Sex Trafficking Beliefs in Counselors: Establishing the Need for Human Trafficking Training in Counselor Education Programs

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Abstract

Human trafficking is a transnational crime that counselors must be prepared to address through advocacy efforts and within therapeutic settings. The present study sought to examine whether sex trafficking attitudes were different in counselors based on training specialization, workplace setting, biological sex, and previous human trafficking training. A national sample of 866 licensed professional counselors, clinical counselors, and school counselors participated in the study. Sex trafficking attitudes were measured using the Sex Trafficking Attitudes Scale (STAS). Multivariate analysis of variance (MANOVA) and post hoc descriptive discriminant analyses (DDA) were used for data analyses. A statistically significant model for training was identified on attitudes related to awareness and efficacy. The present study provides empirical evidence for the importance of incorporating sex trafficking content into counselor education graduate programs. Professional counselors are additionally encouraged to pursue sex trafficking trainings.

Keywords Sex trafficking attitudes scale · Descriptive discriminant analysis · Clinical mental health · Counselor educators

Introduction

Human trafficking is a transnational crime that counselors must be prepared to address through advocacy efforts and within therapeutic settings. According to the U. S Department of State (2019), human trafficking, trafficking in persons, and modern-day slavery represent interchangeable umbrella terms that encompass both sex and labor trafficking. Labor trafficking is

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the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through force, fraud, or coercion (U.S. Department of State 2019; United Nations Office on Drugs and Crime 2004). Examples of labor trafficking includes forced exploitation on construction sites, factories, farms, fishing boats, and in hotels (International Labour Organization [ILO] 2017; U.S. Department of State 2019). Sex trafficking refers to instances in which a commercial sex act is induced by force, fraud, or coercion, or in cases where the person induced to perform the sex act is under the age of 18 (U.S. Department of State 2019). Examples of commercial sex includes prostitution and the production of pornography and may occur in brothels, strip clubs, and in illicit massage businesses (Institute of Medicine 2013; Polaris Project 2020).

Obtaining reliable estimates of human trafficking have historically been difficult. Problems related to victim identification, under reporting, and methodological issues obfuscate the true rates of this transnational crime (Fedina 2015; Hyland 2001; Jordan et al. 2013; Smette et al. 2009) and have made determining the true scope of human trafficking a challenging area of research (Laczko and Gramegna 2003). Although considered conservative, The ILO (2017) estimated on any given day in 2016, a total of 40.3 million people were victims of human trafficking worldwide. The vast majority of trafficked persons, about 24.9 million people, were victims of labor trafficking with an estimated 4.8 million individuals subjected to forced sexual exploitation (ILO 2017). Women and girls accounted for 71% of modern slavery victims (ILO 2017) and were disproportionately represented in acts of sex trafficking (American Psychological Association 2010). In 2018, a total of 10,949 cases of human trafficking were reported in the United States (Polaris 2020). An estimated one in four victims were children (U.S. Department of State 2019) and the average time in forced labor ranged from a few days or weeks to nearly two years (ILO 2017).

The U.S. Department of State (2019) called for increased awareness on the social justice issue of human sex trafficking. Persons who understand the core elements of sex trafficking and who view this act as a crime are better equipped to identify victims, support survivors, and combat modern day slavery (U.S. Department of State 2019). Increasing awareness about sex trafficking requires persons to challenge the preconceived notions they may hold about forced sexual exploitation and the characteristics of survivors. Further, individuals must reflect on how their internalized beliefs about sex trafficking may influence their attitudes about survivors and the nature of this crime. Engaging in reflective practices are especially relevant for counselors and counselor educators who are called to assist victims and advocate against harmful practices (American Counseling Association 2014).

The Media and Sex Trafficking Myths

For decades, the media has represented a primary source of public information about social issues (Gilboa 2003). Given that society's perception about social issues are correlated with media coverage (McCombs and Shaw 1972; Neuman 1990), the current portrayals of human sex trafficking are problematic. Sex trafficking continues to be misrepresented in the media, movies, and in well-intended anti-trafficking platforms (Houston-Kolnick et al. 2020). News coverage on sex trafficking has historically failed to include strategies that address the issue, has limited public understanding, and lacks the voices and perspectives of survivors (Johnston et al. 2012, 2015; Sobel 2015). Although sensationalized images may successfully garner attention to the topic of sex trafficking (McIntyre and Sobel 2017), these false representations

result in poorly allocated funds, misguided policies, and limit the ability for people to identify trafficked persons (Houston-Kolnick et al. 2020).

Human trafficking myths reflect false beliefs about the nature of human trafficking, characteristics of trafficking victims, and victim agency (Cunningham and Cromer 2016). They deny or justify the sale or trade of human beings, denigrate the victim, and misrepresent aspects of human trafficking (Cunningham and Cromer 2016). The complex interpersonal and systemic vulnerabilities that contribute to forced entry into sex trafficking are often overlooked and rarely addressed in media depictions of this crime (Rodríguez-López 2018; Stiles 2018; Uy 2011). Vulnerability factors such as poverty, few opportunities for employment and education, history of childhood trauma and neglect, and status as a gender and/or sexual minority (GSM) all increase the likelihood of becoming trafficked (Hossain et al. 2010; Kidd and Liborio 2011; Litam 2017; Martinez and Kelle 2013). Ultimately, inaccurate media portrayals perpetuate myths about sex trafficking survivors by negatively influencing peoples' perceptions about their agency and characteristics (Houston-Kolnick et al. 2020) and limiting the empathy afforded to them (McIntyre and Sobel 2017). Attitudes about sex trafficking and survivors are critical as they have been linked to rape myth acceptance and empathy in professional counselors (Litam 2019).

