

2022

## Vicarious Trauma Experienced by Human Trafficking Victim Service Providers

V'Hesspa Glenn  
*Walden University*

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# Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

VHessa Glenn

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2022

Abstract

Vicarious Trauma Experienced by Human Trafficking Victim Service Providers

by

V'Hessa Glenn

MPhil, Walden University, 2019

MS, University of Baltimore, 2014

BA, University of Maryland College Park, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

May 2022

## Abstract

Human trafficking involves the commercial exploitation of others for labor or sexual purposes and is underreported, underdetected, and underprosecuted. Vicarious trauma is described as negative reactions to working with individuals experiencing complex trauma and includes changes in helping professionals' self and disruptions in cognitive schemas, identities, memories, and belief systems about others and the world. Many researchers have explored various aspects of human trafficking and secondary trauma in trauma-exposed helping professionals, but there is a dearth of qualitative literature that explored vicarious trauma in human trafficking victim service providers. The research question and purpose of this qualitative, interpretative phenomenological study was to explore the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma, through the use of seven semistructured interviews and Colaizzi's descriptive phenomenological method of analysis. The self-determination theory, which seeks to explain human motivation, was used to explore why these helping professionals continued to work in the victim service profession. Findings indicated human trafficking victim service providers experienced vicarious trauma that include the impact of vicarious trauma experience, experiences with vicarious trauma, coping strategies to manage vicarious trauma, recommendations and strategies for employers and organizations, and motivating factors to remain in the victim service profession. This research has implications for positive social change in that gaining an understanding of vicarious trauma in helping professionals may support victim-survivors, victim service providers, victim service organizations, and the community as a whole.

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## Dedication

This dissertation is dedicated to my babies, X'Harriah and Khaian. X'Harriah, you were my first baby. Your loving and sweet nature will take you far, and I will be here cheering you on every step of the way. Keep reaching for the stars, my love! Khaian, my beautiful girl! You are so unique, charismatic, and full of personality. I hope you continue to shine your own light, fight for what you want, and never let anyone stand in your path. You two bring purpose, and I will make sure that your every wish is achieved. I love you girls!

I would also like to dedicate this dissertation to all human trafficking victim service providers, especially those who participated in this study. The work you do is challenging and you all continue to push forward every day. Your hard work and diligence do not go unnoticed. Thank you!

## Acknowledgments

I would first like to thank my research committee, Dr. Julie Lindahl and Dr. Christie Nelson. Ladies, you have been super encouraging through this entire process—from my child's birth, to organizational changes, and more. I thank you for your patience, kind words, and unwavering support. You have both spoken positivity to keep this process manageable. Dr. Bethany Walters, thank you as well, for jumping in midway and providing your support in this process.

I would also like to thank my family for your continued love and support. I definitely don't make things easy, but your support of me during this process (late night babysitting, temper tantrums, making me food so I didn't break my flow, and the list goes on) has not gone unnoticed. All of that was much appreciated. I hope I've made you proud! I'd also like to acknowledge my work family. You guys have given nothing but words of encouragement and support, offered assistance and guidance, and even listened to me when I felt down (even more than I'd like to admit). I'm forever grateful for such a great support system!

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## Chapter 1: Introduction to the Study

### **Introduction**

Vicarious trauma is an occupational hazard that severely impacts most human service workers and those who provide services to victims of trauma (Cummings et al., 2018; Molnar et al., 2017). There is an abundance of research that explores how helping professionals, in general, identify their experiences with vicarious trauma, articulate efforts to prevent vicarious trauma, and utilize coping mechanisms to manage their vicarious trauma (Boulanger, 2018; Cohen & Collens, 2013; Cox & Steiner, 2013; Long, 2020; Molnar et al., 2017). Though research has shown that victim advocates are at an increased risk for experiencing vicarious trauma when compared to other helping professionals (Singer et al., 2020), there is still a dearth of literature that explores various types of advocates and their lived experiences with vicarious trauma. Additionally, research involving human trafficking victim service providers and their experiences with vicarious trauma is scarcely reflected in the literature.

Human trafficking, more commonly referenced as modern-day slavery, is a horrific crime against persons, gaining the attention of public health, criminal justice, social work, medical, clinical psychology, and mental health systems (Ahn et al., 2013; Pascual-Leone et al., 2017). The effects of human trafficking victimization and the related trauma are expected within trafficking victim-survivors, but extend far beyond their immediate networks, including among families and society as a whole (Greenbaum, 2017). Similar to the negative and direct effects that human trafficking victim-survivors endure, human trafficking victim service providers, or professionals who enhance the

safety of victims-survivors, too, can experience substantial trauma as a result of working directly with this vulnerable population (Benuto et al., 2019; Sweet-McFarling, 2016). According to Ramirez et al. (2020), human trafficking victims experience a unique subset of trauma, which increases providers' risk of experiencing vicarious trauma.

Human trafficking victim service providers can work across a range of disciplines, including but not limited to emergency medicine, forensic nursing, mental health, social work, or other types of community service (Ramirez et al., 2020). Specific to this research, however, victim service providers can work for public or private organizations, and their purpose is to provide a myriad of victim services such as medical support and overall advocacy, to include assistance with temporary shelter, legal, financial, emotional, safety, and informational concerns (Benuto et al., 2019; Chen et al., 2019; Globokar et al., 2016). Because these professionals work closely with victim-survivors on their paths to recovery, it is not uncommon for human trafficking victim service providers to be repeatedly exposed to graphic and intimate details of victim-survivors' exploitative experiences. Vicarious trauma, as coined by McCann and Pearlman (1990), is described as shifts in a professional's thoughts and worldview as a result of long-term exposure to graphic and painful material from clients, which alters beliefs, expectations, and assumptions about self and others. Victim advocates, for example, who have or are experiencing vicarious trauma have reduced motivation; challenges with empathy, self-perception, intimacy, and trust; and experience changes in their views about the world (Cummings et al., 2018; Long, 2020).

