking.

Significant Correlations Between Survey Items

Bivariate correlational analyses were conducted to examine whether significant relationships existed between items on the APPS/ATTS, EAI, and IRMA-SF. The APPS/ATTS survey item, “Most prostitutes/trafficked women are ugly” was significantly correlated with 22 items (76%). The results of the bivariate correlations revealed counselors’ perception that the “uglier” prostitutes/trafficked women were, the more likely they were to harm the institution of marriage, increase the rate of sexually transmitted diseases, spread AIDS, damage society’s morals, be morally corrupt, and have drug addictions. This APPS/ATTS item was of interest due to the presence of the label “ugly.”

The overall IRMA-SF scale was significantly correlated to 23 items on the APPS/ATTS (79%) and the overall mean score for SDD attitudes, $r = -.132, p < .01$. Thus, a relationship existed between higher scores of items indicating agreement with sexual domination discourse and lower levels of rape myth acceptance. The more counselors in this study perceived prostitutes to be victims and prostitution as the result of victimization, the less likely they were to accept rape myths. The IRMA-SF scale was significantly correlated with the EAI subscales of Affective Regulation ($r = -.169, p < .01$) and Perspective Taking ($r = -.181, p < .01$). Thus, a relationship existed between

greater reported abilities to imagine and react to the emotions of others and lower levels of rape myth acceptance. Counselors who believed they were better able to imagine and subsequently experience themselves in other people's shoes were less likely to accept rape myths.

A significant correlation was found between the APPS/ATTS item "Prostitutes/trafficked women are unable to get out of the situation they are in" and the APPS/ATTS items "Prostitution/sex trafficking is forced undesirable sexual behavior" ($r = .361, p < .01$), "Most prostitutes are morally corrupt" ($r = -.180, p < .01$), and "Prostitution/sex trafficking is a form of violence against women" ($r = .292, p < .01$). Thus, counselors who perceived prostitutes/trafficked women were victimized by their situations were more likely to perceive sex acts as forced undesirable behaviors, believe prostitutes were not morally corrupt, and agree that prostitution was violent. Finally, a significant correlation was found between the APPS/ATTS item, "Prostitutes/trafficked women are unable to get out of the situation they are in," and the overall mean score for sexual dominance discourse ($r = .494, p < .01$). Therefore, counselors who perceived women who engaged in sex acts were victimized were more likely to adhere to high SDD attitudes.

Regression Analyses

I conducted multiple regression analyses to examine whether the combination of APPS/ATTS scores and counselor demographics predicted empathy scores on the EAI and scores of rape myth acceptance on the IRMA-SF. The following section provides a detailed analysis of these findings.

Regression Analyses Results for the EAI

Multiple regressions were conducted to examine whether the linear combination of APPS or ATTS scores and counselor demographics predicted empathy scores on the EAI. The EAI also measures five independent constructs of empathy. Thus, I calculated an overall EAI score in addition to obtaining the mean scores for each of the five EAI subscales for both the APPS and ATTS groups. A total of 12 regression analyses were conducted. The results for each of the regressions are presented below. Table 9 outlines the regression analyses for the EAI.

Overall Empathy Assessment Index. One multiple regression was conducted to test whether the linear combination of APPS scores and counselor age, race/ethnicity, gender, work experience, and education significantly predicted participants' overall scores of empathy on the EAI. The results of the regression indicated race was a significant predictor of empathy ($R^2 = .07$, $F(6,186)=2.357$, $p < .01$). Race explained 7% of the variance for empathy within the APPS group.

One multiple regression was conducted to test whether the linear combination of ATTS scores and counselor age, race/ethnicity, gender, work experience, and education significantly predicted participants' overall scores of empathy on the EAI. The results of the regression was not significant ($R^2 = .05$, $F(6,194)=1.829$, $p > .05$). Therefore, the linear combination of ATTS scores and counselor demographics did not predict overall empathy.

Table 9

Multiple Regression Analysis for APPS (N = 193) and ATTS (N = 203) With EAI

Variable	<i>B</i>	<i>SE B</i>	APPS <i>β</i>	<i>t</i>	<i>Sig. (p)</i>	<i>B</i>	<i>SE B</i>	ATTS <i>β</i>	<i>t</i>	<i>Sig.(p)</i>
EAI										
Constant	4.169	.282		14.801	.000	4.169	.450		9.257	.000
Gender	-.150	.085	-.127	-1.763	.080	-.193	.097	-.146	-1.993	.048
Race	.268	.101	.039	.2651	.009**	-.098	.118	-.061	-.830	.408
Education	.060	.112	.039	.533	.594	-.069	.096	-.055	-.718	.474
Age	.001	.003	.033	.313	.594	-.005	.004	-.168	-1.462	.145
Experience	9.389	.004	.002	.022	.983	.007	.005	.175	1.526	.129
Attitudes	.085	.072	.085	1.186	.237	.227	.119	.137	1.906	.058
EAI (AM)										
Constant	4.629	.367		12.611	.000	3.849	.639		6.025	.000
Gender	-.132	.111	-.086	-1.191	.235	-.209	.138	-.110	-1.519	.130
Race	.269	.132	.148	2.041	.043	.019	.168	.008	.110	.912
Education	.271	.146	.135	1.850	.066	.081	.136	.045	.600	.549
Age	-.005	.004	-.125	-1.184	.238	-.013	.005	-.283	-2.483	.014*
Experience	.000	.006	-.007	-.066	.948	.008	.007	.135	1.189	.236
Attitudes	.032	.094	.024	.338	.736	.371	.169	.156	2.197	.129*
EAI (AR)										
Constant	4.082	.424		9.630	.000	3.864	.663		5.832	.000
Gender	-.252	.128	-.144	-1.976	.050	-.335	.143	-.169	-2.350	.020*
Race	.231	.152	.111	1.520	.130	-.232	.174	-.097	-1.336	.183
Education	-.091	.169	-.039	-.536	.593	-.233	.141	-.124	-1.656	.099
Age	.000	.005	-.007	-.069	.945	-.008	.005	-.166	-1.475	.142
Experience	.002	.006	.025	.235	.815	.006	.007	.102	.904	.367
Attitudes	.163	.108	.109	1.509	.133	.378	.175	.152	2.162	.032*

(table continues)

Table 9 (continued)

Multiple Regression Analysis for APPS (N = 193) and ATTS (N = 203) With EAI

Variable	APPS					ATTS				
	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>Sig. (p)</i>	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>Sig.(p)</i>
EAI (PT)										
Constant	4.442	.341		12.024	.000	4.012	.575		6.980	.000
Gender	-.273	.103	-.188	-2.654	.009*	-.239	.124	-.142	-1.935	.054
Race	.412	.123	.238	3.361	.001*	-.093	.151	-.046	-.619	.537
Education	.012	.136	.007	.091	.927	.016	.122	.010	.132	.895
Age	-.002	.004	-.040	-.389	.698	-.005	.005	-.130	-1.128	.261
Experience	-.001	.005	-.012	-.117	.907	.005	.006	.096	.834	.406
Attitudes	.038	.087	.031	.435	.664	.302	.152	.143	1.990	.048
EAI (SOA)										
Constant	4.292	.385		11.159	.000	4.610	.570		8.082	.000
Gender	-.153	.116	-.097	-1.323	.188	-.214	.123	-.128	-1.741	.083
Race	.200	.138	.106	1.448	.149	.022	.150	.011	.147	.883
Education	.225	.153	.108	1.465	.145	-.009	.121	-.006	-.075	.940
Age	.005	.004	.114	1.074	.284	-.003	.005	-.078	-.672	.503
Experience	-.003	.006	-.055	-.516	.607	.012	.006	.237	2.057	.041
Attitudes	.047	.098	.035	.480	.632	.070	.151	.034	.466	.642

Note. AM = Affective Mentalization, AR = Affective Regulation, ER = Emotion Regulation, PT = Perspective Taking, SOA = Self-Other Awareness.

* $p < .05$. ** $p < .01$.

Affective mentalizing. One multiple regression was conducted to test whether the linear combination of APPS scores and counselor demographics significantly predicted participants' scores of affective mentalizing on the EAI subscale. The result of the regression was non significant ($R^2 = .05$, $F(6,186)=1.952$, $p > .05$). Thus, APPS scores and counselor demographics did not predict scores of empathy on the affective mentalizing subscale.

One multiple regression was conducted to test whether the linear combination of ATTS scores and counselor demographics significantly predicted participants' scores of affective mentalizing on the EAI subscale. The results indicated age and attitude were significant predictors of affective mentalizing ($R^2 = .071$). It was found age significantly predicted the empathy construct of affective mentalizing ($B = -.283$, $p < .05$), as did attitude ($B = .156$, $p < .05$). Age and attitude explained 7% of the variance for the independent empathy construct of affective mentalizing within the ATTS group.