Houston-Kolnick et al. (2020) examined the influence of media portrayals on human trafficking advocacy. The results of the study were consistent with existing research which illuminated how media depicts sex trafficking victims as young girls who are weak, helpless, and innocent (Houston-Kolnick et al. 2020; Menaker and Franklin 2013). In reality, victims of all ages, genders, and nationalities are trafficked (U.S. Department of State 2019; U.S. Department of State 2001). Sex trafficking victims are also misrepresented as exotic women who are forced into the sex trade from other countries (Houston-Kolnick et al. 2020) despite the reality that 77% of victims are exploited within their own countries of residence by persons of the same nationality (ILO 2017; Shelley 2010; U.S. Department of State 2019). Another media trope portrays victims who have been kidnapped and forced into commercial sexual exploitation, when it is much more common that people are exploited by loved ones such as family members or intimate partners (Gerassi et al. 2018). Finally, the assumption that human trafficking requires transportation also remains prevalent (U.S. Department of State 2019). Persons do not need to be moved across borders for an act to constitute human trafficking (ILO 2017).

Understanding how myths and attitudes about human trafficking creates barriers to victim identification and treatment are of paramount importance for professional counselors who work with, and advocate for, trafficking survivors. The myth of a "perfect" victim (Uy 2011, p. 209) is congruent with narratives that represent trafficked persons as individuals who lack autonomy and who are in desperate need of rescue (Gonzalez-Pons et al. 2020). Internalized myths about trafficking victim agency influence attitudes toward helping sex trafficking survivors. Trafficking survivors who do not meet the anticipated criteria of a perfect victim may be less likely to receive the resources needed for treatment and support. Ultimately, when victims do not neatly fit into the constructed narrative perpetuated by the media, they are left marginalized (Uy 2011).

Counselor Attitudes Based on Training and Workplace Settings

Although studies about public attitudes on human trafficking have linked media images to perceptions and beliefs (Buckley 2009; Pajnik 2010), a dearth of research

examines whether human trafficking myths exist in counselors (Cunningham and Cromer 2016; Litam 2019). To the best of the researchers' knowledge, a study that examines whether a difference in human trafficking attitudes exist based on area of training specialization and workplace setting has not been conducted.

Training Specialization

Counselors must develop a deeper understanding of the issues, indicators, and needs specific to sex trafficking survivors (Litam 2017; Thompson and Haley 2018). A search conducted on the Council for Accreditation of Counseling and Related Educational Programs (CACREP) website on February 26, 2020 yielded a total of 859 accredited counseling programs. Of the total programs, over 70% were clinical mental health ($n = 345$, 40.16%) and school counseling ($n = 259$, 30.15%). The prevalence of these two areas of counseling training specialization represented an important factor in the current study. Understanding whether differences exist on human trafficking attitudes based on counseling specialization, with a focus on school and clinical counseling specializations, is important to develop effective training programs that address disparities in knowledge.

School counselors are trained to promote the academic, career, and personal/social development of school aged children (American School Counselor Association [ASCA] 2016; Council for Accreditation of Counseling and Related Educational Programs [CACREP] 2015). Given their unique training in childhood and adolescent development, school counselors are equipped to take leadership roles that effect systemic change in schools (ASCA 2016). School counselors are therefore imbued with opportunities to provide knowledge, engage in advocacy, and promote awareness about human sex trafficking through their ongoing interactions with administrators, parents, teachers, and students (Humphreys et al. 2019). Given their daily interactions with school-aged youth, school counselors may be particularly effective at identifying vulnerable children and adolescents (DeKruyf et al. 2013), especially those who are at-risk for falling victim to human trafficking (Humphreys et al. 2019).

Clinical mental health counselors must be prepared to demonstrate the knowledge and skills necessary to address a wide variety of circumstances within clinical settings (CACREP 2015). Given the diverse areas in which they practice, clinical mental health counselors must be prepared to advocate for, support, and provide counseling services to sex trafficking survivors (Litam 2017, 2019; Thompson and Haley 2018). Additional entry level specialty areas for counselors include addiction counseling, career counseling, clinical rehabilitation counseling, college and student affairs, marriage, couple, and family counseling (CACREP 2015). Whereas counselors who pursue training in addiction specializations prepare themselves to work in areas related to substance use, counselors who receive a career counseling specialization learn to help clients develop life-career plans with a focus on the interaction of work and other life roles (CACREP 2015). The clinical rehabilitation specialization trains counselors to develop the skills necessary to address a wide variety of circumstances across various continuums of care such as inpatient, outpatient, partial hospitalization, and aftercare settings (CACREP 2015). Finally, marriage, couple, and family counseling specializations train counselors to specifically address topics related to working within the context of relationships and families (CACREP 2015).

