

She's Just a Prostitute: The Effects of Labels on Counselor Attitudes, Empathy, and Rape Myth Acceptance



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This study examined whether attitudes based on labels and counselor demographics predicted empathy and rape myth acceptance in counselors. A difference in attitudes based on the labels of either “prostitute” or “sex trafficking” was found. Attitudes based on labels and counselor demographics additionally predicted scores of empathy and rape myth acceptance. The importance of obtaining training on human sex trafficking was identified. The implications of these findings are discussed within the areas of counseling, counselor education, and counselor supervision, including challenging stigmatizing beliefs about individuals who have experienced commercial sexual exploitation, incorporating discussions about human sex trafficking into counselor education courses, and learning about resources and trauma-informed techniques that empower trafficked clients and support counseling supervisees.

Keywords: sex trafficking, human trafficking, prostitutes, rape myth, labels

Exploitation of humans 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 current business enterprise well established prior to the colonization of North America (Johnson, 1997). Although the prevalence of human trafficking remains unknown (Andretta, Woodland, Watkins, & Barnes, 2016; Fedina, 2015), it occurs within the United States and across the globe, affecting all regions of the world (Davy, 2016; United Nations Office on Drugs and Crime, 2014). With an estimated 32 billion dollars accrued annually through the sexual exploitation of women, children, and men (Thompson & Haley, 2018), the United Nations identified human trafficking as the third largest criminal enterprise globally, just behind those involving drugs and weapons (Thompson & Haley, 2018).

Human trafficking encompasses both labor trafficking and sex trafficking. The Trafficking Victim Protection Act was passed by the U.S. Congress in 2000 to address the needs of trafficked survivors. This act, which applies to instances of sex and 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, 2016). *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, 2016). The International Labour Organization (2012) reported 4.5 million people were victims of sex trafficking worldwide. In 2008, the National Human Trafficking Resource Center established a hotline service that provides information related to labor and sex trafficking cases reported in the United States (Gerassi, 2015). Since 2008, reports of trafficking through the hotline have increased at the rate of 259% per year, resulting in a total of 20,400 cases involving elements of trafficking and exploitation (Gerassi, 2015). Given these estimates, it is likely that counselors will work with sex trafficking survivors at some point during their career.

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Whereas sex trafficking is characterized by commercial sex acts induced by force, fraud, and coercion (U.S. Department of State, 2016), *sex work* refers to the voluntary exchange of sexual services, performances, or products, provided without coercion, control, or force (Gerassi, 2015). Individuals who self-identify as sex workers consent to provide sex acts (Bettio, Della Giusta, & Di Tommaso, 2017; Gerassi, 2015). Conversely, *sexual assault* occurs when unwanted sexual behaviors are attempted or completed against a person's will (National Institute of Justice, 2017). Yet, individuals participating in sex work are at increased risk for becoming victims of human sex trafficking and experiencing other types of abuse (Cole & Sprang, 2014). One study that examined the types of abuse experienced by sex trafficking victims found trafficked individuals experienced physical violence (88.9%), sexual violence (83.3%), and psychological violence (100%; Muftic & Finn, 2013). Although overlap exists, not all sex workers are trafficked, although all sex trafficked individuals are forced to perform sex work. Research suggests that the majority of sex trafficked individuals also experience some form of sexual assault.

Most narratives about sex workers and prostitutes do not adequately examine the influence of structural factors, such as poor economic and social conditions, which may perpetuate the choice to become sex workers (Schwarz, Kennedy, & Britton, 2017). Instead, existing studies focus on aspects of morality attributed to sex workers (Alvarez & Alessi, 2012). For example, a Nepalese-based study found prostitutes were viewed as immoral and were ostracized because of fear of HIV contagion (Alvarez & Alessi, 2012). Continuing to focus on labels based on the perception of individuals' consent, agency, and choice perpetuates the presence of stigma (Bettio et al., 2017).

The presence of stigma is well-documented in sexual commerce research. The terms *sex worker* and *prostitute* are often used interchangeably in reference to individuals exchanging sex acts for compensation, and stigma exists based on which term is used (Alvarez & Alessi, 2012; Bettio et al., 2017; Gerassi, 2015; Schwarz et al., 2017). Specifically, rates of stigma are highest when applied to street prostitution compared to commercial stripping, pornography, and other sex acts (Schwarz et al., 2017; Weitzer, 2018). The effects of stigma based on labels negatively influence overall wellness. Sex workers who had been labeled prostitute reported lower levels of well-being (Bradley, 2007) and struggled with feelings of anger, confusion, frustration, and being misunderstood (Tomura, 2009).

