

2020

## Counselor Preparedness When Working with Survivors of Human Trafficking

Jenise Wilson  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Counseling Psychology Commons](#), and the [Quantitative, Qualitative, Comparative, and Historical Methodologies Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Counselor Education & Supervision

This is to certify that the doctoral dissertation by

Jenise Wilson

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

## Review Committee

Dr. Melinda Haley, Committee Chairperson, Counselor Education and Supervision  
Faculty

Dr. Cynthia Briggs, Committee Member, Counselor Education and Supervision Faculty  
Dr. Marilyn Haight, University Reviewer, Counselor Education and Supervision Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2020

Abstract

Counselor Preparedness When Working with Survivors of Human Trafficking

by

Jenise Wilson

MA, University of Mary, 2014

BS, University of Mary, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

August 2020

## Abstract

Human trafficking is a social epidemic that impacts people globally. Human trafficking survivors are often left with a variety of physical and mental health concerns that need to be addressed by counselors. Due to the complex nature of the trauma, counselors may be unprepared to work with survivors. Using a qualitative transcendental phenomenological approach, this study looked at counselors' perceived preparedness to work with human trafficking survivors by asking what counselors' experience had been when working with survivors, and what information they would need to know to feel better equipped to work with such survivors. Seven licensed counselors who worked with at least one human trafficking survivor were interviewed. Data was analyzed through a transcendental phenomenological lens. Based on the data analysis, 6 themes emerged: (a) the inherent complexity of working with human trafficking survivors, (b) the importance of trust, safety, and care for creating a place for healing, (c) the need for counselors to engage in self-awareness and self-care, (d) the need for trauma-informed training via coursework or experience, (e) the need for professional training on working with human trafficking survivors, and (f) the importance of professional support and collaboration. Within those 6 themes 4 subthemes emerged: (a) professional experience, (b) personal experience, (c) supervision, and (d) collaboration and consultation surrounding counselor preparedness to work with survivors of human trafficking. Through this research, social change implications may include targeted training on human trafficking for counselors, thus better preparing counselors to provide holistic counseling services, and more counselors available to support the complex needs of human trafficking survivors.

Counselor Preparedness When Working with Survivors of Human Trafficking

by

Jenise Wilson

MA, University of Mary, 2014

BS, University of Mary, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

August 2020

## Acknowledgments

I am so grateful for this opportunity to share my passion towards helping survivors of human trafficking. I would not have been able to make it to this point in my educational endeavor without the love and support of my friends, colleagues, and family. A special thank you to my parents for helping me during these last four years through constant support, cheering, and watching my dogs when I had long days. Thank you to my amazing friends and incredible colleagues who helped me realize my worth, potential, and determination.

And last, but not least, I am forever grateful to my dissertation committee. Dr. Haley – you have been a driving force for me to finish and push through the times when I wanted to stop. Your unwavering support and guidance truly helped me on days when we did not even have contact. Without all your amazing advice and help, I would not be near where I am in my dissertation phase. I appreciate you sticking with me throughout my dissertation because I could not have asked for a better Chair, and I would be lost without you! Dr. Briggs – I cannot tell you how much I appreciate your warmth and kindness. You have always lent a listening ear, providing amazing feedback, and gave the best encouragers. You truly were the bright spot during the darkest days. Thank you for learning transcendental phenomenology with me and helping me through those weeds! Dr. Haight – thank you so much for maintaining your objectiveness and working through my dissertation questions with me. Your guidance and feedback were appreciated, and I cannot thank you enough for the effort you put in to making sure I had a well-done dissertation. THANK YOU!

## Table of Contents

List of Tables .....	v
List of Figures .....	vi
Chapter 1: Introduction .....	1
Introduction .....	1
Background .....	2
Problem Statement .....	4
Purpose of Study .....	5
Research Questions .....	6
Theoretical Framework .....	6
Nature of Study .....	7
Definitions .....	7
Assumptions .....	8
Scope and Delimitations .....	8
Limitations .....	9
Significance .....	10
Summary .....	11
Introduction .....	13
Literature Research Strategies .....	14
Theoretical Framework .....	16
Literature Review .....	20
Types of Human Trafficking .....	20

Who Does Human Trafficking Affect?.....	27
Mental Health Issues of Human Trafficking Survivors.....	31
Common Psychological Symptoms .....	32
Treatments Used with Human Trafficking Survivors.....	35
Ramifications if Not Treated Adequately.....	38
Counselors Responding to the Needs of Human Trafficking Survivors.....	40
Human Trafficking Awareness.....	41
Counselor Preparedness for Human Trafficking .....	43
Critique of Research .....	44
Conclusion .....	52
Chapter 3: Research Method.....	53
Introduction.....	53
Research Design and Rationale .....	53
Role of the Researcher .....	56
Methodology.....	57
Participants Selection.....	58
Instrumentation .....	60
Data Collection and Analysis.....	61
Issues of Trustworthiness.....	62
Credibility .....	62
Transferability and Dependability .....	63
Confirmability.....	63



Ethical Procedures .....	64
Summary .....	65
Chapter 4: Results .....	66
Setting .....	67
Demographics .....	67
Participant One (P1).....	68
Participant Two (P2).....	68
Participant Three (P3).....	69
Participant Four (P4).....	69
Participant Five (P5).....	69
Participant Six (P6).....	69
Data Collection .....	70
Data Analysis .....	73
Themes .....	75
Discrepant Data.....	83
Evidence of Trustworthiness.....	83
Credibility .....	84
Transferability.....	85
Dependability .....	86
Confirmability.....	86
Results .....	87

“What are the experiences of counselors who work with sexual trafficking victims?” .....	87
“What are the perceptions of counselors’ preparedness when working with survivors of human trafficking?” .....	88
“What information do counselors need to be prepared to work with survivors of human trafficking effectively?” .....	89
Discrepant Cases .....	90
Summary .....	90
Chapter 5: Discussion .....	92
Interpretation of the Findings.....	93
Transcendental Phenomenology .....	97
Limitations of the Study.....	99
Recommendations.....	100
Implications.....	100
Conclusion .....	102
References.....	103
Appendix A: Interview Questions .....	117
Appendix B: Invitation to Participate .....	118
Appendix C: Revised Invitation to Participate .....	120

List of Tables

Table 1. Demographics .....70

List of Figures

Figure 1. Themes of Counselor Preparedness to Work with Survivors.....74

## Chapter 1: Introduction

### **Introduction**

Healthcare, behavioral health, and law enforcement organizations are recognizing the detrimental effects of human trafficking on survivors (Litam, 2017; Macias-Konstantopoulos, 2016; Thompson & Haley, 2018). Proper mental health care of survivors of human trafficking is needed to help them escape the lifestyle that entraps them (Chung, 2009; Greenbaum, 2017; Litam, 2017; Stotts & Ramey, 2009). Survivors and victims develop serious mental, physical, and emotional issues from their trafficking exposure (Abas et al., 2013; Hachey & Phillippi, 2017; Thompson & Haley, 2018). Lack of awareness of human trafficking and appropriate protocols for treatment can have detrimental effects on survivors, such as shame, retraumatization, and segregation (Chung, 2009; Greenbaum, 2017; Litam, 2017; Stotts & Ramey, 2009).

Human trafficking is a world-wide epidemic that has gained the attention of various national and international organizations, including the United States Department of Health and Human Services, the National Institute of Justice, and the United Nations Office on Drugs and Crime (Alvarez & Alessi, 2012; Ostrovschi et al., 2011; Stotts & Ramey, 2009; Sweileh, 2018). Seminal authors defined human trafficking as a form of modern-day slavery that violates human rights and is a worldwide crisis (Alvarez & Alessi, 2012; Ostrovschi et al., 2011; Stotts & Ramey, 2009; Sweileh, 2018). According to Elezi (2011), human trafficking comes in many forms, including forced labor, sex trafficking, debt bondage, domestic servitude, child porn, child sex trafficking, and child labor. In human trafficking, the victim is often performing an act or service due to

coercion, threats, force, and manipulation (Ernewein & Nieves, 2015; Hachey & Phillippi, 2017; Hopper, 2017).

Current efforts have been made to introduce and educate counselors on human trafficking, including how to educate counselors in training (Thompson & Haley, 2018). As this wide-spread social injustice grows, counselors are not fully prepared or comprehensively trained to work with survivors of human trafficking (Thompson & Haley, 2018). Organizations such as the U.S. Department of Health and Human Services have created antitrafficking coalitions and increased public awareness of human trafficking (Stotts & Ramey, 2011). Counselors must continue this mission of helping survivors by providing adequate and proficient counseling services.

In this research, I used the term "survivors" over "victims" when discussing the human trafficking population. This language is meant to denote a positive and encouraging trajectory and is not meant to be dismissive of experiences of persons who do not consider themselves survivors (Thompson & Haley, 2018). I begin Chapter 1 with the background of the human trafficking research, the problem statement, and the purpose of my research study. Next, I discuss my research questions, the theoretical framework I will use in my research study, and the nature of the study. I end the Chapter 1 discussing important definitions, assumptions, scope and delimitations, limitations, and significance of this research study.

## **Background**

Human trafficking survivors have been found to experience a wide range of psychological effects, such as depression, posttraumatic stress disorder (PTSD), and

increase of addiction and anxiety related illnesses (Baldwin, Fahrenbacher, & Eisenman, 2015; Cary, Oram, Howard, Trevillion, & Byford, 2016; Contreras, Kallivayalil, & Herman, 2016). Due to these psychological effects and the complex trauma associated with human trafficking, researchers have described a need to increase counselor self-efficacy and preparedness when working with human trafficking survivors (Thompson & Haley, 2018; Weitzer, 2014). Human trafficking victims experience comorbidity of disorders, such as PTSD, addiction, depression, and anxiety, which make their counseling services more complex than their nontrafficked counterparts (Baldwin, Fahrenbacher, & Eisenman, 2015; Cary, Oram, Howard, Trevillion, & Byford, 2016; Contreras, Kallivayalil, & Herman, 2016). Domoney, Howard, Abas, Broadbent, and Oram (2015) discussed ways professionals can identify human trafficking and that counselors need to be educated on human trafficking, the warning signs of human trafficking, and risk factors of human trafficking which can help increase their ability to best help survivors (Hopper, 2017; Hume & Sidun, 2017; Mohsen, 2016).

After an exhaustive literature review, I could not find any literature regarding counselors' level of perceived preparedness to work with victims of human trafficking before introducing them to training protocols. This study is important, because before continuing the educating mission, I need to be aware of the current level of preparedness counselors perceive that they have when working with human trafficking survivors. Researchers have provided an adequate amount of data on the trauma bestowed upon survivors of human trafficking and that survivors have a significant need for counseling services after being trafficked and some research discussed the need for training of

counselors to best help survivors of human trafficking (Baldwin, Fahrenbacher, & Eisenman, 2015; Cary, Oram, Howard, Trevillion, & Byford, 2016; Contreras, Kallivayalil, & Herman, 2016; Thompson & Haley, 2018; Weitzer, 2014). But researchers have not discussed counselors' level of preparedness which can guide training endeavors and other provide pertinent guidance to increase the quality of counseling services provided to survivors of human trafficking. Through this study, I address the research gap of counselors' perceived preparedness to work with human trafficking survivors, and what information counselors need to feel more prepared.

### **Problem Statement**

Human trafficking is reported in all 50 states, and seen in rural, urban, and suburban areas; thus, making human trafficking a rising social epidemic for which counselors need to be prepared (Hachey & Phillippi, 2017). Human trafficking is considered modern-day slavery where people are forced, coerced, and exploited for sex, labor, domestic servitude, and organs (Ernewein & Nieves, 2015; Hachey & Phillippi, 2017; Hopper, 2017). Approximately 21 million victims of human trafficking exist today, and some counselors may be unaware of the signs and symptoms of a human trafficking survivor (Stotts & Ramey, 2009; Thompson & Haley, 2018).

According to Hachey and Phillippi (2017), survivors often remain confined in human trafficking due to trauma bonding, manipulation, and shame, and often do not discuss their current or past experiences (Zimmerman & Pocock, 2013). Additionally, survivors develop serious mental, physical, and emotional issues from their trafficking exposure (Abas et al., 2013; Hachey & Phillippi, 2017; Thompson & Haley, 2018).



Current training efforts have been made to introduce and educate counselors on human trafficking, including how to educate counselors in training (Thompson & Haley, 2018). Considering the current ventures on creating awareness and educating on human trafficking, continuing this venture will be essential to provide adequate and proficient services for survivors.

With this wide-spread social injustice growing, counselors need training to address the ramifications a client has experienced from human trafficking (Thompson & Haley, 2018). After an exhaustive literature review, I could not find any literature regarding counselors' level of preparedness to work with victims of human trafficking. Before starting the educating mission, I need to be aware of the current level of preparedness counselors perceive that they have when working with human trafficking survivors.

### **Purpose of Study**

During my literature review, I found many studies describing the need to provide counselors training on human trafficking, but did not find any research on counselor's perceptions of their abilities to work with human trafficking survivors (Harding-Jones, 2019; Pascual-Leone, Kim, & Morrison, 2017; Thompson & Haley, 2018). Currently there are no research studies that address the level of preparedness of counselors to work with human trafficking survivors. To address this gap, I used a qualitative transcendental phenomenological study and used an interview process to discuss counselors' perceptions of their preparedness when working with human trafficking survivors. The purpose of this qualitative research was to improve the understanding of counselors' perspectives on

their preparedness when working with human trafficking survivors.

### **Research Questions**

RQ1–Qualitative: What are the experiences of counselors who work with sexual trafficking victims?

SQ1 – Qualitative: What are the perceptions of counselors’ preparedness when working with survivors of human trafficking?

SQ2 – Qualitative: What information do counselors need to be prepared to work with survivors of human trafficking effectively?

### **Theoretical Framework**

I used a qualitative research framework; specifically, transcendental phenomenology. Through this framework, I focused on the lived experiences of the participants and use their information to search for themes (Creswell, 2013; Ravitch & Carl, 2016). Moustakas (1994) articulated phenomenology is the initial start to gaining knowledge because researchers look at “things themselves” while transcendental phenomenology increases the knowledge by eliminating prejudgment and presumptions to see the information in a fresh and new life (p.41). Transcendental phenomenology worked best for this study because I interviewed counselors who have experience counseling survivors of human trafficking; thus, the counselors will provide data from a fresh, unbiased lens. I asked the counselors to provide information about what they perceive while refraining from judgment or bias. I took each interview and derived the important themes, and then discovered the essence of those themes in data collection (Moustakas, 1994). I used that model to interpret the results of the research and to see the

participants' experiences through an unclouded lens (Creswell, 2013). The themes discovered could help aid in the creation of training protocols for counselors.

### **Nature of Study**

The nature of this study was qualitative through a transcendental phenomenological lens. The qualitative approach allowed me to understand the perceptions and experiences of counselors, and find themes from the data (Creswell, 2013; Ravitch & Carl, 2016). I kept the focus on counselors' perceptions of their preparedness regarding working with human trafficking survivors through the phenomenological approach. This qualitative analysis helped determine the specific themes that need to be explored for future research and helped pinpoint training needs for counselors working with this population.

### **Definitions**

I used the following definitions throughout my study.

*Self-efficacy*: A person's perspective of their capability to perform in a given setting or achieve desired results. (American Psychological Association [APA], 2018).

*Preparedness*: A predisposition for certain people to be more sufficient than other people at getting specific reactions ("Psychology Dictionary," 2013).

*Human trafficking*: A form of modern-day slavery that violates human rights and is a worldwide crisis (Alvarez & Alessi, 2012; Ostrovschi et al., 2011; Stotts & Ramey, 2009; Sweileh, 2018).

*Survivor/Victim*: People who have survived human trafficking. I am using the term survivor versus victim in the research to promote empowerment and hope, and not

to diminish the experiences of persons who have experienced human trafficking (Thompson & Haley, 2018).

### **Assumptions**

After an exhaustive literature review, I made a few assumptions for this present study. First, I assumed counselors in the field have had minimal training on how to work with survivors of human trafficking as there is no core curriculum that discusses human trafficking. Secondly, I assumed counselors would be able to accurately recall their work with survivors of human trafficking and what they perceive their level of preparedness to work with human trafficking survivors. Thirdly, I assumed that participants would be open and honest in their communication with me. I assumed participants were willing to help me explore counselor preparedness to work with human trafficking survivors. I assumed participants will provide truthful statements about their perception of their preparedness and what the participants believe future counselors can be prepared to work with human trafficking survivors.

### **Scope and Delimitations**

The purpose of my research was to improve the understanding of counselors' perspectives on their preparedness when working with human trafficking survivors. After an exhaustive literature review, I found many studies describing the need to provide counselors training on human trafficking, but did not find any research on counselor's perceptions of their abilities to work with human trafficking survivors (Harding-Jones, 2019; Pascual-Leone et al., 2017; Thompson & Haley, 2018).

For this research, I interviewed active, licensed counselors who are currently working in a counseling setting who currently work with survivors of human trafficking throughout the United States with a completed master's degree in clinical mental health counseling. Considering the different credentialing process between counselors, social workers, and psychologists, I delimited my study to licensed professional counselors with active licenses in their respective state. I focused on counselors throughout the United States to provide a broader selection considering I have professional and personal relationships with many counselors in my state. Also, by incorporating perspectives from counselors throughout the United States, I increased the transferability of the research study (Miles, Huberman, & Saldaña, 2013). I delimited my study to licensed counselors with whom I do not have a professional or personal connection. I interviewed counselors who have any level of experience working with human trafficking survivors because, in transcendental phenomenology, the phenomena should be developed through an unclouded lens (Sheehan, 2014).

### **Limitations**

Potential barriers included finding participants who had the time to set aside to complete the qualitative interview. Counselors were busy with their own counseling work, and often took time to get back to me to set up interviews and review the transcriptions. One of the participants had difficulty committing to a specific time for an interview due to client crises. Another limitation was finding counselors who had experience working with survivors of human trafficking. I had some counselors reach out

to be included in the study who did not have experience working with survivors of human trafficking.

After an extensive literature review, I was unable to find a questionnaire that assessed for counselor preparedness to work with human trafficking survivors so I developed appropriate questions to ask to assess preparedness, which could have some limitations and take time. Another potential barrier was separating myself from the role of counselor and advocate for survivors of human trafficking during the interviews. I engaged in separation of self through consistent self-check-ins, journaling, and verbal processing with my dissertation chair and committee member.

Due to the nature of qualitative research, I assessed whether my research study has transferability (Kuper, Lingard, & Levinson, 2008). The key component to qualitative research is making sure the information discovered is transferable to other areas of research and contributes to the advancement of knowledge (Kuper et al., 2008).

### **Significance**

I understand counselors' perceptions on their preparedness when working with human trafficking survivors is a gap in the literature. The results of this study provided much-needed insight on counselors' perception of their preparedness to work with and identify clients who have, are, or are at risk of being trafficked. Insights from this study could aid counselors and other helping professions to understand the various gaps in training for counselors who work with survivors of human trafficking. Better trained counselors are needed to advocate against modern-day slavery and increase survivors' wellness and recovery (Hachey & Phillippi, 2017; Hopper, 2017).

The research will increase the public's awareness of human trafficking, the services currently available to human trafficking survivors, and counselors' perceptions of their own preparedness to work with survivors of human trafficking. With the information found in this study, researchers can conduct future studies in various settings about counselors' preparedness to work with survivors of human trafficking. This research will inform counselor educators and health care agencies about the training needs of mental health care workers to increase the level of counselor preparedness to work with human trafficking survivors.

### **Summary**

Researchers have found that human trafficking is a widespread social injustice that needs the attention of the mental health field (Stotts & Ramey, 2009; Thompson & Haley, 2018). Counselors need to be aware of the issues associated with human trafficking and be prepared to work with survivors of human trafficking (Baldwin et al., 2015; Cary et al. 2016, Contreras et al., 2016 Mohsen, 2016; Hume & Sidun, 2017). There is a gap in the literature regarding counselor preparedness to work with survivors of human trafficking, and that was the purpose my research. Through the use of transcendental phenomenology, I obtained counselors' perceptions about their preparedness to work with human trafficking survivors; thus, contributing to the research on preparing counselors to work with survivors of human trafficking. A thorough review of the literature provided knowledge of the current studies conducted about human trafficking but did not address the level of preparedness counselors perceived they had to work with survivors of human trafficking.