Affective response. One multiple regression was conducted to test whether the linear combination of APPS scores and counselor demographics significantly predicted participants' scores of affective response on the EAI subscale. The results of the regression were non-significant ($R^2 = .05$, $F(6,186) = 1.802$, $p > .05$). The linear combination of APPS scores and counselor demographics did not predict scores on the affective response subscale of empathy within the APPS group.

One multiple regression was conducted to test whether the linear combination of ATTS scores and counselor demographics significantly predicted participants' scores of affective response on the EAI subscale. The results indicated gender and attitude were

significant predictors of affective response ($R^2 = .089$). Gender significantly predicted the empathy construct of affective response ($B = -.169, p < .05$), as did attitude ($B = .152, p < .05$). Thus, gender and SDD attitudes explained 9% of the variance for the independent empathy construct of affective response within the ATTS group.

Emotion regulation. One multiple regression was conducted to test whether the linear combination of APPS scores and counselor demographics significantly predicted participants' scores of emotion regulation on the EAI subscale. The results of the regression were significant ($R^2 = .086$) although there were no individually significant predictors.

One multiple regression was conducted to test whether the linear combination of ATTS scores and counselor demographics significantly predicted participants' scores of emotion regulation on the EAI subscale. The results of the regression were non-significant ($R^2 = .089, F(6,194) = 3.14, p > .05$). The linear combination of ATTS scores and counselor demographics did not predict scores on the emotion regulation subscale of empathy.

Perspective taking. One multiple regression was conducted to test whether the linear combination of APPS scores and counselor demographics significantly predicted participants' scores of perspective taking on the EAI subscale. The results of the regression were significant ($R^2 = .105, F(6,186) = 3.652, p < .05$). It was found race significantly predicted the empathy construct of perspective taking ($B = 2.38, p < .05$), as did gender ($B = -.188, p < .05$). Race and gender explained 10% of the variance for the empathy construct of perspective taking within the APPS group.

One multiple regression was conducted to test whether the linear combination of ATTS scores and counselor demographics significantly predicted participants' scores of perspective taking on the EAI subscale. The results of the regression were non-significant ($R^2 = .044$, $F(6,195)=1.494$, $p > .05$). Thus, the linear combination of ATTS scores and counselor demographics did not predict scores on the perspective taking subscale of empathy.

Self-other awareness. One multiple regression was conducted to test whether the linear combination of APPS scores and counselor demographics significantly predicted participants' scores of self-other awareness on the EAI subscale. The results of the regression were non-significant ($R^2 = .043$, $F(6,186)=1.401$, $p > .05$). The linear combination of APPS scores and counselor demographics did not predict scores on the self-other awareness subscale of empathy.

One multiple regression was conducted to test whether the linear combination of ATTS scores and counselor demographics significantly predicted participants' scores of self-other awareness on the EAI subscale. The results of the regression were non-significant ($R^2 = .045$, $F(6,194)=1.532$, $p > .05$). The combination of ATTS scores and counselor demographics did not predict scores on the self-other awareness subscale of empathy.

Regression Analyses Results for the IRMA-SF

Two multiple regressions were conducted to examine whether the combination of APPS and ATTS scores and counselor demographics predicted scores of rape myth

acceptance on the IRMA-SF. Table 10 outlines the regression analyses for the IRMA-SF.

One multiple regression was conducted to test whether the linear combination of APPS scores and counselor demographics significantly predicted participants' scores of rape myth acceptance on the IRMA-SF. The results of the regression were significant ($R^2 = .156$, $F(6,186)=5.717$, $p < .05$). Gender significantly predicted rape myth acceptance ($B = .273$, $p < .05$), as did age ($B = .236$, $p < .05$), and attitude ($B = -.175$, $p < .05$). Gender, age, and SDD attitudes explained 16% of the variance of rape myth within the APPS group.

One multiple regression was conducted to test whether the linear combination of ATTS scores and counselor demographics significantly predicted participants' scores of rape myth acceptance on the IRMA-SF. The results of the regression were significant ($R^2 = .065$, $F(6,194)= 2.231$, $p < .05$). It was found gender significantly predicted rape myth acceptance ($B = .178$, $p < .05$). Gender explained 7% of the variance for rape myth acceptance within the ATTS group.

Table 10

Multiple Regression Analysis for APPS (N = 193) and ATTS (N = 203) With IRMA-SF

Variable	<i>B</i>	<i>SE B</i>	APPS <i>β</i>	<i>t</i>	<i>Sig. (p)</i>	<i>B</i>	<i>SE B</i>	ATTS <i>β</i>	<i>t</i>	<i>Sig. (p)</i>
IRMA-SF										
Constant	1.807	.290		6.236	.000	1.146	.402		2.850	.005
Gender	.347	.087	.272	3.975	.000**	.212	.087	.178	2.444	.015*
Race	-.026	.104	-.017	-.250	.803	-.184	.106	-.128	-1.745	.083
Education	.013	.115	.008	.116	.908	.055	.085	.049	.645	.520
Age	.008	.003	.236	2.358	.019*	-.001	.003	-.050	-.435	.664
Experience	-.003	.004	-.063	-.630	.530	-.001	.004	-.033	-.291	.771
Attitudes	-.190	.074	-.175	-2.561	.011*	.119	.106	.080	1.119	.265

Note. * $p < .05$. ** $p < .01$

Research Question Results

The following section describes the results of the statistical analyses used for the study in response to my research questions. The first research question was examined using an independent-samples *t*-test. The second and third research questions were examined using linear regressions.

Research Question One Results

Does a significant difference exist between APPS and ATTS scores? Five independent samples *t*-tests were conducted to determine whether a difference existed between overall mean SDD scores on the APPS/ATTS and between the PNCV, PNND, PSCV, PSND subscales.

Higher scores on the APPS/ATTS and on each of the subscales were related to greater agreement on the sexual domination discourse attitude. The sexual domination discourse attitude aligns with the perceptions that prostitutes are victimized and deviant and that prostitution is an inherently deviant act that occurs as the result of victimization. The results of the *t*-test indicated the overall mean scores between APPS and ATTS groups were significantly different. Participants who completed the ATTS scored significantly higher on sexual domination discourse attitudes compared to the APPS group. Therefore, a significant difference existed between the two groups on attitudes based on labels. Counselors who received surveys with “trafficking” labels displayed stronger attitudes indicating prostitutes were victimized and deviant and prostitution was deviant and occurred as the result of victimization.

Four independent-samples *t*-tests were conducted to determine whether a significant difference existed between the mean scores of APPS/ATTS subscales. The results of the *t*-tests revealed a significant difference between mean scores across each of the four subscales with counselors in the ATTS group scoring significantly higher in SDD attitudes. Counselors who received surveys with “trafficking” labels displayed stronger attitudes indicating trafficked survivors were victims and deviant and that sex trafficking was a deviant act that occurred as the result of victimization. The study results revealed labels significantly influenced attitudes.

Research Question Two Results

Do APPS and ATTS scores and counselor demographics predict empathy scores on the EAI? To answer my second research question, a total of 14 regression analyses were conducted. Within the APPS group, race was found to be the only significant predictor on the overall score of empathy although both race and gender were found to be significant predictors of the independent empathy construct of perspective taking. Although the regression was significant for the independent empathy construct of emotion regulation, there were no individually significant predictors.

Within the ATTS group, age and attitudes were found to be significant predictors for the independent empathy construct of affective mentalizing whereas gender and attitude were found to be significant predictors for the independent empathy construct of affective regulation.

Research Question Three Results

Do APPS or ATTS scores and counselor demographics predict rape myth acceptance scores on the IRMA-SF? To answer my third research question, two regressions were conducted to determine whether the linear combination of APPS and ATTS scores and counselor demographics predicted scores of rape myth acceptance on the IRMA-SF. Within the APPS group, gender, age, and attitude were found to be significant predictors of rape myth acceptance. Gender was found to be the only significant predictor within the ATTS group. Within both groups, male counselors were more likely to accept rape myths compared to female counselors.

Chapter Summary

This chapter outlined the results from my study. Sampling procedures were outlined and an analysis of the M-C SDS Form A was presented. The univariate statistics related to the demographic sample of the participants overall and between groups were discussed. The results from independent samples *t*-test were examined and significant correlations were discussed. Finally, results from the multiple regressions were provided. With the results analyzed, the counseling, teaching, and research implications of the study can be explored.