Regardless of how people, including counselors, characterize the construct of human sex trafficking, the stigma associated with labeling clients as prostitutes negatively impacts sex trafficked survivors' overall wellness. Misconceptions and stigma related to sex work negatively influence therapists' abilities to successfully provide mental health services (Wolf, 2019). Many trafficked survivors feel shame and therefore avoid seeking help (Baldwin, Fehrenbacher, & Eisenman, 2015).

Barriers to Counseling Sex Trafficking Survivors

Counselors and mental health professionals often lack adequate knowledge and skills for counseling sex trafficking survivors (Domoney, Howard, Abas, Broadbent, & Oram, 2015). To provide successful mental health services, counselors should maintain appropriate attitudes and levels of empathy and have an understanding of rape myths.

Attitudes Based on Labels

Within the counseling setting, it is essential that counselors demonstrate empathy and unconditional positive regard and develop a strong therapeutic relationship with sex trafficking survivors. The language and labels used to describe clients can impact these necessary elements (Litam, 2017). According to the principle of linguistic relativity, language shapes perceptions of our world and significantly influences

cognitive processes (Wolff & Holmes, 2011). Attitudes and perceptions toward groups of people vary depending on the labels ascribed to them (Szeto, Luong, & Dobson, 2013). For example, negative attitudes and perceptions exist when describing groups of people as “homeless” (Phelan, Link, Moore, & Stueve, 1997) and “fat” (Brochu & Esses, 2011) compared to “poor person” and “overweight,” respectively. Attitudes based on 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).

The use of labels to define people has been found to increase attitudes and stigma in the medical, legal, counseling, and social professions (McCoy & DeCecco, 2011; McLindon & Harms, 2011; Russell, Mammen, & Russell, 2005). To avoid marginalizing clients by referring to them by their diagnoses (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 a person diagnosed with autism should be identified as a “person with autism” rather than “an autistic.” Thus, counselors must avoid labels to minimize the stigmatization of clients, especially when those labels are perceived as pejorative (American Psychological Association, 2010).

A study conducted by Granello and Gibbs (2016) sought to examine the influence of person-first language on attitudes of tolerance for people with mental illness. 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 scale (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 the attitude of tolerance (Granello & Gibbs, 2016). These results indicate how attitudes are related to labels.

Empathy Within the Counseling Setting

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 methods (Elliott, Bohart, Watson, & Greenberg, 2011). The results further indicated 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 results of these studies identified client-perceived therapist empathy as the strongest predictor of therapeutic outcomes.

Clients, including 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, Elliott, Greenberg, & Watson, 2002). These findings provide evidence for the significant role of empathy as a catalyst for client change regardless of a counselor’s theoretical orientation, treatment format, or severity of client issues (Bohart et al., 2002; Elliot et al., 2011; Imel, Wampold, Miller, & Fleming, 2008; Moyers & Miller, 2013; Watson, Steckley, & McMullen, 2014). Based on the complex, multi-systemic, and unique needs of sex

trafficking survivors, it is imperative that counselors working with this population demonstrate empathy to promote client compliance and treatment involvement (Litam, 2017). Counselors who work with sex trafficking survivors must obtain a deeper understanding of how the presence of rape myths may negatively impact their abilities to demonstrate empathy within the therapeutic setting.

Rape Myth Acceptance

The ways in which counselors conceptualize sexual violence may be a result of the acceptance of rape myths. *Rape myths* are complex sets of cultural beliefs, stereotypes, or prejudices about rape, victims of rape, or perpetrators of rape that support and perpetuate male violence against women (Burt, 1980). 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 (Edwards, Turchik, Dardis, Reynolds, & Gidycz, 2011; Wilson, Newins, & White, 2017). Additionally, the presence of *benevolent sexism*, or the set of beliefs that women should be protected by men, possess domestic qualities, and 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 why women who violate this stereotype by using drugs or alcohol, dressing "provocatively," or trusting strangers are perceived as partially responsible for their rape because they are expected to be aware of risks and avoid precarious situations (Chapleau et al., 2007; Smette, Stefansen, & Mossige, 2009).

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). Additionally, society continues to hold prejudiced attitudes about "real" rape victims (Hockett, Smith, Klausing, & 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, struggled 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 (Hockett et al., 2016). 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). Survivors of human sex trafficking are raped by traffickers during their initiation into sex work and are continually raped by buyers during their captivity (Cianciarulo, 2008). Sex trafficking survivors are often misidentified as "prostitutes" and "sex workers" and are therefore not perceived to be "real" rape victims because of the presence of rape myths (Cianciarulo, 2008; Hockett et al., 2016).