In this research study, I explored the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma. By delving into these individuals lived experiences, this study contributes to current literature relating to vicarious trauma as related to this increasingly popular and exploitative crime. Results from this study have implications in (a) helping victim service providers manage their workloads in light of the risk and symptoms of vicarious trauma, (b) enhancing the provision of services to human trafficking victim-survivors, (c) exploring the motivation of human trafficking victim service providers who engage in victim services despite previous experiences of vicarious trauma, and (d) exploring organizational support to ensure workplaces are prepared to address and assist employees impacted by vicarious trauma.

Understanding vicarious trauma is useful at the individual and organizational levels as victim service professionals are more at risk of experiencing negative psychological responses, which in turn could impact the quality of client care, including professionals' clinical judgment and decision-making (Cummings et al, 2018; Ramirez et al., 2020). Specifically, gaining an understanding of the experiences of indirect and repeated trauma provides clarity into the necessary steps to ensure ethical, high-quality services to clients (Aparicio et al., 2013). Exploring these experiences has also promoted the protection of employees by encouraging employers to make organizational changes that address vicarious trauma (Hallinan et al., 2020). This chapter includes an overview of the background, problem statement, purpose of the research, and research question, as

well as an explanation of the theoretical framework, rationale for research, definitions utilized in the research, and limitations within the research context.

### **Background**

Human trafficking has been identified as a crime against humanity and has captured the attention of activists, policy-makers, and law enforcement, domestically and internationally (George & Stanley, 2018). According to a 2019 study exploring internal records management and crime reporting to the federal Uniform Crime Report (UCR), human trafficking is underidentified and underreported on a national scale (Farrell et al., 2019). Human trafficking is “hidden in plain sight,” which poses challenges to legislation and policy implementation, the prosecution of traffickers, and the identification of victims (Farrell & McDevitt, 2014, p. 1). Though human trafficking is a popularized and multidisciplinary issue, limitations and a lack of exploration in human trafficking subtopics is less recognized.

Literature involving vicarious trauma is quite extensive. For instance, there is an abundance of research on vicarious trauma and other forms of indirect trauma, including secondary traumatic stress, compassion fatigue, and burnout in social workers, mental health professionals, domestic violence advocates, and professionals who specialize in child or sexual abuse (Benuto et al., 2018b; Molnar et al., 2017; Singer et al., 2020). Less examined is research addressing vicarious trauma in victim service providers. In their study exploring multiple associations between compassion satisfaction and work-related burnout, vicarious trauma, and secondary traumatic stress (all forms of secondary or indirect trauma) in a sample of 132 victim advocates in the United States, Cummings et



al. (2018) found that these constructs (or forms of indirect trauma) often co-occurred and therefore led them to determine that future research should screen for each construct independently.

Research on other types of victim service advocates sheds some light on how professionals experience vicarious trauma after direct exposure to victims. Globokar et al. (2016) conducted a study on victim work and related experiences involving 30 workers from various types of victim services and criminal justice agencies in two Midwestern states. Their study revealed that advocates' risk of vicarious trauma could be heightened without organizational support, and supported previous research in that the risk of vicarious trauma and burnout is high in advocacy work. Globokar et al. also disclosed that future research should examine the experiences of victim workers with different affiliations beyond those in their study, including those employed in public and private sector.

A study that focused on vicarious trauma and coping mechanisms of 23 medical advocates from a rape crisis center revealed that advocates experience a variety of vicarious trauma symptoms, including vulnerability, difficulties with sex, and a lack of sleep (Long, 2020). Long (2020) suggested that future research should explore positive aspects of working with rape victims and ways for organizations to foster a positive atmosphere for advocates. In another study, Howlett and Collins (2014) examined the risk of vicarious trauma and resiliency using a sample of 10 crisis support volunteers in an intimate partner violence organization and found that some volunteers' vulnerability to vicarious trauma was compounded by a desire to be competent and adequate, that more

on vicarious trauma should be provided during training, and that there should be supportive organizational structures to evaluate volunteers as such behaviors indirectly impact services to clients. A recommendation for future research included expanding the sample for purposes of generalizability.

Other research described different types of human trafficking helping professionals and their experiences with vicarious trauma, which lends to a need for specific research involving vicarious trauma in human trafficking victim service providers. Ramirez et al. (2020) used a concept of medical professionalism to discuss how healthcare providers can manage their work with trafficked patients. They found that healthcare providers are at risk of developing longer-term consequences associated with vicarious trauma and that the adversities of working with human trafficking victims are severe. The researchers recommended developing a workplace culture that minimizes risks and protects clients by helping and supporting healthcare providers. Kliner and Stroud (2012) also conducted research exploring the psychological and health impacts of working with victims of sex trafficking. Their study involving 12 health and social care staff revealed that staff are at risk of developing secondary stress and recommended adequate training and supervision to sustain high quality services.

This qualitative research has contributed to the literature by exploring lived experiences of human trafficking victim service providers' who have experienced vicarious trauma. Globokar et al. (2016) stated that research in recent years does not address the scope of victim advocates and their roles, experiences, and challenges. Additionally, Schafhauser et al. (2015) claimed that service providers must understand

what work-related stresses are, including vicarious trauma, burnout, and compassion fatigue, in order to be aware of and manage its effects. Because human trafficking victim service providers have not been frequently studied as related to their exposure to vicarious trauma, this research is relevant as it examined this population to identify specific responses needed to appropriately intervene within this population. As indicated, previous research suggested exploring vicarious trauma in victim service providers in contexts that are generalizable, exploring how vicarious trauma affects victim service providers in different affiliations including public and private sector, screening for vicarious trauma independent of other forms of secondary stress, and identifying ways to best support these victim service providers by enhancing organizational responses (Globokar et al., 2016; Howlett & Collins, 2014; Kliner & Stroud, 2012; Ramirez et al., 2020).