CHAPTER IV

DISCUSSION

The following chapter provides a detailed discussion of the findings from this study. First, the findings of the research questions are reviewed. Next, the implications of the findings are described in relation to the fields of counseling, counselor education, and counselor supervision. The limitations associated with the study are identified and recommendations for future research are provided. The following research questions were identified:

1. Does a significant difference exist between APPS and ATTS scores?
2. Do APPS and ATTS scores and counselor demographics predict empathy scores on the EAI?
3. Do APPS and ATTS scores and counselor demographics predict rape myth acceptance scores on the IRMA-SF?

Discussion of Findings

The purpose of the study was to examine whether labels influenced attitudes, and whether attitudes and counselor demographics predicted scores of empathy on the Empathy Assessment Index (EAI) and scores of rape myth acceptance on the Illinois Rape Myth Acceptance Short Form (IRMA-SF). Attitudes were quantified as the mean score of all participants who completed either the Attitudes Toward Prostitutes and Prostitution Scale (APPS) or the Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS). The Marlowe-Crowne Social Desirability Scale (MC-SDS) was used to determine whether participants were truthful. An analysis of the MC-SDS

denoted the responses provided by the study sample were trustworthy, indicated acceptable rates of social desirability, and that the data results likely reflect participants' true attitudes based on labels.

The results of this study found a difference on attitudes depending on whether “prostitute” or “sex trafficking” labels were used. This study also confirmed how attitudes based on labels as measured by the Attitudes toward Prostitutes and Prostitution Scale (APPS) or Attitudes Toward Sex Trafficking Scale (ATTS) scores and counselor demographics predicted empathy scores on the EAI and scores of rape myth acceptance on the IRMA. Within both APPS and ATTS groups, male counselors were more likely to accept rape myths compared to female counselors. The significance of these study results illuminates the importance of avoiding stigmatizing labels within counseling, counselor education, and counselor supervision settings.

Discussion of Findings and Related Implications for Counselors, Counselor Education, and Supervision

The results of my study represent significant and novel findings on the influence of labels on attitudes and how attitudes and counselor demographics predicted empathy and rape myth acceptance in counselors. The following section outlines the implications for counselors, counselor educators, and supervisors.

Implications for Counselors

Research on therapeutic outcomes has identified empathy as the most important factor in psychotherapy outcome across counselors' theoretical orientation, treatment format, and severity of client's presenting concerns (Elliott et al., 2011). The

implications of this study for counselors emphasize the importance of avoiding stigmatizing labels because they may impede on counselor empathy when conceptualizing and working with clients. As counselors, we are afforded great power through our abilities to diagnose and treat our clients. Once we create a therapeutic space characterized by empathy, clients are better able to access their emotions, identify their needs, and develop more effective coping skills (Paivio & Laurent, 2011; Watson, 2002; Watson, Goldman, & Vanaerschot, 1998). Thus, the counseling relationship represents a powerful dyad that, through mutual trust and respect, promotes increased client insight, awareness, and the self-efficacy required to pursue positive change (Watson et al., 2014). The results of this study illuminate how the use of labels (e.g., prostitute and trafficked survivor) appear to influence beliefs and attitudes about our clients in addition to the amount of empathy we afford to them. Counselors must recognize how using stigmatizing labels when conceptualizing clients and when providing counseling may interfere with the ability of counselors to demonstrate empathy.

Counselors should recognize the importance of avoiding stigmatizing labels when working with sex trafficking survivors. As awareness about the global concern of human trafficking continues to increase, counselors must become educated on the best ways to support trafficked survivors within the therapeutic setting. With an estimated 4.5 million people in scenarios of forced sexual exploitation (ILO, 2012), counselors must be prepared to work with sex trafficked survivors at some point during their counseling career. Clients, including but not limited to sex trafficked survivors, who experience a therapeutic environment characterized by counselor empathy feel more deeply

understood (Clark, 2010), which promotes treatment satisfaction, likelihood of compliance, and involvement in the counseling process (Bohart et al., 2002). Counselors should therefore be mindful of how the use of stigmatizing labels may interfere with our ability to convey accurate empathy within the therapeutic setting. Counselors who use the label “prostitute” when conceptualizing clients may unintentionally ascribe responsibility to the client’s experience, thus impeding their abilities to convey empathy within the counseling setting.

Counselors must be mindful of how stigmatizing labels may perpetuate human trafficking myths. Human trafficking myths are false beliefs that denigrate the victim, excuse the perpetrator, obscure human trafficking, and/or deny or justify the sale or trade of human beings (Cunningham & Cromer, 2016). Using stigmatizing labels such as “prostitute” within the therapeutic setting may unintentionally perpetuate the myth that trafficked women choose to become sexually exploited and damage the therapeutic relationship. Counselors must familiarize themselves about the presence of human trafficking myths and identify and challenge biases they hold about human sex trafficking.

Labels and stigma. Counselors working with sex trafficked survivors should avoid using labels that may influence internalized stigma and feelings of shame. When sex trafficked survivors present in counseling, they are often overwhelmed with feelings of guilt and shame, depression, dissociative reactions, suicidal ideation, posttraumatic stress disorder, and deliberate self-injury (Chesnay, 2013; Hossain et al., 2010). Clients may blame themselves for falling victim to their traffickers and may have developed

unhelpful internalized schemas characterized by a belief that what has occurred was under their control. Counselors who use stigmatizing labels (i.e., prostitute) within the counseling setting may unintentionally contribute to the clients' internalized stigma. Research supports this; internalized stigma associated with the term "prostitute" in commercial sex workers was negatively correlated with wellbeing in Bradley's (2007) research. Furthermore, Tomura (2009) discovered that individuals labeled "prostitute" reported feelings of anger, confusion, frustration, and a sense that they were misunderstood. In contrast, the label "survivor" is one that attempts to connect women to their inner strengths while replacing the victimization paradigm with a perspective characterized by women's ability to cope and survive (Anderson & Gold, 1994). Counselors should use the label "sex trafficked survivor" instead of "prostitute" to empower sex trafficked clients to reframe their experiences from a perspective of resiliency, power, and strength while promoting overall wellbeing.

The results of this study contribute to the existing body of research that linked the use of labels in defining people to increased stigma in the medical, legal, counseling, and social realms (McCoy & DeCecco, 2011; McLindon & Harms, 2011; Russell et al., 2005). The findings of this study are consistent with research that illuminated how the use of labels may influence attitudes. In a study conducted by Granello and Gibbs (2016), 221 undergraduate students, 211 adults from a community center, and 269 licensed professional counselors (LPCs) and counselors-in-training scored lower on measures of tolerance when completing surveys characterized by the label, "the mentally ill" compared to the term, "people with mental illness." A similar phenomenon occurred

in my study. Participants who completed surveys characterized by the stigmatizing labels “prostitute” and “prostitution” scored differently than participants who completed the same survey characterized by the term “sex trafficked survivor.” Specifically, counselors in this study were more likely to perceive trafficked survivors as victimized and more likely to perceive sex trafficking as a form of oppression when “sex trafficking” labels were used instead of “prostitute” or “prostitution” labels. These study results further illuminate the importance of avoiding stigmatizing labels within the counseling setting. Based on the complex, multi-systemic, and unique needs of sex trafficking survivors (Beyrer, 2001; Beyrer & Stachowiak, 2003; Chesnay, 2013; Estes & Weiner, 2002; Silverman et al., 2006; Silverman et al., 2007), it is imperative that counselors working with this population demonstrate empathy by avoiding stigmatizing labels and by facilitating strength based dialogue that promotes positive therapeutic outcomes.

Labels as a predictor of counselor empathy. As counselors, our ability to convey accurate empathy with our clients has been strongly linked to therapeutic outcomes (Elliott et al., 2011; Feller & Cottone, 2003; Roche & Keith, 2014). Using stigmatizing labels such as “prostitute” in counseling may impede clients’ experiences of their counselors as empathic, thus decreasing success in counseling. Counselors must understand how client labeling may create barriers and promote stigma within the counseling relationship while impeding on their abilities to demonstrate accurate empathy. This study contributes to the body of research on empathy by demonstrating how the presence of labels predicts counselor empathy. Counselors who completed surveys characterized by “sex trafficking” labels reported greater success in their abilities

to engage in the independent empathy constructs of affective mentalization and affective responses. Affective mentalizing refers to the process of imagining and subsequently experiencing events as they happen to others and affective responses refer to the autonomic reactions that occur when observing others (Decety & Moriguchi, 2007). It is possible that the use of the term “sex trafficking” influenced the responses as the participants completed the survey. Female counselors who completed surveys with “sex trafficking” labels were significantly more likely to demonstrate affective response. These findings may be explained by a study conducted by Mestre, Samper, Frias, and Tur (2009) who confirmed women have a greater proclivity for empathic responses compared to males and that these differences increase with age. Male counselors may benefit from continued engagement in critical reflection to identify existing barriers to demonstrating empathy.