Rape myth acceptance negatively influences the treatment modalities used by counselors and other mental health professionals. 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. 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. Counselors must understand the relationship between language/labels, empathy, and rape myth acceptance when supporting survivors of sexual trauma, including sex trafficking survivors.

When counselors accepted rape myths, sexual assault survivors were more likely to experience poor post-trauma outcomes (Wilson et al., 2017). Counselors who adhere to rape and human trafficking myths, or who engage in behaviors that reduce the amount of empathy afforded to clients, may lead to client re-traumatization, intensified feelings of client shame, and increased rates of

early termination. Counselors must therefore understand how barriers to counseling sex trafficking survivors may negatively influence the success of client treatment (Wilson et al., 2017).

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). 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 (U.S. Department of State, 2001). Another misconception is the belief that victims are kidnapped and then trafficked, when more often than not they are exploited by a loved one such as a family member or an intimate partner (Gerassi, 2015). A study conducted by Cunningham and Cromer (2016) was the first to identify the presence of human trafficking myths in an undergraduate sample. The results of the study found human trafficking myths in 36.5% of the participants with 31% attributing blame to the victim. Men who perceived the 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).

Purpose of the Study and Research Hypothesis

The present study sought to examine whether counselors' attitudes differed based on labels (i.e., *prostitute* and *prostitution* vs. *sex trafficked women* and *sex trafficking*). Additionally, the study explored whether attitudes based on labels and counselor demographics predicted levels of empathy and rape myth acceptance in counselors. Three research questions were identified: (1) Does a significant difference exist between Attitudes Toward Prostitutes and Prostitution Scale (APPS) and Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS) scores? (2) Do APPS and ATTS scores and counselor attributes predict empathy scores on the Empathy Assessment Index (EAI)? and (3) Do APPS and ATTS scores and counselor attributes predict rape myth acceptance scores on the Illinois Rape Myth Acceptance Short Form (IRMA-SF)?

Method

Participants

Participants were licensed professional counselors and clinical counselors ($N = 396$) in Ohio. The mean age was 42.1 years ($SD = 13.51$). Participants self-identified as Caucasian/White ($n = 364$, 91.9%), African American/Black ($n = 22$, 5.6%), Hispanic/Latino(a) ($n = 6$, 1.5%), American Indian/Alaskan Native ($n = 3$, 0.8%), Asian American/Asian ($n = 3$, 0.8%), Arab American ($n = 1$, 0.3%), and Other ($n = 1$, 0.3%). The participant who selected Other self-identified as European American; some participants selected multiple items. Of the total 396 participants, there were more females ($n = 341$, 86.1%) than males ($n = 53$, 13.4%). Two participants (0.5%) identified as transgender. Years of counseling experience spanned from less than 1 year to 46 years with a mean of 11.1 years ($SD = 10.43$). The majority of participants 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 she or he had earned a master's degree and an EdS degree ($n = 1$, 0.3%).

Instruments

Demographics/background form. A demographics/background form was used to collect respondents' age, race, ethnicity, gender, work experience, and level of education. The form also collected whether participants had previously received training on human trafficking and prostitution. Following the

demographics document, participants completed either the APPS or the ATTS. Once the appropriate scale was completed, all participants completed the IRMAS-SF, the EAI, and the Marlowe-Crowne Social Desirability Scale (MC-SDS) - Form A.

Attitudes Toward Prostitutes and Prostitution Scale (APPS). The APPS (Levin & Peled, 2011) 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. Specifically, the APPS measures Sexual Domination Discourse (SDD; Outshoorn, 2005) attitude, 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 traumatic experiences (Hunt, 2013; Outshoorn, 2005). 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 (2011), the *normative attitude* refers to the belief that prostitutes and prostitution are inherent and functional aspects of a normative society in which commercial sex work is an independent choice. Conversely, the *problem-oriented attitude* refers to the belief that prostitutes and prostitution are socially deviant in nature (Levin & Peled, 2011). Responses about prostitutes and prostitution are measured on two axes (“normative/deviant” and “choosing/victimized”) that can be further categorized into four subscales (Levin & Peled, 2011).

Two subscales assess the participants’ perception of prostitutes as people. Scores on the Prostitutes as Choosing/Victimized (PSCV) subscale measure whether respondents believe prostitutes choose to engage in prostitution (“Prostitutes enjoy the controlling of men”) or are victimized into the act of prostitution (“Prostitutes are unable to get out of the situation they are in”). The PSCV subscale has seven 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 eight items.