Workplace Setting

Counselors are positioned to identify and support sex trafficking survivors because victims present in community clinics, emergency rooms, private practices, hospitals (Egyud et al. 2017; Lederer and Wetzel 2014), school settings (Fraley et al. 2018), and in mental health agencies (Global Alliance Against Traffic in Women 2015; Slotts and Ramey 2009). Clinical counselors who work in community, college/university, agency, private practice, K-12, and hospital settings must recognize the likelihood that they will provide counseling services to sex trafficking survivors at some point in their careers (Litam 2017, 2019; Thompson and Haley 2018). Identifying the attitudes that may exist in counselors based on workplace setting are important to develop effective human trafficking trainings that promote the overall effectiveness of counseling.

Purpose of the Study and Research Questions

Although the counseling profession continues to expand its awareness on human trafficking, a paucity of research exists regarding counselor beliefs and attitudes about this crime (Litam 2019). Understanding counselors' attitudes about trafficking survivors and human trafficking are essential to promote awareness, provide counseling services, and develop effective trainings. Researchers have posited the importance of facilitating trauma-informed trainings that outline the legal definitions of human trafficking, promote victim identification, and outline best treatment practices (Gonzalez-Pons et al. 2020; Litam 2019), including within counselor education programs (Litam 2019). Because the onus of identification is reliant on counseling professionals' individual knowledge and insight about human trafficking, identifying the knowledge disparities that exist in professional counselors is critical to develop effective training.

The purpose of the present study was to obtain a deeper understanding of sex trafficking attitudes in professional counselors. Specifically, the present study addresses the disparity of research which examines whether differences exist on counselor attitudes based on training specialization and workplace setting. The following four research questions were identified:

1. Does a significant difference exist among counselors with different specializations on the Sex Trafficking Attitudes Scale (STAS)?
2. Does a significant difference exist among counselors in different workplaces on the STAS?
3. Does a significant difference exist between male and female counselors on the STAS?
4. Does a significant difference exist between trained and non-trained counselors on the STAS?

Method

Participants and Procedures

A national sample consisting of ($N = 866$) licensed professional counselors, clinical counselors and school counselors participated in this study. The mean age was 42.5 years ($SD = 13.15$). Participants self-identified as Caucasian/White ($n = 755$, 87.2%), African American/Black ($n = 51$, 5.9%), Hispanic/Latino ($n = 17$, 2%), Asian American/Asian ($n = 13$, 1.5%), Arab

American ($n = 1$, 0.1%), Other ($n = 7$, 0.8%), and multiracial ($n = 20$, 2.3%). A total of two participants (0.2%) chose not to identify their race/ethnicity. Of the total 866 participants, there were more females ($n = 727$, 84.5%) than males ($n = 133$, 15.5%). A total of six participants chose not to identify their biological sex. Most participants had worked as a counselor for ten years or less ($n = 514$, 59.4%) compared to those who had worked for over ten years in the field ($n = 352$, 40.6%). The majority of participants had earned a master's degree in counseling ($n = 768$, 88.7%) and a smaller percentage of individuals had earned a doctoral degree ($n = 98$, 11.3%).

Participants in the present study identified their counseling specialization as clinical mental health counseling ($n = 486$, 56.1%), school counseling ($n = 145$, 16.7%), other ($n = 42$, 4.8%), and multiple ($n = 193$, 22.3%). Participants who selected "other" reported areas of specialization to include addictions counseling, rehabilitation counseling, marriage and family counseling, and career counseling. Participants who selected "multiple" consisted of dually licensed counselors (e.g., clinical and school counseling degrees, substance use counselors and rehabilitation counselors). Counselors in this study reported working across diverse settings including within community agency settings ($n = 256$, 29.6%), in private practice ($n = 202$, 23.3%), hospital settings ($n = 35$, 4.0%), K-12 settings ($n = 190$, 21.9%), college counseling centers ($n = 48$, 5.5%), and other locations ($n = 135$, 15.6%). Other locations included settings within a juvenile justice system, in a medical school, in prison/corrections facilities, within the department of behavioral health, in university settings, within non-profit settings, and within residential facilities. Three participants provided qualitative data indicating their status as retired.

The researchers created an online survey that included a Demographics/Background form and the STAS. After receiving IRB approval, one email was sent on national listservs for licensed professional counselors, licensed professional clinical counselors, and school counselors. As an incentive to participate in the study, 10 participants were randomly selected to receive one of 10 Amazon $50 gift cards. The survey was conducted from December 16, 2020 until February 15, 2021.

Data Analysis

To address our four research questions, multivariate analysis of variance (MANOVA) were used. The effect size is reported as partial η^2, with 0.01 considered small, 0.06 as medium, and 0.14 deemed large (Cohen 1988). An a priori power analysis using G*power indicated that statistical significance ($\alpha = .05$) with a medium effect size would be detected with a minimum sample size of 84. The Box's M was used to test the assumption of homogeneity of covariances.

Measures

Demographics/Background Form

A demographics/background form was used to collect respondents' age, biological sex, level of education, race/ethnicity, years of counseling experience, counseling areas of specialization (clinical mental health counseling, school counseling, and other), and workplace setting (community agency, private practice, hospital setting, K-12 school setting, college counseling center, and other). Participants responded to a *Yes/No* question regarding whether they had

previously received training on human trafficking. Following the demographics/background form, participants completed the STAS.