Counselors who received “prostitute” and “prostitute” labels scored significantly higher than counselors exposed to “sex trafficking” labels on the independent empathy construct of emotion regulation. Emotion regulation refers to the ability to sense what others are feeling without becoming engrossed in their experience (Decety & Moriguchi, 2007). According to Pheterson (1990), the term “prostitute” has historically received a negative stigma within academia and the social sciences. It is possible that the APPS group scored higher than the ATTS group on emotion regulation because participants were exposed to a label that has been historically associated with a heavily stigmatized social status (Pheterson, 1990). Because of the emotional response required to understand the experiences of sexual violence and physical abuse that characterize

prostitution (Farley, 2003), counselors in the APPS group may have needed to engage in greater rates of emotion regulation to mediate the strong emotions elicited by the stigmatizing label compared to the ATTS group.

Within the APPS group, the results of the multiple regression were significant, although there were no individually significant predictors. It is possible that the results from the APPS group were difficult to identify because counselors are required to demonstrate strong emotion regulation skills as part of their practice. Based on the participant demographics, on average, counselors in this study had acquired 11 years of counseling experience. The combination of temperament, skill, and experience within the sample may have affected the independent empathy construct of emotion regulation.

Interestingly, when counselors completed surveys with “prostitute” and “prostitution” labels, race and gender predicted the independent empathy construct of perspective taking, or the cognitive process of imagining others’ experiences (Decety & Moriguchi, 2007). This finding is consistent with previous studies that identified how people of color may demonstrate higher rates of empathy and racial acuity compared to their White counterparts due to their marginalized identities (Azevedo et al., 2012; Seward, 2014). However, it remains challenging to clearly ascertain the influences of race and racial identity due to the limited representation of ethnic and racial groups in research (Suarez & Gadalla, 2010). The effect of membership in a non-majority racial and/or ethnic group may have increased participant empathy for other marginalized groups. Compared to their male counterparts, women are also members of a disempowered group. Thus, a female gender identity may have influenced participants’

abilities to perspective take when imagining the experiences of oppressed others. Based on the discussion of the study's findings, the implications for counselors encompass the need for counselors to recognize the influence of stigmatizing labels on empathy and the greater likelihood of disempowered groups to demonstrate higher rates of empathy.

Specifically, the implications of this study illuminate the need for counselors to recognize that language matters; using "sex trafficked survivor" instead of "prostitute" in client conceptualization influences several independent constructs of empathy.

Labels as a predictor of counselor rape myth acceptance. Counselors must additionally reflect on whether they hold stigmatizing beliefs about individuals who have engaged in commercial sex work or who have survived sexual assault. First, counselors who associate commercial sex work with the label "prostitute" may be doing a disservice to clients who are sex trafficked survivors. Psychologists, social workers, and psychiatrists with prejudicial beliefs about sexual assault were significantly more likely to use victim blaming interventions (Dye & Roth, 1990) which further harms clients and creates barriers to client wellbeing. Second, many trafficked clients do not identify as trafficked due to feelings of shame or lack of awareness to the social injustice of sex trafficking. Recognizing the warning signs that a client is trafficked and understanding the differences between prostitution and sex trafficking are important steps in strengthening our counseling profession and developing trauma informed competencies. It is essential that counselors continue to receive training on developing issues within the helping profession such as sex trafficking to successfully identify and support sex trafficked clients.

A positive correlation was found between the variables of age and rape myth acceptance. In this study, participants were more likely to accept rape myths as they aged. Age strongly correlated with half of the items on the IRMA-SF. Interestingly, younger participants appeared to have more training on prostitution and/or sex trafficking and were less accepting of rape myth compared to older counselors. Increased years of counselor practice were also negatively correlated to the amount of training. Based on these study results, counselors should not overlook the importance of receiving continuing education, especially within the areas of prostitution, sex trafficking, and rape myth acceptance. The findings of my study suggest counselors who have practiced in the field for 11 or more years may not be receiving continuing education on topics related to human sex trafficking, prostitution, and rape myth acceptance. Training was found to be helpful in decreasing rape myth acceptance in counselors.

Sex trafficking training and rape myth acceptance. The results of this study identify the need for counselors to receive trainings and workshops on sex trafficking to deconstruct and challenge preexisting rape myths. Clarifying the language used to identify victims of sex trafficking has historically been one of the greatest challenges in providing support for this unique population (Loff & Sanghera, 2004; McClain & Garrity, 2010). This challenge extends to the field of counseling. Counselors should become aware of the differences between prostitutes and sex trafficked survivors to provide strength based, trauma informed, and evidence based treatment (Chesnay, 2013; Litam, 2017).

The results of this study emphasize the need for counselors to receive training on prostitution and human sex trafficking. The need for counselors to receive training on how to best support sex trafficked survivors is further evidenced by a qualitative study conducted by Kliner and Stroud (2012) in which participants described a lack of training and knowledge about working with trafficked survivors and a desire to learn how to work with the population more effectively. These findings appear consistent with research conducted by Cotton et al. (2000) who found participants who believed in rape myths were also significantly more likely to believe in prostitution myths (e.g., “prostitutes deserve to be raped,” “prostitutes enjoy sex”). My study identifies the role of training in deconstructing and dispelling myths about rape, prostitution, and sex trafficking. Participants who had not received previous training were more likely to accept rape myths and responded in ways that indicated acceptance of human trafficking myths. Human trafficking myths, or false beliefs that denigrate the victim, excuse the perpetrator, and obscure human trafficking, deny or justify the sale or trade of human beings (Cunningham & Cromer, 2016). Findings from my study indicate untrained individuals accepted the human trafficking myths that sex trafficked individuals are young, innocent children or that trafficking victims can easily leave their situations (Cunningham & Cromer, 2016). These myths are often instilled by the media, which portrays victims as young, innocent, and vulnerable children, when in reality, victims of all ages are trafficked (Menaker & Franklin, 2013).

Results from this study further support the existence of human trafficking myths as evidenced by the ways in which labels influenced participant responses regarding

moral corruption and drug use. Based on the results from my study, counselors who had not previously received training were significantly more likely to perceive prostitutes as ugly, morally corrupt, harmful to the institution of marriage, drug addicted, and spread AIDS. Counselors must stay current on the emerging issue of sex trafficking to identify and dispel previously held myths about human trafficking.

Male counselors in this study were less likely to have received previous training on prostitution and/or sex trafficking compared to their female counterparts. Not surprisingly, counselors who lacked previous training also held greater rates of rape myth acceptance. For example, counselors who lacked previous training were more likely to adhere to rape myths such as, “If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex,” “If a girl acts like a slut, eventually she is going to get into trouble,” and “If a girl is raped while she is drunk, she is at least responsible for letting things get out of hand.” Counselors must examine whether they hold false notions about rape and rape victims to dispel similar untrue beliefs about sex trafficking and sex trafficking survivors. The findings of this study were consistent with existing areas of research, which identified how rape myths have been held by counselors in training (Kassing & Prieto, 2003; Kushmider et al., 2015). Despite the idealized belief that counselors, counselors in training, counselor educators, and counselor supervisors are caring individuals who enjoy immunity from discriminatory biases, this study reveals how rape myth acceptance needs to be an area of focus and training within our counseling profession.

The role of morality and victim responsibility are worth examining in the light of my study which illuminated how older counselors were more likely to accept rape myths compared to their younger, less experienced counterparts. This finding was inconsistent with the results of a study conducted by Kushmider et al. (2015) who indicated lower rates of counseling experience was associated with greater rape myth acceptance. Suarez and Gadalla (2010) found higher levels of rape myth acceptance in people with lower education levels and in therapists who worked with rape victims for a longer duration of time. It appears years of counseling experience do predict rape myth acceptance although the relationship between both variables remain unclear. Older participants may adhere to the notion that they are no longer required to receive specific training on emerging areas due to their vast clinical experience.

A continuum model may explain the relationship between age, counseling experience and rape myth acceptance. Individuals without training, with minimal education, and no clinical experience may blindly accept the rape and human trafficking myths presented in the media. As individuals pursue degrees in counseling and begin clinical practice, their existing notions about rape, prostitution, and human trafficking myths may be identified and dispelled. Ultimately, counselors who continue to accrue clinical experience with rape survivors may become desensitized to their clients suffering (Suarez & Gadalla, 2010) and are at greater risk for burnout and vicarious trauma when their identity, worldview, and belief system become disrupted by their client's trauma stories (Trippany et al., 2004). Counselors who work with survivors of sexual trauma

may begin accepting rape myths and attributing false responsibility to the client as a coping mechanism to avoid burnout.