Two additional subscales measure the act of prostitution itself. The Prostitution as Normative/ Deviant (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 seven items. Finally, the Prostitution as Choosing/ Victimized (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 seven items (Levin & Peled, 2011). Higher scores on the APPS reflect stronger adherence to the SDD attitude, which asserts that women engaged in sex work do not choose prostitution out of their own free will and prostitution is a deviant act that victimizes women (Farley et al., 2003; Hunt, 2013).

The APPS demonstrates sound psychometric properties for the measurement as a whole, across measures both 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. As reported by Levin and Peled (2011), Cronbach’s alpha rendered an internal consistency for the entire scale ($\alpha = .81$), on both subscales ($\alpha = .73$; $\alpha = .73$), and across all four subscales ($\alpha = .88$; $\alpha = .81$; $\alpha = .86$; $\alpha = .83$). The results of these analyses suggest satisfactory construct validity for a two- and four-dimensional model of the APPS (Levin & Peled, 2011). The APPS provides an overall score of attitudes about prostitutes and prostitution, scores related to attitudes about prostitutes and prostitution, and scores within each of the four subscales.

Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS). The first author collaborated with the developers of the APPS (Levin & Peled, 2011) to alter the APPS wording to better reflect person-first language (e.g., “human trafficking survivor” and “sex trafficking”). The updated form was named the Attitudes Toward Trafficked Women and Sex Trafficking Scale (ATTS). Suggestions provided by the instrument’s original developers were followed to minimize the possibility that updating the APPS would interfere with its sound psychometric properties. The four subscales measured by the ATTS are the same as for the APPS. The reliability and validity information pertaining to the ATTS is unknown as this study was the first to use it, and we are in the process of measuring its psychometrics.

Illinois Rape Myth Acceptance Scale - Short Form (IRMA-SF). The 22-item Illinois Rape Myth Acceptance Scale - Short Form (IRMA-SF) was developed to allow brief assessment for the general factor of rape myth acceptance (Payne, Lonsway, & Fitzgerald, 1999). To examine the construct validity of the IRMA-SF, *t*-tests were conducted that compared participants’ gender on the IRMA-SF in relation to other variables with theoretical and/or empirically demonstrated relationships to rape myth acceptance; the other variables included sex-role stereotyping, adversarial sexual beliefs, hostility toward women, and attitudes toward violence. The results indicated men had higher means on these scales than women—IRMA: $t(1174) = 6.23, p < .001$ and IRMA-SF: $t(174) = 6.09, p < .001$ (Payne et al., 1999). Additionally, the previously mentioned variables (e.g., sex-role stereotyping) 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-SF (Payne et al., 1999). The IRMA-SF possesses adequate construct validity, internal consistency, and reliability and allows for a quicker assessment for the general factor of rape myth acceptance (Payne et al., 1999). The 22-item IRMA-SF was selected for the study 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 is a publicly available instrument, so no permission was needed to use it in the study. The IRMA-SF is scored by totaling the cumulative score, with higher scores indicating greater rejection of rape myths.

Empathy Assessment Index (EAI). The EAI was developed by Gerdes, Geiger, Lietz, Wagaman, and Segal (2012). The EAI incorporates both emotional and cognitive components of empathy and was developed over a 4-year period with eight different administrations to more than 3,500 participants (Gerdes & Segal, 2011; Gerdes, Segal, & Lietz, 2012). The EAI is a 22-item instrument that measures five subscales of 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”). To control for social desirability and hide the link to empathy, the EAI is titled the “Human Relations Survey.” 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 the study.

Marlowe-Crowne Social Desirability Scale (MC-SDS) - Form A. The Marlowe-Crowne Social Desirability Scale (MC-SDS) - Form A consists of 11 items and uses a true/false format to measure whether participants respond to survey items in a socially desirable way. The items on the MC-SDS - Form A describe culturally approved behaviors with minimal implication of psychopathology (Crowne & Marlowe, 1960). The MC-SDS - Form A is used in conjunction with other self-report measures to assess the impact of social desirability on participants’ responses (Reynolds, 1982). The MC-SDS - Form A yielded .74 using the Kuder-Richardson Formula 20 for reliability with a significant

correlation coefficient ($r = .91; p < .001$) and coefficient of determination ($r^2 = .83$). Thus, the MC-SDS - Form A represents a reliable and valid form to assess social desirability (Reynolds, 1982).

Procedures

After receiving IRB approval, the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board provided the email addresses of all licensed counselors in Ohio. As an incentive to participate in the study, three participants were randomly selected to receive one of three \$75 Amazon gift cards. Email addresses were alphabetized and were sorted into two equal groups. The people in the first half (17,814), those whose names were toward the start of the alphabet, received a recruitment email with a link to the APPS. Those in the second half (17,814) received a recruitment email with a link to the ATTS.