Sex Trafficking Attitudes Scale (STAS)

The STAS was preliminarily validated by Houston-Kolnik et al. (2016) to measure attitudes about sex trafficking and sex trafficking survivors. The STAS features a tripartite model that assesses cognitive, behavioral, and affective areas, each of which have been identified as distinct components of attitude (Breckler 1984). The STAS consists of 26-items and uses a 6-point Likert-type scale from 1 *Strongly Disagree* to 6 *Strongly Agree.* The STAS contains six subscales: (a) Knowledge about sex trafficking, (b) Attitudes toward ability to leave sex trafficking, (c) Awareness of sex trafficking, (d) Attitudes toward helping survivors, (e) Empathic reactions toward trafficking, and (f) Efficacy to reduce sex trafficking. The STAS was validated across two studies using a total of 601 participants (Houston-Kolnik et al. 2016).

The STAS was validated through an exploratory factor analysis (EFA) and a confirmatory factor analysis (CFA). The convergent validity of the STAS compared to other instruments were additionally examined. An EFA with 301 participants requesting a six-factor solution and a Direct Oblimin rotation was used to evaluate the factor structure of the STAS and determine which items to retain across each subscale. The results from an unrotated factor solution resulted in no highly correlated items ($r > .80$), acceptable measures on the Kaiser-Meyer-Olkin (KMO; .84), and significance on the Bartlett's test for sphericity ($p < .001$). Items were retained if individual factor loadings were greater than .45 and if item cross-loadings with other factors were lower than .35 (Houston-Kolnik et al. 2016). A total of 33 items were retained across each of the six subscales: (a) Attitudes Toward Ability to Leave Sex Trafficking, (b) Efficacy to Reduce Sex Trafficking, (c) Knowledge About Sex Trafficking, (d) Empathic Reactions Toward Sex Trafficking, (e) Attitudes Toward Helping Survivors, and (f) Awareness of Sex Trafficking. These subscales explained 18.15%, 9.94%, 4.05%, 4.05%, 3.56%, and 3.21% of the total variances, respectively. The internal consistency estimates for the subscales ranged from .75–.84, which evidence an acceptable range of internal consistency (Houston-Kolnik et al. 2016).

A CFA with 300 students was conducted to examine the viability of the six-factor structure of the STAS (Houston-Kolnik et al. 2016). The final STAS version contained the following six subscales: Knowledge About Sex Trafficking (four items; $\alpha = .79$), Attitudes Toward Ability to Leave Sex Trafficking (five items; $\alpha = .82$), Awareness of Sex Trafficking (five items; $\alpha = .75$), Attitudes Toward Helping Survivors (three items, $\alpha = .80$), Empathic Reactions Toward Trafficking (five items, $\alpha = .81$), and Efficacy to Reduce Sex Trafficking (five items, $\alpha = .77$). The strongest correlation between subscales was .36, indicating that although interrelated, each subscale represented a distinct attitude toward sex trafficking (Houston-Kolnik et al. 2016). Convergent validity was found between the STAS, the Rape Myth Acceptance Scale (Burt 1980), Modern Sexism scale (Swim et al. 1995), Attitudes Toward Prostitutes scale (Levin and Peled 2011), and the Marlowe-Crowne Social Desirability Scale Form C (Reynolds 1982). Overall, results indicated moderate to large correlations among related constructs ($\alpha = .72$ to .90), and weak or nonsignificant associations with social desirability ($\alpha = .73$; Houston-Kolnik et al. 2016). Each of the six STAS subscales are described in the following sections.

Knowledge about Sex Trafficking The knowledge about sex trafficking subscale consists of four items. Higher scores on this subscale indicate greater knowledge about sex trafficking. Specifically, higher scores within this subscale indicates recognition of the roles of force, fraud, and coercion in sex trafficking and awareness that sex workers can become victims of sex trafficking (e.g., "A prostitute can be become trafficked if she is restrained from leaving her occupation").

Attitudes toward Ability to Leave Sex Trafficking The second subscale, attitudes toward ability to leave sex trafficking, consists of five items. Higher scores on this subscale indicate more accurate attitudes toward one's ability to leave scenarios of forced exploitation. Specifically, higher scores within this subscale indicate recognition that trafficked people do not have the ability to leave their circumstances and do not choose to be trafficked. Items one ("A trafficked person has the ability to leave her circumstances"), three ("Some women chose to be trafficked"), four ("Some girls choose to be trafficked"), and five ("A trafficked person could go to the police, but she chooses not to") are reverse scored, indicating less accurate attitudes toward one's ability to leave scenarios of forced exploitation.

Awareness of Sex Trafficking The third subscale, awareness of sex trafficking, consists of five items. Higher scores on this subscale indicate greater awareness of sex trafficking. Specifically, higher scores within this subscale indicate greater reported awareness about anti-trafficking organizations and higher levels of reported sex trafficking awareness through media and public awareness announcements (e.g., "I have heard about sex trafficking in the news"). Item 32 ("I am not informed about sex trafficking") is reverse scored, indicating less awareness of sex trafficking.

Attitudes about Helping Survivors The fourth subscale, attitudes toward helping survivors, consists of three items and are all reverse scored (e.g., "If it is for the trafficked individual's own good, an outsider should do whatever is needed to make decisions for the trafficked person", "An outsider should make whatever decisions are needed about a trafficked person's daily living when the trafficked person doesn't seem to care what is done", and "Even if a trafficked person objects, an outsider should do whatever they think is best for the trafficked individual in the long run." Higher scores on this subscale indicate stronger attitudes about helping sex trafficking survivors. Specifically, higher scores on this subscale indicate stronger attitudes of confidence regarding a sex trafficking survivor's ability to make autonomous decisions. Thus, lower scores on this subscale are consistent with attitudes that trafficked survivors need to be saved and that others must make decisions on their behalf.