### **Problem Statement**

Victim service providers have been less represented in the literature, specifically when exploring human trafficking affiliations and when considering their vicarious trauma. Current research is vast in exploring secondary trauma among helping professionals who work with survivors of trauma, such as rape crisis, domestic violence counselors, and mental health professionals; however, very little research has explored victim service providers who provide services to human trafficking victim-survivors. Benuto et al. (2018b) addressed the necessity of research into victim advocates in general but did not identify human trafficking victim advocates in their list of professionals (such as social workers, mental health professionals, and nurses) who are likely to experience

the repercussions of indirect trauma. As stated by Ramirez et al. (2020), the uniqueness of human trafficking contributes to an increased likelihood that human trafficking service workers will experience vicarious trauma. Additionally, in Kliner and Stroud's (2012) research on the effects of compassion fatigue, burnout, and secondary traumatic stress in a sample of volunteer and community sector staff who work with women's overall care, the authors found that working with human trafficking victims was overwhelming and more emotionally difficult than other vulnerable populations.

Chen et al. (2019) stated that victim service providers are vital contributors in human trafficking survivors' recovery as they connect survivors to resources and provide support to their clients. Victim advocates who provide services for human trafficking victims are often required to work long hours, are consistently exposed to trauma, receive minimal levels of social support, and are at an elevated risk of vicarious trauma, burnout, and secondary traumatic stress (Cummings et al., 2018). The effects of secondary trauma (including vicarious trauma) on helping professionals can include impairment in daily life, overall wellbeing, occupational functioning, and effectiveness of treatment with clients served (Benuto et al., 2018a; Schafhauser et al., 2015). Victim service providers who are vicariously traumatized may experience low job satisfaction and high turnover, which can lead to a decrease in the quality of services and an increase in operating costs for organizations (Ellis & Knight, 2018).

There is a gap in the literature in terms of vicarious trauma experienced by individuals who are providing direct care to victims of human trafficking. For instance, Benuto et al. (2019) stated that most research on secondary traumatic stress used social

workers as participants and that there is limited research on victim advocates and their risk of secondary stress. One study that focused on secondary trauma in service providers for domestic minor sex trafficking victims suggested future research should involve the implications of direct service work with victims of domestic minor sex trafficking (Schafhauser et al., 2015). Additionally, Molnar et al. (2017) stated that much research in these fields is reactive rather than prevention-oriented when it comes to vicarious and secondary exposure, and thus, this study has addressed the gap in literature and exploring human trafficking victim service providers and their specific experiences with vicarious trauma.

### **Purpose of the Study**

The purpose of this interpretative phenomenological study was to explore the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma. This research was necessary to explore victim service providers' changes in self, others, and worldview as a result of their engagement with human trafficking victim-survivors, which could differ from other types of victim-serving professionals and may also present as a different set of symptoms and experiences than other types of indirect trauma, including secondary traumatic stress. This research is important when using an understanding of vicarious trauma to help victim service providers manage their work, ensure that victim service providers are providing quality services to victim-survivors, explore the motivation of victim service providers, and explore organizational support to address and assist employees.

### **Research Question**

What are the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma?

### **Theoretical Framework**

The self-determination theory (SDT) provides an explanation to human motivation as influenced by intrinsic and extrinsic motivating factors (Deci & Ryan, 1985; Deci et al., 2017). SDT assumes all people have fundamental psychological needs for competence, autonomy, and relatedness, which when achieved promote autonomous motivation. This theory maintains humanistic underpinnings, focusing on one's likeliness to seek out opportunities for personal growth through the expression of meaningful, interpersonal relationships and autonomous actions (Gagné & Deci, 2005; Ryan & Deci, 2008). More so, this theory supports that individuals seek to engage, understand, and master their inner and outer environments, including activities that are inherently rewarding (Wong, 2013).

SDT seeks to achieve individual motivation based on feelings of enjoying the work and feeling good (Deci et al., 2017). It applies to activities that are inherently rewarding, solicit feelings of interest and enjoyment, and are less likely to result in external incentives (Wong, 2013). Through this theory, the performance and well-being of the individual, namely the victim service provider, is influenced by their own motivation to do well in that job, which may be intrinsically and autonomously motivated by willingness and choice or extrinsically motivated by force, need, or as collateral damage (Deci et al., 2017). Research by Schafhauser et al. (2015) revealed that human

trafficking service providers often enter the field because they are compassionate and dedicated to helping others. Therefore, SDT aligns directly with this research because it explains one of the reasons that victim service providers continue their work within the field, notwithstanding the vicarious trauma or other types of indirect trauma to which they are subjected. This theory also describes the health and well-being of individuals as related to somatic symptoms that individuals can experience as a result of their employment (Deci et al., 2017). Further information relating to this theory and applicability to the current research variables will be explored in Chapter 2.

### **Nature of the Study**

This qualitative research used interpretative phenomenological analysis (IPA), which is useful in understanding one's interactions with a phenomenon (Walden University, 2017). Researchers use IPA to explore lived experiences, how individuals interpret their particular experiences, and personal perceptions of an object or event (Smith & Osborn, 2015). By employing IPA, the researcher becomes active in the research process and becomes close to the participants' experiences through interpretative activity. A researcher conducting this type of qualitative research can draw from participants' verbiage, thinking, and emotional states in order to interpret their physical states (McCormack & Joseph, 2018).

IPA research is most useful in examining the complexity of how individuals experience situations in their personal or social world (Smith & Osborn, 2015). In my study, the understanding is between victim service providers and their experiences of vicarious trauma with a goal of exploring the depth of their experiences, perceptions, and

views of their direct exposure to human trafficking victims. In qualitative research, it is important that the research participants are purposefully selected to gain an understanding of the research question, although there is no specific number of participants qualitative research should include (Creswell, 2014). Smith and Osborn (2015) stated that IPA studies are intentionally sampled with small sample sizes based on the level of detail and the aim of understanding for a particular, homogenous group. In this research, the homogenous group is victim service providers who provide services to victims of human trafficking. For the current research, I also monitored saturation to determine the number of research participants. Though not a concrete number, saturation of data can indicate sample size because it is the point in which there are no new themes emerging from the participants (Elo et al., 2014; Saunders et al., 2018).