In Chapter 2, I provide the search strategies I used to find available information on human trafficking, the prevalence of human trafficking, and how counselors work with survivors of human trafficking. I present the conceptual framework I am using for this research. I start broadly by introducing human trafficking and provide an explanation of the different types of human trafficking, discuss risk factors for human trafficking, at-risk populations, recruitment methods of human trafficking, and mental health struggles of human trafficking survivors. I end with a focus on the current research on counselor preparedness to work with survivors of human trafficking.



## Chapter 2: Literature Review

### **Introduction**

Human trafficking is a world-wide epidemic that has gained the attention of various national and international organizations, including the United States Department of Health and Human Services, the National Institute of Justice, and the United Nations Office on Drugs and Crime (Alvarez & Alessi, 2012; Ostrovski et al., 2011; Stotts & Ramey, 2009; Sweileh, 2018). Healthcare, behavioral health, and law enforcement organizations are starting to recognize the detrimental effects of human trafficking on survivors (Litam, 2017; Macias-Konstantopoulos, 2016; Thompson & Haley, 2018). Proper mental health care of survivors of human trafficking is needed to help them escape the lifestyle that entraps them (Chung, 2009; Greenbaum, 2017; Litam, 2017; Stotts & Ramey, 2009). Additionally, survivors develop serious mental, physical, and emotional issues from their trafficking exposure (Abas et al., 2013; Hachey & Phillippi, 2017; Thompson & Haley, 2018). Counselor lack of awareness of human trafficking and appropriate protocols for treatment can have detrimental effects on survivors, such as shame, retraumatization, and segregation (Chung, 2009; Greenbaum, 2017; Litam, 2017; Stotts & Ramey, 2009).

As this wide-spread social injustice grows, counselors are not prepared or trained to work with survivors of human trafficking (Thompson & Haley, 2018). Professionals have made current efforts to introduce and educate counselors on human trafficking, including how to educate counselors in training (Thompson & Haley, 2018). Considering the current ventures on creating awareness and educating on human trafficking,

continuing this mission will be essential to provide adequate and proficient services for survivors. After an exhaustive literature review, I could not find any literature regarding counselors' level of preparedness to work with victims of human trafficking. Before starting the educating mission, I need to be aware of the current level of preparedness counselors perceive that they have when working with human trafficking survivors. The purpose of this qualitative transcendental phenomenological research was to improve the understanding of counselors' perspectives of their preparedness when working with human trafficking survivors.

I begin Chapter 2 with the review of the search strategies I used to find what was currently available about human trafficking, the prevalence of human trafficking, and how counselors work with survivors of human trafficking. Before discussing major concepts, I present the conceptual framework I am using for this research and why it was selected as being most appropriate for this work. I start by introducing human trafficking and providing an explanation of the different types of human trafficking. I then discuss risk factors for human trafficking, at-risk populations, and recruitment methods of human trafficking. I end Chapter 2 with mental health struggles of human trafficking survivors and the current research on counselor preparedness to work with survivors of human trafficking.

### **Literature Research Strategies**

I was able to find information that is currently available on human trafficking, including the prevalence, types, current therapeutic modalities used with human trafficking survivors, and counselor preparedness to work with survivors of human

trafficking. Through the Walden Library Databases, Academic Search Premiere, PsycARTICLES, PsycINFO, SocINDEX, ScienceDirect Subject Collections – Psychology; EBSCO Open Access Journals; ScienceDirect Subject Collections – Health Sciences, Expanded Academic ASAP, Social Sciences Citation Index, ERIC, MEDLINE, Political Science Complete, Directory of Open Access Journals, PubMed, Communication and Mass Media Complete, International Security & Counter Terrorism Resource Center, Education Source, ScienceDirect, Arts & Humanities Citation Index, Business Source Complete, Science Citation Index, InfoTrac LegalTrac, CINAHL Plus, and Journals@OVID, the key words *human trafficking* yielded 32,503 articles. I modified the date ranges to exclude articles more than five years old, which lowered the results to 6,876 articles. I read the articles that could be linked to my university's library and only the ones that were peer-reviewed.

At the onset, I only saved articles published within the last five years. I used some seminal articles about human trafficking to support the introduction and seminal knowledge of human trafficking. I used articles dating back to 2005 and the most recent article published in 2019. I used the following search terms: *human trafficking; human trafficking in the United States; human trafficking AND counseling, human trafficking AND types; labor trafficking; sex trafficking; human trafficking AND awareness; human trafficking awareness; human trafficking statistics; human trafficking AND mental health; human trafficking survivors; human trafficking victims; human trafficking; child porn AND trafficking; child pornography in the United States; child pornography trafficking; child pornography victims; child pornography offenders; child soldiers and*

*trafficking; human trafficking and recruitment; human trafficking recruitment; human trafficking causes; human trafficking and relationships; panic attack definition; and forced marriage and trafficking. Boolean searches consisted of couns\*, traffick\*, and human traff\*.*

### **Theoretical Framework**

The theoretical framework I used to guide my research was transcendental phenomenology. Through this framework, I focused on the lived experiences of the counselors who work with sex trafficking survivors and reviewed the interview content for themes and determined the essence of the experience (Creswell, 2013; Ravitch & Carl, 2016).

Edmund Husserl developed transcendental phenomenology (Moustakas, 1994). Husserl articulated that phenomenology is the initial start to gaining knowledge because researchers look at “things themselves” because all objects conform to the experience of the person who views it (Moustakas, 1994, p. 26). By acknowledging all ideal entities (numbers) and irreal objects (senses), the researcher recognizes the irreal objects are a part of a person’s experience and how the person views objects and situations (Giorgi, Giorgi, & Morley, 2017).

Phenomenological researchers understand that knowledge and experience are related to phenomena, and a unity must exist between the person and the objects that the person comes to know or depend upon (Moustakas, 1994). With the unity often comes prejudgment and assumptions about the objects; thus, transcendental phenomenology increases the knowledge by eliminating prejudgment and presumptions to see the

information in a fresh and new light (Moustakas, 1994, p. 41). Transcendental phenomenology requires the researcher to collect data from several people who have experienced the phenomenon which allows the researcher to link experiences among participants (Creswell, 2013). Through everything the participant reports, the researcher identifies textual descriptions which discuss what the participants experience and structural descriptions which provides information on the person experience things to drive the essence of the experience (Creswell, 2013). Through the experiences, the researcher identifies themes that are not linked to the prejudgment and presumptions of the researcher but unlinked terms are also discussed through textual and structural descriptions (Creswell, 2013).

One concept Husserl stated was important within transcendental phenomenology is *intentionality* which requires that the researcher be conscious of preconceived ideas, objects, and judgments in order to truly understand the phenomenon (Giorgi et al., 2017; Moustakas, 1994). Through intentionality, the researcher can understand the meaning they prescribe to objects and situations to enhance their understanding of the experience (Moustakas, 1994). Another important term within transcendental phenomenology is *intuition* (Moustakas, 1994). According to Moustakas (1994), humans are intuitive beings and all things become clear in the intuitive-reflective process which is where the researcher draws upon what they instinctively know and reflect upon what the researcher came to understand and judge the information known. During the intuitive-reflective process, the researcher understands their judgments about everything that presents itself to the researcher (Moustakas, 1994). Husserl used these concepts to frame the

methodology of transcendental phenomenology (Moustakas, 1994).

Husserl provided a process to derive knowledge through transcendental phenomenology, which includes *Epoche*. *Epoche* means for the researcher to refrain from judgment and to see things from an everyday, ordinary way (Giorgi et al., 2017; Moustakas, 1994). Normally, through intentionality and intuition, humans hold knowledge judgmentally, and *epoche* requires that phenomena are revisited in a fresh, open-minded sense (Giorgi et al., 2017; Moustakas, 1994).

After the researcher has engaged in *epoche*, they move towards *transcendental-phenomenological reduction* where an experience is considered in its singularity and reduced to the variations of perceptions, feelings, and thoughts (Giorgi et al., 2017; Moustakas, 1994). From this standpoint, the researcher can provide a rich description of the phenomena based from the open self (Giorgi et al., 2017; Moustakas, 1994).

The final step in transcendental phenomenology is *imaginative variation* which helps the researcher grasp the essence of the experience (Moustakas, 1994). Imaginative variation allows for the researcher to derive a synthesis of the information surrounding them about the experience to create a description, meaning, and essence of the phenomena or experience (Moustakas, 1994). Through this process, the researcher must set aside many biases about the phenomena being studied, reduce the phenomena to themes, and then create meaning from the themes of the phenomena.

After an exhaustive literature review, I found one article related to human trafficking where the author used a transcendental phenomenology framework. Fargnoli (2017) explored the lived experiences of using self-care for survivors of human

trafficking. Interviews were conducted with survivors of human trafficking who used art and dance as self-care strategies to encourage growth and empowerment (Fagnoli, 2017). Fagnoli (2017) engaged in a semi-structured interview with six women. Themes emerged from the data which included the understanding for the need for self-reflection, creativity, relationships, movement, connections, balance, and work as part of the recovery process (Fagnoli, 2017). The transcendental phenomenological framework made sense for the study as the researcher desired to understand the lived experiences of self-care for survivors of human trafficking. This research showed how well a transcendental phenomenological framework can be applied to human trafficking research.

Another article that used a transcendental phenomenological framework was a dissertation about witnessing bullying in the workplace (Dash, 2015). Dash (2015) desired to understand the lived experiences of persons who have witnessed bullying in the workplace and how participants described their organization where bullying was witnessed. Dash interviewed 12 professionals from various industries and found four themes. The themes included making sense through metaphors, emotional impact, taking a stance, and organizational trustworthiness (Dash, 2015). The information provided well-informed data to inform future fields of conflict analysis and resolution (Dash, 2015). This research showed how well a transcendental phenomenological framework can be transferable to other relevant areas.

Transcendental phenomenology fits best for this study because I interviewed counselors who have counseled survivors of human trafficking allowing counselors to

share their knowledge and experience. I asked the counselors to provide information about what they perceived while I refrained from judgment or bias. I then took each interview and derived the important themes, and then discovered the essence of those themes in data collection (Moustakas, 1994). I used that model to interpret the results of the research and see the participants' experiences through an unclouded lens (Creswell, 2013).

### **Literature Review**

Seminal authors defined human trafficking as a form of modern-day slavery that violates human rights and is a worldwide crisis (Alvarez & Alessi, 2012; Ostrovschi et al., 2011; Stotts & Ramey, 2009; Sweileh, 2018). Survivors of human trafficking are often coerced, exploited, and abused into various forms of human trafficking (Noyori-Corbett & Moxley, 2016). Human trafficking is a very profitable illegal form of income, with international profits of over 30 billion, and is one of the largest organized crime enterprises coming only after illegal drug and weapons trading (Alvarez & Alessi, 2012; Rezaeian, 2016; Sobel, 2014; Weitzer, 2014). As counselors, there is a strong need to comprehend the different types of human trafficking, recognize who human trafficking affects, and understand human trafficking recruitment efforts to help increase self-preparedness and efficacy when working with human trafficking survivors.

### **Types of Human Trafficking**

Human trafficking can be seen over a multitude of areas worldwide. Understanding the different kinds of human trafficking is essential for counselors who might work with survivors. According to Elezi (2011), human trafficking comes in many



forms, including forced labor, sex trafficking, debt bondage, domestic servitude, and child labor. Often, victims of human trafficking are “branded” with tattoos or carvings that show identification and ownership of their trafficker (Litam, 2017, p. 51). In the following section, I will discuss the different forms of human trafficking.

**Sex trafficking.** Sex trafficking is the most popular type of human trafficking where an adult is forced, coerced, or manipulated into having sex and accounts for 58% of reported trafficking cases (Elezi, 2011; Noyori-Corbett & Moxley, 2016). This type of trafficking can include commercial sex, exotic dancing, escort services, massage parlors, and pornography in brothels, spas, and strip clubs (Ioannou & Oostinga, 2015; Litam, 2017; Stotts & Ramey, 2009). Traffickers use coercion and abuse to transport and harbor someone for sexual exploitation (Fedina, 2015).

Sex trafficking often occurs in conjunction with debt bonding. (Elezi, 2011). Debt bondage is a form of control the trafficker elicits to keep the victim from leaving and creating a financial dependency on the trafficker (Ioannou & Oostinga, 2015; Weitzer, 2015). Patterson and Zhuo (2018) reported that more than half of the persons in forced labor had debt bondage (Weitzer, 2015). Ioannou and Oostinga (2015) found that many victims of human trafficking are in relationships with their trafficker, are under constant surveillance, and live or rent a place owned by the trafficker which makes leaving difficult. Often, persons forced into sex trafficking were also forced into other areas of trafficking, too (Alvarez & Alessi, 2012). According to Noyori-Corbett and Moxley (2016), domestic and migrant women are exposed to sex trafficking at higher rates than other populations, with migrant women being the most prone to victimization. Younger

migrant women are targeted by traffickers for sex trafficking because of these women's desire to move to wealthier countries to escape harsh conditions and send money back to their families (Noyori-Corbett & Moxley, 2016).

**Labor trafficking.** Forced labor is a primary form of human trafficking, where people are required to work in various settings including agriculture, manufacturing, mining, and fishing (Elezi, 2011; Stotts & Ramey, 2009; Weitzer, 2014). The circumstances surrounding labor trafficking include diminished to no pay, abuse, inhumane working and living conditions, and depriving someone of their rights to leave and make phone calls (Weitzer, 2014).

Poverty plays a profound role in human trafficking as many traffickers prey upon people who are desiring to find an income or change their job (Sobel, 2014). This type of slavery flourishes when there is economic disparity, high crime rates, and social crises (Sobel, 2014). According to statistics, three out of every 1000 people worldwide have been in forced labor, and forced labor is primarily comprised of men (Pascual-Leone et al., 2017; Rimal & Papadopoulos, 2016).

**Domestic servitude.** Elezi (2011) explained that domestic servitude is a form of labor trafficking that includes a person working at an informal workplace with living quarters connected. Types of servitude include forced marriage, political imprisonment, and additional degrading forms for domination not centered around labor, such as caring for children and playing the mother role. (Patterson & Zhuo, 2018). Often, debt bondage, isolation from friends and family, psychological and physical confinement, and lack of knowledge about alternatives are controlling means that traffickers use to keep victims

from leaving (Ioannou & Oostinga, 2015). Women, especially migrant women, are the most common population to be exploited into domestic servitude (Noyori-Corbett & Moxley, 2016).

**Forced marriage.** Forced marriage involves one party who does not provide free and valid consent for the marriage and forced marriages can be seen with adults, adolescents, and children (Askola, 2018; Warriia, 2017). Many forced marriages involve youth and women where guardians give them away for marriage without their consent (Askola, 2018; Warriia, 2017). Patterson and Zhuo (2018) articulated that a majority of people in forced marriages were women and 37% were persons under the age of 18. In addition, researchers have shown that in 2016, 15.4 million people were living in a forced marriage worldwide (Patterson & Zhuo, 2018).

Culture plays a significant role in forced marriages, and in many Asian countries there are not enough females of age of marriage, thus creating enslavement and bridal trafficking (Patterson & Zhuo, 2018; Warriia, 2017). Coercion into marriage usually comes from family or extended family members and can include physical force, psychological pressure, emotional pressure, and financial pressure (Askola, 2018). Victims of forced marriage are often isolated from education and familial opportunities and experience a significant amount of emotional, psychological, sexual, and physical abuse (Askola, 2018). In the United States, forced marriages are seen among the immigration populations with the hopes of the victim being able to obtain citizen status in the United States (Askola, 2018; Patterson & Zhuo, 2018).

**Child trafficking.** Children and adolescents are not exempt from human trafficking. Child human trafficking is when someone under 18 is forced, coerced, or exploited into human trafficking (Litam, 2017). Children are forced into labor, armed forces, domestic servitude, and having sex without their consent (Alvarez & Alessi, 2012; Elezi, 2011). One in five runaway youth are at risk of becoming victims of sex trafficking, and an estimated 326,000 youth are forced into sexual exploitation (Litam, 2017).

Risk factors for child trafficking include the child's deviant behavior, having lower IQ scores, history of abuse from others, drug addiction, homelessness, and having mental health issues (Litam, 2017). Homelessness is one of the most significant risk factors, with youth being approached by traffickers within 48 hours of being on the streets (Litam, 2017). Lesbian, gay, bisexual, and transgender youth (LGBT) are also at high risk for being victims of human trafficking, due to their high rates of homelessness (Litam, 2017).

**Child pornography.** Child pornography is when someone under the age of 18 is engaged in a sexual act or showing sexual characteristics, and then the recording is made available for others to download and watch (Ly, Dwyer, & Fedoroff, 2017; Ost, 2016). According to Ost (2016), the repeated availability of this recording or image can perpetuate and increase the psychological harm of the victim (Wolak, Liberatore, & Levine, 2013). Over 100,000 websites currently offer illegal child pornography, and there are over five million original child porn materials now in circulation (Ly et al., 2017).

According to Ly et al. (2017), the average age of children in child sexual abuse images is between the ages of three to twelve.

**Child soldiers.** Children are often used for military work in various countries throughout the world (Thomason, 2016). Often, children are coerced to engage in war activities that involve killing others (Thomason, 2016). Commonly, children are used to engage in direct deployment or engage in supporting tasks for soldiers (Villacampa & Florez, 2018). Many children reported that they joined illegal armed groups voluntarily or for economic reasons, such as money for their family, a better future for themselves, and protection against other armed forces (Hurtado, Iranzo Dosdad, & Gomez Hernandez, 2018). Many youths reported that they participated in armed forces as a means to protect themselves from other armed forces and the poverty associated with their country (Hurtado et al., 2018).

Throughout the years, many national and international policies have gone into place to protect children from being forced into armed forces, but many countries still engage and override those policies (Hurtado et al., 2018; Thomason, 2016; Villacampa & Florez, 2018). Many policies and procedures are being used to protect children from war, but, unfortunately, many youths still appeared engaged in military work.

**Forced criminality.** Human trafficking for forced criminality is one of the lesser researched and known manifestations of trafficking (Villacampa & Florez, 2018). According to Villacampa and Florez (2018), criminal trafficking exploits victims into engaging in illegal or “antinormative” activities, such as street crime such as drug trafficking (p. 422). Victims of sex or labor trafficking often are also forced to engage in

criminal activity, such as drug dealership, stealing, and prostitution; thus, many survivors of human trafficking have criminal records to overcome (Villacampa & Florez, 2018).

While this form of human trafficking often does not occur individually, forced criminality can be in conjunction with other trafficking forms.

**Organ trafficking.** A less common form of human trafficking is the trafficking of persons for their organs, blood, and tissue (Budiani-Saberi & Columb, 2013; Frangež & Bučar Ručman, 2017). According to Frangež and Bučar Ručman (2017), organ trafficking is a relatively profitable form of trafficking, as many patients are willing to pay hundreds to thousands of dollars to restore their health. Traffickers usually exploit poor, uneducated persons who are desperate and in distress (Budiani-Saberi & Columb, 2013; Frangež & Bučar Ručman, 2017). According to Efrat (2015), the most common organ desired in organ trafficking are kidneys with over 10,000 illegal transplants per year (Youasf & Purkayastha, 2015).

Traffickers may force or deceive a person into forgoing their organs, getting victims to formally or informally sell their organs and then give them no or fewer monies than agreed upon, or remove organs of persons without their knowledge and consent during surgery (Frangež & Bučar Ručman, 2017).

Counselors being aware of the various types of human trafficking is essential for increasing preparedness of counselors to work with survivors. Other essential concepts counselors need to know is who human trafficking affects and the various human trafficking recruitment tactics.

### **Who Does Human Trafficking Affect?**

No one knows how many people are victims of human trafficking. Estimated numbers of victims range from as low as one to million to as many as 27 million (Fedina, 2015; Gozdziaak & Colltt, 2005; Rezaeian, 2016; Stewart, 2016; Weitzer, 2014). This varying number is due to human trafficking occurring in areas where there is impoverishment, natural disasters, war, armed conflicts; distrust of law enforcement; feelings of shame, fear, and embarrassment. Thus, it is an extremely underreported crime (Rezaeian, 2016). In this section, I discuss risk factors of human trafficking and populations most at risk of being victimized in human trafficking.