Consistent with the existing body of research, this study indicated men were more likely to adhere to rape myths compared to their female counterparts (Aosved & Long, 2006; Cunningham & Cromer, 2016; Suarez & Gadalla, 2010). The reasons men and women engage in rape myth acceptance may provide an explanation to this gendered difference. According to Lonsway and Fitzgerald (1994), rape myths allow men to justify rape whereas women may accept rape myths to minimize personal vulnerability (i.e., to feel a sense of control over their lives). This gendered hypothesis may explain how counselors with more years of counseling experience demonstrated greater acceptance of rape myths. It is further hypothesized that personal trauma may moderate the effect of rape myth acceptance between genders (Cunningham & Cromer, 2016). Women may demonstrate lower rates of rape myth acceptance compared to men because women experience sexual victimization at higher rates than men (Banyard et al., 2007). Thus, women are more sensitive to the plights of oppression, sexual trauma, and benevolent sexism, which are linked to the perpetuation of rape myth acceptance.

Based on the discussion of findings, the implications for counselors pertain to the need for counselors to receive training on human sex trafficking to identify and dispel existing myths about human sex trafficking and sex trafficking victims. Notably, a specialized training that illuminates the intersection between prostitution, rape myths, and human sex trafficking may be especially beneficial for male counselors. Counselors working with sex trafficked survivors must continue to reflect on whether their clients'

trauma stories are negatively influencing their wellbeing, practice regular self-care and seek supervision.

Implications for Counselor Educators

Counselor educators are called to model affirming, empathic, and ethical behavior within their programs and departments. The results of this study emphasize the importance of avoiding labels and the relationship between labels and stigma. Counselor educators must work to avoid stigmatizing labels in all courses especially those that attribute labels to clients such as diagnosis, psychopathology, and case conceptualization. For example, when describing clients, counselor educators should use the term “client with schizophrenia” in lieu of “schizophrenic” or “schizophrenic client” (Granello & Gibbs, 2016). Furthermore, counselor educators should highlight the negative effects of stigma within the counseling setting and challenge their students to examine the roles of stigma within their own lives to build empathy for trafficked clients.

Counseling continues to represent a developing professional field. Advocating for future areas of clinical counselor competency by creating competencies in human sex trafficking can be valuable ways to support student learning while promoting awareness and dispelling rape and human trafficking myths. Developing areas of competency for emerging issues within the field of counseling is not a new phenomenon. Most recently, the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) developed competencies for counseling Lesbian, Gay, Bisexual, Queer, Intersex, Questioning, and Ally (LGBQIQA) individuals, groups, and communities in 2012. Presently, competencies related to working with sex trafficking survivors have not

yet been established. Counselor educators are called to obtain a deeper understanding on the emerging issue of sex trafficking to best support students who wish to pursue efforts in gender equity, sexual trauma victimization, and social justice. Additionally, sex trafficking competencies within the teaching and counseling settings are needed to better support counselors in training and to facilitate client growth through trauma-informed and evidence based practices.

Just as counselor educators integrate discussions on cross cultural competency across each of the core Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016) core areas, counselor educators must find creative ways to integrate a discussion on trauma sensitive interventions when working with sex trafficked survivors. In a study conducted by Kushmider et al. (2015), counselors in training described feelings of professional helplessness and a desire for specialized coursework or training to learn how to better support clients who have survived all types of sexual assault. Counselor educators should integrate awareness and training on the topic of human sex trafficking as part of the CACREP (2016) required curriculum that addresses trauma. For example, social and cultural foundations courses can include a conversation about sex trafficking as part of a discussion on gender, gender equity, and working with refugee populations. Group counseling courses can include a module on how to facilitate group counseling in a women's shelter that supports safety and treatment for trafficked women. Just as counseling theories courses include dialogue on the implications of each theoretical perspective on client's age, sexual orientation, and race/ethnicity, counselor

educators can examine how each theory may or may not be applicable when counseling survivors of sex trafficking.

Counselor educators should seek to integrate the experiences of prostitutes and trafficked women through case studies, research, and when ethical, first-person narratives, to promote empathy for commercial sex workers. The importance of developing and expanding anti-rape educational programs and trainings on human sex trafficking awareness and treatment has been established. In a study conducted by Cotton et al. (2000), more college men than college women endorsed prostitution and rape myths. Of the 276 college men who participated in the study, the 17 men who reported using prostituted women endorsed prostitution myths at a lower rate. Thus, the men's direct experience with prostitutes decreased their acceptance of prostitution myths (Cotton et al., 2000). Inducing empathy for a member of a stigmatized group has been found to improve attitudes toward the group as a whole (Batson et al., 1997). Counselor educators should challenge students to conceptualize the experiences of sex trafficked clients from a personal perspective to effectively build empathy for the group as a whole.

Implications for Counselor Supervision

According to Kushmider et al. (2015), clinical supervision is one way that counselors in training can safely explore their assumptions specific to rape myths. Counselor supervisors are called to empower counselors to maintain the ethical codes and standards for the profession (American Counseling Association, 2014) while ensuring the welfare of the client. Given the findings of the current study, counselor supervisors must continue to emphasize the importance of avoiding stigmatizing labels in counseling and

challenge their supervisees to engage in guided self reflection and examination of their existing notions about sex trafficking, prostitution, and rape myths.

Counselor supervisors must be prepared to support their supervisees with resources when necessary. Counselor supervisors can refer to the National Human Trafficking Hotline or connect with available mental health agencies to be prepared to support their supervisees with a variety of treatment options. This study's findings contribute to research on the influence of working with sexual trauma survivors and rape myth acceptance in counselors. Research conducted by Suarez and Gadalla (2010) discovered that counselors working with rape survivors over long periods of time were at greater risk for becoming desensitized to their clients suffering. My study identified greater rates of rape myth acceptance in older counselors with more counseling experience. The implications of my study emphasize the need for counselor supervisors who have accrued many years of clinical experience to attend trainings and workshops on prostitution and sex trafficking to stay abreast on this important issue.

Counselor supervisors should reflect on whether their own psychological wellbeing increases their rates of rape myth acceptance and impedes on their abilities to supervise counselors working with sex trafficking survivors. My study identified greater rates of rape myth acceptance in older counselors who had accrued more years of counseling experience. Counseling supervisees need to process their experiences within supervision to successfully manage stress when working with sex trafficked survivors. It is possible that rates of rape myth acceptance increase due to counselor supervisors' lack of self-care or experiences of burnout. The importance of counseling supervisors for

counselors working with sex trafficked survivors have been established by Kliner and Stroud (2012) who assessed the psychological and physical impact on health and social care staff who worked with sex trafficked survivors. In addition to themes associated with burnout and the challenges of developing coping mechanisms, participants in the study identified the importance of supervision and support in their work with clients (Kliner & Stroud, 2012). Specifically, helping professionals in the study who worked directly with sex trafficking survivors described the importance of clinical supervision as a valuable method of managing stress, believing it to be mandatory (Kliner & Stroud, 2012). The importance of self-care, for both supervisors and supervisees, needs to be addressed within counseling supervision to ensure that the presence of rape myths has not begun to impair their abilities. Counselor supervisors must role model strong self-care strategies

Counselor supervisors may be at greater risk for burnout and secondary traumatization due to the combined stress of providing their own counseling in addition to supervising the counseling experiences of their supervisees. Counselor supervisors working with sexual assault survivors, rape victims, and sex trafficking survivors must reflect on whether they are becoming desensitized to their clients' and supervisees' stories of victimization. It may be beneficial for counseling supervisors to pursue their own individual counseling to process their experiences and strengthen their existing coping resources. Also, because burnout represents an insidious process, counselor supervisors must encourage counselors that work with sex trafficking survivors to engage in peer supervision and to monitor their own wellness. Peer supervision for trauma

counselors provides an opportunity for counselors to examine their perspectives and may provide insight regarding whether indications of burnout (e.g., feelings of helplessness, loss of control, vicarious trauma) are present (Trippany et al., 2004). Healthcare professionals working with sex trafficking survivors reported their client population was more overwhelming and difficult to deal with emotionally compared to other vulnerable populations (Kliner & Stroud, 2012). Counselor supervisors should normalize the stress, anxiety, and feelings of helplessness that many counselors experience when working with this challenging population.

Counselor supervisors should receive training on sex trafficking to better serve trafficked clients and the counselors who work with this population. Counselor supervisors must be knowledgeable about resources, promote awareness, and recognize trauma informed techniques that empower the trafficked client and support their supervisee. Counseling supervisors have a responsibility to prevent counselor vicarious trauma and can promote wellness by encouraging peer support groups, providing information about vicarious trauma, encouraging spirituality, and diversifying counselor caseloads (Trippany et al., 2004). Finally, counselor supervisors should emphasize the importance of self-care and maintaining healthy boundaries through good supervision and modeling.