Through a series of semistructured interviews using IPA, I explored the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma. By expounding on the SDT to identify motivators and researcher-led interviews with member checking, I have identified formulated meanings, thematic clusters, and emergent themes that represent an emergent scope of the lived experiences of human trafficking victim service providers within human trafficking task forces across the country.

### **Definitions**

The terms defined below were relevant for context in the current study.

*Burnout:* This term describes the work-related stress, especially in helping professionals, which often results in emotional exhaustion, loss of compassion, and



feelings of professional insufficiency (Benuto et al., 2019; Kliner & Stroud, 2012; McCann & Pearlman, 1990).

*Compassion fatigue:* This concept involves the continuous impacts of stress, typically onset by exposure to trauma in a professional, helping relationship (Sweet-McFarling, 2016). Compassion fatigue often occurs as a consequence of showing empathy towards clients who have been traumatized and can present as feelings of helplessness (Branson, 2019; Howlett & Collins, 2014).

*Helping professionals:* This describes any range of professionals who help clients or victims, such as social workers, victim advocates, or caseworkers (Benuto et al., 2019; Singer et al., 2020). According to Cummings et al. (2018), helping professionals are essential in the recovery of victims of trauma.

*Human trafficking:* This is a crime against another person, in which force, fraud, or coercion is used to compel another to engage in a sex or labor act in exchange for something of value (George & Stanley, 2018; Greenbaum et al., 2018). The definition of sex trafficking, or “severe forms of trafficking in persons” as identified in the Trafficking Victims Protection Act is described below:

Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transporting, provision, or obtaining of a person or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. (U.S. Congress, 2000)

*Indirect trauma:* Anyone can be secondarily impacted by trauma through someone else's firsthand exposure. For purposes of this research and as reflected in the literature, this term describes the effect that clients' traumatic events have on helping professionals, which can include vicarious trauma, secondary traumatic stress, burnout, and compassion fatigue (Cummings et al., 2018; Knight, 2013). Indirect trauma can also be called *secondary trauma* (Hensel et al., 2015).

*Secondary traumatic stress:* This refers to psychological symptoms associated with work-related stressors, specifically in professionals who work with survivors of trauma (Coles et al., 2014; Schafhauser et al., 2015). Some mental and physical symptoms include behaviors that mirror post-traumatic stress disorder, such as avoidance of traumatizing thoughts or feelings and intrusion of traumatizing thoughts and images, in addition to psychological distress and exhaustion (Bride, 2007; Coles et al., 2014; Cummings et al., 2018).

*Survivors:* To become a survivor, one has to have been a victim of crime. The term *survivor* stemmed from the feminist movement and acknowledged the transition from a victim identity, in which one may feel vulnerable and helpless, to becoming empowered through courage and resiliency (Jordan, 2013). For the purposes of this research, *survivors* refer to those who were trafficked (George & Stanley, 2018). As described by the research participants, *survivors* in this research may also be referred to as *victims* or *victim-survivors*.

*Traumatic stress:* This term is identified as an umbrella term to describe work-related stress, often in helping professionals, such as vicarious trauma, secondary stress, burnout, and compassion fatigue.

*Vicarious trauma:* This term is described as cognitive and affective changes in self, others, and worldview that occurs in response to professionals that become emotionally connected with their clients' and their traumatic stories (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Vicarious trauma develops over time due to chronic exposure and causes symptoms such as depression, anxiety, substance abuse, burnout, and negative emotions (McCann & Pearlman, 1990; Sukach et al., 2018). A professional who is experiencing vicarious trauma can exhibit empathy, powerlessness, betrayal, and emotional exhaustion (Baird & Kracen, 2006; Benuto et al., 2018b; Guitar & Molinaro, 2017).

*Victim service providers:* Victim service providers are individuals that assist human trafficking victims with comprehensive services such as accessing medical care, psychological treatment, social work, employment opportunities, and other community level services (Chen et al., 2019; Ramirez et al., 2020). Victim advocates are a specific type or classification of victim service providers that are trained to assist victims of crime, including providing victims with information on emotional support, counseling, crisis intervention, and other resources (Benuto et al., 2018b; Cummings et al., 2018; Singer et al., 2020).

### **Assumptions**

According to Simon and Goes (2011), assumptions are beliefs that are necessary in research but cannot be proven by the research. The first assumption made for this research was that participants could properly identify and articulate their experiences with vicarious trauma. Even if participants could identify that they are experiencing symptoms of vicarious trauma, it was assumed that individuals could thoroughly express their experiences in a way that contributed to the research. The next assumption was that the research participants provided truthful and accurate answers that were representative of their lived experiences. It was assumed that each participant consented to voluntary participation after reading a description of what this research would entail and, by participating, agreed to provide factual experiences that contributed to the current research.

Relatedly, an assumption made in this research was that the interview questions would elicit answers that related back to the research question. Because each of the questions in the semistructured interviews were supported by the literature, it was assumed that they made sense to the participants and encouraged the intended reflection and responses that were sought for this research. The final assumption of this research was that the selection of participants provided a unique perspective based on individual lived experiences. In recruiting victim service providers from task forces, I assumed that there was an array of professionals who had different experiences and present from different organizations (and types of organizations) within the homogenous group.

### **Scope and Delimitations**

The scope of a study identifies research parameters in connection with the research problem (Simon & Goes, 2011). This research explored the lived experiences of human trafficking victim service providers in relation to vicarious trauma. In this study, I specifically targeted human trafficking victim service providers, as defined above, in order to separate this group of professionals from others, and then explored experiences of vicarious trauma as opposed to other types of secondary stress. Based on the current literature, this specialized group of professionals has an increased risk of experiencing vicarious trauma (Ramirez et al., 2020). Therefore, the scope of this research includes seven victim service providers who had direct contact with human sex and labor trafficking victims across all demographic profiles, including domestic and international victims of all ages, and who identified as previously experiencing some indicators of vicarious trauma. To explain the lived experiences of vicarious trauma, this research explored participants' understanding and experiences with vicarious trauma.