**Risk factors.** There are some identified person and environmental factors that place people at-risk for human trafficking. Pascual-Leone et al. (2017) articulated that persons who are young, in poverty, with limited education and work opportunities, who lack family support, have a history of abuse or health or mental health challenges, a history of substance abuse, and who live in vulnerable areas are at higher risk for being trafficked (Greenbaum, 2017; Reed, Kennedy, Decker, & Cimino, 2019). Contreras, Kallivayalil, and Herman (2017) stated childhood sexual abuse is a primary risk factor for being exposed to sex trafficking later in life (Macias-Konstantopoulos, 2016); Reed et al., 2019). Rezaeian (2016) articulated that, "poverty, unemployment, ethnicity, and gender discrimination are the root causes of modern slavery" (p. 33). Stressors associated with poverty, lacking opportunities, and countries with high rates of patriarchy are added risk factors of human trafficking (Contreras et al., 2017; Reed et al., 2019).

Other vulnerabilities include the pressure to support their family financially, and participation based on families selling their children to traffickers for financial gain (Contreras et al., 2017). According to Domoney, Howard, Abas, Broadbent, and Oram (2015), a history of legal, social, or economic instability increases the risk for human trafficking (Reed et al., 2019). Traffickers are often known to capitalize on these vulnerabilities of these persons through manipulation, force, threat, and coercion (Pascual-Leone et al., 2017; Reed et al., 2019). Traffickers also see the fundamental need for a victim's desire for love, family, and protection, and use that need to manipulate people into trafficking (Hardy, Compton, & McPhatter, 2013).

**At-risk populations.** Identifying persons exposed to human trafficking can be difficult for professionals due to the lack of training and awareness of human trafficking. Rezaeian (2016) articulated that women, girls, men, and boys have all been reported as victims of human trafficking, and many immigrant persons are vulnerable to trafficking (Elezi, 2011; Noyori-Corbett & Moxley, 2016). According to Rimal and Papadopoulos (2016), there are an estimated 1.2 million children trafficked every year, and 80% of all trafficked persons are women. Human trafficking occurs to persons in every country, and in every state in the United States (Chung, 2009; Pascual-Leone et al., 2017). The lesbian, gay, bisexual, and transgender (LGBT) population, persons who are homeless, persons who are illiterate, persons with disabilities, and immigrant workers are at higher risk for trafficking rings than other populations (Chisolm-Straker, Sze, Einbold, White, Stoklosa, 2019; Elezi, 2011; Frangež & Bučar Ručman, 2017; Hardy et al., 2013; Litam, 2017; Macias-Konstantopoulos, 2016; Noyori-Corbett & Moxley, 2016; Rezaeian, 2016).



Considering the vast number of persons trafficked, counselors need to understand the mental health ramifications associated with human trafficking.

### **Human Trafficking Recruitment**

Recruitment for human trafficking is stereotypically seen as something only males do, but Meshkovska, Siegel, Stutterheim, and Bos (2015) found that males and females have been known to engage in recruitment. Females tend to be the head of high-end escort services, and often act as the recruiter for a male pimp while they are currently being trafficked (Meshkovska et al., 2015). When the woman is in charge, she is known as the madam, and when the man is in charge, he is known as the pimp (Meshkovska et al., 2015). Regardless of who is in control, traffickers have various strategies to entrap and control victims of human trafficking.

Human traffickers have various ways of recruiting people into human trafficking. Hickie and Roe-Sepowitz (2017) reported that individuals typically become involved in human trafficking through friends, acquaintances, family members, and romantic partners (Reed et al., 2019). Often, friends who are currently involved in sex trafficking might help recruit friends into trafficking, and a majority of survivors have reported a relationship being a critical factor to becoming involved in trafficking (Hickie & Roe-Sepowitz, 2017; Reed et al., 2019). Hickie and Roe-Sepowitz articulated that often traffickers will groom individuals into engaging in trafficking, and other traffickers will use coercion, force, deception, and kidnapping as a means of securing victims. Often, coercion, deception, and force, are used by romantic partners or close family members,

especially for adolescent and youth trafficking (Hickle & Roe-Sepowitz, 2017; Reid, 2016).

Many traffickers use entrapment schemes to obtain victims (Reid, 2016). Reid (2016) found that flattery, romance, and building an alliance were some of the most common schemes employed by traffickers. Traffickers often buy gifts for the victims, “sweet talk” the victims, and spend a lot of money on the victims in order to groom the victim into sex trafficking (Reid, 2016, p. 498). While doing this, the traffickers would often normalize sex through jokes and having sex with the victims and isolate the victims by taking them to another state or city and controlling their phone activity (Reid, 2016).

Another entrapment method used is called the “bait and switch” where the trafficker ultimately appears to be helping the person by giving them large sums of money or helping them escape a dangerous situation and then turns around and demands repayment, withholding basic needs, such as food and water, and threatening the victim if the victim does not participate (Reid, 2016). Many traffickers will prey on the intellectually disabled who are unaware of the exploitation and the difference between a buyer and boyfriend (Reid, 2016). Reid (2016) articulated that some people are persuaded or forced into human trafficking through gang involvement. Finally, traffickers might abduct a person, hold them hostage, and give them drugs against their will (Reid, 2016). Human traffickers have many entrapment schemes to obtain victims.

Traffickers start with entrapment and have to engage in more behaviors to keep the survivor in the trafficking world. Reid (2016) articulated that traffickers have enmeshment schemes they use, such as shame and blackmail, obligation, making the

victim complicit to a crime, getting the victim pregnant, taking financial control, using intimidation, and providing hope, connection, and a fake family. According to Reid, traffickers might blackmail the victim with photos, convince the victim no one cares about him or her, and that the victim owes the trafficker for saving the victim. Victims often get pregnant while being trafficked, whether by the trafficker or buyer, and the trafficker will often use the child against the victim (Reid, 2016). Many victims are often isolated, financially controlled, and intimidated with weapons, intimidated with being forced to watch others being raped, and intimidated with threats against themselves or against family members (Reid, 2016). Throughout all of this, many traffickers will attempt to groom the victim by telling the victim no one will understand what they have been through (Reid, 2016). All of these various strategies keep victims of human trafficking trapped and entangled in the human trafficking world.

### **Mental Health Issues of Human Trafficking Survivors**

Human trafficking poses various mental health effects on survivors. Unfortunately, fewer support services and resources exist for survivors of human trafficking than victims of any other crime (Litam, 2017). Due to the nature of their experiences, many persons do not expose themselves as survivors of human trafficking, so counselors need to be aware of the signs of human trafficking and explore those in session (Macias-Konstantopoulos, 2016). The reasons that get in the way of persons identifying as survivors of human trafficking, include loyalties to their trafficker, threats of harm to themselves or family members by the trafficker, inability to remember the events due to trauma, illegal activity involvement and warrants, and shame and blame

towards self (Altun, Abas, Zimmerman, Howard, & Oram, 2017; Domoney et al., 2015; Nguyen, Coverdale, & Gordon, 2017; Thompson & Haley, 2018). Regardless of lack of admission about being trafficked, counselors must be aware of the various mental health symptoms associated with human trafficking, the treatments currently being used with human trafficking survivors, and the ramifications of not being treated adequately.

### **Common Psychological Symptoms**

Human trafficking has various mental health considerations that professionals should be aware of when working with survivors. Due to daily mental abuse and torture, significant mental health issues are noticed in survivors of human trafficking (Frey, Middleton, Gattis, & Fluginiti, Litam, 2017; 2018; Stotts & Ramey, 2009). Hardy et al. (2013) postulated that survivors of human trafficking mimic similar symptoms of survivors of other traumatic crimes, such as rape and domestic violence, but the dynamics of captivity and significant isolation create a unique set of circumstances for survivors of human trafficking that need to be considered by professionals. On top of this, survivors often lack independent living skills, which can increase feelings of being overwhelmed and uncertain (Shigekane, 2007).

Survivors of human trafficking are often diagnosed with:

- **Complex posttraumatic stress disorder:** Complex PTSD involves survivors experiencing trauma for a prolonged period of time (Shevlin et al., 2018; Wolf et al., 2015). Survivors also often experience avoidance of traumatic reminders, and arousal and hypervigilance associated with PTSD negative self-concept, and have interpersonal relationship issues (Shevlin et al., 2018; Wolf et al., 2015).

- **Anxiety:** Anxiety is a psychological disorder characterized by excessive fear of a real or perceived imminent threat or fear about a future threat (APA, 2013).
- **Panic attacks:** Panic attacks are a quick rush of intense fear or discomfort that can involve a fast heartbeat, sweating, shaking, shortness of breath, feelings of choking, chest pain, nausea, dizziness, hot flashes or chills, numbness, derealization, and fear of dying or losing control (Olaya, Moneta, Miret, Ayuso-Mateos, & Haro, 2018).
- **Dissociative disorders:** Dissociative disorders are disruptions in the integration of consciousness, memory, perception, and behavior (Spiegel et al., 2013).  
According to the APA (2013), dissociative disorders are often accompanied with a feeling or perception of being detached from a person's surroundings.  
Dissociative disorders can also cause someone to forget important information about themselves, their surroundings, and their past (APA, 2013). People who suffer from dissociative disorders find they cannot access information or control mental functioning that a person normally can access and control (APA, 2013).
- **Obsessive-Compulsive disorder:** Obsessive-compulsive disorder (OCD) includes having unwanted intrusive thoughts, ideas, images, or doubts followed by compulsions that follow a set of rules to neutralize the obsessive thoughts (Abramowitz, 2018). Someone with OCD has obsessions that are recurrent, persistent, and unwanted thoughts, urges, or images that are often followed by a compulsion (APA, 2013). According to APA (2013), a compulsion is a repetitive physical or mental act that the person feels compelled to do in response to the

obsession. Someone who suffers from OCD may feel significant distress associated with their obsessions and compulsions which leads to an impairment in day-to-day functioning (APA, 2013).

- **Depression:** Depression is a psychological disorder characterized by the persistent presence of a sad, empty, or irritable mood accompanied by fatigue, eating issues, sleeping issues, and feelings and thoughts of worthlessness or death (APA, 2013).
- **Addiction:** Addiction is when someone struggles to not use substances even after significant personal problems arise (APA, 2013). With substance use and addiction, the brain chemistry is altered which causes the inability to achieve abstinence for long periods of time and consistent cravings of the drug (APA, 2013). People who struggle with addiction often experience social impairment where they cannot fulfill obligations at work, school, or home (APA, 2013). Depending on the length of use, people find they build a tolerance to the drug and need more to achieve the desired effects and will experience withdrawal when the substance is leaving their body (APA, 2013).
- **Attention and concentration:** Attention and concentration problems include the survivor's inability to concentrate on various tasks and they struggle to pay attention to the task at hand (Abas et al., 2013; Altun et al., 2017; Harding-Jones, 2019; Oram et al., 2016; Pascual-Leone et al., 2017).

According to Hardy et al. (2013), suicidal ideation (the thought and contemplation of ending one's life) and self-mutilation (cutting, burning, or other ways of purposely

harming oneself) are common for survivors of human trafficking (Frey et al., 2018; Harding-Jones, 2019; Litam, 2017). Frey et al. (2018) reported that individuals who experience human trafficking are three to four times more likely to experience suicidal ideation and make an attempt on their lives as compared to persons who have not been trafficked. Litam (2017) articulated that survivors may present as fearful, avoidant, helpless, hopelessness, shameful, and tense in session (Chung, 2009; Harding-Jones, 2019; Shigekane, 2007; Stotts & Ramey, 2009). Survivors often perceive that their health, their positive assumptions of being a good person, their assumption of being safe, and the assumption that the world is meaningful are demolished due to their human trafficking experience (Pascual-Leone et al., 2017).

Many survivors reported using drugs for self-harm and suicide attempts (Shigekane, 2007). Shigekane (2007) stated that many survivors would engage in risky behaviors, such as unprotected sex after leaving human trafficking. Survivors of human trafficking are at an increased risk for contracting a sexually transmitted infection (STI) (Jung, 2017). Common STIs contracted by human trafficking survivors include syphilis and gonorrhea (Jung, 2017). Due to the manipulation and deception experienced during the trafficking process, many survivors have diminished trust in others (Litam, 2017).

### **Treatments Used with Human Trafficking Survivors**

Understanding what evidenced-based treatments mental health professionals are currently using with survivors of human trafficking is essential for counselors to know. Due to the severe manipulation, coercion, and deception experienced by survivors, counselors need to have unconditional positive regard, empathy, and authenticity with

survivors (Litam, 2017). Offering a confidential space will allow survivors to discuss and process the details of their experience and history while the counselor's adopting of the client's identified verbiage can help break the cycle of revictimization (Greenbaum, 2017; Nguyen et al., 2017).

Nyguyen et al. (2017) proposed using a patient-centered, trauma-informed model of treatment with survivors of human trafficking after the survivor has obtained psychological and physical stabilization. This treatment plan should also include a comprehensive assessment (Altun et al., 2017; Hardy et al., 2013; Johnson, 2012). Counselors promoting empowerment, community, safety, and life skills will help human trafficking survivors in their rehabilitation (Hardy et al., 2013). Another instrumental change agent in the counseling sessions for survivors is helping them learn to regain a sense of control (Litam, 2017).

Sometimes survivors are "trauma bonded" with their trafficker, meaning they have a loyalty and care towards their trafficker, and are "brainwashed" to protect the trafficker from law enforcement and other helping professionals (Hardy et al., 2013; Pascual-Leone et al., 2017). Breaking this bond is a needed component in counseling and should be handled cautiously by the clinician (Hardy et al., 2013; Litam, 2017). If counselors attempt to break the bond early, go against how the client views the traffickers, and challenge thoughts and perceptions too soon counselors could ruin therapeutic rapport with the survivor (Hardy et al., 2013; Litam, 2017).

Altun et al. (2017) reported that using long-term, evidence-based interventions for PTSD, such as trauma-focused cognitive behavioral therapy (TF-CBT), narrative therapy,



and eye movement desensitization and reprocessing (EMDR) therapy might be beneficial for survivors of human trafficking, but few studies currently use these types of therapy with survivors of human trafficking (Abas et al., 2013; Aberdein & Zimmerman, 2015; Harding-Jones, 2019; Hemmings et al., 2016; Johnson, 2012). Group counseling has proven beneficial for survivors of human trafficking as it promotes community and support (Litam, 2017; Pascual-Leone et al., 2017). Peer support is another crucial component for the recovery experience as it reduces shame, builds trust, and helps with dismissing negative thoughts and beliefs that survivors often harbor (Litam, 2017). Abas et al. (2013) reported that if stabilization is difficult, antidepressant medication could be an intervention that survivors need.

Counselors can assist survivors with accessing their community and resources for food, shelter, clothing, and transportation are helpful services that need to be provided (Chisolm-Straker et al., 2019; Hemmings et al., 2016; Johnson, 2012; Nyguyen et al., 2017). Counselors must be aware of the community and national resources for survivors of human trafficking for referral options if they are needed (Altun et al., 2017; Shigekane, 2007). Often, survivors are unable to retain information given to them from counselors until after their basic needs are met and accessing and obtaining resources minimizes the likelihood of the survivor going back to jeopardizing situations (Altun et al., 2017; Domoney et al., 2015; Hemmings et al., 2016; Litam, 2017). By counselors using an empowerment model, they can help survivors access these vital resources, which will increase survivors' self-esteem and prepare them to make informed decisions (Shigekane, 2007).

### **Ramifications if Not Treated Adequately**

The awareness of human trafficking is an important first step for appropriate treatment. If counselors are not aware of the issues of the survivors of human trafficking, then proficient treatment cannot be adequately provided (Stotts & Ramey, 2009). Survivors often struggle with concentration and attention issues due to the trauma, and if they are not stabilized, treatment will remain difficult (Abas et al., 2013; Altun et al., 2017; Domoney et al., 2015; Litam, 2017). According to Chung (2009), counseling survivors of human trafficking should be a community-based approach, and for counselors not to include various valuable community resources could be detrimental to the survivor's healing process (Hemmings et al., 2016). Dell et al. (2019) reported that survivors of human trafficking often receive services in an outpatient setting or a residential setting; thus, providing counselors with a variety of chances to effectively work with survivors.

If counseling is not done effectively, many issues will arise for treatment agencies and clients. Dell et al. (2019) stated that many organizations found retention of survivors difficult and that they had minimal success rates due to the nature of the trauma experienced by survivors. Often the shame, stigmatization, and complex needs of human trafficking survivors represented challenges for survivor rehabilitation and that they could be easily be retraumatized by counselors if counselors engaged in trauma work too quickly (Dell et al., 2019). Dell et al. formulated that survivors required help in three stages of treatment: The immediate or short-term needs stage, the ongoing needs stage, and the long-term needs stage where counselors needed to be trauma and rights informed

in order to create quality care. Without an understanding of these stages and rights, counselors might further shame, segregate, and traumatize survivors of human trafficking (Dell et al., 2019).

Another important concept counselors need to understand in order to address survivors concerns and remain helpful to survivors is providing access to a variety of resources (Dell et al., 2019). Survivors of human trafficking are often in need of various resources, such as shelter, food, and clothing which can be coordinated by counselors in conjunction with case managers (Dell et al., 2019). These basic needs being met first for survivors, counseling services could be deemed unneeded and unnecessary for survivors of human trafficking (Dell et al., 2019). Without basic needs met, counselors could have little impact on survivors of human trafficking (Dell et al., 2019).

Cultural implications need to be considered when working with survivors of human trafficking, and how those implications might affect symptomology and treatment (Altun et al., 2017; Hemmings et al., 2016). Counselors need to ask questions in a culturally sensitive, victim-informed manner to avoid further isolation and revictimization (Chung, 2009; Greenbaum, 2017). Counselors can work with interpreters to address language barriers that could interfere with finding appropriate resources for survivors of human trafficking (Yakushko, 2009). Counselors might find it beneficial to work with an immigration agency, if working with survivors from another country, to bridge cultural gaps and provide adequate resources to survivors since being in a new community is difficult (Shigekane, 2007).

### **Counselors Responding to the Needs of Human Trafficking Survivors**

Human trafficking has become an extensively publicized social ill for many years. Regardless of the extent of publication, counselors are significantly unaware of human trafficking (Litam, 2017; Pascual-Leone et al., 2017; Stotts & Ramey, 2009). Using a comprehensive needs assessment is important for counselors to understand the various needs of survivors (Hemmings et al., 2016). The Polaris Project (2011) founded a comprehensive assessment that can be used by counselors to assess for the victimization of human trafficking. Chisolm-Straker et al. (2019) created a Quick Youth Trafficking Indicator Assessment for counselors to use with youth, especially homeless youth. Through this assessment, counselors can identify human trafficking quicker and assess what needs the survivor requires (Chisolm-Straker et al., 2019). While psychological interventions are noted in various research articles, research investigating the efficiency and efficacy of these interventions is lacking (Hemmings et al., 2016; Thompson & Haley, 2018).

Hemmings et al. (2016) reported that counselors should have human trafficking training, have the appropriate agency referral sources, and create a safe, culturally-sensitive, and trauma-informed space for survivors to disclose information, feel safe, and develop trust. Pascual-Leone et al. (2017) stated counselors must be aware of the various components that might interfere with counseling survivors, such as a survivor's lack of transportation, lack of funding for long-term treatment, and having no phone access. Other barriers include the counselor and survivor having language barriers and having cultural and ethnic differences. Counselors' awareness of these issues is vital for building

rapport and understanding survivors' behaviors during the counseling process (Pascual-Leone et al., 2017). The manipulation and deception faced by survivors while being trafficked, might distort how survivors view and interact with counselors, which can be hard on the therapeutic relationship and process (Pascual-Leone et al., 2017).

Safety planning is a needed component for counselors to use with survivors of human trafficking (Pascual-Leone et al., 2017). Considering the direct nature of the abuse experienced, survivors can struggle with feeling safe and being safe, and they can also have a consistent fear of being found by the trafficker (Pascual-Leone et al., 2017). When counselors create thorough safety plans and collaborate with various community agencies to increase appropriate response to survivors, safety and access to appropriate resources increases for survivors (Pascual-Leone et al., 2017). When survivors can create a safety plan in a safe, nonjudgmental space, the survivor is more likely to stay engaged in the counseling sessions (Pascual-Leone et al., 2017). Pascual-Leone et al. (2017) stated that consistent perseverance from the counselor is important and needed when working with survivors of human trafficking.