Participants who received the APPS were presented with “prostitute” labels in the recruitment email and in the consent form. The APPS group was not exposed to “sex trafficking” labels. Conversely, the ATTS group was presented with “sex trafficking” labels in the recruitment email and in the consent form. The ATTS group was not exposed to “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. Statistical analysis indicated there were no significant differences between groups in their demographics.

Statistical Analysis

An alpha level of .05 and a medium effect size of .15 were maintained for all statistical procedures (Cohen, 1988). The .05 alpha level was maintained to mitigate the potential of a Type I error (Cowles & Davis, 1982). With a power of .80, a set beta of .20 was obtained, which was an acceptable mitigation of Type II errors (Lenth, 2001). A power analysis using G*Power was conducted for an independent samples *t*-test, which yielded a sample of 128. The study sample size was 396 participants. A total of 193 participants completed the APPS and 203 participants completed the ATTS.

Descriptive statistics of the criterion variables for the APPS and ATTS with the IRMA-SF, EAI, and MC-SDS - Form A were obtained and can be found in Tables 1 and 2. A series of *t*-tests were used to assess whether a significant difference existed between APPS and ATTS scores. To test for normality, univariate outliers were assessed and a Kolmogorov-Smirnov test was conducted. The assumption of independence was met from the random assignment of respondents and their lack of interaction within the study. The result of Levene’s test was not significant; thus, the assumption of homogeneity of variance was not violated.

To test the second research question, two hierarchical regressions were conducted to examine whether APPS and ATTS scores and counselor demographics predicted empathy scores on the EAI. To test the third research question, two hierarchical regressions were conducted to examine whether APPS and ATTS scores and counselor demographics predicted scores of rape myth acceptance on the IRMA-SF. 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, Scott, Llabre, & Hicks, 1993; Suarez & Gadalla, 2010), level of education, years of experience, and age (Suarez & Gadalla, 2010). Each hierarchical regression analysis was conducted with an alpha level of .05 and power of .80. The assumption of independence was met from the random sorting of respondents and their lack of interaction within the study. The assumption for normality was tested by examining the distribution of the EAI and IRMA-SF scores. Observations more than two standard errors from the

mean were removed. An analysis of EAI and IRMA-SF scores was plotted and demonstrated a normal shape. Residual plots from SPSS were examined to test for linearity. The variance inflation factor (VIF) was referenced within the multiple regressions with a heuristic value of four set as the upper bound for acceptable multicollinearity. The residuals appeared scattered around the zero horizontal line which indicated the assumption of homoscedasticity was not violated. Thus, none of the assumptions for conducting a multiple regression were violated.

Table 1

Descriptive Statistics of the Criterion Variables for the APPS

Variable	Mean	SD	Minimum	Maximum	Range
EAI	4.73	0.428	3.59	5.68	2.09
AM	4.77	0.555	3.00	6.00	3.00
AR	4.82	0.639	3.20	6.00	2.80
ER	4.41	0.594	2.30	6.00	3.75
PT	4.83	0.529	3.20	6.00	2.80
SOA	4.80	0.576	2.75	6.00	3.25
IRMA-SF	1.47	0.462	1.00	2.73	1.73
MC-SDS	5.17	2.490	0	11.00	11.00

Note. EAI = Empathy Assessment Index, AM = Affective Mentalizing, AR = Affective Response, ER = Emotion Regulation, PT = Perspective Taking, SOA = Self-Other Awareness, IRMA-SF = Illinois Rape Myth Acceptance Short Form, MC-SDS = Marlowe-Crowne Social Desirability Scale.

Table 2

Descriptive Statistics of the Criterion Variables for the ATTS

Variable	Mean	SD	Minimum	Maximum	Range
EAI	4.76	0.426	3.86	5.86	2.00
AM	4.80	0.610	3.20	6.00	2.75
AR	4.75	0.632	3.20	6.00	2.80
ER	4.46	0.483	3.00	5.50	2.50
PT	4.88	0.540	3.20	6.00	2.80
SOA	4.87	0.540	2.75	6.00	3.25
IRMA-SF	1.38	0.380	1.00	2.50	1.50
MC-SDS	5.24	2.480	0	11.00	11.00

Note. EAI = Empathy Assessment Index, AM = Affective Mentalizing, AR = Affective Response, ER = Emotion Regulation, PT = Perspective Taking, SOA = Self-Other Awareness, IRMA-SF = Illinois Rape Myth Acceptance Short Form, MC-SDS = Marlowe-Crowne Social Desirability Scale.