Delimitations stem from the limitations in a study and typically are choices made by the researcher (Simon & Goes, 2011). In the current research, the first delimitation was limiting the focus to vicarious trauma in order to explore shifts in cognition, affect, and emotions as opposed to other forms of secondary trauma. According to McCann and Pearlman (1990), vicarious trauma is chronic and cumulative exposure to trauma that results in shifts in cognition, whereas other forms of secondary stress can occur after one experience and can manifest both mentally and physically. Another delimitation focused on exploring the lived experiences of the understudied human trafficking victim service

providers as opposed to other types of helping professionals. Much of the research relating to vicarious trauma involves very specific types of helping professionals, such as nurses, lawyers, and social workers; therefore, this research studied a different target population. Studying victim service providers who have a high rate of exposure to human trafficking victims and their trauma provided an opportunity to understand the direct effects of this work on human trafficking victim service providers.

As related to the research sample, an additional delimitation in this research was the use of task forces. I chose to use victim service providers connected to task forces because as a collaborative working group of different partners and organizations, it enabled the exploration of experiences from a group of victim service professionals who work in one area and maybe with similar clients, but represent different organizations, which could substantially influence experiences of vicarious trauma based on organizational responses. A final delimitation in this study was the use of the SDT as a theoretical framework as opposed to the traditionally used self-development theory (McCann & Pearlman, 1990). By applying a different framework that focuses on intrinsic and extrinsic motivators, the current research provided a different perspective to address changes in cognitive structures caused by empathic engagement that could help to understand personal motivation to continue engaging in victim-serving professions (Deci & Ryan, 1985; McCann & Pearlman, 1990).

### **Limitations**

Limitations describe uncontrollable constraints that could impact research outcomes (Simon & Goes, 2011). One limitation in this research, related to settings, was

that any unknown conditions at the participants' sites could have either biased or impacted participants' behavior during the interviews. To address this limitation, participants were encouraged to (a) participate in the interviews in natural environments with minimal distractions, (b) prepare to optimize thinking, and (c) be in a location that could avoid conversations being overheard by colleagues or supervisors. Another limitation in this research was researcher bias based on a vested interest in human trafficking advocacy. To address this limitation and minimize potential researcher bias, I utilized bracketing in order to journal, or document, each aspect of research.

An additional limitation was ensuring that the small number of participants was sufficient to reach saturation to satisfy answering the research question. This limitation was addressed in the creation of interview questions that were based on scholarly references. Because the interview questions and probing questions were based on prompts supported by the literature, each question elicited responses that provided sufficient data to contribute to the study. The last limitation was that this study involved handpicking task forces to gather research participants. Because there could be geographic or jurisdictional trends that may impact victim service providers and their experiences with vicarious trauma, I made sufficient efforts to enhance trustworthiness, specifically transferability and dependability, so that other researchers can duplicate this research in other jurisdictions or with other types of affiliations.

### **Significance**

Vicarious trauma is often described as an inevitable occupational hazard (Jaffe, 2004). In a position in which victim service providers are tasked with connecting human

trafficking victims to services after experiencing significant trauma, these professionals remain at high risk of vicarious trauma. Human trafficking victim service providers are understudied. For a crime that is gaining attention as a social science, mental and public health, and criminal justice phenomenon, increased identification of trafficking activities will require that there are reliable victim service providers who are properly equipped to advocate for victims and the injustices that accompany human trafficking activity (Houston et al., 2015). Additionally, these professionals are at an increased risk of experiencing vicarious trauma due to the complexities of human trafficking as a crime (Ramirez et al., 2020).

This research has contributed to the literature because it provided information on a topic that has not been thoroughly explored with this specific group of helping professionals. Exploring the association between human trafficking victim service providers and their experiences with vicarious trauma is significant because there is now a foundation for (a) identifying ways to help victim service providers manage their workloads in light of the risk and symptoms of vicarious trauma, (b) enhancing the provision of services to human trafficking victim-survivors, (c) exploring the motivation of human trafficking victim service providers who engage in victim services despite previous experiences of vicarious trauma, and (d) exploring organizational support to ensure workplaces are prepared to address and assist employees impacted by vicarious trauma.

To address vicarious trauma in human trafficking victim service providers from a more preventive approach, exploring this type of trauma is essential and necessary to



effect positive social change. This has occurred by identifying individual, community, and societal level responses to vicarious trauma experienced by victim service providers to best cope with their experiences in order to provide the best care to this unique population of victims. As suggested by Benuto et al. (2018a), this research has contributed to positive social change at the individual level by providing some clarity to how individuals understand and interpret material resulting from their vicarious trauma experience. It is expected that once victim service providers understand their experiences, they can better cope with them, in addition to identifying preventive and intervention responses to vicarious trauma (Benuto et al., 2018a). Additionally, Michalopoulos and Aparicio (2012) stated that vicarious trauma could compromise the ability to provide quality services to individuals and communities. Exploring these lived experiences using IPA can help ensure that victim service providers can provide consistent and positive services to the community. Finally, the research findings have impacted positive social change at the societal level by contributing to the need for consistent training for victim service providers across states and organizations (Benuto et al., 2018b).

### **Summary**

Vicarious trauma involves negative reactions to stress resulting from others' trauma (Baird & Kracen, 2006). Victim-serving professionals, who are constantly exposed to graphic and traumatic material, are consistently required to provide services to victim-survivors through a multidisciplinary or team-based approach (Benuto et al., 2018b; Houston et al., 2015). Such exposure can cause secondary trauma, specifically vicarious trauma, in victim service providers, thereby impacting personal, professional,

and social cognitions and changes in self, others, and worldview (Vrklevski & Franklin, 2008). These changes could negatively impact service provision to victims of human trafficking, lead to harm in victim service providers, and impact organizations' responses to staff and client care.