### **Human Trafficking Awareness**

Awareness is the key to understanding. Chung (2009) reported that education is the key to eliminating the abuse of power, increasing prevention of human trafficking, and increasing the interventions in human trafficking. In 2000, the United States passed the Trafficking Victims Protection Act, which established a reporting system to help criminalize traffickers and protect survivors (Elezi, 2011). Elezi (2011) reported that in 2001, national and international attention was provided to human trafficking, and people

were finally starting to engage in research and assessment of human trafficking. Each country in the world has a trafficking assessment to use to combat against human trafficking, but this is usually a minimum response versus an optimal response to overcoming human trafficking (Elezi, 2011). According to Weitzer (2014), much research and publications surrounding human trafficking focus on sex trafficking and do not address other important forms of human trafficking nor the ramifications associated with human trafficking.

Healthcare providers and law enforcement have started to recognize the gravity of the longevity of human trafficking. Ortelli and Burlingame (2018) articulated that almost 90% of human trafficking victims come in contact with healthcare providers, either in the hospital or emergency room (Leslie, 2018; Macias-Konstantopoulos, 2016).

Unfortunately, many healthcare providers, law enforcement, and counselors are unaware of what to look for, assess for, screen for, or where to provide referrals; and, that therefore, many victims go back into trafficking (Ortelli & Burlingame, 2018). Becoming aware of the potential warning signs of human trafficking help various healthcare, law enforcement, and behavioral health providers increase their ability to address human trafficking and help victims of human trafficking (Leslie, 2018; Ortelli & Burlingame, 2018). Finding appropriate screenings and going through training have been effective ways to increase awareness of human trafficking (Hansen, Melzer-Lange, Nugent, Yan, & Rabbitt, 2018; Leslie, 2018; Macias-Konstantopoulos, 2016; Renzetti, Bush, Castellanos, & Hunt, 2015).

### **Counselor Preparedness for Human Trafficking**

Counselors are expected to be adequately prepared to work with various populations. After a thorough literature review, there was only one article that related to counselor preparedness when working with human trafficking survivors. Thompson and Haley (2018) articulated the strong need for counselors to be trained to understand, comprehend, and work with the symptoms and struggles of survivors. Due to the complex trauma faced by survivors of human trafficking, enriched training is needed for counselors to increase their preparedness to engage in the counseling process (Thompson & Haley, 2019). Various researchers have noted the positive impact human trafficking training has on counselors' human trafficking awareness and intervention. Thus, more preparedness for counselors is needed to increase awareness and advocacy efforts on a clinical level (Hansen et al., 2018; Leslie, 2018; Macias-Konstantopoulos, 2016; Nguyen et al., 2017; Renzetti et al., 2015) After a thorough literature review, I could not find more information supporting counselor preparedness when working with human trafficking clients.

Currently, the Council for Accreditation of Counseling and Related Education Programs (CACREP) (2016) does not require institutions to prepare counselors to specifically work with survivors of human trafficking. Also, the American Counseling Association (ACA) (2019) does not have any training standards or competencies for working with survivors of human trafficking; thus, counselors are often underprepared to work with this population. This research will help provide an understanding of how

prepared counselors perceive they are to work with survivors of human trafficking, and potentially lay a foundation for training and creation of future competencies.

### **Critique of Research**

According to the research, human trafficking has been a topic of discussion for many years, and treatment of survivors of human trafficking in the counseling profession is still growing (Hansen et al., 2018; Leslie, 2018; Macias-Konstantopoulos, 2016; Nguyen et al., 2017; Ortelli & Burlingame, 2018; Renzetti et al., 2015; Thompson & Haley, 2019). The need for appropriate mental health services for human trafficking survivors is on the rise, and researchers found that inappropriate treatment can result in significant ramifications for survivors (Dell et al., 2019; Chung, 2009; Stotts & Ramey, 2009; Litam, 2017). After an exhaustive literature review, I could not find many qualitative or quantitative studies used with survivors or counselors of human trafficking. In this section, I critique some of the major articles associated with my literature review.

Dell et al. (2019) used a systematic review of published and unpublished experimental, quasi-experimental, and preexperimental studies that assessed interventions used on survivors of human trafficking. The research questions used were: (a) What is the state of evidence assessing the effectiveness of exit and postexit intervention for survivors of human trafficking, and (b) What are the effects of exit and postexit interventions for survivors of human trafficking on mental health, health, and psychosocial outcomes? (Dell et al., 2019).

Dell et al. (2019) conducted various search methods following the Campbell Collaboration and Preferred Reporting Items for Systemic Reviews and Meta-Analyses to



find publications between 2005 and 2015. Dell et al. found six studies where researchers discussed interventions of 155 females and six male survivors of human trafficking from four countries (Dell et al., 2019). Dell et al. extracted information from the six different studies to assess for interventions used with survivors of human trafficking.

According to Dell et al. (2019), three studies implemented trauma-informed care for survivors of human trafficking, and the other three studies did not provide care that followed a trauma-informed approach. Half of the studies looked at treatment on an outpatient level and half of the studies looked at treatment on an inpatient level (Dell et al., 2019). The researchers found that the studies did not examine the effects of their treatment on survivors, not all studies used a trauma-informed approach with survivors, and survivors had complex needs that required a wide array of services (Dell et al., 2019).

The research done by Dell et al. (2019) provided some insight of places that are currently working with survivors, what services they are providing, and how effective those services are for survivors. The research showed the importance of providing specific, specialized treatment to survivors of human trafficking, but the researchers did not discuss the level of preparedness of the counselors working with the survivors (Dell et al., 2019).

Thompson and Haley (2018) articulated the importance of providing guidance to counselors in training (CITs) to work with survivors of human trafficking. Thompson and Haley discussed different levels of training that should be provided to CITs depending on their level of experience. Increasing counselor self-efficacy and competency are

important for counselors working with survivors of human trafficking, which is important knowledge for my research (Thompson & Haley, 2018).

Part of faculty increasing CITs competency and self-efficacy when working with human trafficking survivors can be done through students engaging in service learning. Service learning is when the students participate in a project such as providing service to the community about human trafficking. Then students reflect on what they learned from that project, apply the knowledge to real life experiences, and finally students extend their knowledge from the classroom to the community (Thompson & Haley, 2018).

Thompson and Haley (2018) provided examples to help increase self-efficacy and competency-based service learning for beginning, intermediate, advanced, and post-graduate counselors in training. This study provides a good framework on how to help counselors increase their competency and self-efficacy in working with survivors. However, the researchers did not actually implement this study to show if service learning increases self-efficacy and competency in students nor did the authors discuss counselors' perceptions of their current level of preparedness to work with survivors of human trafficking.

Pascual-Leone et al. (2017) used a case study to show the complexity of working with survivors of human trafficking. The researchers used a narrative overview to discuss the challenges that survivors of human trafficking face, the barriers to survivors seeking mental health services, and essential guidelines for counselor to follow when working with survivors of human trafficking (Pascual-Leone et al., 2017). Pascual-Leone et al. used the current literature and a recent case study to show risk factors of human

trafficking, common symptoms of survivors, and how to provide adequate counseling services to survivors.

The researchers discussed the importance of using an assessment on survivors, focusing in complex trauma, and the importance of counselors creating a safety plan with survivors of human trafficking (Pascual-Leone et al., 2017). Pascual-Leone et al. (2017) provided good information from the current research on strategies to provide adequate and effective counseling with human trafficking survivors. Unfortunately, one case study does not make the study generalizable nor transferable, and the authors did not discuss how the level of perceived preparedness of the counselor is influential in the counseling process.

Harding-Jones (2019) conducted a qualitative research study about providing trauma-informed and holistic care to survivors of human trafficking. Harding-Jones gathered data from six female clients who received counseling while at a safe house for survivors of human trafficking and provided two case studies from the six clients. Harding-Jones did not provide other demographic information about the participants of the study. Harding-Jones had the clients complete forms about their symptoms and gave verbal feedback about their treatment, the counselors provided written reflections, and conducted unstructured interviews with antitrafficking agencies in the United States to obtain information about which counseling methods are beneficial when working with survivors of human trafficking (Harding-Jones, 2019).

Harding-Jones (2019) found that using trauma-informed treatment, specifically TF-CBT, decreased trauma symptoms, increased wellbeing, and increase self-esteem in

survivors of human trafficking. In the research, Harding-Jones provided two case studies where survivors were provided TF-CBT and both case studies showed increase in self-control of the survivors. Both case studies were successful in helping the survivors leave the trafficking world (Harding-Jones, 2019).

While the research showed the positive impact on two cases, the researcher did not provide other data outside of the two case studies to show impact of trauma-focused treatment at her treatment facility or other treatment facilities (Harding-Jones, 2019). This research is beneficial for my study because it shows the positive impact counselors can have on survivors of human trafficking. The study did not denote the level of perceived preparedness counselors had when working with survivors.

Litam (2017) discussed the importance of needing research studies about the effective therapeutic interventions for human trafficking survivors. Litam primarily used existing literature to define human trafficking, provide context of vulnerabilities regarding human trafficking victims, and provided clinical implications of working with survivors of human trafficking. Litam reported that cognitive behavioral therapy and group work were potentially beneficial treatment approaches counselors could use when working with survivors of human trafficking.

Litam (2019) also discussed the importance of asking helpful questions, using creative interventions, assessing entrance into trafficking, assessing the client's stage of change, and assessing the client's current state of mind. Litam stressed that all of these things are important for counselors who are working with survivors of human trafficking (Litam, 2017). Through the article, I was able to gather information about the definitions

of human trafficking, signs of human trafficking, and possible interventions to use in counseling (Litam, 2017). While the author provided some helpful information, the author did not provide actual data to prove these interventions were helpful nor did the author discuss preparedness of counselors to work with human trafficking survivors.

Domoney et al. (2015) conducted a qualitative study of electronic health records human trafficking survivors who received mental health services in England. The study included records of 130 victims of human trafficking, including 95 adults and 35 children. The researchers searched CRIS databases with free text search terms related to human trafficking (Domoney et al., 2015). From the results of the notes, the researchers used a thematic analysis to identify survivors of human trafficking (Domoney et al., 2015). The data showed that 78% of victims were female and 22% were male (Domoney et al., 2015). Fifty-two percent of survivors were sexually exploited, 17% were domestically exploited, and the remainder of survivors did not provide enough information (Domoney et al., 2015).

According to Domoney et al. (2015), 43% of survivors were referred to counseling services, 49% were identified by a questionnaire, and 9% self-disclosed they were a survivor of human trafficking. Domoney et al. explained that there are numerous challenges with meeting the mental health needs of survivors of human trafficking, such as obtaining a full history, lack of engagement and instability from the survivor, and issues with interagency collaboration. This was the first research study to address and assess how potential survivors of human trafficking are identified within the mental health system (Domoney et al., 2015).

The data collected was related to an inner city setting, which poses a limitation on the generalizability of the research (Domoney et al., 2015). The study offered some good information for my literature review as it discussed how human trafficking survivors might be identified and some of the challenges of working with survivors of human trafficking in the counseling setting (Domoney et al., 2015). However, the study did not discuss how prepared counselors were to work with survivors of human trafficking in these settings.

Contreras et al. (2017) used a case study design to outline complex themes that arose when working with human trafficking survivors. The authors used three case studies to identify themes that were pertinent when counseling survivors of human trafficking (Contreras et al., 2017). The researchers provided clear information on how shame, stigma, and mental health struggles continually impact counseling services for human trafficking survivors (Contreras et al., 2017).

Contreras et al. (2017) provided recommendations for counselors when working with survivors of human trafficking, such as building trust and obtaining consultation. This research article provided some beneficial information on themes and struggles that may emerge when working with human trafficking survivors (Contreras et al., 2017). While this information was beneficial for the literature, the researchers did not discuss the level of perceived preparedness of counselors who work with survivors of human trafficking.

The current body of research explores the impact of human trafficking but fails to identify the perceptions of counselor preparedness for working with these victims.

Understanding the perception of counselor preparedness is imperative to recognizing if counselors believe they are prepared to work with human trafficking survivors. Survivors of human trafficking need a specific level of treatment from counselors and counselors are not currently taught how to handle the level of trauma exhibited by human trafficking survivors (Leslie, 2018; Litam, 2017; Stotts & Ramey, 2009). By understanding counselors' current perceived level of preparedness, researchers can modify training to fit the counselor's current preparedness level. Once perceived preparedness increases, survivors of human trafficking will have more places to go to receive services and provide a correlated increase to positive client outcomes and goal achievement within counseling.

Most of the pertinent articles I found related to counselors providing services to human trafficking survivors primarily consisted of a review of the literature about human trafficking and how certain treatment services may help survivors of human trafficking (Chung, 2009; Hansen et al., 2018; Leslie, 2018; Litam, 2017; Macias-Konstantopoulos, 2016; Nguyen et al., 2017; Orтели & Burlingame, 2018; Renzetti et al., 2015; Stotts & Ramey, 2009; Thompson & Haley, 2019). After an exhaustive literature review, I did not find a single research article that discussed the perceptions of counselors regarding how prepared they were to work with human trafficking survivors. The purpose of my study was to gain an understanding of the perception counselors have on their preparedness to work with human trafficking survivors.

## **Conclusion**

Human trafficking is a violation of human rights that impacts a significant number of persons nationally and internationally. Human trafficking can vary from sex trafficking, to organ trafficking, to forced crime (Elezi, 2011). Survivors of human trafficking often experience a wide variety of symptoms; thus, appropriate treatment for survivors is imperative for rehabilitation (Abas et al., 2013; Altun et al., 2017; Chung, 2009; Harding-Jones, 2019; Oram et al., 2016; Pascual-Leone et al., 2017; Shigekane, 2007; Stotts & Ramey, 2009). Counselors must be prepared to work with survivors of human trafficking, but minimal research exists on how prepared counselors perceive they are to work with survivors of human trafficking. My study helped fill this gap by exploring the perceptions of counselors regarding how prepared they think they are to work with survivors of human trafficking. In Chapter 3, I discuss my research design and rationale, the role of the researcher, the methodology of my study, and the issues of trustworthiness.



## Chapter 3: Research Method

### **Introduction**

The purpose of this qualitative transcendental phenomenological research is to improve the understanding of counselors' perspectives on their preparedness when working with human trafficking survivors. Chapter 3 is an overview of the research design I used to comprehend the experiences of counselors who work human trafficking survivors. In this chapter, I focus on the transcendental phenomenology theoretical concepts, research design, rationale, and my role as the researcher including biases and ethical implications. I discuss methodology including recruitment, participation, and data collection and analysis. I also review issues of trustworthiness including ethical procedures.

### **Research Design and Rationale**

To understand the experience of counselor perception of their preparedness to work with survivors of human trafficking, one result of this study may be to determine implications for future training in the counseling field. The qualitative research question I posed for this study is: What are the experiences of counselors who work with sexual trafficking victims? The qualitative subquestions I asked were: (a) What are the perceptions of counselors' preparedness when working with survivors of human trafficking, and (b) What information do counselors need to be prepared to work with survivors of human trafficking effectively?

I used a qualitative transcendental phenomenological approach to explore the phenomenon without judgment or presumptions (Moustakas, 1994). Husserl developed

transcendental phenomenology to obtain a solution to the question of how people become aware of objects and knowledge (Merleau-Ponty, 2012). Per Husserl, through *consciousness* all knowledge is gained (Moustakas, 1994). Within *consciousness*, a person experiences *intentionality* to direct the person toward something (Moustakas, 1994). Through the *intentionality* and *consciousness*, a person experiences *intersubjectivity* which is the person's subjective perception of an object or event (Moustakas, 1994). When someone experiences an event with intentionality, a meaning is consciously derived from the experience (Moustakas, 1994). People who have experienced the same event may derive different meaning from the event; thus, counselors can provide various answers about their level of preparedness to work with human trafficking survivors. In concordance with this design, I engaged in bracketing, which is the removal of my judgment to focus on the interviewee's lived experiences (Creswell, 2013; Sloan & Bowe, 2014).

Another important term within transcendental phenomenology is *intuition* (Moustakas, 1994). According to Moustakas (1994), humans are intuitive beings and all things become clear in the intuitive-reflective process which is where the person draws upon what they instinctively know and reflect upon how the person came to understand and judge the information known. During the intuitive-reflective process, humans understand their judgments about everything that presents itself to the person (Moustakas, 1994). Husserl used these concepts to frame the methodology of transcendental phenomenology (Moustakas, 1994).

Husserl provided a process to derive knowledge through transcendental

phenomenology, which includes *Epoche*. *Epoche* means for the researcher to refrain from judgment and to see things from an everyday, ordinary way (Moustakas, 1994).

Normally, through intentionality and intuition, humans hold knowledge judgmentally, and *epoche* requires that phenomena are revisited in a fresh, open-minded sense (Moustakas, 1994). *Epoche* allows the researcher to see the phenomenon being studied through a fresh lens so that currently held presumptions or biases can be set aside while the researcher is obtaining new knowledge (Moustakas, 1994).

After researchers engage in *epoche*, they move towards *transcendental-phenomenological reduction* where an experience is considered in its singularity and reduced to the variations of perceptions, feelings, and thoughts (Moustakas, 1994). From this standpoint, researchers can provide a rich description of the phenomena based from the open self (Moustakas, 1994). The next step in transcendental phenomenology is *imaginative variation* which helps people grasp the essence of the experience (Moustakas, 1994). *Imaginative variation* allows for people to derive a synthesis of the information surrounding them about the experience to create a description, meaning, and essence of the phenomena or experience (Moustakas, 1994). The final step is *synthesis* which is the process of synthesizing all of the information and meanings from the lived experience (Moustakas, 1994).

An important concept to Husserl was *noema*, which mean intentional object as perceived and as intended. (Moran & Cohen, 2012). The *noema* is always correlated to *noesis* which is seeing the object as it is perceived, thought, or imagined (Moran & Cohen, 2012). While *noema* is the actual object as it is perceived, *noesis* is the intuitive

mental process that allows the components of the noema to be emphasized, seen, and discussion (Moran & Cohen, 2012). Another important concept to consider regarding transcendental phenomenology is *horizon*. Husserl created the word horizon to define everything that is within one vision and can be seen from a particular standpoint and is the context of our experiences (Moran & Cohen, 2012).

Through this process, the researcher must use bracketing about the phenomena being studied, reduce the phenomena to themes, and then create meaning from the themes of the phenomena. By using transcendental phenomenology, I could elicit the responses from the participants, derive themes from their answers, and gain an unbiased, nonjudgmental compilation of information about the counselors' experiences in counseling sexual trafficking survivors, and their perceptions of preparedness. As a current counselor, counselor educator, and advocate against human trafficking, I chose transcendental phenomenology as this design does not take into account the researcher's experience to describe the phenomenon (Creswell, 2013; Moustakas, 1994).

### **Role of the Researcher**

As the researcher, I had various roles I needed to conduct. As part of transcendental phenomenology, the researcher cannot input their observations, opinions, or biases into the research (Moustakas, 1994). I was the observer within the interview process, particularly observing the information provided from the interviewees. I participated within the interview process by asking the questions and creating dialogue. The instrument within the research was myself, and the trustworthiness of the research was dependent on my skills as the researcher (Miles et al., 2013). According to Miles et al.

(2013), the researcher should be knowledgeable about the phenomenon, a heightened sense of engagement, be nonjudgmental, and have good investigative skills. As the researcher, I need to have proficient social interaction skills to be the best data collection instrument in my research (Miles et al., 2013).

As a delimitation for my research, I did not interview any counselors, professionals, or previous students I have engaged with on a personal basis. By not interviewing persons I know or have a power differential with, I avoided power relationships. As a licensed counselor, a counselor educator, and advocate against human trafficking, I could potentially have biases related to how counselors work with survivors of human trafficking. I removed these biases through the phenomenological approach.

As the researcher, I obtained consent from the participants. This ensured that each participant was aware of the purpose, nature, limits, and potential risks of my research study before they agreed to partake in the research. My consent form was emailed and signed by all participants prior to conducting an interview. To safeguard confidentiality, I used a Health Insurance Portability and Accountability Act (HIPAA) secure Zoom account to conduct and record the interviews. I made sure the interviewees were in a private room, and I conducted my interviews in a private office with no one around.