Limitations of the Present Study

The following section outlines study limitations related to research methodology, demographic characteristics of participants, and additional variables.

Research Methodology

Quantitative research methods including *t*-tests and multiple regressions were used to investigate the research questions. Although benefits of quantitative research include the relatively quick process of data collection, data analysis, and a useful means for studying large numbers of people, researchers may miss out on other phenomena due to focus on hypothesis testing rather than hypothesis generation (Johnson & Onwuegbuzie, 2004). Future studies that examine the influence of labels on attitudes and predictors of empathy and rape myth acceptance may benefit from using a qualitative or mixed methods approach to explore the deeper meaning and relationships of participants between variables.

Demographic Characteristics of the Participants

Based on the demographic characteristics of the participants, most counselors within the study were middle aged, White females who had earned a master's degree and worked an average of 11 years. Due to the overrepresentation of White females in the study, I was unable to complete detailed analyses on the influence of labels on attitudes across more diverse counselor demographics. However, this limitation may be negligible due to the underrepresentation of males and underrepresented groups within the fields of counseling and counselor education. Future studies should examine whether these results could be replicated across varying age groups, race/ethnicities, and genders. For example, the results of my study indicated male participants were less likely to have received previous training on prostitution/sex trafficking than women. Future research is

needed to determine whether this finding was due to a small sample size of men who completed this study.

Recommendations for Future Research

The results of my study indicated male counselors in Ohio were less likely to have received previous training on prostitution/sex trafficking than women. Of the total 22 items on the IRMA-SF, 19 items were significantly correlated with gender. These results support the importance of training for male counselors to deconstruct their biases toward rape, rape victims, rape perpetrators, and conditions related to consent.

According to the bivariate correlations, previous training on prostitution and/or sex trafficking significantly correlated with several items on the APPS/ATTS and on the IRMA-SF. Future areas of research should examine the experiential components (i.e., hearing sex trafficking stories, receiving additional training on the sex trafficking trade) that explain how training on prostitution and/or sex trafficking mediates acceptance of rape myths. Additionally, future areas of study are needed to identify the factors that motivate counselors to receive training on human sex trafficking. For example, qualitative or mixed methods studies could identify the reasons why counselors independently sought out specialized training on human sex trafficking or whether counselors who received training did so to fulfill a requirement at their workplace. Future areas of study should also identify the most common human trafficking myths that exist within the fields of counseling, counselor education, and counselor supervision. Researchers could facilitate focus groups at various location including university settings, community mental health centers, agencies, and schools to identify and challenge

preconceived myths about human sex trafficking and the implications of counseling trafficked survivors. A deeper understanding on the most common human trafficking myths present within the fields of counseling, counselor education, and supervision are needed to develop effective training programs.

Competencies for increasing awareness of and working with sex trafficking survivors within the areas of counseling, counselor education, and counselor supervision are needed. Experts on the topic of human sex trafficking should collaborate and document ways to identify trafficked survivors across school, clinical, and community settings. Additional areas of sex trafficking competencies should describe the ways in which individuals may become trafficked and outline the implications of using labels when working with trafficked survivor. Finally, evidence-based treatment for counseling sex trafficking survivors and trauma-informed techniques for supervising counselors working with sex trafficking survivors should be identified.

Age strongly correlated with half of the items on the IRMA-SF. An understanding of the barriers that keep older counselors from pursuing continuing education and training are thus needed. Regarding research methodology, future studies should seek to integrate opportunities for qualitative responses that may provide greater insight regarding participants' attitudes about labels.

Summary

The purpose of this study was to determine whether labels influenced attitudes and whether attitudes and counselor demographics predicted scores of empathy and scores of rape myth acceptance in Ohio counselors. The results of this study illuminated

the relationship between labels and attitudes. Specifically, “prostitute” and “prostitution” labels negatively influence counselors’ perceptions of prostitutes as victims and prostitution as an act of victimization. Conversely, using non-stigmatizing language (i.e., “sex trafficked survivor”) elicited stronger beliefs that trafficked women were victims and that trafficking was an act of victimization. Labels were also found to predict empathy and rape myth acceptance in counselors. The implications of this study related to the fields of counseling, counselor education, and counselor supervision were outlined and the limitations related to the research methodology were presented. Future research should focus on identifying and deconstructing the current human trafficking myths within the fields of counseling, counselor education, and supervision. Counselor educators should also work to develop competencies when working with sex trafficking survivors. Future studies should identify the motivating factors and barriers to receiving training on human sex trafficking.

APPENDICES

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL

Appendix A

Institutional Review Board Approval

 **RAGS Research Compliance** <researchcompliance@kent.edu> Jun 6   
to JOHN, me, JANE, Kelly ▾

RE: Protocol #17-277 - entitled "An Examination of Whether Scores of Attitudes Based on Labels and Counselor Attributes Predict Scores of Human Relations and Beliefs About Rape in Counselors"

We have assigned your application the following IRB number: **17-277**. Please reference this number when corresponding with our office regarding your application.

The Kent State University Institutional Review Board has reviewed and approved your Application for Approval to Use Human Research Participants as Level I/Exempt from Annual review research. **This approval is good for 3 years from date of approval.** Your research project involves minimal risk to human subjects and meets the criteria for the following category of exemption under federal regulations:

- Exemption 2: Educational Tests, Surveys, Interviews, Public Behavior Observation

This application was approved on June 6, 2017.

*****Submission of annual review reports is not required for Level 1/Exempt projects. We do NOT stamp Level I protocol consent documents.**

For compliance with:

- DHHS regulations for the protection of human subjects (Title 45 part 46), subparts A, B, C, D & E

If any modifications are made in research design, methodology, or procedures that increase the risks to subjects or includes activities that do not fall within the approved exemption category, those modifications must be submitted to and approved by the IRB before implementation. Please contact an IRB discipline specific reviewer or the Office of Research Compliance to discuss the changes and whether a new application must be submitted. [Visit our website](#) for modification forms.

Kent State University has a Federal Wide Assurance on file with the Office for Human Research Protections (OHRP); [FWA Number 00001853](#).

To search for funding opportunities, please sign up for a free Pivot account at http://pivot.cos.com/funding_main

If you have any questions or concerns, please contact us at Researchcompliance@kent.edu or by phone at [330-672-2704](tel:330-672-2704) or [330-672-8058](tel:330-672-8058).

APPENDIX B

DEMOGRAPHICS/BACKGROUND INFORMATION SHEET

Appendix B

Demographics/Background Information Sheet

Age: _____

Race/Ethnicity (click all that apply):

- _____ African American/Black
- _____ American Indian/Alaskan Native
- _____ Asian American/Asian
- _____ Caucasian/White
- _____ Hispanic/Latino/a
- _____ Arab American
- _____ Native Hawaiian/Pacific Islander
- _____ Other

Highest Level of Education

- _____ Master's Degree
- _____ Doctoral Degree

Gender

- _____ Male
- _____ Female
- _____ Transgender
- _____ Other (please describe)

Years of Counseling Experience: _____

Professional Counseling Organization Memberships (click all that apply):

- _____ American Counseling Association (ACA)
- _____ Ohio Counseling Association (OCA)
- _____ American Mental Health Counselors Association (AMHCA)
- _____ Ohio Association for Counselor Education and Supervision (OACES)
- _____ Association for Adult Development and Aging (AADA)
- _____ Association for Assessment and Research in Counseling (AARC)
- _____ Association for Child and Adolescent Counseling (ACAC)
- _____ Association for Creativity in Counseling (ACC)
- _____ American College Counseling Association (ACCA)
- _____ Association for Counselor Education and Supervision (ACES)
- _____ The Association for Humanistic Counseling (AHC)
- _____ Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC)

- ☐ Association for Multicultural Counseling and Development (AMCD)
- ☐ American Mental Health Counselors Association (AMHCA)
- ☐ American Rehabilitation Counseling Association (ARCA)
- ☐ American School Counselor Association (ASCA)
- ☐ Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)
- ☐ Association for Specialists in Group Work (ASGW)
- ☐ Counselors for Social Justice (CSJ)
- ☐ Military and Government Counseling Association (MGCA)
- ☐ National Career Development Association (NCDA)
- ☐ National Employment Counseling Association (NECA)
- ☐ Other

Graduated from CACREP Program:

- ☐ Yes
- ☐ No
- ☐ Unsure

Have you received training on human trafficking and/or prostitution?