Empathic Reactions toward Trafficking The fifth subscale, empathic reactions toward trafficking, consists of five items. Higher scores on this subscale indicate stronger reported empathic reactions toward sex trafficking, such as "I am angry about the issue of trafficking". Item 23 ("Trafficking does not upset me") and 24 ("I do no care much about the issue of trafficking") are reverse scored, indicating lower reported empathic reactions toward sex trafficking. Thus, lower scores on this subscale indicate lower reported levels of empathy in regard to the social justice issue of sex trafficking.

Efficacy to Reduce Sex Trafficking The sixth subscale, efficacy to reduce sex trafficking, consists of four items. No items are reverse scored. Higher scores on this subscale indicate

stronger attitudes about one's efficacy to reduce sex trafficking. Specifically, higher scores on this subscale indicate stronger reported levels of self-efficacy to make a difference for trafficked persons through political involvement, raising public awareness, and addressing structural inequalities and barriers facing trafficked persons, such as "I can make a difference for trafficked persons" (Houston-Kolnik et al. 2016).

Results

Specialization

The first research question was to examine whether a statistically significant ($p < .05$) difference existed between counseling areas of specialization on the STAS. A one-way MANOVA was conducted to examine the effect of Counseling Training Specialization (Clinical Mental Health Counseling, School Counseling, Marriage and Family Counseling, Multiple Specializations, and Other Specializations) on the STAS. Descriptive statistics of the dependent variables across STAS subscales are presented in Table 1. Assumptions for homogeneity of covariances was met (Box's $M = 101.819$, $p = .230$). A statistically significant specialization model was identified (Wilk's $\Lambda = .949$, $F(3,862) = 2.504$, $p < .001$; partial $\eta^2 = .017$. Although the MANOVA was statistically significant, the effect size was negligible. A discriminant analysis would address proportions related to a very small effect size and therefore was not viewed as essential (Table 2).

Work Setting

The second research question sought to examine whether there was a statistically significant ($p < .05$) difference among counselors in different workplace settings. A one-way MANOVA was conducted to examine the effect of Workplace Setting (Community Agency, Private Practice, Hospital Setting, K-12 School Setting, College Counseling Center, and Other) on the STAS. Descriptive statistics of the dependent variables across STAS subscales are presented in Table 3. Assumptions for homogeneity of covariances was met (Box's $M = 107.06$, $p = .517$). A statistically significant model for *Work Setting* was identified (Wilk's $\lambda = .931$, $F(5,860) = 2.07$, $p = .001$; partial $\eta^2 = .014$). Similar to the results for specialization, although the MANOVA for work setting was statistically significant, the effect size was negligible. A

Table 1 Descriptive Statistics of Counselors with Different Specializations ($N = 866$)

	CMH ($n = 486$) Mean (SD)	School ($n = 145$) Mean (SD)	M&F ($n = 12$) Mean (SD)	Multiple ($n = 193$) Mean (SD)	Other ($n = 30$) Mean (SD)
Ability	5.13 (.73)	5.06 (.67)	5.28 (.69)	5.16 (.71)	5.15 (.77)
Efficacy	4.66 (.75)	4.53 (.81)	4.29 (.59)	4.53 (.85)	4.60 (.75)
Knowledge	5.39 (.73)	5.32 (.76)	4.81 (.67)	5.33 (.79)	5.17 (.64)
Empathy	5.37 (.55)	5.33 (.59)	5.28 (.63)	5.23 (.62)	5.19 (.61)
Helping	4.19 (1.0)	3.81 (1.1)	4.33 (1.2)	4.18 (1.2)	4.21 (1.0)
Awareness	4.75 (.82)	4.78 (.80)	4.08 (.98)	4.75 (.84)	4.52 (1.0)

CMH Clinical Mental Health, *M&F* Marriage and Family

Table 2 Standardized Canonical Discriminant Function Coefficients and Structure Matrix of Specialization, Work Setting, Gender, and Training

STAS Subscales	Coefficient	r_s	r_s^2
Specialization			
Function 1			
Ability	.340	.278	7.73%
Efficacy	.282	−.011	0.01%
Knowledge	−.396	−.351	12.32%
Empathy	−.043	−.146	2.13%
Helping	.648	.650	42.25%
Awareness	−.635	−.535	28.62%
Function 2			
Ability	−.271	.021	0.04%
Efficacy	.444	.618	38.19%
Knowledge	.529	.606	36.72%
Empathy	.281	.455	20.70%
Helping	.530	.488	23.81%
Awareness	.066	.376	14.14%
Work Setting:			
Ability	.037	.182	3.31%
Efficacy	−.019	.064	4.10%
Knowledge	.273	.259	7.00%
Empathy	−.163	−.088	17.60%
Helping	.914	.934	87.24%
Awareness	.217	−.257	51.40%
Gender:			
Ability	.263	.439	19.27%
Efficacy	.300	.463	21.44%
Knowledge	−.142	.121	1.46%
Empathy	.591	.667	44.49%
Helping	.602	.594	35.28%
Awareness	.038	.297	8.82%
Training:			
Ability	.062	.081	0.66%
Efficacy	.268	.484	23.43%
Knowledge	.101	.187	3.50%
Empathy	−.296	.016	0.03%
Helping	.159	.197	3.88%
Awareness	.888	.923	85.19%

discriminant analysis would address proportions related to a very small effect size and therefore was not viewed as essential.