### **Methodology**

There is not enough known about what counselors perceive their preparedness to be when work with human trafficking survivors. I expected that counselors may provide a wide array of responses that cannot be predicted. In this section, I discuss participant selection, instrumentation, procedures for recruitment, and my data analysis plan.

## **Participants Selection**

The seven participants had completed their educational and field experience requirements at a master's level for the degree of clinical mental health counseling. The participants held an active license as professional counselors in their respective state. Also, the participants had previous counseling experience with survivors of human trafficking. Counselors had various levels of experience and were not actively in a training program. Since novice counselors are likely to have a lower level of self-efficacy, I included a demographic for length of time in counseling human trafficking survivors. In this section, I discuss my sampling strategy, sample size and saturation, and recruitment strategies.

**Sampling strategy.** I used a purposive, homogenous sampling strategy to recruit only active counselors who have worked with survivors of human trafficking. Qualitative research tends to be purposive which may lead to sequential sampling (Miles et al., 2013) All of the participants were practicing in their respective state with an active license. I targeted counselors from various backgrounds with various levels of experience. My plan was to recruit additional participants through snowball sampling if not enough participants are recruited. However, I was able to recruit enough participants and therefore did not need to use snowball sampling.

**Sample size and saturation.** The intended sample size was approximately 6 to 10 interviewees, and I was able to obtain seven participants. Small sample sizes are typical of qualitative research which allows researchers to study the information in-depth (Miles et al., 2013). There could have been an unpredicted number of responses I could have

obtained when I was seeking to understand what counselors perceived their preparedness to be when work with survivors of human trafficking. Having a seven-person sample size allowed me to explore these perceptions in depth with the participants to gain a thorough understanding from the participants' perspective (Miles et al., 2013). Sloan and Bowe (2014) articulated that interviews should be open, deep, and be a dialogue between the interviewer and interviewee. I developed nine questions that directed participants to explore their perception and experience of working with survivors of human trafficking (see Appendix A).

My goal for the semi-structured interviews was to reach data saturation while making sense of the phenomenon through the meaning participants assigned to it. In qualitative interviews, the researcher can decide the structure of the interview to gather information and ask follow up questions as information emerges (Shelton & Bridges, 2019). Data saturation was complete after each individual interviewee has nothing new to offer. I had seven interviewees and used their knowledge to find the themes and explanations. If needed, I would have conducted follow-up interviews with the participants to ensure I had reached data saturation from the participants. However, I did not need to complete any follow up interviews. Once the interview was complete, I debriefed with the participant about the interview and discussed any issues that had arisen. I kept all information confidential. I followed-up with participants after I sent them the transcript from their interview to see if changes were needed and if there were any concerns or issues that need to be resolved. Two participants had minor changes they desired to be made to the transcription, such as corrections to the titles of models or

strategies used by those participants. I completed those revisions and sent them back to the participants for review and the participants did not note any other concerns or needed corrections.

**Recruitment.** I sent out an email over the Counselor Education and Supervision Network (CESNET) listserv and state counseling association listservs for recruitment of counselors who have worked with survivors of human trafficking. I emailed the interested counselors an invitation to participate. In the event there were not enough participants recruited through listservs, I would have called organizations throughout the United States (US) that work with human trafficking survivors, identified myself as a doctoral student, and asked if it would be okay for me to send an invitation to participate to their email (see Appendix B). However, due to obtaining all participants through listservs, I did not have to recruit interviewees through organizations.

Respondents had the option to contact me via email or phone. I sent the respondents an email invitation to participate in the study. In the e-mail, I introduced myself, provided a brief background of the study, stated the perceived time commitment, and provided my contact information for further questions. The participants returned the informed consent via e-mail.

### **Instrumentation**

After a thorough literature review, I could not identify a current instrument to assess for counselor prepared to work with human trafficking survivors. Therefore, I created a semistructured interview. I used interview questions from a previous established research study regarding counselor preparedness to use self-disclosure (Pfaff, 2018). I



transformed the questions to better suite this research study. The interview began with a narrative that provided a background of the study and then included questions to facilitate dialogue about the counselor's preparedness to work with human trafficking survivors. I used open-ended questions to obtain as much information as possible and avoid leading the participant in any direction. I developed the questions under the guidance of the content and methodology expert to assure the questions were directly related to the phenomenon.

### **Data Collection and Analysis**

I collected data from participants who provided their perception of the research study. Eligible participants needed to have completed their educational and field experience requirements at a master's level for the degree of clinical mental health counseling. The participants needed to hold an active license as professional counselors in their respective state. Also, the participants needed to have previous counseling experience with survivors of human trafficking. Counselors could have any level of experience but could not actively be in a training program.

I used semi-structured interview questions to collect the information from the participants in a conversational style. I allotted one to two hours for each interview. I audio recorded the interviews and with the participant's consent I took notes while the interview was taking place. I transcribed the recorded interviews, reviewed the interviews for themes, and applied the themes to meaning and interpretation of the experience described by participants. I used NVivo to aid in the transcription process. After the transcription was complete, I engaged in member checking which is where the researcher

sends the transcription to the interviewee to ensure accuracy of the information (Maxwell, 2013; Ravitch & Carl, 2016). Two participants requested minimal revisions of their transcript, I made sure the revisions were done after receiving feedback from the interviewees.

In qualitative research, discrepant cases are possible, which involves the researcher looking for, and reporting, information that does not currently fit my understanding of the data (Ravitch & Carl, 2016). Identifying and discussing discrepant data is imperative for the validity of the research (Maxwell, 2013). As a researcher, I reviewed the discrepant cases to assess whether or not I needed to change or retain my conclusions of the data (Maxwell, 2013). Discrepant cases are imperative to address in the research findings to allow the readers to make their conclusion of the data (Maxwell, 2013). Thus, I reported all discrepant cases in my results in Chapter 4.

### **Issues of Trustworthiness**

Since there is no agreed upon structure for qualitative research, I must ensure trustworthiness. I could ensure trustworthiness by how I conducted my research. In this section, I discuss credibility, transferability, dependability, and confirmability.

#### **Credibility**

By using and comparing the recordings, my notes from the interview, and my reflections of the interview, I created a credible approach to the research. Throughout the interviews, I had prolonged contact with the interviewees and did not just rush through my questions. Once my transcription was completed, I sent the information to the participants for member checking (Maxwell, 2013).

### **Transferability and Dependability**

In order to ensure transferability, I detailed the methodology and interview questions in my research to allow future researchers to replicate the same study to generate similar results (Ravitch & Carl, 2016). I kept my notes, data collection instruments, and information for other researchers to review and audit. Miles et al. (2013) articulated the importance of researchers keeping detailed notes during the interview process and a reflection journal at the end of each interview as an auditing trail. I made sure that I displayed all information provided to me from the participants, even contrary findings. I used NVivo to aid in the transcription and coding process, thus increasing the reliability of my data. While validity and reliability are important components of the trustworthiness of a study, I must also discuss the ethical considerations.

### **Confirmability**

Another key component to making a trustworthy research study is to establish confirmability. Part of confirmability is recognizing my bias and how my biases influence the data (Maxwell, 2013; Miles et al., 2013). A current bias I set aside is the notion that many counselors are not prepared to work with survivors of human trafficking. I journaled about these biases, discussed these biases with my dissertation committee, and did data checking with participants to make sure this bias did not impact my work. In order for me to ensure confirmability, I made sure my methods and procedures were clearly laid out and followed in sequence, I displayed all data, I audited the findings, I continued with consistent check-ins of myself to maintain acute self-awareness, and I retained all data (Miles et al., 2013). Following these criteria helped

increase the confirmability of my research.

### **Ethical Procedures**

Before I could start recruitment and data collection, my research study was approved by my university's Institutional Review Board (IRB) (#02-28-20-064206). I followed all ethical procedures set forth by the IRB committee to protect participants and for confidentiality. Participation in this research study was voluntary, and participants were made aware that they can opt out of participation at any time. I did not provide any incentives for engaging in my research study.

Participants were able to choose if they did not want the interview recorded, and they were provided with an informed consent that discussed the purpose, risks, and benefits of engaging in the study. I did not discuss any identifying information of participants outside of limited demographic information, such as place of residency, gender, and length of time working as a counselor. No participants decided to remove themselves from the study, but if a participant decided they had wanted to pull their data from the study after the data has been collected, I would have removed the data from my results. I would have removed all records of that participant from my study. I would have gone back to my sampling procedures to find another participant.

I kept all data confidential and provided each participant with a number. Only I had access to the stored data and identifying information about the participants. I stored all information on a password protected computer at my house behind locked doors. I informed participants of how I stored the data I obtained. I will shred or delete information and data after five years.

### **Summary**

I discussed the study's research design in this chapter and my reason for my choice of the research design. I also discussed my role as the researcher. In one section, I addressed the study's methodology that included instrumentation, recruitment, participation, and data collection and analysis. Chapter 3 ended with consideration to trustworthiness of this study including the ethical procedures implemented. In Chapter 4, I discuss the setting and demographics of my research. I explain my data collection, data analysis, and evidence of trustworthiness in the research. Lastly, I discuss the results of the research.

## Chapter 4: Results

Human trafficking is considered modern-day slavery where people are forced, coerced, and exploited for sex, labor, domestic servitude, and organs (Ernewein & Nieves, 2015; Hachey & Phillippi, 2017; Hopper, 2017). There are approximately 21 million victims of human trafficking who exist today, and some counselors may be unaware of the signs and symptoms of a human trafficking survivor (Stotts & Ramey, 2009; Thompson & Haley, 2018). Survivors can develop severe mental, physical, and emotional issues from their trafficking exposure (Abas et al., 2013; Hachey & Phillippi, 2017; Thompson & Haley, 2018). Counseling professionals have made current training efforts to introduce and educate counselors on human trafficking, including how to educate counselors in training (Thompson & Haley, 2018).

With this wide-spread social injustice growing, counselors need training to address the ramifications a client has experienced from human trafficking (Thompson & Haley, 2018). After an exhaustive literature review, I found many studies describing the need to provide counselors with training on human trafficking, but I did not find any research on counselors' perceptions of their abilities to work with human trafficking survivors (Harding-Jones, 2019; Pascual-Leone et al., 2017; Thompson & Haley, 2018). To address this gap, I used a qualitative transcendental phenomenological study and interviewed participants to discuss counselors' perceptions of their preparedness when working with human trafficking survivors.

The purpose of this research was to understand how prepared counselors thought they were to work with survivors of human trafficking. I asked the research question:

“What are the experiences of counselors who work with sexual trafficking victims?” The qualitative sub-questions I asked were: (a) What are the perceptions of counselors’ preparedness when working with survivors of human trafficking, and (b) What information do counselors need to be prepared to work with survivors of human trafficking effectively? In Chapter 4, I discuss the setting of my research, demographics, data collection, data analysis, evidence of trustworthiness, and the results of my research.

### **Setting**

I conducted interviews via Zoom with participants who met the criteria of the research study. During the duration of my data collection, COVID-19 had impacted the United States and all counselors. Therefore, I needed to use the electronic means of communication due to social distancing restrictions. Due to this worldwide pandemic, counselors may have been impacted emotionally. I recognized the impact this had on the participants and the stress they were under while sharing their experiences in the interview process. The nature of this pandemic may have placed extra stress on participants, but I did not hear directly from the participants that the pandemic impacted the interviews. Although I did not plan for it, I did have to switch one interview from Zoom to the telephone due to technological issues. I transcribed that interview in real time as I was unable to record on the telephone.

### **Demographics**

I interviewed seven participants who met the criteria for this study. Participants were licensed as a counselor in their respective state. Participants could not be in a training program, and they must have had experience working with at least one survivor

of human trafficking. Of those seven participants, there were six females and one male. Four of the participants practiced counseling in South Dakota, one participant practiced counseling in Washington state, one participant practiced in New York, and one participant practiced in Louisiana. The years of experience they had practicing clinical counseling work ranged from two to 10 years, and the number of survivors they worked with ranged from one to three. The table below shows the demographic information of the participants in this research study.

### **Participant One (P1)**

Participant one (P1) was a female who practiced as a dually licensed mental health practitioner and licensed addiction counselor in South Dakota. She was also licensed as a counselor in Oregon for a while; but, she no longer held licensure there at the time of the interview. Participant 1 has been a licensed counselor since 2010 and reported working with three survivors of human trafficking throughout her career: two in South Dakota and one in Oregon.

### **Participant Two (P2)**

Participant two (P2) was a female who practiced as a licensed mental health counselor associate in Washington state. Participant 2 reported she has been working as a counselor since October 2020 and indicated she worked as an intern for licensure for year and a half to gain more experience. She indicated that she has worked with one survivor of human trafficking since she obtained licensure.



**Participant Three (P3)**

Participant three (P3) was a female who practiced as a licensed professional counselor in South Dakota. She worked as a counselor in South Dakota for seven years. Participant three reported she has worked with three survivors of human trafficking throughout her counseling career.

**Participant Four (P4)**

Participant four (P4) was a male who practiced as a licensed mental health counselor in New York. He has been working as a counselor since 2017. Participant 4 identified that he has worked with one survivor of human trafficking throughout his career as a counselor.

**Participant Five (P5)**

Participant five (P5) was a female who practiced as a counselor in South Dakota. She reported that she has been in the school counseling field since 1998 and started working as a mental health counselor since 2007. Participant 5 indicated that she has worked with three survivors of human trafficking since 2007.

**Participant Six (P6)**

Participant six (P6) was a female who has practiced as a mental health counselor in South Dakota. She has been working as a counselor since December of 2017 but indicated being in the behavioral health field in different capacities for 32 years and in the military for 25 years. Participant six identified working with three survivors of human trafficking throughout her career as a mental health counselor.

**Participant Seven (P7)**

Participant seven (P7) was a female who practiced as a licensed professional counselor in Louisiana. She has been working as a counselor in 2011. Participant 7 reported that she has worked with one survivor of human trafficking throughout her work as a counselor.

Table 1

*Demographics*

Demographics of Participants				
Participant	Sex	State of Licensure	Years of Experience	Number of Survivors Worked With
P1	Female	South Dakota	10 years	3
P2	Female	Washington	2 years	1
P3	Female	South Dakota	7 years	3
P4	Male	New York	3 years	1
P5	Female	South Dakota	13 years	3
P6	Female	South Dakota	2.5 years	3
P7	Female	Louisiana	9 years	1

**Data Collection**

I interviewed seven licensed counselors who had direct experience working with survivors of human trafficking. I recruited participants through the CESNET listserv and the South Dakota Counseling Association, the Louisiana Counseling Association, the New York Counseling Association, and the Washington Counseling Association listservs. After obtaining permission from each state and listserv, I sent out an invitation to listserv participants. I engaged with people who were directly interested in participating in the study and sent them the informed consent to review procedures and inclusion criteria via email. I asked participants to send the informed consent back to me

signed or to send an email stating, “I consent.” After receiving the consent, I worked with each participant to determine a time and day for an interview. Interviewees selected their location to complete the interview, and I completed the interview in a secure, private setting in my home. I collected data over a five-week period, where each participant was interviewed one time. The duration of the interviews lasted between 25 and 53 minutes. I began each interview by discussing the informed consent, inclusion criteria, and asking if the participant had any questions.

Participants answered nine questions that I created based on a previous research study on counselors’ perceptions of their preparedness to use self-disclosure and under the advisement of my committee members. I also added additional questions to obtain rich data from the participants. I ended each interview by asking if the participant had anything else to add to the interview to ensure data saturation from each participant. I also asked each participant if I could contact them again for potential follow-up questions. Finally, I discussed member checking and participants would be given an opportunity to review their transcripts for accuracy.

I audio-recorded each interview via Zoom. Then I transcribed the recording into a Word document with the use of NVivo Transcription, a qualitative research software that completes transcription of interviews. From there, I listened to all the interviews while I made corrections to the transcription. While reviewing and transcribing the interview, I paused the recording and restarted to ensure I obtained all dialogue. I sent the transcriptions by email to the interviewee for their review. I engaged in member checking, reflexive journaling, thick description, and I used negative case analysis to

ascertain the accuracy of the recording. I engaged in reflexive journaling which is where the researcher keeps a journal of their thoughts, emotions, and biases during the data collection and analysis process (Ravitch & Carl, 2016). I used thick description where the researcher describes the study's context, participants, and experiences to create complex interpretations and findings so "the reader can understand the participants' thoughts and feelings" (Ravitch & Carl, 2016, p. 201). I explained the negative case analyses discovered from the data, which is where the researcher lists out the discrepant information found within the research (Ravitch & Carl, 2016). I also obtained clarifying statements from participants which is where the participants discuss any changes that need to be made to their transcription and one last consent of participation (Ravitch & Carl, 2016). I did not perform any follow-up interviews.

I had one variation in data collection than I initially presented to the institutional review board. I used a different invitation to recruit for participation than initially presented to the institutional review board (see Appendix C). Once the invitation to participate was revised, I submitted it to the IRB for approval. I stopped data collection while awaiting IRB approval. The institutional review board approved all changes on April 10<sup>th</sup>, 2020, and I continued data collection with the new invitation to participate. I asked additional clarification questions to participants regarding what kind of training they would find beneficial to become better prepared to work with survivors of human trafficking.

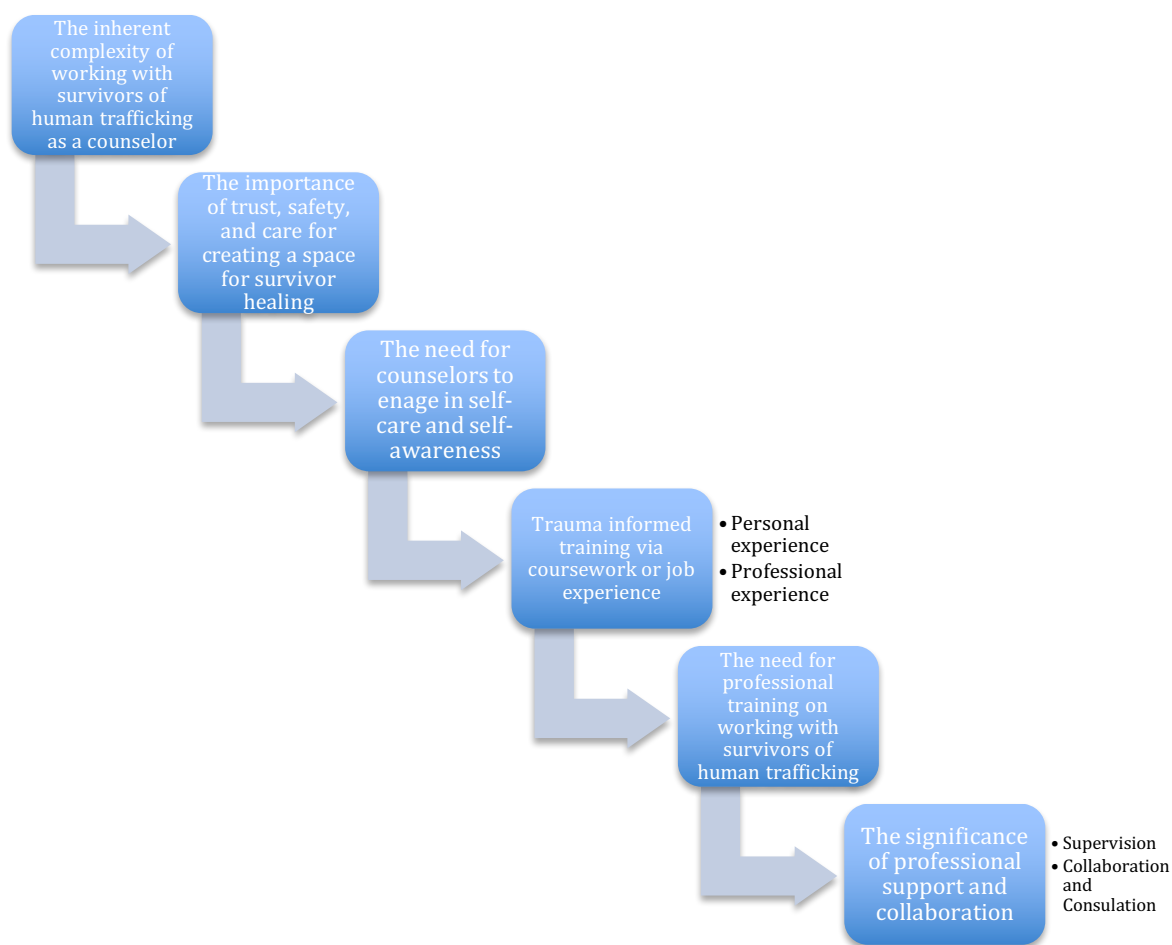
After each interview, I reviewed the notes I took from each participant and considered the responses and impact of the interview. I wrote down this information, and

all of the interview recordings, transcriptions, and informed consents and stored them in a password protected computer. To protect participant confidentiality, I removed any data that could personally or professionally identify the participants or directly link them to an organization

### **Data Analysis**

I used the transcendental phenomenological method to guide the analysis of interview data along with the systemic process of data reduction (Giorgi, 2012). In the first step, I read all of the interviews slowly and thoroughly to fully understand the interviewees' experiences of counseling survivors of human trafficking. I explored their perception of their preparedness to work with human trafficking survivors. Then I reviewed my notes and journaled about each interview (Giorgi, 2012). In step two, I reread the transcripts to identify meaning units and prescribed different parts of the text to different meaning units I found in each transcript (Giorgi, 2012). I used NVivo, a qualitative research software that helps users sort and organize data, to help arrange the longer meaning units and an Excel spreadsheet containing meaning units from each interview. During step three, I reviewed all of the meaning units from each transcript and noted which ones were discussed most by participants, thus creating themes (Giorgi, 2012). I noted the most endorsed meaning unit on a piece of paper and labeled them as themes. In the fourth step, I reflected upon the themes discovered in the light of my research questions, and I wrote the essential structure of the experience or phenomena (Giorgi, 2012). In the fifth and final step, I used the essential structure to clarify the raw data collected (Giorgi, 2012).