In Chapter 2, I review the literature, with a focus on vicarious trauma, victim service providers, and human trafficking. I also reference umbrella terms of secondary trauma in order to enhance the need to explore vicarious trauma as a separate form of indirect trauma. In addition, I identify gaps in the literature in order to influence the necessity of the current research. Finally, Chapter 2 includes theoretical foundations as related to victim service providers' motivations.

## Chapter 2: Literature Review

### **Introduction**

Victim service providers are a significant resource in the fight against human trafficking as they assist victim-survivors with accessing resources after their recovery from trafficking situations (Chen et al., 2019). Because human trafficking victim service providers are repeatedly exposed to traumatizing material, professionals will likely experience workplace stress that can include vicarious trauma (Cieslak et al., 2014). Vicarious trauma is described as shifts in a professional's thoughts and worldview as a result of long-term exposure to graphic and painful material from clients, which alters beliefs, expectations, and assumptions about self and others (McCann & Pearlman, 1990). Though research is plentiful in exploring vicarious trauma in helping professionals such as social workers and lawyers, and indirect trauma in victim advocates, there is far less research on vicarious trauma in human trafficking victim service providers. In the current study, I explored lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma.

This research focused on human trafficking victim service providers' vicarious trauma, or cognitive and affective changes in self, others, and worldview (see McCann & Pearlman, 1990), which created an opportunity to (a) identify ways to help victim service providers manage their workloads in light of the risk and symptoms of vicarious trauma, (b) enhance the provision of services to human trafficking victim-survivors, (c) explore the motivation of human trafficking victim service providers who engage in victim services despite previous experiences of vicarious trauma, and (d) explore organizational

support to ensure workplaces are prepared to address and assist employees impacted by vicarious trauma.

In this chapter, I review the literature search strategy used and examine the current literature relating to the phenomena of interest, including vicarious trauma, human trafficking, and victim service providers. Additionally, and in the absence of an abundance of literature on vicarious trauma in human trafficking victim service providers, this chapter examines other forms of secondary trauma and other types of helping professionals because many of the constructs are defined under the same umbrella. This chapter further describes the theoretical framework and its relation to the current research.

### **Literature Search Strategy**

In order to conduct a thorough review of the literature, the search strategy involved an exploration of multiple library databases and search engines to identify current, peer-reviewed journal articles. The two primary search engines included Walden University's library and Google Scholar. The relevant databases were Psychology Databases Combined Search, PsycARTICLES, PsycINFO, APA PsycExtra, APA PsycArticles, MEDLINE with Full Text, Social Work Abstracts, SocINDEX with Full Text, and Academic Search Complete. Key search words, in whole or in conjunction with other search terms, used in both databases during the years 2015-2020 (to ensure current and valid research) were *vicarious trauma*, *human trafficking*, *human traffick\**, *trauma*, *secondary traumatic stress*, *secondary trauma*, *self-determination theory*, *work motivation*, *human trafficking service providers*, *victim service advocates*, *advocates*,

*trauma workers, service providers, victim services, and victim advocacy.* The iterative search process also derived from the use of reference lists of previous articles gathered and a review of dissertations from other researchers with similar research phenomena to examine relevant sources.

Due to the limited amount of research on my study variables and various definitions of key constructs, I had to make significant adjustments to the original research plan. For instance, though vicarious trauma is different from secondary traumatic stress, some articles used secondary traumatic stress as an umbrella term to describe the effects of vicarious trauma. Therefore, in an effort to maximize literary results, I expanded the focus of the search from vicarious trauma and secondary traumatic stress to *compassion fatigue, burnout, countertransference, job stress, indirect trauma, secondary trauma, and work-related stress.* The search was also expanded to include vicarious trauma for trauma workers in general as opposed to solely human trafficking service providers.

After I consulted with a Walden University librarian to provide an overview of the research and discuss the limited and current research results, it was recommended to start at the beginning of conducting searches. A collaborative review included the following databases: PsycINFO, MEDLINE with Full Text, Social Work Abstracts, SocINDEX with Full Text, APA PsycArticles, and APA PsycExtra, limiting the search to peer-reviewed and scholarly journals. At that juncture, search terms in the first line included: *human traffick\* OR sex workers OR prostitutes OR prostitution OR sex industry*; search terms in the second line included: *social work\* or social services*; and

search terms in the third line included: *job stress OR burnout OR compassion fatigue OR vicarious trauma OR secondary trauma*. As a result of these search items, the relevant articles were focused more on victims of human trafficking and not on victim service providers or advocates. Therefore, the librarian suggested that I search for different services that victims use to see which groups are being discussed. This search expansion included: *lawyers, mental health professionals, case managers, domestic violence advocates, and rape crisis advocates*. Expanding search terms enabled me to gather appropriate literature that could be assimilated and associated with key variables. A final recommendation was to use Google Scholar alerts for newly published articles that included *secondary OR vicarious trauma AND human trafficking AND advocate*.

### **Theoretical Foundation**

The self-determination theory (SDT) was created by Deci and Ryan (1985) to explain behavioral change, including experiences and events, a period of reflection, and adaptive changes thereafter. This macro-level theory examines the influence of rewards, directives, feedback, praise, positive regard, and other factors in connection with motivational outcomes (Deci & Ryan, 2008). SDT in the workplace is important as it considers that people are inherently motivated and that goals and aspirations are impactful in predicting outcomes (Deci et al., 2017). Relating to motivation, Deci and Ryan (2008) argued that the type of a person's motivation was more important than the total amount of motivation in predicting outcomes such as psychological health and well-being. Healthy and motivational behaviors include a balanced need for autonomy, competence, and relatedness (Ryan & Deci, 2000).

Autonomy relates to individual behavior and willingness, volition, or choice (Deci et al., 2017; Ryan & Deci, 2008). People want to be in control of their behaviors and goals and be self-determined in order to gain a sense of accomplishment. Additionally, people want to have the experience of making their own decisions (Gagné & Deci, 2005). This theory assumes that when individuals possess high autonomy, there is a greater likelihood of absorbing learning, leading to behavioral change. When individuals maintain a perceived need of competence, they seek to gain and master skills, which can be used to obtain goals (Ryan & Deci, 2008). In this sense, positive and relevant feedback and an activity structure that includes focusing on goals, strategies, and limits augments the need for competence (Ryan & Deci, 2008). Autonomy is enhanced when individuals feel a competent sense of purpose, receive support, and are well adjusted to their role (Deci et al., 2017).