Table 3 Descriptive Statistics of Counselors with Different Workplace Settings ($N = 866$)

	Community (n = 256) Mean (SD)	Private (n = 202) Mean (SD)	Hospital (n = 35) Mean (SD)	K-12 (n = 190) Mean (SD)	College (n = 48) Mean (SD)	Other (n = 135) Mean (SD)
Ability	5.12 (.77)	5.16 (.68)	4.98 (.79)	5.07 (.70)	5.22 (.63)	5.20 (.71)
Efficacy	4.62 (.83)	4.60 (.80)	4.50 (.73)	4.60 (.76)	4.53 (.73)	4.64 (.73)
Knowledge	5.37 (.79)	5.35 (.72)	5.34 (.71)	5.27 (.75)	5.36 (.72)	5.43 (.74)
Empathy	5.31 (.59)	5.34 (.57)	5.29 (.66)	5.34 (.58)	5.32 (.56)	5.30 (.56)
Helping	4.33 (1.0)	4.21 (1.1)	4.06 (.89)	3.74 (1.1)	4.17 (1.1)	4.17 (1.2)
Awareness	4.73 (.86)	4.70 (.87)	4.82 (.81)	4.66 (.79)	4.56 (.81)	4.97 (.75)

Community Community Mental Health, *Private* Private Practice

Biological Sex

The third research question sought to examine whether a statistically significant ($p < .05$) difference existed between counselors who identified as female or male. A one-way MANOVA was conducted to examine the effect of biological sex (female versus male) on the STAS. Descriptive statistics of the dependent variables across STAS subscales are presented in Table 4. Assumptions for homogeneity of covariances was met (Box's $M = 29.426$, $p = .116$). A statistically significant model for *Biological Sex* was identified (Wilk's $\lambda = .968$, F $(1,858) = 4.668$, $p = .001$; partial $\eta^2 = .032$), indicating a small effect size. A post hoc DDA was conducted to determine how biological sex was manifested across the STAS subscales. The discriminant function was statistically significant (Wilks' $\lambda = .968$, $\chi^2 (6) = 27.622$, $p < .001$). Though the model was statistically significant ($p < .001$), and biological sex accounted for 3.2% of the variance in the model across the STAS subscales. According to the standardized canonical discriminant function coefficients and structure coefficients (Table 2), *Empathy* and *Helping Attitude* were primarily responsible for the sex differences, which accounted for 44.49% and 35.16%, respectively, of the variance on this function. Centroid means for the discriminant function indicated that females (.077) were more empathic and had higher helping attitudes compared to males (−.423).

Training

The fourth research question sought to examine whether there was a statistically significant ($p < .01$) difference between trained and non-trained counselors. A one-way MANOVA was conducted to examine the effect of Training (*Yes* versus *No*) on the STAS. Descriptive statistics of the dependent variables across STAS subscales are presented in Table 4. Assumptions for homogeneity of covariances was met (Box's $M = 48.440$, $p = .001$). A statistically significant model for *Training* was identified (Wilk's $\lambda = .834$, F $(1,864) = 28.410$, $p < .001$; partial $\eta^2 = .166$), indicating a large effect size. A post hoc DDA was conducted to determine how *Training* was manifested across STAS subscales. The discriminant function was statistically significant (Wilks' $\lambda = .834$, $\chi^2(6) = 155.86$, $p < .001$). This showed that the model was both statistically ($p < .001$) and practically significant since approximately 16.56% of the variance in the model was accounted for Training across the STAS subscales. According to the standardized canonical discriminant function coefficients and structure coefficients (Table 2), *Awareness* and *Efficacy* were primarily responsible for the *Training* differences, which accounted for 85.19% and 23.43%, respectively, of the variance on this function. Centroid

Table 4 Descriptive Statistics of Biological Sex and Training of Counselors

STAS Subscale	Gender		Training	
	Male ($n = 133$) Mean (SD)	Female ($n = 727$) Mean (SD)	Yes ($n = 436$) Mean (SD)	No ($n = 430$) Mean (SD)
Ability	4.99 (.73)	5.15 (.72)	5.15 (.72)	5.10 (.71)
Efficacy	4.45 (.87)	4.63 (.76)	4.77 (.69)	4.44 (.83)
Knowledge	5.31 (.81)	5.36 (.74)	5.41 9.73)	5.29 (.76)
Empathy	5.16 (.60)	5.35 (.57)	5.33 (.57)	5.32 (.59)
Helping	3.85 (1.10)	4.17 (1.07)	4.22 (1.10)	4.03 (1.00)
Awareness	4.64 (.91)	4.76 (.82)	5.05 (.71)	4.42 (.82)

means of the discriminant function indicated that those who had trained (.442) would have more *Awareness* and *Efficacy* than those who had not been trained (−.448).