Results

Analysis of the Marlowe-Crowne Social Desirability Scale - Form A

Prior to analyzing the data, results from the MC-SDS - Form A were examined. 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, the responses provided by the study sample likely were trustworthy, indicated acceptable rates of social desirability, and likely reflect participants' true attitudes based on labels.

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.

Significant correlations between age and survey items. Bivariate correlational analyses were conducted to examine whether significant relationships existed between counselor age and the APPS/ATTS, EAI, and IRMA-SF. Age and PSCV 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 person's emotional state compared to their older counterparts.

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 in the study were less likely to have received training on prostitution and 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, males reported more counseling experience than females.

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 (86%) on the IRMA-SF. Based on these results, male counselors were more likely to accept rape myths compared to female counselors.

On the EAI, gender was significantly correlated to the Perspective Taking ($r = .161$, $p < .01$) and Affective Response ($r = .142$, $p < .01$) subscales, 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.

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 counselors 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" ($r = .153, p < .01$). Thus, 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/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 items "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, participants who had not received training on prostitution/sex trafficking were more likely to believe prostitutes/trafficked women were morally corrupt, ugly, spread AIDS, and harmed the institution of marriage. Counselors who had not received training on prostitution/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 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 because of 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 SDD 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 Response ($r = -.169, p < .01$) and Perspective Taking ($r = -.181, p < .01$). Counselors with lower levels of rape myth acceptance were better able to imagine and react to the emotions of others. 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.

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 SDD ($r = .494$, $p < .01$). Therefore, counselors who perceived that women who engaged in sex acts were victimized were more likely to believe that women in sex work did not choose it.

Research Question 1

A series of t -tests were conducted to examine whether differences existed between APPS and ATTS groups. The overall mean scores between APPS ($M = 3.56$, $SD = .427$) 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 received “trafficking” labels were significantly more likely to perceive trafficked women as victims and sex trafficking as a form of victimization. Four additional t -tests determined significant differences existed between each of the APPS and ATTS subscales. The results of these t -tests can be found in Table 3 and are presented below.

Table 3

Independent t-Test Between APPS, ATTS, and Subscales

	APPS			ATTS			t	Sig ($p < .01$)
	M	SD	n	M	SD	n		
Overall	3.56	0.427	193	3.80	0.255	203	-6.950	.000
PNCV	3.80	0.707	193	4.13	0.405	203	-5.830	.000
PNND	3.76	0.553	193	4.12	0.468	203	-6.905	.009
PSCV	3.80	0.575	193	4.33	0.390	203	-10.697	.000
PSND	2.95	0.410	193	2.79	0.276	203	4.500	.000

Note. PNCV = Prostitution as Choosing/Victimized, PNND = Prostitution as Normative/Deviant, PSCV = Prostitutes as Choosing/Victimized, PSND = Prostitutes as Normative/Deviant.

PNCV. An independent samples t -test was conducted between groups to examine if a significant difference existed on the PNCV subscale. The mean scores between APPS ($M = 3.80$, $SD = .707$) and ATTS groups ($M = 4.13$, $SD = .405$), $t(394) = -5.830$, $p < .01$, were significantly different. Based on the results, participants who received surveys with “trafficking” labels indicated significantly stronger beliefs that sex trafficking was an act of victimization.

PNND. An independent samples t -test was conducted between groups to examine if a significant difference existed on the PNND subscale. The mean scores between APPS ($M = 3.76$, $SD = .553$) and ATTS group, ($M = 4.12$, $SD = .468$), $t(394) = -6.905$, $p < .01$, were significantly different. Based on these results, participants who received the survey with “trafficking” labels indicated significantly stronger beliefs that sex trafficking represented a deviant rather than normative act.

PSCV. An independent samples t -test was conducted between groups to examine if a significant difference existed on the PSCV subscale. The mean scores between APPS ($M = 3.80$, $SD = .575$) and ATTS groups ($M = 4.33$, $SD = .390$), $t(394) = -10.697$, $p < .01$, were significantly different. Based on these results, 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.

PSND. An independent samples *t*-test was conducted between groups to examine if a significant difference existed on the PSND subscale. The mean scores between APPS ($M = 2.95, SD = .410$) and ATTS groups ($M = 2.79, SD = .276$), $t(394) = 4.50, p < .01$, were significantly different. Based on these results, 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.

Research Question 2

A regression analysis for the APPS and ATTS was conducted to examine whether the linear combination of APPS or ATTS scores and counselor age, race/ethnicity, gender, work experience, and education significantly predicted participants’ overall scores of empathy on the EAI. Table A1 (see Appendix) outlines the regression analyses for the EAI overall and for each of the five subscales. The results of the regression overall indicated that race was a significant predictor of empathy ($R^2 = .07, F(6,186) = 2.357, p < .01$) and explained 7% of the variance for empathy within the APPS group. The results of the regression were not significant ($R^2 = .05, F(6,194) = 1.829, p > .05$) for the ATTS group.