Finally, the psychological need for relatedness involves being connected. By being connected, humans maintain a need to experience a sense of belonging, warmth, involvement, and security (Ryan & Deci, 2008). According to Gagné and Deci (2005), when people are fulfilled in relatedness and competence, they internalize value and regulation. Intrinsic motivation involves humans engaging in an activity because it is interesting and provides some level of satisfaction (Gagné & Deci, 2005). The authors claimed that intrinsic motivation is enhanced by verbal rewards, though tangible extrinsic rewards decrease motivation. As such, intrinsic motivation is a form of autonomous motivation because people engage when the work is interesting, and not because of a sense of force or pressure (Deci et al., 2017). Autonomous behavior tends to lead to an

increase in performance and wellness (Deci et al., 2017). When these needs are not fulfilled, intrinsic motivation is decreased.

Extrinsic motivation requires some connection between the activity and an outcome, specifically those that may be tangible or verbal (Gagné & Deci, 2005). When an individual is high in extrinsic motivation, satisfaction comes from consequences resulting from the reward, but not necessarily the activity itself. Moreover, Gagné and Deci (2005) stated that activities that are not interesting require extrinsic motivation solely because engagement is based on a consequence, or external regulation. Such regulations occur because individuals believe others control their behavior through rewards or threats, and thus, the behaviors are not autonomous (Deci et al., 2017). This is referred to as controlled motivation because humans act to avoid an undesirable consequence (Deci et al., 2017).

Under SDT, there exists a controlled-to-autonomous continuum in order to gauge the internalization of external regulation (Gagné & Deci, 2005). On this continuum are three processes: introjection, identification, and integration. Introjected regulation predicates on something that is taken in by a person but is not accepted as one's own (Ryan & Deci, 2000). In this form, individuals seek approval as opposed to disapproval, to regulate their motivation and maintain a focus on ego, status, recognition, and guilt (Deci et al., 2017). Identified regulation involves human identification with the value of a behavior as it relates to one's own goals (Gagné & Deci, 2005). In this sense, behavior is in alignment with personal goals and identities, thus leading to an increase in autonomy and volition. Lastly, integrated regulation occurs when behaviors are integrated with the



identification of individuals and is a part of who they are (Deci et al., 2017). On this continuum, intrinsic motivation is most closely linked with (but not synonymous to) integrated regulation and is the most advanced form of extrinsic motivation.

Ideally, work environments foster both intrinsic and extrinsic rewards, which leads to job satisfaction (Gagné & Deci, 2005). The SDT examines the association between performance and wellness stemming from motivation and engagement (Deci et al., 2017). According to this theory, autonomous motivation in the workplace can lead to increases in persistence, performance quality, and well-being. If executed according to theory, increased autonomy and heightened intrinsic motivation leads to connectedness, as individuals can feel value to their work, resulting in overall workplace effectiveness (Deci et al., 2017). When individuals are high in autonomous work motivation, research has supported that there is less burnout, less emotional exhaustion, more work satisfaction, and lower turnover intentions. Through this theory, the performance and well-being of the individual, namely the victim service provider, could be influenced, according to Deci et al. (2017), by their own motivation to do well in that job, which may be intrinsically and autonomously motivated by willingness and choice or extrinsically motivated by force, need, or as collateral damage.

Human trafficking service providers are subjected to continuous exposure to traumatic material based on their relationships with clients in various working capacities (Jaffe, 2004). According to Lizano (2015), work fulfills intrinsic needs, including motivation, belonging, and accomplishment. In the current study, victim service providers are required to perform potentially traumatizing social service work, and their

motivation to do well could be intrinsically and autonomously motivated, according to Deci et al. (2017), by willingness and choice or extrinsically motivated by force, need, or as collateral damage. Benuto et al. (2018b) found that victim advocates affected by vicarious trauma often view their job function as intrinsic, with a focus on helping and healing others. As stated by Viergever et al. (2019) the SDT explores “bounded agency” and an individual’s ability to adjust and pursue goals. They described how this theory applies to human trafficking victims because of the traumas they have experienced. Though human trafficking victim service providers may not have experienced direct trauma, the impact of ongoing indirect trauma still relates to fulfilling psychological needs and motivation.

SDT aligned directly with my study because it explains the reasons that victim service providers continue their work within the field, notwithstanding the vicarious trauma or other forms of secondary stress they are experiencing on a daily basis. Dreison et al. (2018) examined core psychological needs as identified by SDT in a sample of 358 mental health provider staff. Though unrelated to human trafficking victim service providers, the researchers found that SDT, specifically, was useful in predicting burnout in their sample as higher levels of supervisor autonomy support, self-efficacy, and staff cohesion maintained an inverse relationship. SDT theory also applies to this research because it describes the health and well-being of individuals as related to somatic symptoms that individuals can experience as a result of their employment (Deci et al., 2017).

## **Literature Review Related to Key Variables and/or Concepts**

### **Human Trafficking**

According to definitions recognized across the United States, human trafficking involves the recruitment, harboring, transporting, provision, or obtaining of a person or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, slavery, or forced commercial sex acts (U.S. Congress, 2000). More simply, human trafficking is identified as the exploitation of others for labor or sexual purposes (Greenbaum et al., 2018; Thompson & Haley, 2018). When a child under 18 years old is exploited for commercial sex, it is not necessary to demonstrate force, fraud, or coercion to prove that human trafficking has occurred (Munro-Kramer et al., 2020). Human trafficking is considered to be a crime that is hidden in plain sight and continues to thrive due to its secretive nature and a national inability to track human trafficking data accurately and consistently (Farrell & McDevitt, 2014).