- ☐ Yes
- ☐ No

APPENDIX C

ATTITUDES TOWARD PROSTITUTES AND PROSTITUTION SCALE (APPS)

Appendix C

Attitudes Toward Prostitutes and Prostitution Scale (APPS)

Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

	Fully Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Fully Disagree
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

	Fully Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Fully Disagree
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					

APPENDIX D

PERMISSION TO USE THE ATTITUDES ABOUT PROSTITUTES AND PROSTITUTION SCALE (APPS)

Appendix D

Permission to Use the Attitudes Toward Prostitutes and Prostitution Scale (APPS)

Stacey Diane Litam <slitam@kent.edu>

Feb 24 ☆

to Lia ▾

Dear Dr. Levin,

Good evening!

Since our last correspondence, I have been working hard on my dissertation proposal. Would you please respond with permission confirming that I may officially use your instrument for my research? Of course, I will certainly share my findings with you once I complete the study!

Thanks again, for all you meaningful work in the field!

Warm regards,

Stacey Diane Aranez Litam, M.A., NCC, LPC
Mental Health Counselor | Moore Counseling & Mediation Services, INC
Doctoral Candidate | Counseling and Human Development Services | Kent State University

Lia Levin <lialevin@gmail.com>

Feb 26 ☆

to me ▾

Dear Stacey,

I confirm that you have my full permission to use our instrument. Naturally, any description of it should be referenced properly.

Good luck,

Lia

--

Lia Levin, Ph.D.
Senior Lecturer, Head of the BA Program
Bob Shapell School of Social Work | Tel Aviv University
Visiting Senior Research Fellow
Centre for Public Policy Research | King's College, London

APPENDIX E

ATTITUDES TOWARD TRAFFICKED WOMEN AND SEX TRAFFICKING

SCALE (ATTS)

Appendix E

Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS)

Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

	Fully Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Fully Disagree
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

	Fully Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Fully Disagree
16.	Sex trafficking provides men with opportunities for stress relief.				1 2 3 4 5
17.	Sex trafficking is a form of violence against women.				1 2 3 4 5
18.	Trafficked women like sex.				1 2 3 4 5
19.	Many trafficked women are students who prefer a convenient, profitable job.				1 2 3 4 5
20.	Trafficked women are victims of drug abuse.				1 2 3 4 5
21.	Sex trafficking is a way for some women to gain power and control.				1 2 3 4 5
22.	Trafficked women choose to be prostitutes.				1 2 3 4 5
23.	Sex trafficking increases the rate of sexually transmitted diseases.				1 2 3 4 5
24.	Sex trafficking is a form of rape in which the victim gets paid.				1 2 3 4 5
25.	Sex trafficking harms the institution of marriage.				1 2 3 4 5
26.	Trafficked women only work for a few years to get settled financially.				1 2 3 4 5
27.	Trafficked women are unable to get out of the situation they are in.				1 2 3 4 5
28.	Sex trafficking is a way to empower economically disadvantaged populations.				1 2 3 4 5
29.	Through sex trafficking, pretty girls can find a husband.				1 2 3 4 5

APPENDIX F

PERMISSION TO USE THE ATTITUDES ABOUT TRAFFICKED WOMEN AND SEX TRAFFICKING SCALE (ATTS)

Appendix F

Permission to Use the Attitudes About Trafficked Women and Sex Trafficking Scale (ATTS)

Stacey Diane Litam <slitam@kent.edu>

Mar 28 (7 days ago) ☆



to Lia ▾

Dear Dr. Levin,

Hello again! My committee requests one more confirmation from you.

Could you please confirm that you approve the use of our parallel survey in which the "prostitute/prostitution" labels were updated with "human trafficking" labels?

Thank you again for all your continued support! I look forward to conducting my research and sharing the findings with you.

Lia Levin

Apr 2 (2 days ago) ☆



to me ▾

Dear Stacey,

I'm glad to hear your project is coming along. I confirm my approval you substitute the "prostitute/prostitution" labels used in our measure with labels pertaining to human trafficking.

Kind regards,

Lia

--

Lia Levin, Ph.D.

APPENDIX G

ILLINOIS RAPE MYTH ACCEPTANCE SCALE SHORT FORM (IRMA-SF)

Appendix G

Illinois Rape Myth Acceptance Scale Short Form (IRMA-SF)

Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

	Fully Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Fully Disagree
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
11.	It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.				1 2 3 4 5
12.	If both people are drunk, it can't be rape.				1 2 3 4 5
13.	If a girl doesn't physically resist sex – even if protesting verbally – it can't be considered rape.				1 2 3 4 5
14.	If a girl doesn't physically fight back, you can't really say it was rape.				1 2 3 4 5
15.	A rape probably doesn't happen if a girl doesn't have any bruises or marks.				1 2 3 4 5
16.	If the accused “rapist” doesn't have a weapon, you really can't call it rape.				1 2 3 4 5
17.	If a girl doesn't say “no” she can't claim rape.				1 2 3 4 5
18.	A lot of times, girls who say they were raped agreed to have sex and then regret it.				1 2 3 4 5
19.	Rape accusations are often used as a way of getting back at guys.				1 2 3 4 5
20.	A lot of times, girls who say they were raped often led the guy on and then had regrets.				1 2 3 4 5
21.	A lot of times, girls who claim they were raped have emotional problems.				1 2 3 4 5
22.	Girls who are caught cheating on their boyfriends sometimes claim it was rape.				1 2 3 4 5

APPENDIX H
EMPATHY ASSESSMENT INDEX (EAI)

Appendix H

Empathy Assessment Index (EAI)

Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

	Never Always	Rarely	Sometimes	Frequent	Almost Always
1.	When I see someone receive a gift that makes them happy, I feel happy myself.				1 2 3 4 5
2.	Emotional stability describes me well.				1 2 3 4 5
3.	I am good at understanding other people's emotions				1 2 3 4 5
4.	I can consider my point of view and another person's point of view at the same time.				1 2 3 4 5
5.	When I get angry, I need a lot of time to get over it.				1 2 3 4 5
6.	I can imagine what the character is feeling in a good movie.				1 2 3 4 5
7.	When I see someone being publicly embarrassed I cringe a little.				1 2 3 4 5
8.	I can tell the difference between someone else's feelings and my own.				1 2 3 4 5
9.	When I see a person experiencing a strong emotion I can accurately assess what that person is feeling.				1 2 3 4 5
10.	Friends view me as a moody person.				1 2 3 4 5
11.	When I see someone accidentally hit his or her thumb with a hammer, I feel a flash of pain myself.				1 2 3 4 5

Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

	Never Always	Rarely	Sometimes	Frequent	Almost Always
12.	When I see a person experiencing a strong emotion, I can describe what the person is feeling to someone else.				1 2 3 4 5
13.	I can imagine what it's like to be in someone else's shoes.				1 2 3 4 5
14.	I can tell the difference between my friends' feelings and my own.				1 2 3 4 5
15.	I consider other people's points of view in discussions.				1 2 3 4 5
16.	When I am with someone who gets sad news, I feel sad for a moment too.				1 2 3 4 5
17.	When I am upset or unhappy, I get over it quickly.				1 2 3 4 5
18.	I can explain to others how I am feeling.				1 2 3 4 5
19.	I can agree to disagree with other people.				1 2 3 4 5
20.	I am aware of what other people think of me.				1 2 3 4 5
21.	Hearing laughter makes me smile.				1 2 3 4 5
22.	I am aware of other people's emotions.				1 2 3 4 5

APPENDIX I

MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE (M-C SDS) FORM A

Appendix I

Marlowe-Crowne Social Desirability Scale (M-C SDS) Form A

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *true* or *false* as it pertains to you personally.

True False

1. It is sometimes hard for me to go on with my work if I am not encouraged.
2. I sometimes feel resentful when I don't get my way.
3. No matter who I am talking to, I'm always a good listener.
4. There have been occasions when I took advantage of someone.
5. I'm always willing to admit it when I make a mistake.
6. I sometimes try to get even rather than forgive and forget.
7. I am always courteous, even to people who are disagreeable.
8. I have never been irked when people expressed ideas very different from my own.
9. There have been times when I was quite jealous of the good fortune of others.
10. I am sometimes irritated by people who ask favors of me.
11. I have never deliberately said something that hurt someone's feelings.

APPENDIX J

LETTER TO THE OHIO STATE LICENSURE BOARD

Appendix J

Letter to the Ohio State Licensure Board



Dissertation Study: An examination of whether scores of attitudes based on labels and counselor attributes predict scores of human relations and beliefs about rape in counselors

Dear Colleagues,

The purpose of this correspondence is to request a list of emails of all the licensed counselors (LPCs and LPCCs) in Ohio. I am a doctoral candidate in Kent State University's Counselor Education and Supervision program and I have received IRB approval from Kent State University for my dissertation study. My dissertation examines whether scores of attitudes based on labels and client attributes predict scores of empathy and acceptance of rape myths in counselors.