Discussion

Counselors in the present study demonstrated differences based on biological sex. Although the effects were small, females in the study were more empathic and had higher helping attitudes compared to males. The results from the present study are consistent with existing research that identified biological sex as a significant predictor of human trafficking myth acceptance. A study consisting of 409 undergraduate students (57% female, 42% male) identified the presence of human trafficking myths in an undergraduate sample (Cunningham and Cromer 2016). The results of this study found males were less likely to believe the portrayal of sex trafficking, were more likely to blame the victim for the situation and were more accepting of human trafficking myths compared to females (Cunningham and Cromer 2016). The findings from the current study were additionally consistent with a study of 396 licensed professional counselors and clinical counselors (86.1% women, 13.4% men, 0.5% transgender) which found women were more likely to perceive sex trafficking survivors as victims and were more likely to hold the attitude that sex trafficking occurred as the result of victimization (Litam 2019).

Counselors are called to assist individuals, families, and groups toward mental health, wellness, educational, and career goals (Kaplan et al. 2013). Despite the expectation for counselors to bracket our own internal biases about sex trafficking and sex trafficking survivors, we are not immune to the internalization of human trafficking myths presented in media. The results of the present study assert the importance of challenging preconceived notions about sex trafficking survivors and myths about sex trafficking by independently seeking continuing education opportunities and trainings on human trafficking. School administrators should provide human trafficking trainings and continuing education workshops to school counselors and other school-based adults that increase awareness about sex trafficking and outline effective strategies to best advocate for this population.

Clinical counselors may benefit from learning specific strategies that empower trafficked survivors and connect them to available resources that promote successful reintegration into society. Professional counselors are called to obtain a deeper understanding of the clinical implications of counseling sex trafficking survivors such as the importance of avoiding stigmatizing language, understanding vulnerabilities to becoming trafficked, recognizing stages of the grooming process, and knowing trauma-focused interventions that may be helpful for supporting this unique client population (Litam 2017, 2019). School counselors would benefit from human trafficking trainings that increase awareness about sex trafficking, describe signs of trafficked youth, and identify available community resources. The findings from the present study provide empirical evidence for the important role of training in increasing awareness and efficacy attitudes about sex trafficking in professional counselors. Based on these results, counselor education programs should incorporate content related to human trafficking and sex trafficking into the counselor education curriculum, as part of the CACREP (2015) standards.

Implications from the Study

Across a national sample, professional counselors who had received previous sex trafficking trainings had higher awareness and efficacy scores compared to counselors who had not received trainings. Given these empirical findings, counselor education programs should integrate content into curriculum that defines sex trafficking, promotes social justice advocacy, addresses risk factors and vulnerabilities, identifies strategies for victim identification, and empowers counseling graduate students to incorporate interdisciplinary strategies to support trafficked persons (Litam 2019). Based on the results from the present study, the following suggestions are made to integrate sex trafficking content into the CACREP (2015) curriculum for clinical mental health, marriage and family, and school counseling specializations.

Within clinical mental health counseling specializations, topics related to sex trafficking may be incorporated into the following CACREP standards: impact of crisis and trauma on individuals with mental health diagnoses (5C2f; CACREP 2015), intake interview, mental status evaluation, biopsychosocial history, mental health history, an psychological assessment for treatment planning and caseload management (5C3a; CACREP 2015), techniques and interventions for prevention and treatment of a broad range of mental health issues (5C3b; CACREP 2015), and strategies to advocate for persons with mental health issues (5C3e; CACREP 2015). Marriage, couple, and family counseling specializations may integrate topics related to sex trafficking in the following CACREP standards: human sexuality and its effect on couple and family functioning (5F2e; CACREP 2015), impact of crisis and trauma on marriages, couples, and families (5f2g; CACREP 2015), impact of interpersonal violence on marriages, couples, and families (5F2i; CACREP 2015), assessment, evaluation, and case management for working with individuals, couples, and families from a systems perspective (5F3a; CACREP 2015), and strategies for interfacing with the legal system relevant to marriage, couple, and family counseling (5F3e; CACREP 2015). Within the school counseling specialization, topics related to sex trafficking may be integrated into the following CACREP standards: school counselor roles as leaders, advocates, and systems change agents in P-12 schools (5G2a; CACREP 2015), school counselor roles and responsibilities in relation to the school emergency management plans, and crisis, disasters, and trauma, and (5G2e; CACREP 2015), characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders (6G2g; CACREP 2015).

Professional counselors must familiarize themselves with possible indicators that someone may be a trafficker. Although each trafficking scenario is unique, common behaviors and characteristics of traffickers include jealousy, controlling and violent behaviors, significantly younger romantic partners, and vague expressions about their profession (Shared Hope International 2020). Traffickers may also sell drugs or provide illicit substances to their romantic partners (Litam 2017; Shelley 2010). Within educational settings, school counselors, clinical mental health counselors, and marriage, couple, and family counselors may refer to the following possible indicators that a student or child may be trafficked: (a) reference to frequent travel to other cities, (b) signs of bruising, (c) symptoms of depression, anxiety, or fear, (d), coached or rehearsed responses to questions, and (e) inappropriate clothing based on weather conditions (U.S. Department of Education 2013). Students and youth who are being trafficked may also have significantly older romantic partners, describe concern for the safety of their family members or loved ones, care for children that are not family members (U.S. Department of Education 2013), or be absent for periods of time from school (Williamson and Prior 2009).

Rates of forced sexual exploitation may be higher for lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals (Litam 2017; Martinez and Kelle 2013).