APPS scores and counselor demographics did not predict scores of Affective Mentalizing on the EAI ($R^2 = .05, F(6,186) = 1.952, p > .05$). Within the ATTS group, age and attitude were significant predictors of Affective Mentalizing ($R^2 = .071$) and explained 7% of the variance. APPS scores and counselor demographics did not predict scores of Affective Response on the EAI ($R^2 = .05, F(6,186) = 1.802, p > .05$). Within the ATTS group, gender and attitude were significant predictors of Affective Response ($R^2 = .089$) and explained 9% of the variance. When examining the linear combination of APPS scores and counselor demographics, the results of the regression were significant ($R^2 = .086$) although there were no individually significant predictors for Emotion Regulation on the EAI. ATTS scores and counselor demographics did not predict scores on the Emotion Regulation subscale of the EAI ($R^2 = .089, F(6,194) = 3.14, p > .05$). Within the APPS group, race and gender significantly predicted the empathy construct of Perspective Taking ($R^2 = .105$) and explained 10% of the variance. ATTS scores and counselor demographics did not predict scores on the Perspective Taking subscale of empathy ($R^2 = .044, F(6,195) = 1.494, p > .05$). Neither linear combinations of APPS scores and counselor demographics ($R^2 = .043, F(6,186) = 1.401, p > .05$) nor ATTS scores and counselor demographics ($R^2 = .045, F(6,194) = 1.532, p > .05$) predicted scores of Self–Other Awareness on the EAI.

Research Question 3

Two hierarchical regressions were conducted to test whether the linear combination of APPS or ATTS scores and counselor age, race/ethnicity, gender, work experience, and education significantly predicted participants’ overall scores of rape myth acceptance on the IRMA-SF. Table 4 outlines the regression analyses for the IRMA-SF. The results of the regression were significant within the APPS group ($R^2 = .156, F(6,186) = 5.717, p < .05$). Gender significantly predicted rape myth acceptance ($\beta = .272, p < .05$), as did age ($\beta = .236, p < .05$) and attitude ($\beta = -.175, p < .05$). Based on these results, male counselors and participants exposed to prostitute labels were more likely to accept rape myths. The results also indicated that the older counselors were, the more likely they were to accept rape myths. Gender, age, and SDD attitudes explained 16% of the variance within the APPS group. The results of the regression were significant within the ATTS group ($R^2 = .065, F(6,194) = 2.231, p < .05$). Gender significantly predicted rape myth acceptance ($\beta = .178, p < .05$) and explained 7% of the variance within the ATTS group. Within both groups, male counselors were more likely to accept rape myths compared to female counselors.

Table 4

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

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

Discussion

Based on the results from this study, exposure to “prostitute” and “sex trafficking” labels influenced a significant difference between attitudes in counselors. The combination of attitudes and counselor demographics additionally predicted scores of empathy and rape myth acceptance. Lack of training on sex trafficking was also linked to higher acceptance of rape myth acceptance. The results from this study are consistent with research that identified the stigmatizing effects of the prostitute label (Bradley, 2007; Tomura, 2009), but represent new findings as this study was the first to identify how sex trafficking labels influence empathy and rape myth acceptance in counselors. This study also is the first to illuminate how a lack of training on sex trafficking influences greater rates of rape myth acceptance.

Female counselors who completed surveys with sex trafficking labels scored higher on empathy compared to male counselors. This finding is consistent with a study conducted by Mestre, Samper, Frias, and Tur (2009), who confirmed women have a greater proclivity for empathic responses compared to men. According to the present study, male counselors in both groups were more likely to accept rape myths compared to female counselors. This finding is consistent with existing studies that identified greater rates of rape myth acceptance in males compared to females (Aosved & Long, 2006; Cunningham & Cromer, 2016; Suarez & Gadalla, 2010). Counselors exposed to prostitute labels scored significantly higher on Emotion Regulation compared to counselors who received sex trafficking labels. This may be explained by counselors’ need to mitigate the emotional responses required to understand the experiences of sexual violence and physical abuse that characterize prostitution. When counselors completed surveys with prostitute labels, race and gender predicted perspective taking. According to Seward (2014), people of color may demonstrate higher rates of empathy and racial acuity compared to their White counterparts. The effect of membership in a non-majority racial/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 take perspective when imagining the experiences of others.