In this section, I discuss specific themes of the inherent complexity of working with human trafficking survivors; the importance of trust, safety, and care for creating a place for healing; the need for counselors to engage in self-awareness and self-care; the need for trauma-informed training via coursework or experience; the need for professional training on working with human trafficking survivors; and the importance of professional support and collaboration. I also note discrepant cases that came forward from the research.



*Figure 1* Themes of counselor preparedness to work with survivors.

## Themes

While I read and reread the data from the interview, themes emerged from the interviews on counselor preparedness to work with survivors of human trafficking. In this section, I review the themes that emerged from the data regarding counselor preparedness to work with survivors of human trafficking.

**Theme 1: The inherent complexity of working with human trafficking survivors as a counselor.** When reflecting on the experiences of working with survivors, six of the seven interviewees indicated the complex, multifaceted trauma survivors of human trafficking have endured and the difficulty of working with the population due to the trauma. Participant 1 reported, “I guess I should say that it was a very different type of trauma. It was very complex compared to what I had dealt with previously.” Participant 1 also noted, “You’re not just looking at one isolated incident of sexual trauma, but you’re looking at repeated trauma over a span of however long that they’ve been gone or held.”

Most of the participants discussed that the survivors have experienced continuous, long-term trauma while being trafficked and that there were layers and layers of trauma for the survivor to work through. According to Participant 2, “It’s like having a chronic illness to me. It’s like having chronic pain. You have a chronic trauma member that follows you around everywhere.” Participant 5 reported, “They’ve been traumatized on multiple levels. And usually from experience there, they have other traumas”. Participant 7 said, “It’s such an invasive, kind of ego destroying experience that you just have to go very carefully.”

**Theme 2: The importance of trust, safety, and care for creating a place for survivor healing.** Along with the complexities of the client and their experienced trauma, five out of the seven interviewees reported that trust was crucial and challenging to obtain from human trafficking survivors. Participant 2 explained, “What I found through the whole thing is that she, of course, has a very hard time trusting and opening up about that experience for two reasons. One, because it’s a new person and she doesn’t trust counselors, which is interesting. And two, because she had a lot of opportunities to have her trust misplaced.” Participant 4 stated, “[There are] a tremendous amount of trust issues in the beginning. Be prepared to be disliked or worse for a few weeks.” All seven participants explained the importance of going slow for the client and following the client’s lead regarding building trust and overcoming trust issues. Participant 3 also disclosed:

They are the images that will haunt you. And that trust is everything. And so even if you feel like you’re not doing anything, the more trust you build, the more you’re allowing them to create a stable relationship. And so, there’s a lot of value in just how even a friendly back and forth where they feel safe and able to chat because they don’t have a whole lot of positive, stable relationships.

Because of the complexities and trust issues, all participants identified the need for safety and care within counseling sessions. When I asked what would have been beneficial for Participant 3 to know to better prepare her to work with survivors of human trafficking, she reported, “How difficult establishing rapport can be. And how many different layers of trust that there are.” Participant 5 indicated, “Safety issues are really important to



them,” and “I think it’s really important to build a trusting relationship with them.”

Participant 6 discussed:

That consistency of support is just so, so, so important. And forgiveness. Talk to your client about don’t ever be ashamed to tell me something. I’m your therapist. I do not judge you. I’m here to help you. There’s no shame in here.

Participant 7 discussed how people bury their trauma to survive and need a safe place to unload it. Participant 7 recommended not even trying trauma work if the survivor is not feeling safe and the importance of a supportive counseling environment.

**Theme 3: The need for counselors to engage in self-awareness and self-care.**

Participants noted the significant trauma that disclosed by survivors during session and how difficult it can be for counselors to hear constantly. Six of the seven participants noted the importance of counselors being very self-aware and engaging in healthy self-care when working with survivors of human trafficking. Participant 5 discussed the importance of asking understanding how counselors can take care of themselves when survivors start to disclose their trauma:

I think that needs to be stated up front. ‘Hey, this is gonna be a really hard population to work with, and you’re going to be traumatized by that. So, you need to be prepared too.’ Because I think sometimes people think of it as a weakness, you know, if you walk out of the room and start crying. I don’t. Particularly because I think some of us will be triggered or hurt or be affected by some of the stories to the point where you have to hold it together, but it’s OK to break down after they leave.

Participant 1 and Participant 6 discussed the importance of referring survivors to others if a counselor was not prepared or ready to work with survivors of human trafficking. Both participants discussed the significance of advocating for survivors to receive the best treatment possible so counselors do not do more damage to the survivor and to be comfortable to decline those services if they are not prepared. Participant 2 reported that she has had to self-regulate in session with survivors of human trafficking, and her awareness of needing to use coping skills in session is important to continue to help the client regulate themselves. Participant 3 indicated that she went through a period of “pretty intense compassion fatigue after working for the last nonprofit” and noted the power behind knowing it was okay for it to hurt and let people help. Participant 4 said, “There may be some countertransference happening. Those are things I need to address.”

**Theme 4: Trauma-informed training for counselors via coursework or job experience.** All seven participants provided information on the experience they have gained in trauma-related fields. All participants discussed having training in trauma on some level, and how the training in trauma had a positive influence on their work with survivors. Four participants noted having received training on human trafficking. One participant noted that the training on human trafficking was beneficial for them, and one had not completed her training on human trafficking at the time of the interview.

*Personal experience.* Three participants noted having personal experience with trauma in their lives, which proved to be beneficial in their work with survivors of human trafficking. Participant 2 noted that she used self-disclosure of her trauma experiences to build rapport and credibility with the survivor of human trafficking. Participant 2 also

noted that her trauma history helped prepare her to work with trauma survivors.

Participant 1 and Participant 7 disclosed how their trauma helped to be more empathetic, understanding, and knowledgeable in trauma-related care.

*Professional experience.* All seven participants noted professional experience on some level, whether that be training or clientele that have helped them gain experience in trauma. These experiences helped them when working with survivors of human trafficking. Participant 3 and Participant 4 noted that they have worked with people who have been sexually exploited, and they perceive those previous experiences helped somewhat prepare them to work with survivors of human trafficking. Participant 5 indicated, “I’ve been self-taught. So, all the information I have is from trauma survivors, and, you know, my clients most do [the training].” Participant 5 reported that she also spent much time studying up on human trafficking reading research articles and reading anything she could obtain.

Many participants reported having significant training in trauma-related treatments. Participant 1 disclosed that her training in eye movement desensitization and reprocessing (EMDR) and trauma-focused cognitive behavioral therapy (TFCBT) have been valuable in teaching her about trauma and trauma-informed care. Participant 2 noted that during her master’s program, she was trained in trauma and crisis, which proved useful. Participant 5 reported training in play therapy that has taught her how the brain processes trauma, which was impactful on her work with survivors of human trafficking. Participant 6 indicated that she received training on trauma and human trafficking during her military career, which she noted was extremely beneficial for her. Participant 7

reported being certified in EMDR and advanced integrative therapy (AIT). Participant 7 also indicated using AIT a lot with survivors of human trafficking and did not recommend using EMDR with survivors until they felt safe.

**Theme 5: The need for professional training on working with human trafficking survivors.** All participants discussed the need for more training on human trafficking to better prepare counselors to work with survivors of human trafficking. Participant 1 noted, “Actually, even now, it sucks there’s not many. So, it’s basically a couple webinars.” Themes on the training ranged from basic information on human trafficking to learn about resources in their communities. However, five participants noted the desire to obtain training on best practices and evidence-based treatment for working with survivors of human trafficking. Participant 1, Participant 2, and Participant 5 indicated that they would like to know more about the dynamics, signs, symptoms, and red flags of human trafficking survivors. Participant 3 and Participant 5 noted the importance of engaging in trauma training and knowledge about trauma survivors. Participant 6 and Participant 7 desired more information on dissociative identity disorder (DID) and how survivors of human trafficking may dissociate to protect themselves. Participant 7 reported the desire to have stereotypes about survivors of human trafficking and prostitution dismantled during training.

**Theme 6: The significance of professional support and collaboration.** The final theme that emerged in the data was the importance of professional support and collaboration with agencies and persons in their counseling community. Participant 3 said, “Every case can be different, but it’s because each individual is going to have such

different challenges and such different experiences that you really can't prepare yourself. So, have a strong support system" This section provided three subthemes, including supervision, collaboration, and support needs.

*Supervision.* All seven participants discussed their experience regarding supervision when working with survivors of human trafficking. Two participants noted a positive experience with supervisors regarding their work with trauma or human trafficking. Participant 1 noted a positive experience with supervisors at one agency she worked at, but primarily had negative experiences related to supervision of her work with survivors of human trafficking. Participant 2 indicated that she attempted to receive supervision on the work she was doing with a survivor of human trafficking and noted:

The supervisory staff I've gotten recently felt really reactive and like, I'm afraid of a lawsuit, reactive instead of, OK, this is a person whose been a human trafficking victim, how do we approach this so that they feel safe? I didn't get any of that. I got more panic and that actually made me more panicky.

Participant 6 indicated that she was very grateful for the supervision experience she received in the military and perceived her supervision prepared her well to work with survivors of human trafficking.

The other five participants also noted that they did not receive supervision when working with survivors of human trafficking. Participant 5 noted that she had no experience with supervision, and her main help had come from collaboration with others. Participant 7 noted that the closest she came to supervision, was talking to the people she worked with, or people she had met at conferences.

*Collaboration or Consultation.* Many participants discussed the importance of collaborating with local agencies that also engage in efforts against human trafficking or trauma. Five of the seven participants noted collaboration with state agencies who work against human trafficking, and all but one noted the strength that came from that collaboration. Two participants did consultation calls with people who have experience working with survivors of human trafficking. Participant 2 reported that she engaged in a call with someone in Washington state who provided her a model to work with survivors of human trafficking. Participant 3 also reported doing a consultation call with someone in Washington, too but reported that she did not obtain much from the call. Many participants noted the importance of having people in their lives to collaborate and decompress with after working with survivors of human trafficking. Participant 3 indicated that she meets with a colleague weekly to discuss information, and she meets with other counseling professionals, too, who work with survivors of human trafficking. Participant 6 also indicated meeting regularly with two colleagues to discuss any issues.

Some participants noted the significance of having extra support for working with survivors of human trafficking. They noted desiring more mentorship and support when it comes to working with survivors of human trafficking. According to P4, “It would have been beneficial to have someone who knows an awful lot about it. I would like a mentor and someone who knows what they are talking about.” Participant 7 stated, “I guess a thing that would be most helpful is a support group of therapists. If you want to organize that, I would join.”

### **Discrepant Data**

I designed this qualitative study to understand counselors' perceived preparedness when working with survivors of human trafficking. In research, discrepant cases are likely to happen, and the researcher has a duty to report those discrepant cases (Ravitch & Carl, 2016). One discrepancy related to participants' perception of their preparedness to counsel survivors of human trafficking. Three participants felt prepared to work with survivors of human trafficking, while four participants did not feel prepared to work with survivors of human trafficking. The three participants who were more prepared to work with survivors of human trafficking reported having more trauma training and personal or professional trauma experience than those who did not perceive they were prepared to work with survivors of human trafficking.

While there were many themes common among the participants, there were some experiences unique to one participant. For example, P6 desired to have training specifically on the perpetrators of human trafficking and what caused them to engage in human trafficking. When analyzing the data, I noted this as a meaning unit for P6; however, this was inconsistent with other participants' perspectives. With no supporting statements found in the other transcripts, this data was not considered a prominent theme in the research.

### **Evidence of Trustworthiness**

Trustworthiness is essential to the research process. In Chapter 3, I outlined ways I would convey trustworthiness, and I used those processes to guide me through the data

collection phase. In this section, I discuss the credibility, transferability, dependability, and confirmability of the research process.

### **Credibility**

Credibility is the researcher's ability to understand all the complexities in the research and manage patterns that are not easily explained (Ravitch & Carl, 2016). This is done through triangulation, member checking, presenting discrepant cases, and providing thick description (Ravitch & Carl, 2016). As a researcher, assuring truth in my research study is important for credibility (Miles et al., 2014). During the data collection and analysis process, I engaged in triangulation. Triangulation is where the researcher finds different sources or methods to challenge or confirm the interpretations of the data (Ravitch & Carl, 2016). Another credibility technique I engaged in was presenting discrepant cases, which involves looking for and reporting information that does not currently fit my understanding of the data (Ravitch & Carl, 2016). I used and compared the recordings, my notes from the interview, the transcription, and my thoughts on the interview. By comparing the various aspects, I provided data that was context-rich and meaningful (Miles et al., 2014). I started each interview with information about the informed consent; thus, making sure every participant met qualifications and understood the purpose of the research.

Throughout the interviews, I had consistent contact with the interviewees and did not rush through my questions or time with them. Throughout the interview process, I journaled on the experience of the interviews and any reflections or observations that occurred to me. I noticed excitement within myself when learning what the counselors



perceived they needed to prepare themselves for working with survivors of human trafficking. I also took the time to reflect on the discrepant cases that arose towards the end of my interviews.

Once my transcription was complete, I sent the transcription to the participants for member checking (Maxwell, 2013). I paid attention to my biases during the data collection and analysis phases through bracketing. I suspended my judgment to focus on the data, context, and words provided by the participants. I journaled and made notes after the interviews about personal perspectives during the interview and analysis process to remain aware of my own biases. All themes for this study came strictly from participant language with nothing added or taken away, which is important for the credibility of the research (Giorgi, 2012).

### **Transferability**

Transferability means that the data can be applied or transferred to broader contexts (Ravitch & Carl, 2016). While I had participants from four different states, qualitative data does not ensure complete transferability due to the smaller number of participants (Ravitch & Carl, 2016). To ensure transferability, I detailed the methodology and interview questions in my research to allow future researchers to use the information in further research (Ravitch & Carl, 2016). While this study may not be readily transferable to other populations, counseling supervisors and educators may find the results helpful when considering training recommendations for counselors who aspire to work with victims of human trafficking.

**Dependability**

Dependability refers to the stability and consistency of the research study over time (Ravitch & Carl, 2016). Throughout the interviews, I was able to obtain thick, rich data from participants in various states. The participants were from South Dakota, Louisiana, New York, and Washington. All participants had experience working with survivors of human trafficking, which influenced the rich information regarding their perception of preparedness to work with survivors of human trafficking. I made sure that I provided all information given to me from the participants, even contrary findings. I made sure that I used the same measures and processes for all participants. I used NVivo to aid in the transcription and coding process; thus, increasing the reliability and dependability of my data.

**Confirmability**

Confirmability is where the researcher attempts to remain as objective as possible and works at putting biases aside (Ravitch & Carl, 2016). I used several strategies to enhance the confirmability of the research. Throughout the interview, I worked on recognizing my bias and how my biases influenced the data (Maxwell, 2013; Miles et al., 2013). A bias I had to work through is the notion that many counselors were not prepared to work with survivors of human trafficking. I journaled on the interviews and data analysis, discussed biases with my dissertation committee, and completed data checking with participants to make sure this bias did not impact my work. In order for me to ensure confirmability, I made sure my methods and procedures were laid out and followed in sequence, I displayed all data, I checked all the findings, I continued with consistent

check-ins of myself and committee members to maintain acute self-awareness, and I retained all data and to be available for other researchers (Miles et al., 2013). I also promoted confirmability during the research process by member checking and adding direct quotations from the participants.

## Results

The research question I used to guide this study was: “What are the experiences of counselors who work with sexual trafficking victims?” The sub-questions I used to guide this study were: “What are the perceptions of counselors’ preparedness when working with survivors of human trafficking?” and “What information do counselors need to be prepared to work with survivors of human trafficking effectively?” After I completed interviewing and analyzing data from seven counselors who have worked with survivors of human trafficking, six themes emerged from common experience that highlighted their experience of working with survivors of human trafficking and future implications for change. In this section, I will review each research question and the themes associated with each research question and a summary of discrepant cases.

### **“What are the experiences of counselors who work with sexual trafficking victims?”**

My primary research question related to the lived experiences of counselors who have worked with survivors of human trafficking. When reviewing the information gleaned from the interview, themes related to their experiences were evident. The first theme that resulted from the interviews regarding counselors’ experiences was the inherent complexity of working with human trafficking survivors as a counselor. Most participants reported that survivors of human trafficking have very complex, multifaceted

trauma that needs to be worked through when the survivor is ready to work on the trauma. The desire to work on the trauma relies heavily on the safety and trust factors of the environment.

Thus, another theme that emerged from the interviews was the importance of trust, safety, and care for creating a place for survivor healing. Participants stated that building rapport, obtaining survivors' trust, and creating a safe environment were key components to help survivors heal. Participants noted that trust as one of the biggest barriers to overcome with survivors of human trafficking, and participants noted the importance of not rushing the survivor.

**“What are the perceptions of counselors’ preparedness when working with survivors of human trafficking?”**

My first research subquestion was related to how prepared counselors perceived they were to work with survivors of human trafficking. I perceived I needed to understand their experiences before understanding their preparedness level, which is why this was my first subquestion. Three of the seven participants noted feeling prepared to work with survivors of human trafficking because of the training they have had in trauma or due to personal experiences in their lives or workplace. Four of the seven participants said that they did not feel prepared due to the lack of knowledge and understanding of human trafficking. A theme participants presented due to lack of preparation was the significance of professional support and collaboration. Many participants noted that they did not have any idea whom to turn to and that they did not have someone to turn to discuss the complex nature of working with survivors of human trafficking. Participants

reported that collaboration with various people and agencies is important for growing and learning how to effectively counsel survivors of human trafficking.

**“What information do counselors need to be prepared to work with survivors of human trafficking effectively?”**

A second subquestion regarded what counselors needed to know to work with survivors of human trafficking. A theme presented from the data was participants' need for professional training on working with human trafficking survivors. Participants reported that many training they took did not provide them with the information they perceived they needed to effectively help in the counseling session with survivors. Many participants wanted training on the dynamics of survivors and best practices when working with survivors of human trafficking. Another related theme was the need for trauma-informed training for counselors via coursework or job experience. Participants expressed the strong need for counselors to have training in trauma to understand how vastly trauma affects people and how complex-trauma can impact survivors of human trafficking.

Another theme that emerged during this section was the need for counselors to engage in self-awareness and self-care. Due to the intense, trauma-filled sessions, participants eluded to the importance of having a strong support system, self-care, and self-awareness to manage the difficult emotions that may arise when working with survivors of human trafficking. Participants noted that this is important to maintain composure and healthiness in and out of counseling sessions.

### **Discrepant Cases**

One significant discrepant case that arose during the interviews was how three participants were prepared to work with human trafficking survivors while four participants noted being unprepared. This discrepancy appears to be due to the different training levels and personal or professional exposure participants had to trauma. The more training or experiences counselors had, the more prepared they perceived themselves to be to work with survivors of human trafficking.