Respondents will receive an email requesting their participation in a short online questionnaire using Qualtrics. The results of this study will contribute to the existing body of literature on the influence of client-identifying labels on attitudes and counselor attributes as mediating variables to therapeutic outcome within the counseling setting. The results of this study may be generalized to professional counselors and emphasize the effects of labeling on interpersonal relationships.

Please do not hesitate to contact me should you have any questions or complaints through e-mail (Slitam@kent.edu) or telephone (440-552-6387). You can also reach my committee co-directors, Dr. Jane Cox through email (jcox8@kent.edu) or telephone (330) 672-2662, and Dr. Steve Rainey through email (jraine@kent.edu) or telephone (330) 672-0694. The Kent State University IRB Board can be contacted through email (researchcompliance@kent.edu) or telephone (330) 672-2384.

Thank you for your kind consideration!

Sincerely,
Stacey Diane A. Litam, M.A., LPC, NCC
Doctoral Candidate
Kent State University

APPENDIX K

SURVEY RECRUITMENT EMAIL

Appendix K

Survey Recruitment Email

To: Licensed Professional Counselors and Licensed Professional Clinical Counselors in Ohio

From: Stacey Diane A. Litam

Dissertation Study: An examination of whether scores of attitudes based on labels and counselor attributes predict scores of human relations and beliefs about rape in counselors

Hello!

My name is Stacey Litam and I am a doctoral candidate at Kent State University in the Counselor Education and Supervision Program. I am sending you this email to request participation in my dissertation study. I have received IRB approval from Kent State University for my dissertation study. The purpose of my dissertation is to examine the influence of client identifying labels on human relations and beliefs about rape for counselors in Ohio. In order to participate, please click the link below, which will provide you with information about the study and require that you check a box indicating that you have read and agree to participate in the study. Once you have agreed, you will complete the online survey, which includes demographic information and three short inventories. It will take approximately 20-minutes to complete the survey.

As a thank you for participating in the study, three participants will be randomly selected by the Kent State University Research & Evaluation Bureau to win a \$75 Amazon gift card. Information to enter the drawing will be provided at the end of the study. Participants interested in entering the raffle will be redirected to a third party website so contact information for the drawing will be kept separate from your survey responses.

Please do not hesitate to contact me should you have any questions or complaints through e-mail (Slitam@kent.edu) or telephone (440-552-6387). You can also reach my committee co-directors, Dr. Jane A. Cox through email (jcox8@kent.edu) or telephone (330) 672-2662, and Dr. Steve Rainey through email (jraine@kent.edu) or telephone (330) 672-0694. The Kent State University IRB Board can be contacted through email (researchcompliance@kent.edu) or telephone (330) 672-2384.

Thank you for your time and please consider serving as a participant for this dissertation study.

Sincerely,

Stacey Diane A. Litam, MA, LPC, NCC

Doctoral Candidate

Kent State University

APPENDIX L
ONLINE CONSENT FORMS

Appendix L

Online Consent Forms

Online Consent Form 1



AN EXAMINATION OF WHETHER SCORES OF ATTITUDES BASED ON LABELS AND COUNSELOR ATTRIBUTES PREDICT SCORES OF HUMAN RELATIONS AND BELIEFS ABOUT RAPE IN COUNSELORS

Welcome to "An examination of whether scores of attitudes based on labels and counselor attributes predict scores of human relations and beliefs about rape in counselors," a web-based project that examines whether attitude scores based on "prostitute" and "prostitution" labels predict scores of human relations and beliefs about rape in licensed professional counselors and licensed professional clinical counselors from Ohio. Before taking part in this study, please read the consent form below and click on the "I Agree" button at the bottom of the page if you understand the statements and freely consent to participate in the study.

Consent Form

This study was designed to examine whether attitude scores based on "prostitute" and "prostitution" labels predict scores of human relations and beliefs about rape in licensed professional counselors and licensed professional clinical counselors from Ohio. The study is being conducted by Stacey Diane A. Litam of Kent State University and the Kent State University Institutional Review Board has approved it. No deception is involved, and the study involves no more than minimal risk to participants (i.e., the level of risk encountered in daily life).

Participation in the study typically takes 20 minutes. You will begin by answering a series of demographic questions (age, race/ethnicity, gender, years of counseling experience, level of education, graduation from a CACREP accredited program, membership in professional counseling associations, and whether you have received training on prostitution and/or human trafficking), after which you will complete four short inventories measuring attitude, human relations, beliefs about rape, and a personal reaction inventory.

All responses are treated as confidential, and in no case will responses from individual participants be identified. Rather, all data will be pooled and published in aggregate form only.

This research will not benefit you directly. However, your participation in this study will be meaningful in understanding the importance of how client-identifying language affects our work as counselors. The results of this study may be shared in publications, workshops, and presentations.

As a thank you for participating in the study, three participants will be randomly selected by the Kent State University Research & Evaluation Bureau to win a \$75 Amazon gift card. Information to enter the drawing will be provided at the end of the study. Participants interested in entering the raffle will be redirected to a third party website so contact information for the drawing will be kept separate from your survey responses.

Participation is voluntary. Refusal to take part in the study involves no penalty or loss of benefits to which participants are otherwise entitled, and participants may withdraw from the study at any time without penalty or loss of benefits to which they are otherwise entitled.

If participants have further questions about this study or their rights, or if they wish to lodge a complaint or concern, they may contact the principal investigator, Stacey Diane A. Litam (440) 552-6387 or co-investigators Professor Jane A. Cox (330) 672-2662 and Professor Steve Rainey (330) 672-0694. The Kent State University IRB Board can be contacted through email (researchcompliance@kent.edu) or telephone (330) 672-2384.

If you are 18 years of age or older, understand the statements above, and freely consent to participate in the study, click on the "I Agree" button to begin the survey.

Online Consent Form 2



**AN EXAMINATION OF WHETHER SCORES OF ATTITUDES BASED ON LABELS
AND COUNSELOR ATTRIBUTES PREDICT SCORES OF HUMAN RELATIONS AND
BELIEFS ABOUT RAPE IN COUNSELORS**

Welcome to "An examination of whether scores of attitudes based on labels and counselor attributes predict scores of human relations and beliefs about rape in counselors," a web-based project that examines whether attitude scores based on "sex trafficked women" and "sex trafficking" labels predict scores of human relations and beliefs about rape in licensed professional counselors and licensed professional clinical counselors from Ohio. Before taking part in this study, please read the consent form below and click on the "I Agree" button at the bottom of the page if you understand the statements and freely consent to participate in the study.

Consent Form

This study was designed to examine whether attitude scores based on "sex trafficked women" and "sex trafficking" labels predict scores of human relations and beliefs about rape in licensed professional counselors and licensed professional clinical counselors from Ohio. The study is being conducted by Stacey Diane A. Litam of Kent State University, and the Kent State University Institutional Review Board has approved it. No deception is involved, and the study involves no more than minimal risk to participants (i.e., the level of risk encountered in daily life).

Participation in the study typically takes 20 minutes. You will begin by answering a series of demographic questions (age, race/ethnicity, gender, years of counseling experience, level of education, graduation from a CACREP accredited program, membership in professional counseling associations, and whether you have received training on human trafficking and/or prostitution), after which you will complete four short inventories measuring attitude, human relations, beliefs about rape, and a personal reaction inventory.

All responses are treated as confidential, and in no case will responses from individual participants be identified. Rather, all data will be pooled and published in aggregate form only.

This research will not benefit you directly. However, your participation in this study will be meaningful in understanding the importance of how client-identifying language affects our work

as counselors. The results of this study may be shared in publications, workshops, and presentations

As a thank you for participating in the study, three participants will be randomly selected by the Kent State University Research & Evaluation Bureau to win a \$75 Amazon gift card. Information to enter the drawing will be provided at the end of the study. Participants interested in entering the raffle will be redirected to a third party website so contact information for the drawing will be kept separate from your survey responses.

Participation is voluntary. Refusal to take part in the study involves no penalty or loss of benefits to which participants are otherwise entitled, and participants may withdraw from the study at any time without penalty or loss of benefits to which they are otherwise entitled.

If participants have further questions about this study or their rights, or if they wish to lodge a complaint or concern, they may contact the principal investigator, Stacey Diane A. Litam (440) 552-6387 or co-investigators Professor Jane A. Cox (330) 672-2662 and Professor Steve Rainey (330) 672-0694. The Kent State University IRB Board can be contacted through email (researchcompliance@kent.edu) or telephone (330) 672-2384.

If you are 18 years of age or older, understand the statements above, and freely consent to participate in the study, click on the "I Agree" button to begin the survey.

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