Implications for the Counseling Profession

The present study illuminates the importance for counselors to recognize that language matters; using “sex trafficked survivor” instead of “prostitute” in client conceptualization and within the therapeutic setting influences attitudes and several independent constructs of empathy and the presence of rape myth acceptance. Using a more strength-based term, such as sex trafficking survivor, may be more appropriate. Avoiding other stigmatizing labels, such as “ugly,” is also important within the counseling setting. As evidenced within this study, counselors perceived “uglier” prostitutes/trafficked women as more likely 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.

In a study conducted by Kushmider, Beebe, and Black (2015), counselors-in-training described feelings of professional helplessness and a desire for specialized coursework to learn how to better support clients who have survived all types of sexual assault. Obtaining training on sex trafficking represents an essential component of best practices when counseling sex trafficking survivors. As evidenced within this study, counselor educators may better support students by incorporating discussions about human sex trafficking as part of the Council for Accreditation of Counseling and Related Educational Programs (2015) required trauma curriculum. 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.

Counselors, counseling supervisors, and counseling students may benefit from receiving training on topics related to human trafficking and sex trafficking. Within this study, counselors in Ohio who had not received training on prostitution/sex trafficking were more likely to believe prostitutes/trafficked women were morally corrupt, were ugly, spread AIDS, and harmed the institution of marriage. Counselors with no previous training on prostitution/sex trafficking were also more likely to accept rape myths and were less likely to successfully engage in the empathy construct of perspective taking. Based on the results of this study, male counselors were less likely to have received previous training compared to females.

Counseling supervisors must become knowledgeable about resources, promote awareness, and recognize trauma-informed techniques that support their supervisee and empower the trafficked client. Counseling supervisors may normalize the stress, anxiety, and feelings of helplessness that many counselors experience when working with sex trafficked survivors. Engaging in healthy self-care practices is essential for counselors, counselor educators, and counseling supervisors who work with this challenging population.

Limitations and Future Research

Future studies may benefit from using a qualitative or mixed methods approach to explore the relationship between counselor beliefs and human trafficking myths. A detailed analysis of the influence of labels on attitudes across more diverse counselor demographics were not obtained because of an overrepresentation of White females in the study. Future areas of study may benefit from using a stratified sample. Obtaining a deeper understanding of the most common human trafficking myths that exist within the fields of counseling, counselor education, and counselor supervision may be helpful. Researchers could facilitate focus groups at various locations—including university settings, community mental health centers, agencies, and schools—to identify common human trafficking myths. A deeper understanding of trafficking myths is needed to develop effective training programs.

The development of competencies for human trafficking is needed. Presently, competencies for working with sex trafficking survivors have not yet been established. Experts on the topic of human

trafficking may collaborate and document ways to identify trafficked survivors across school, clinical, and community settings. Evidence-based treatment for counseling sex trafficking survivors and trauma-informed techniques for supervising counselors working with sex trafficking survivors could be identified.

Conclusion

The results of this study illuminate the effect of labels on attitudes and how those attitudes predict empathy and rape myth acceptance in counselors. The presence of prostitute and sex trafficking labels influenced attitudes and predicted levels of empathy and rape myth acceptance in counselors. The importance of obtaining training on the topic of sex trafficking was also identified. The implications of this study related to the counseling profession were outlined and the study limitations were presented. Counselors must reflect on whether they hold stigmatizing beliefs about individuals who have engaged in commercial sex work or who have survived forced sexual exploitation. Additionally, counselors working with sex trafficking survivors may avoid using the prostitute label as this was linked to greater rates of rape myth acceptance and decreased rates of empathy. Future research areas may identify prevalent human trafficking myths and develop human trafficking competencies. The motivating factors and barriers to receiving training on human sex trafficking may also be explored.

Conflict of Interest and Funding Disclosure

Data collected in this study was part of a dissertation study.

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Appendix

Table A1

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										
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*
EAI (ER)										
Constant	3.353	.387		8.658	.000	4.623	.512		9.031	.000
Gender	.119	.117	.073	1.017	.311	.078	.110	.052	.710	.478
Race	.202	.139	.104	1.454	.148	-.173	.134	-.095	-1.285	.200
Education	-.068	.154	-.032	-.443	.659	-.179	.109	-.125	-1.643	.102
Age	.008	.004	.191	1.831	.069	.003	.004	.086	.744	.458
Experience	.003	.006	.049	.469	.639	.005	.005	.112	.975	.331
Attitudes	.139	.099	.100	1.403	.162	-.045	.135	-.024	-.332	.740
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	-.102	-.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 Mentalizing, AR = Affective Response, ER = Emotion Regulation, PT = Perspective Taking, SOA = Self-Other Awareness, Attitudes = Mean Score on APPS or ATTS.

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