Another important difference between the participants, was the level of support and collaboration the three participants perceived they had while engaging in trauma work compared to the other four participants. The other four participants reported not receiving support or supervision while working with survivors of human trafficking. The more support and collaboration participants perceived they had could have also influenced their perceived level of preparedness. One last discrepancy was one participant desiring to have knowledge and training on the perpetrators of human trafficking. This meaning unit was not seen in other interviews; thus, it was coded as a meaning unit but did not extend into a theme.

### **Summary**

I investigated the perceived preparedness of counselors who work with survivors of human trafficking, and I outlined a detailed description of the research process. My objective for this study was to focus on the counselor's perception based on counselors who currently have experience working with survivors of human trafficking. I discussed the impact of the current pandemic on the participants of my research, the demographics

of the participants, my data collection and data analysis methods, evidence of trustworthiness, and the research results. I outlined important themes of experience from seven counselors who have worked with survivors of human trafficking. Every counselor is unique in their perspective, and, through this research, six themes and four subthemes emerged. In Chapter 5, I discuss the interpretation of my research findings, limitations of the study, recommendations, implications, and conclusion

## Chapter 5: Discussion

Human trafficking is considered modern-day slavery where people are forced, coerced, and exploited for sex, labor, domestic servitude, and organs (Ernewein & Nieves, 2015; Hachey & Phillippi, 2017; Hopper, 2017). There are approximately 21 million victims of human trafficking who exist today, and some counselors may be unaware of the signs and symptoms of a human trafficking survivor (Stotts & Ramey, 2009; Thompson & Haley, 2018). Survivors can develop serious mental, physical, and emotional issues from their trafficking exposure (Abas et al., 2013; Hachey & Phillippi, 2017; Thompson & Haley, 2018). With this wide-spread social injustice growing, counselors need training to address the ramifications a client has experienced from human trafficking (Thompson & Haley, 2018). After an exhaustive literature review, I found many studies describing the need to provide counselors training on human trafficking, but did not find any research on counselor's perceptions of their abilities to work with human trafficking survivors (Harding-Jones, 2019; Pascual-Leone et al., 2017; Thompson & Haley, 2018).

To address this gap, I used a qualitative transcendental phenomenological study and to interview participants to discuss counselors' perceptions of their preparedness when working with human trafficking survivors. By highlighting counselors' experiences when working with survivors of human trafficking, themes emerged from the data, such as the inherent complexity for counselors when working with human trafficking survivors. Counselors expressed the importance of trust, safety, and care for creating a place for client healing when working with survivors and the strong need to engage in



self-care practices. The participants noted the importance of support from others, including professional or personal supports, that they can call upon when feeling uncertain. Another crucial piece to counselors' preparedness to work with survivors of human trafficking was having trauma-informed training and experience. In Chapter 5, I discuss the interpretation of my research findings, limitations of the study, recommendations, implications, and conclusion.

### **Interpretation of the Findings**

I interpreted the findings using a transcendental phenomenological approach, and I compared and contrasted the themes and information I obtained from participants to the current research literature on human trafficking. In this section, I will compare and contrast some previous research on human trafficking with my current results.

Dell et al. (2019) used a systematic review of published and unpublished studies that assessed interventions used on survivors of human trafficking. Dell et al. provided some insight into counseling organizations currently working with survivors, what services they were providing, and how effective those services were for survivors. The research showed the importance of providing specific, specialized treatment to survivors of human trafficking. However, the researchers did not discuss the level of preparedness of the counselors working with the survivors (Dell et al., 2019).

My results support this study because all seven participants noted the importance of having training in trauma and how much more prepared they perceived they were from receiving trauma-specific training. Participants who noted more training in trauma indicated a perceived higher level of preparedness to work with survivors of human

trafficking. Six of the seven participants also noted that this is a very complex population to work with, and counselors need to be trained in ways to provide effective counseling to survivors of human trafficking.

Thompson and Haley (2018) articulated the importance of guiding counselors in training (CITs) to work with survivors of human trafficking. Thompson and Haley discussed different levels of training that should be provided to CITs depending on their level of experience. My study confirmed the information from this study. In addition to being trained to work with survivors of human trafficking, participants also explained the importance of having support, collaboration, and supervision while working with survivors of human trafficking. Training counselors alone was not enough for them to feel prepared. They also needed consistent support and collaboration in their continued efforts to provide services to survivors of human trafficking.

Pascual-Leone et al. (2017) used a case study to show the complexity of working with survivors of human trafficking. The researchers used a narrative overview to discuss the challenges that survivors of human trafficking endure, the barriers to survivors seeking mental health services, and essential guidelines for counselors to follow when working with survivors of human trafficking (Pascual-Leone et al., 2017). The researchers discussed the importance of using an assessment on survivors, focusing on complex trauma, and the importance of counselors creating a safety plan with survivors of human trafficking (Pascual-Leone et al., 2017).

My research confirmed this information as six of the seven participants noted the complex nature of the trauma experienced by survivors of human trafficking. They

commented on being prepared to hear some difficult stories that may leave future counselors in need of support and supervision afterward. One aspect that this study discussed that I did not find in my research was helpful guidelines for working with survivors of human trafficking. Participants discussed their desire to have more guidelines for working with survivors of human trafficking, as they often are uncertain of which modalities and treatments work best for the survivor.

Harding-Jones (2019) conducted a qualitative research study about providing trauma-informed and holistic care to survivors of human trafficking. Harding-Jones found that using a trauma-informed treatment, specifically, TF-CBT decreased survivors' trauma symptoms, increased their wellbeing, and increased their self-esteem. In the research, Harding-Jones provided two case studies where survivors were provided TF-CBT, and both case studies showed an increase in self-control of the survivors. Both case studies were successful in helping the survivors of human trafficking (Harding-Jones, 2019).

My research contradicts some of the aspects of this study. While all participants explained the need for counselors to have training in trauma-informed care and to understand how to assess and manage trauma-related concerns with clients, they perceived counselors needed more than just TF-CBT, or a similar training, to be effective with survivors of human trafficking. Some participants reported a need for a substantial amount of training in trauma and human trafficking, not trauma alone.

Litam (2017) discussed the importance of needing research studies about the effective therapeutic interventions for human trafficking survivors. The author also

discussed the importance of counselors asking helpful questions, using creative interventions, assessing entrance into trafficking, assessing the client's stage of change, and assessing the client's current state of mind (Litam, 2017). My study did confirm the information in this research.

However, many participants in my study stated a desire to have more training on human trafficking, ranging from basics of human trafficking to effective treatment modalities and techniques for counselors to use in therapy. In contradiction to Litam's research, many participants noted being uncertain of specific modalities, techniques, and level of care to use with survivors of human trafficking and where to find this information. On top of being uncertain of their resources, participants noted the importance of creating a safe environment to build trust and rapport to have any interventions be successful.

Domoney et al. (2015) conducted a qualitative study of electronic health records of human trafficking survivors who received mental health services in England. Domoney et al. explained that there were numerous challenges with meeting the mental health needs of survivors of human trafficking, such as obtaining a full history, lack of engagement and instability from the survivor, and issues with interagency collaboration.

My research confirmed the information presented in this study. Participants in my study noted how imperative the therapeutic relationship and trust are with survivors of human trafficking. Five of the seven participants discussed the difficult time survivors have trusting new people, including counselors. Many participants said they have worked with survivors many sessions before hearing about trauma-related experiences and

getting a full historical background. Participants also confirmed that some survivors may regress, or stop showing up for sessions, after sharing their trauma experiences with the counselor.

### **Transcendental Phenomenology**

I used a transcendental phenomenological approach to understand how prepared counselors perceived they were to work with survivors of human trafficking.

Transcendental phenomenology allowed me to see the knowledge that comes directly from the participant's perception while removing my biases from the data through bracketing (Giorgi, 2012). I used bracketing when analyzing the data by journaling my perceptions and discussing any concerns with my dissertation committee. I used participants' direct quotes to refrain from inserting my own biases and opinions into the findings.

The purpose of my research was to understand the experience as it was lived by counselors who have worked with survivors of human trafficking and to suspend all judgments and preconceived notions on their level of preparedness (Giorgi, 2012). By suspending my judgment, I was able to be present for the participants' experiences and to view their experiences through their unique perspectives (Peoples, 2021). As one person, I do not know all, and receiving information on other lived experiences provided a realization of certain ideas and understandings that had not previously existed. I identified participants' intentionality in their reporting of information by understanding that their perception of something is caused by their own viewpoints and how something is perceived in that moment. For example, I had one participant dealing with a trauma-

related crisis all day before the interview. I recognized that due to dealing with that crisis, her viewpoint on this topic might have been affected.

Through the transcendental phenomenological lens, I remained acutely aware that the participants were the experts in the interview and I needed to receive their information as objectively as possible. Throughout the process, six themes emerged in the research on counselor preparedness to work with human trafficking survivors: (a) the inherent complexity for counselors when working with human trafficking survivors, (b) the importance of counselors to ensure an environment of trust, safety, and care and for creating a place for healing for clients, (c) the need for counselors to engage in self-awareness and self-care, (d) counselors' need for trauma-informed training via coursework or experience, (e) counselors' need for professional training on working with human trafficking survivors, and (f) the significance of counselor professional support and collaboration. These themes came from the participant's horizon and how they viewed working with survivors of human trafficking at the moment of the interview.

Many participants viewed human trafficking survivors as having complex trauma from their experiences; which impacted their work. The experiences reported by the participants disclosed a significant need for training in trauma, experience in the field, and the importance of support and collaboration. Many participants had the horizon of difficulty that can stem from working with survivors of human trafficking and the strong need for more training to increase support services. Participants noted that training and high levels of support were crucial for working with survivors of human trafficking.

### **Limitations of the Study**

Some limitations of this research revolved around my biases and participant demographics. I am a counselor who has worked for agencies that fight human trafficking. My views on human trafficking and counselors' preparedness to work with survivors of human trafficking could sway my interpretation of the findings. To address this concern, I intentionally used the transcendental phenomenological steps to analyze the data, which required me to focus only on the words of the participants (Giorgi, 2012). Transcendental phenomenology does not allow for any researcher biases in the analysis of the data; thus, I used note-taking and journaling throughout the interview and data analysis process to remain aware of my personal thoughts, judgments, and perspectives that could impact the research. I worked on bracketing my biases by reporting exact quotes of the participant's experience and leaving out my interpretation of the data (Creswell, 2013; Sloan & Bowe, 2014).

Another limitation of this research surrounded the participant demographics. While all participants offered rich, thick data that provided for saturation for this study, there was not enough diversity in location among participants. Four of the seven participants came from South Dakota. The study would have benefited from having more geographically diverse participants. While participants did not report any issues related to COVID-19, I was aware of the potential emotional impact that the pandemic had on participants during the interviewing process and made any accommodations necessary.

### **Recommendations**

There are significant opportunities for future research regarding counselor preparedness to counsel with human trafficking survivors. While human trafficking is not a new phenomenon, researchers are just beginning to understand best practices and proficient training surrounding human trafficking survivors (Litam, 2017; Thompson & Haley, 2018; Yakushko, 2009). Many counselors may not have encountered someone who has been trafficked; thus, efforts in awareness and training surrounding human trafficking are important for helping prepare counselors (Johnson, 2012; Litam, 2017; Thompson & Haley, 2018). The participants in my study desired a wide variety of training on human trafficking, such as understanding the signs, symptoms, red flags, and best practices. More research is needed on best practices and methodologies to use with survivors of human trafficking. This research also concluded that counselors who work with survivors of human trafficking need consistent professional support. However, there is a need to research more about what constitutes effective and realistic support. Human trafficking survivors will continue to need support, thus, making this a rich area of continued research.

### **Implications**

Human trafficking is a social epidemic that leaves survivors of human trafficking with a lot of complex trauma that needs to be healed. Survivors may develop serious mental, physical, and emotional issues from their trafficking exposure (Abas et al., 2013; Hachey & Phillippi, 2017; Thompson & Haley, 2018). Survivors of human trafficking may need a healthy place to heal, and many counselors may not be prepared to work with



them and address the various issues inherent to these survivors (Thompson & Haley, 2018).

This research highlights the need for more training for counselors to equip them with the knowledge and abilities to work with survivors of human trafficking. This study contributes to social change because if counselors can start to feel more prepared, that in turn, could hopefully help them create a safe place for survivors to heal from trauma inflicted upon them when being trafficked. This research also highlights the need for mental health organizations and counselor education programs to bring in proficient training for employees to understand the level of trauma survivors are exposed to, the signs and symptoms of survivors, and the red flags to look for regarding human trafficking. Once counselors and organizations understand survivors and human trafficking, policies and practices might be changed on a societal level.

Positive social change can also be accomplished by organizations and academic institutions by improving the training and support they give to counselors who desire to work with survivors of human trafficking. Counselors who can effectively identify human trafficking concerns may help survivors at earlier phases of treatment. If counselors also receive targeted training and support from their organizations, institutions, or supervisors, they may also be able to better process the difficulties they are experiencing when working with human trafficking survivors. In turn, this may result in higher quality of services provided to survivors and decrease the likelihood of a survivor stopping counseling services prior to resolution or healing. Further, and equally important, , counselors may experience a lower level of burnout if they have continued

support and supervision. More educated and supported counselors may mean a higher quality of comprehensive services provided to survivors of human trafficking.

### **Conclusion**

Human trafficking is a form of modern-day slavery that significantly impacts its victims. Counselors need to be prepared to work with the complex trauma survivors of human trafficking deal with, and their level of preparedness will vary based on experiences, training, and support. Participants in this research study discussed the importance of counselors being trained in trauma to provide a safe, trusting, and caring space for survivors of human trafficking. Counselor self-care and self-awareness needs to be considered when working with survivors of human trafficking and the need for counselors to get a strong support system. As a counseling profession, more research and training needs to be done regarding human trafficking to teach counselors how to work with the invasive, multifaceted trauma that they will see if working with survivors of human trafficking. Counselors continue also to need support and collaboration from those along with a self-care routine to feel prepared to work with survivors of human trafficking.

## References

- Abas, M., Ostrovschi, N. V., Prince, M., Gorceag, V. I., Trigub, C., & Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: A historical cohort study. *Biomed Central Psychiatry, 13*, 204-214.  
<http://dx.doi.org/10.1186/1471-244X-13-204>
- Aberdein, C., & Zimmerman, C. (2015). Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: A qualitative study. *International Journal of Mental Health Systems, 9*(1), 1-13.  
<http://dx.doi.org/10.1186/s13033-015-0008-8>
- Abramowitz, J. S. (2018). Presidential address: Are the obsessive-compulsive related disorders related to obsessive-compulsive disorder? A critical look at DSM-5's new category. *Behavior Therapy, 49*(1), 1-11.  
<http://dx.doi.org/10.1016/j.beth.2017.06.002>
- Alvarez, M. B., & Alessi, E. J. (2012). Human trafficking is more than sex trafficking and prostitution: Implications for social work. *Affilia-Journal of Women and Social Work, 27*(2), 142-152. <http://dx.doi.org/10.1177/0886109912443763>
- American Counseling Association. (2019). Competencies. Retrieved from <https://www.counseling.org/knowledge-center/competencies>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual* (5<sup>th</sup> ed.) Arlington, VA: Author.
- American Psychological Association. (2018). APA dictionary of psychology. Retrieved from <https://dictionary.apa.org/self-efficacy>

- Askola, H. (2018). Responding to vulnerability? Forced marriage and the law. *University of New South Wales Law Journal*, 41(3), 1–26. Retrieved from <http://www.unswlawjournal.unsw.edu.au/wp-content/uploads/2018/09/Askola.pdf>
- Baldwin, S. B., Fehrenbacher, A. E., & Eisenman, D. P. (2015). Psychological coercion in human trafficking: An application of Biderman's Framework. *Qualitative Health Research*, 25(9), 1171–181. <http://dx.doi.org/10.1177/1049732314557087>
- Budiani-Saberi, D., & Columb, S. (2013). A human rights approach to human trafficking for organ removal. *Medicine, Health Care, And Philosophy*, 16(4), 897–914. <http://dx.doi.org/10.1007/s11019-013-9488-y>
- Cary, M., Oram, S., Howard, L. M., Trevillion, K., & Byford, S. (2016). Human trafficking and severe mental illness: An economic analysis of survivors' use of psychiatric services. *Biomed Central Health Services Research*, 16(284), 2-8. <http://dx.doi.org/10.1186/s12913-016-1541-0>
- Chisolm-Straker, M., Sze, J., Einbond, J., White, J., & Stoklosa, H. (2019). Screening for human trafficking among homeless young adults. *Child and Youth Services Review*, 98, 72-79. <http://dx.doi.org/10.1016/j.chilyouth.2018.12.014>
- Chung, R. C.-Y. (2009). Cultural perspectives on child trafficking, human rights & social justice: A model for psychologists. *Counselling Psychology Quarterly*, 22(1), 85–96. <http://dx.doi.org/10.1080/09515070902761230>
- Contreras, P. M., Kallivayalil, D., & Herman, J. L. (2017). Psychotherapy in the aftermath of human trafficking: Working through the consequences of

psychological coercion. *Women & Therapy*, 40(1–2), 31–54.

<http://dx.doi.org/10.1080/02703149.2016.1205908>

Council for Accreditation of Counseling and Related Education Programs. (2016). 2016 CACREP standards. Retrieved from <https://www.cacrep.org/for-programs/2016-cacrep-standards/>

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publications.

Dell, N. A., Maynard, B. R., Born, K. R., Wagner, E., Atkins, B., & House, W. (2019). Helping survivors of human trafficking: A systematic review of exit and postexit interventions. *Trauma, Violence & Abuse*, 20(2), 183–196.  
<http://dx.doi.org/10.1177/1524838017692553>

Domoney, J., Howard, L. M., Abas, M., Broadbent, M., & Oram, S. (2015). Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care. *Bio Medical Central Psychiatry*, 15, 289-306.  
<https://doi.org/10.1186/s12888-015-0679-3>.

Efrat, A. (2015). Professional socialization and international norms: Physicians against organ trafficking. *European Journal of International Relations*, 21(3), 647–671.  
<http://dx.doi.org/10.1177/1354066114542664>

Elezi, A. (2011). Fighting human trafficking. *Juridical Current*, 14(1), 77-91. Retrieved from  
[https://www.researchgate.net/publication/241765078\\_FIGHTING\\_HUMAN\\_TRAFFICKING](https://www.researchgate.net/publication/241765078_FIGHTING_HUMAN_TRAFFICKING)

- Ernewein, C., & Nieves, R. (2015). Human sex trafficking: Recognition, treatment, and referral of pediatric victims. *The Journal for Nurse Practitioners, 11*(8), 797-803. doi:10.1016/j.nurpra.2015.06.005
- Fargnoli, A. (2017). Maintaining stability in the face of adversity: Self-care practices of human trafficking survivor-trainers in India. *American Journal of Dance Therapy, 39*(2), 226–251. <http://dx.doi.org/10.1007/s10465-017-9262-4>
- Fedina, L. (2015). Use and misuse of research in books on sex trafficking: Implications for interdisciplinary researchers, practitioners, and advocates. *Trauma, Violence, & Abuse, 16*(2), 188–198. <http://dx.doi.org/10.1177/1524838014523337>
- Frangž, D., & Bučar Ručman, A. (2017). Specific forms of human trafficking in Slovenia: Overview and preventive measures. *Police Practice & Research: An International Journal, 18*(3), 230–244. <http://dx.doi.org/10.1080/15614263.2017.1291562>
- Frey, L. M., Middleton, J., Gattis, M. N., & Fulginiti, A. (2018). Suicidal ideation and behavior among youth victims of sex trafficking in Kentuckiana. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 1*, 1-9. <http://dx.doi.org/10.1027/0227-5910/a000557>
- Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology, 43*, 3-12. doi:10.1163/156916212X632934
- Giorgi, A. P., & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design*. (pp. 243–

273). Washington, DC: American Psychological Association.

<http://dx.doi.org/10.1163/156916212X632934>

Gozdziak, E. M., & Collett, E. A. (2005). Research on human trafficking in North America: A Review of literature. *International Migration*, 43(1/2), 99–128.