Professional counselors are encouraged to conceptualize clients through a trauma-focused lens that considers how maladaptive behaviors may reflect current or past experiences of trauma. For instance, symptoms of Attention-Deficit/Hyperactivity disorder in the DSM-5 (American Psychiatric Association 2013) include features of inattention such as carelessness, difficulty sustaining attention, lack of follow through, difficulty organizing tasks and activities, reluctance to engage in tasks that require sustained mental effort, distractibility, and forgetfulness. Each of these symptoms may mirror the ways in which sex trafficked youth present across various settings. Similarly, symptoms of Oppositional Defiant Disorder in the DSM-5 (American Psychiatric Association 2013) include patterns of angry or irritable mood, defiant behaviors, or vindictiveness such as frequent arguments with authority figures, refusal to comply with requests from adults, and blaming others for their mistakes or actions. These symptoms may represent trauma responses in sex trafficking youth.

The results from the present study contribute to the existing literature about the importance of human trafficking training in increased efficacy and awareness. Attitudes about one's ability to positively make a difference and increase awareness about sex trafficking are essential to successfully combat trafficking myths, identify survivors, and provide effective counseling services. Indeed, the current body of research asserts how trainings were effective in combatting harmful attitudes about trafficked survivors. In one study of counselors, participants who completed human trafficking trainings reported more positive attitudes about trafficking survivors and were less likely to believe myths that trafficked women were morally corrupt, ugly, spread AIDS, and harmed the institution of marriage (Litam 2019). Counselors are therefore recommended to independently seek human trafficking trainings, especially on topics related to sex trafficking, to promote awareness, fortify victim identification strategies, and improve treatment efficacy for trafficked survivors.

Although it is difficult to determine whether male counselors in the study truly held biased notions toward sex trafficking survivors and sex work, all counselors, regardless of biological sex and gender identity, are encouraged to engage in deep, reflective practices to identify and challenge whether human trafficking myths and attitudes may negatively influence their work with trafficked clients. Understanding the definition and scope of sex trafficking is essential for counselors to expand their worldview in ways that encompass the possibility that they will provide counseling to sex trafficking survivors at some point during their career. Counselors who are not prepared to identify sex trafficking survivors may struggle to engage them in therapeutic ways that promote mental health, minimize harm, and avoid premature termination. Counselors have an ethical obligation to recognize the need for continuing education and to remain informed on best practices for working with diverse populations (ACA 2014), such as sex trafficking survivors.

Limitations and Future Research

One major limitation of the study was the use of participant recruitment through listservs. Although a national sample was obtained, recruiting participants through listservs does not allow counselors who are not listserv members to participate in the study. Thus, counselors in rural settings or counselors who are not involved with professional organizations were not well-represented in the study. Limitations of the current study include the disproportionate number of females who completed the study compared to males, in addition to the lack of

gender identity selections in the demographics form. Future studies must ensure that the language used in demographic and survey forms are representative of diverse gender identities. Additionally, the majority of participants in the study reported clinical mental health counseling training specializations compared to other areas. Future studies may benefit from examining the attitudes of counselors across other training specializations. Of note, *Helping Attitudes* had more variability (1.078) compared to the other subscales. Overall, more variability existed regarding the extent to which counselors believed clients could help themselves. Because school counselors and counselors who work in K-12 settings work with children and adolescents, differences between helping attitudes may be reflective of school counselors' roles as advocates. Finally, a limitation existed regarding the gendered language used in the STAS. The STAS solely uses woman and girl gender references, which minimizes the reality that boys, men, and transgender persons are also victims of sex trafficking (ILO 2017; Martinez and Kelle 2013). Future areas of research may validate the psychometric properties of the STAS through the use of exploratory and confirmatory factor analyses and include more diverse gender pronouns. The extent to which topics related to human trafficking and sex trafficking are effective in promoting awareness and treatment for survivors when incorporated into counselor education curriculum also represent important areas for future research.

Of note, research studies with overpowered samples result in many areas of significance and yield small effects. This study is no exception. Thus, readers should be cautioned about overstating the results from this study as counselors, regardless of their biological sex or gender identity, across specialization and workplace setting were more alike than different.

Conclusion

Professional counselors are called to challenge human trafficking myths and pursue education and training opportunities that increase awareness about the nature of sex trafficking, the characteristics of victims, and the complexities associated with forced sexual exploitation. Counselors who have little experience working with trafficked clients may readily accept human trafficking myths presented in the media, which has negative implications for victim identification, counseling practice, and promoting client autonomy. Reinforced misconceptions about sex trafficking survivors and their levels of agency limit the abilities of professional counselors to properly identify survivors and connect them to essential resources that promote safety and reintegration. Because professional counselors and other helping professionals are often misinformed about the nature of human sex trafficking and characteristics of sex trafficking victims, exploited persons are rarely identified (Menaker and Franklin 2013).

The results of the present study provide empirical support for the importance of incorporating sex trafficking content into the CACREP (2015) curriculum of counselor education programs. Across a national sample of professional counselors, significant differences were found based on biological sex and human trafficking training. All counselors, regardless of biological sex or gender identity, must reflect on whether their previously held notions about sex trafficking and sex trafficking survivors may negatively influence their abilities to work collaboratively and empathically with trafficked survivors. Counselors have ethical obligations to remain abreast on relevant topics and issues that affect our profession. Thus, all professional counselors are encouraged to complete sex trafficking training programs that define human trafficking, offer specific strategies to best advocate for trafficked persons, promote awareness about victim identification, and increase levels of efficacy to work with this unique population.

Compliance with ethical standards

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