<http://dx.doi.org/10.1111/j.0020-7985.2005.00314.x>

Greenbaum, V. J. (2017). Child sex trafficking in the United States: Challenges for the healthcare provider. *Plos Medicine*, 14(11), 1-8.

<http://dx.doi.org/10.1371/journal.pmed.1002439>

Hachey, L. M., & Phillippi, J. C. (2017). Identification and management of human trafficking victims in the emergency department. *Advanced Emergency Nursing Journal*, 39(1), 31-51. <http://dx.doi.org/10.1097/TME.0000000000000138>

Hansen, S., Melzer-Lange, M., Nugent, M., Yan, K., & Rabbitt, A. (2018). Development and assessment of an online training for the medical response to sex trafficking of minors. *Academic Pediatrics*, 18(8), 965–968.

<http://dx.doi.org/10.1016/j.acap.2018.07.009>

Harding-Jones, C. (2019). Counselling survivors of sex trafficking: Cate Harding-Jones describes the challenges of working as part of a team in a safe house for women who have escaped sexual slavery. *Therapy Today*, 30(1), 20–24. Retrieved from <https://ar.masader.com/eds/detail?db=asn&an=134316138>

Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Affilia-Journal*

*of Women and Social Work*, 28(1), 8–18.

<http://dx.doi.org/10.1177/0886109912475172>

Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N.,

Zimmerman, C., & Oram, S. (2016). Responding to the health needs of survivors

of human trafficking: a systematic review. *BioMed Central Health Services*

*Research*, 16, 320-330. <http://dx.doi.org/10.1186/s12913-016-1538-8>

Hickle, K., & Roe-Sepowitz, D. (2017). “Curiosity and a pimp’’: Exploring sex

trafficking victimization in experiences of entering sex trade industry work among

participants in a prostitution diversion program. *Women & Criminal Justice*,

27(2), 122–138. <http://dx.doi.org/10.1080/08974454.2015.1128376>

Hopper, E. K. (2017). Trauma-informed psychological assessment of human trafficking

survivors. *Women & Therapy*, 40(1–2), 12–30.

<http://dx.doi.org/10.1080/02703149.2016.1205905>

Hume, D. L., & Sidun, N. M. (2017). Human trafficking of women and girls:

Characteristics commonalities, and complexities. *Women and Therapy*, 40(1/2), 7-

11. doi: 10.1080/02703149.2016.1205904

Hurtado, M., Iranzo Dosdad, A., & Gomez Hernandez, S. (2018). The relationship

between human trafficking and child recruitment in the Colombian armed

conflict. *Third World Quarterly*, 39(5), 941–958.

<http://dx.doi.org/10.1080/01436597.2017.1408404>



- Ioannou, M., & Oostinga, M. S. D. (2015). An empirical framework of control methods of victims of human trafficking for sexual exploitation. *Global Crime, 16*(1), 34–49. <http://dx.doi.org/10.1080/17440572.2014.979915>
- Kuper, A., Lingard, L., & Levinson, W. (2008). Critically appraising qualitative research. *British Medical Journal, 337*, 687-692. doi:10.1136/bmj.a1035
- Johnson, B. C. (2012). Aftercare for survivors of human trafficking. *Social Work & Christianity, 39*(4), 370–389.
- Jung, M. (2017). Effects of implementing the act of prohibition on sex trafficking on female sex workers' sexually transmitted infections. *Plos One, 12*(8), 1-10. <http://dx.doi.org/10.1371/journal.pone.0182465>
- Leslie, J. (2018). Human trafficking: Clinical assessment guideline. *Journal of Trauma Nursing, 25*(5), 282–289. <http://dx.doi.org/10.1097/JTN.0000000000000389>
- Litam, S. D. A. (2017). Human sex trafficking in America: What counselors need to know. *Professional Counselor, 7*(1), 45–61. <http://dx.doi.org/10.15241/sdal.7.1.45>
- Ly, T., Dwyer, R. G., & Fedoroff, J. P. (2017). Characteristics and treatment of internet child pornography offenders. *Behavioral Sciences & the Law, 36*(2), 216–234. <http://dx.doi.org/10.1002/bsl.2340>
- Macias-Konstantopoulos, W. (2016). Human trafficking: The role of medicine in interrupting the cycle of abuse and violence. *Annals of Internal Medicine, 165*(8), 582–588. <http://dx.doi.org/10.7326/M16-0094>
- Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice, 13*(6), 552-

556. doi:10.1093/fampra/13.6.522

Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2<sup>nd</sup> ed.).

Thousand Oakes, CA: Sage Publications.

Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3<sup>rd</sup> ed.).

Thousand Oakes, CA: Sage Publications.

Merleau-Ponty, M. (2012). *Phenomenology of perception*. New York, NY: Routledge.

Meshkovska, B., Siegel, M., Stutterheim, S. E., & Bos, A. E. R. (2015). Female sex

trafficking: Conceptual issues, current debates, and future directions. *Journal of Sex Research*, 52(4), 380–395. <http://dx.doi.org/10.1080/00224499.2014.1002126>

Miles, M. B., Huberman, A. M., & Saldaña, J. (2013). *Qualitative data analysis: A methods sourcebook*. Thousand Oaks, CA: Sage Publishing.

Mohsen, R. (2016). The emerging epidemiology of human trafficking and modern slavery. *Middle East Journal of Business*, 11(3), 32-36.

doi:10.5742/mejb.2016.92835

Moran, D., & Cohen, J. (2012). *The Husserl dictionary*. New York, NY: Bloomsbury Publishing.

Moustakas, C. (1994). *Phenomenological Research Methods*. Thousand Oaks, CA: Sage Publications.

Noyori-Corbett, C., & Moxley, D. P. (2016). Inequality of women as a factor influencing migration from countries of origin to the United States and its implications for understanding human trafficking. *International Social Work*, 59(6), 890–903.

<http://dx.doi.org/10.1177/0020872815580047>

- Nguyen, P. T., Coverdale, J. H., & Gordon, M. R. (2017). Identifying, treating, and advocating for human trafficking victims: A key role for psychiatric inpatient units. *General Hospital Psychiatry, 46*, 41–43.  
<http://dx.doi.org/10.1016/j.genhosppsych.2017.02.006>
- Olaya, B., Moneta, M. V., Miret, M., Ayuso-Mateos, J. L., & Haro, J. M. (2018). Epidemiology of panic attacks, panic disorder and the moderating role of age: Results from a population-based study. *Journal of Affective Disorders, 241*, 627–633. <http://dx.doi.org/10.1016/j.jad.2018.08.069>
- Oram, S., Abas, M., Bick, D., Boyle, A., French, R., Jakobowitz, S., Khondoker, M., Stanley, N., Trevillion, K., Howard, L., & Zimmerman, C. (2016). Human trafficking and health: a survey of male and female Survivors in England. *The American Journal of Public Health, 106*(6), 1073–1078. <http://dx.doi.org/10.2105/AJPH.2016.303095>
- Ortelli, T. A., & Burlingame, K. L. (2018). Breaking the Cycle of Human Trafficking. *American Journal of Nursing, 118*(12), 62–64.  
<http://dx.doi.org/10.1097/01.NAJ.0000549694.63951.47>
- Ost, S. (2016). A new paradigm of reparation for victims of child pornography. *Legal Studies, 36*(4), 613–638. <http://dx.doi.org/10.1111/lest.12128>
- Ostrovski, N. V., Prince, M. J., Zimmerman, C., Hotineanu, M. A., Gorceag, L. T., Gorceag, V. I., Flach, C., & Abas, M. A. (2011). Women in post-trafficking services in Moldova: diagnostic interviews over two time periods to assess

returning women's mental health. *BioMed Central Public Health*, 11, 232-240.

<http://dx.doi.org/10.1186/1471-2458-11-232>

Pascual-Leone, A., Kim, J., & Morrison, O. P. (2017). Working with victims of human trafficking. *Journal of Contemporary Psychotherapy*, 47(1), 51–59.

<http://dx.doi.org/10.1007/s10879-016-9338-3>

Patterson, O., & Zhuo, X. (2018). Modern trafficking, slavery, and other forms of servitude. *Annual Review of Sociology*, 44, 407-439.

<http://dx.doi.org/10.1146/annurev-soc-073117-041147>

Peoples, K. (2021). *How to write a phenomenological dissertation: A step-by-step guide*.

Thousand Oaks, CA: Sage Publications.

Pfaff, N. (2018). *The Novice Licensed Professional Counselor's Perceived Preparedness to Use Self-Disclosure* (Doctoral dissertation). Walden University, Minneapolis, Minnesota.

Retrieved from <https://scholarworks.waldenu.edu/dissertations/5249>

Polaris Project. (2011). *Comprehensive human trafficking assessment*. Washington DC:

Author. Retrieved from

<https://traffickingresourcecenter.org/sites/default/files/Comprehensive%20Trafficking%20Assessment.pdf>

Psychology Dictionary. (2013). Preparedness. Retrieved from

<https://psychologydictionary.org/preparedness/>

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Thousand Oaks, CA: Sage Publications.

- Reed, S. M., Kennedy, M. A., Decker, M. R., & Cimino, A. N. (2019). Friends, family, and boyfriends: An analysis of relationship pathways into commercial sexual exploitation. *Child Abuse & Neglect, 90*, 1–12.  
<http://dx.doi.org/10.1016/j.chiabu.2019.01.016>
- Reid, J. A. (n.d.). Entrapment and enmeshment schemes used by sex traffickers. *Sexual Abuse-A Journal of Research and Treatment, 28*(6), 491–511.  
<http://dx.doi.org/10.1177/1079063214544334>
- Renzetti, C. M., Bush, A., Castellanos, M., & Hunt, G. (2015). Does training make a difference? An evaluation of a specialized human trafficking training module for law enforcement officers. *Journal of Crime & Justice, 38*(3), 334–350.  
<http://dx.doi.org/10.1080/0735648X.2014.997913>
- Rezaeian, M. (2016). The emerging epidemiology of human trafficking and modern slavery. *Middle East Journal of Business, 11*(3), 32–36.  
<http://dx.doi.org/10.5742/MEJB.2016.92835>
- Rimal, R., & Papadopoulos, C. (2016). The mental health of sexually trafficked female survivors in Nepal. *The International Journal of Social Psychiatry, 62*(5), 487–495. <http://dx.doi.org/10.1177/0020764016651457>
- Sheehan, S. (2014). A conceptual framework for understanding transcendental phenomenology through the lived experiences of biblical leaders. *Emerging Leadership Journeys, 7*(1), 10-20. Retrieved from <https://www.regent.edu/acad/global/publications/elj/vol7iss1/2ELJ-Sheehan.pdf>

- Shelton, D. & Bridges, C. (2019). Analyzing adoptive parent interviews using the descriptive phenomenological psychological method. *Sage Research Methods Datasets*, 2, 1-18. <https://dx.doi.org/10.4135/9781526488992>
- Shevlin, M., Hyland, P., Roberts, N. P., Bisson, J. I., Brewin, C. R., & Cloitre, M. (2018). A psychometric assessment of disturbances in self-organization symptom indicators for ICD-11 complex PTSD using the international trauma questionnaire. *European Journal of Psychotraumatology*, 9(1), 1. <http://dx.doi.org/10.1080/20008198.2017.1419749>
- Shigekane, R. (2007). Rehabilitation and community integration of trafficking survivors in the United States. *Human Rights Quarterly*, 29(1), 112–136. <http://dx.doi.org/10.1353/hrq.2007.0011>
- Sloan, A. & Bowe, B. (2014). Phenomenology and hermeneutic phenomenology: The philosophy, the methodologies and using hermeneutic phenomenology to investigate lecturers' experiences of curriculum design. *Quality & Quantity*, 48(3), 1291-1303. doi:10.1007/s11135-013-9835-3
- Sobel, M. R. (2014). Chronicling a crisis: Media framing of human trafficking in India, Thailand, and the USA. *Asian Journal of Communication*, 24(4), 315–332. <http://dx.doi.org/10.1080/01292986.2014.903425>
- Spiegel, M., Lewis-Fernandez, R., Lewis, R., Vermetten, E., Simeon, D., & Friedman, M. (2013). Dissociative Disorders in DSM-5. *Annual Review of Clinical Psychology*, 9, 299- 329. <http://dx.doi.org/10.1146/annurev-clinpsy-050212-185531>

- Stewart, D. E. (2016). Mental health and human trafficking. *Epidemiology and Psychiatric Sciences*, 25(4), 342–344.  
<http://dx.doi.org/10.1017/S2045796016000093>
- Stotts, E. L., Jr., & Ramey, L. (2009). Human trafficking: A call for counselor awareness and action. *Journal of Humanistic Counseling, Education and Development*, 48(1), 36-47. <http://dx.doi.org/10.1002/j.2161-1939.2009.tb00066.x>
- Sweileh, W. M. (2018). Research trends on human trafficking: A bibliometric analysis using Scopus database. *Globalization & Health*, 14(1), 1-12.  
<http://dx.doi.org/10.1186/s12992-018-0427-9>
- Thompson, J., & Haley, M. (2018). Human trafficking: Preparing counselors to work with survivors. *International Journal for the Advancement of Counseling*, 10, 447-457. <http://dx.doi.org/10.1007/s10447-018-9327-1>
- Thomason, K. (2016). Guilt and child soldiers. *Ethical Theory & Moral Practice*, 19(1), 115–127. <http://dx.doi.org/10.1007/s10677-015-9595-3>
- Villacampa, C., & Florez, K. (n.d.). Human trafficking for criminal exploitation and participation in armed conflicts: The Colombian case. *Crime Law and Social Change*, 69(3), 421–445. <http://dx.doi.org/10.1007/s10611-017-9765-4>
- Warria, A. (2017). Forced child marriages as a form of child trafficking. *Children and Youth Services Review*, 79, 274–279.  
<http://dx.doi.org/10.1016/j.childyouth.2017.06.024>

- Weitzer, R. (2014). New directions in research on human trafficking. *Annals of the American Academy of Political and Social Science*, 653(1), 6–24.  
<http://dx.doi.org/10.1177/0002716214521562>
- Wolak, J., Liberatore, M., & Levine, B. N. (2014). Measuring a year of child pornography trafficking by U.S. computers on a peer-to-peer network. *Child Abuse & Neglect*, 38(2), 347–356. <http://dx.doi.org/10.1016/j.chiabu.2013.10.018>
- Wolf, E. J., Miller, M. W., Kilpatrick, D., Resnick, H. S., Badour, C. L., Marx, B. P., Keane, T. M., Rosen, R. C., & Friedman, M. J. (2015). ICD–11 complex PTSD in US national and veteran samples: Prevalence and structural associations with PTSD. *Clinical Psychological Science*, 3(2), 215–229.  
[doi:10.1177/2167702614545480](https://doi.org/10.1177/2167702614545480)
- Yakushko, O. (2009). Human trafficking: A review for mental health professionals. *International Journal for the Advancement of Counselling*, 31(3), 158–167.  
<http://dx.doi.org/10.1007/s10447-009-9075-3>
- Yousaf, F. N., & Purkayastha, B. (2015). ‘I am only half alive’: Organ trafficking in Pakistan amid interlocking oppressions. *International Sociology*, 30(6), 637.  
<http://dx.doi.org/10.1177/0268580915605648>
- Zimmerman, C., & Pocock, N. (2013). Human trafficking and mental health: "My wounds are inside; they are not visible." *Brown Journal of World Affairs*, 19(2), 265-280. Retrieved from  
[https://www.researchgate.net/publication/263807413\\_Human\\_trafficking\\_and\\_mental\\_health\\_My\\_wounds\\_are\\_inside\\_they\\_are\\_not\\_visible](https://www.researchgate.net/publication/263807413_Human_trafficking_and_mental_health_My_wounds_are_inside_they_are_not_visible)



## Appendix A: Interview Questions

1. Please tell me which state you are located in and how many years you have been working as a licensed counselor.
2. Tell me about your experience working with survivors of human trafficking.
3. How do you perceive you were prepared to work with survivors of human trafficking?
4. Please talk about how you perceive were prepared to work with survivors of human trafficking.
5. How were you prepared to work with survivors of human trafficking?
6. Please talk about any training you have had to work with survivors of human trafficking.
7. Please talk about any supervisory or mentoring experience related to working with survivors of human trafficking.
8. What would have been beneficial for you to know to better prepare you to work with human trafficking survivors?
9. What would you tell other counselors about becoming prepared to work with survivors of human trafficking?

## Appendix B: Invitation to Participate

### **Research Study: Counselor Preparedness When Working with Survivors of Human Trafficking**

Hello, my name is Jenise Wilson, and I am a doctoral student at Walden University in the Counselor Education and Supervision program. This email is an invitation to participate in a research study I am conducting on how prepared counselors perceive they are to work with survivors of human trafficking. I am conducting this research as part of my doctoral degree under the supervision of Melinda Haley, Ph.D., and Cyndi Briggs, Ph.D. Information about this study and participant involvement, if you decide to participate, is below:

#### **Background Information**

Human trafficking is a growing social injustice that is affecting many people within the United States. As this social epidemic rises, counselors are becoming more involved in the care of survivors of human trafficking. Unfortunately, counselors are not trained to work with survivors of human trafficking. The purpose of this study is to understand the perceptions of counselors' preparedness to work with human trafficking survivors which will inform the research on how to better prepare counselors to work with human trafficking survivors.

#### **Participation Criteria**

I would like to include you in my study as you have been identified as a licensed counselor who has worked with human trafficking survivors. The specific requirements to participate in this study are:

- 1) Registered in your respective state of professional practice as a counselor.
- 2) Currently working, or have worked with, survivors of human trafficking.

### **Procedures**

If you agree to be a part of this research, you will be asked to:

- 1) Notify Jenise by email ([jdwilson@mail.waldenu.edu](mailto:jdwilson@mail.waldenu.edu)) or phone (701-391-7399) that you are willing to participate in this research.
- 2) Sign an informed consent that would allow you to participate in the study.
- 3) Meet with Jenise for roughly 60 minutes on one occasion answering questions about your perceptions of preparedness to work with survivors of human trafficking. This interview can will be over HIPPA compliant Zoom, and will be recorded with your permission.
- 4) Engage in a follow-up interview, if needed.
- 5) Verify that I have captured your exact words by reviewing the transcript of our video.

### **Vulnerable Population Disclosure**

Due to the limited potential risks of this research, the intent of this researcher is to not include persons that identify as younger than 18, elderly, or incarcerated.

I look forward to hearing from you within in the coming weeks of the delivery of this email. I greatly appreciate your time and consideration, and await to have further conversations with you.

Respectfully,  
Jenise Wilson, MS, LPCC  
Ph.D. student, Counselor Education and Supervision, Walden University

## Appendix C: Revised Invitation to Participate

Hello, Counseling Community!

My name is Jenise Wilson and I am a doctoral candidate in the Walden University Counselor Education and Supervision Program. I am inviting you to participate in a qualitative dissertation study titled "Counselor Preparedness When Working with Human Trafficking Survivors" (IRB approval number: 02-28-20-0642046 and it expires on February 27th, 2021).

The purpose of my study to explore counselor's perceptions of their preparedness to work with human trafficking survivors to gain an understanding of how we can better prepare counselors to work with human trafficking survivors while also increasing awareness of human trafficking.

Your participation in this study would be completely voluntary, and you can revoke your participation at any time during the study. Data will be kept secure by including password protection to the computer and documents being used during data collection and analysis will be kept in a locked area. All names will be replaced with a pseudo-name study identifier. Data will be kept for a period of at least 5 years, as required by the university. When the five years is up, the data will be shredded.

This is a qualitative dissertation, which means I will be conducting interviews with each participant. Each interview will take between 60-120 minutes, and will be scheduled at a mutually convenient time. I will be conducting the interviews via a HIPAA-compliant Zoom account. All interviews will be audio-recorded only to help with transcription.

Inclusion criteria include: a) who have graduated with a master's degree in clinical mental health counseling, b) hold an active license as professional counselors in their respective state, c) have previous counseling experience with survivors of human trafficking to be in the study, and d) cannot actively be in a training program.

If you are interested in participating, please contact me at [jenise.gress@waldenu.edu](mailto:jenise.gress@waldenu.edu) or contact me directly at 701-391-7399. I will send you the informed consent at that time for your review. Thank you so much for your time and consideration! I look forward to hearing from you!

With Gratitude,  
Jenise Wilson  
Doctoral Candidate  
Walden University