Human trafficking is identified as the second largest criminal enterprise in the world, and the United States is the second largest global destination for human trafficking (Kim et al., 2018; Sutherland, 2019). According to the U.S. Department of State's Annual Trafficking in Persons Report, the United States was identified as a source, transit, and destination country for sex trafficking and forced labor (U.S. Department of State, 2017). Human trafficking, due to its underground nature, could easily be disputed as the most lucrative criminal enterprise worldwide (Thompson & Haley, 2018). Honeyman et al. (2016) identified human trafficking as a global trend involving corrupt governments, organized crime, and profitability. This crime is driven by greed and flourishes off the

repeated exploitation of human beings. Advances in technology have also exacerbated the occurrence of human trafficking activities (Honeyman et al., 2016).

With the advent of the internet, including general websites, social media, online chats, electronic classifieds, agency-specific portals, and dating applications, the objectification and sale of humans becomes more quick, convenient, and secretive (Barney, 2018). Further, access to technology also creates a platform to attract victims, gather information on services, and provide reviews, all while establishing an illusory sense of anonymity to traffickers (Dubrawski et al., 2015). Technology also aids in the detection to halt traffickers (Chen et al., 2019).

Human trafficking can be divided into two main types: sex and labor (Ottisova et al., 2016). Within these two types, different forms of victimization can include prostitution, forced sex work, forced labor (e.g., in agriculture, construction, and fishing industries), street begging, domestic work, marriage, adoption, forced criminality, or other exploitative activities (Domoney et al., 2015; Kim et al., 2018; Okech et al., 2017; Ottisova et al., 2016). Sex trafficking involves recruiting, harboring, transporting, provisioning, or obtaining an individual for a commercial sex act received by another person (TVPRA, 2013). Forced labor typically involves involuntary work or service with penalty, excluding low wages or poor working conditions, but including a violation or restriction of freedom (Honeyman et al., 2016). The United Nations Office on Drugs and Crimes (2009) released a report stating that forced labor involves a visibility bias because labor trafficking victims are often exploited in such concealed environments, whereas sex trafficking is more visible as the clients are in the public. Similarly, Sukach et al. (2018)

identified sex trafficking as the fastest growing form of trafficking because it is market-industry, based on supply and demand.

Greenbaum et al. (2018) found that human trafficking affects families, communities, and societies as a whole. In fact, a recent estimate stated that human trafficking directly victimizes more than 40 million individuals throughout the world, with approximately 400,000 of those trafficked into the United States each year (Gaillard-Kenny et al., 2020). An estimated 58,000 individuals have been coerced or forced into servitude (Nguyen et al., 2017). Some research supported that approximately 43% of victims are used for commercial sexual exploitation, whereas 32% of victims are used for economic exploitation (Kim et al., 2018). As an example, a study by Pascual-Leone et al. (2017) involving 551 victims of human trafficking unveiled that 68.5% of participants were victims of sexual exploitation, 24.5% forced labor, 7.7% forced marriage, and 6.4% petty crimes.

### ***Victim-Survivors***

Human trafficking victims are not limited to one specific age, sex, national origin, income, or other identifying group (Greenbaum et al., 2018; Sukach et al., 2018; Sutherland, 2019). In fact, research has identified human trafficking victims as one of the most traumatized and marginalized groups in the United States (Ramirez et al., 2020). According to Kim et al. (2018), human trafficking targets all populations—both citizens and foreign nationals. Additionally, Churakova (2019) found that a majority of trafficked persons are women; but men, male adolescents, and boys are also trafficked. Researchers working in an acute psychiatric inpatient unit disclosed that trafficking patients come

from diverse backgrounds and vary greatly in terms of demographic characteristics, as well as differences in the ways in which they were victimized (Nguyen et al., 2017). In the aforementioned study by Pascual-Leone et al. (2017), commercial sexual exploitation victimized a majority of females whereas males were identified as a common target for forced labor exploitation.

Another scope of the victim profile was estimated to involve between 80% of victims that are women or girls, 50% involving minors, and 95% having previously experienced some form of physical or sexual violence (Kim et al., 2018). Gonzalez-Pons et al. (2020) stated that approximately one in seven youth victims of sex trafficking have experienced some form of physical or sexual abuse, neglect, and involvement in the child welfare system. The average age of recruitment into sex trafficking is between 12 and 14 years old (Hartinger-Saunders et al., 2017). Overall, there are many reasons why individuals may be recruited into human trafficking, but most commonly, individuals are attracted by promises of economic prosperity, education, security, or love (Ahn et al., 2013).

George and Stanley (2018), citing Jones et al. (2007), identified human trafficking as the intersection between vulnerability and exploitation. Because human trafficking perpetrators target individuals with heightened vulnerabilities, some of the most common risk factors are: women; children; and those living in poverty (Kim et al., 2018). Other risk vulnerability factors include: social disconnection; substance abuse; risky sexual activity including a history of commercial sex work; family violence; peer involvement in commercial sex; history of maltreatment and child welfare involvement; LGBTQ+ status;

and vulnerable geographic areas (e.g., neighborhoods with high crime and low income; Ahn et al., 2013; Pascual-Leone et al., 2017; Sutherland, 2019).

An even greater proportion of human trafficking victim risk factors include extensive trauma histories including loss and abandonment; histories of physical, emotional, and sexual abuse; youth who have aged out of foster care, run away, or who are homeless; migrant and refugee status, including individuals with language and cultural barriers; and lack of family support and family poverty, including lower socioeconomic status (Hartinger-Saunders et al., 2017; Nguyen et al., 2017; Pascual-Leone et al., 2017; Sutherland, 2019). Community and society level risk factors include limited awareness of human trafficking in communities; community dysfunction such as crime and poverty; social or cultural norms such as gender-based discrimination and sexualization of children; insufficient collaboration across human trafficking service providers; and limited evidence on risk and resilience factors involving human trafficking (Greenbaum et al., 2018; Thompson & Haley, 2018).

A visual of human trafficking victimization can include physical captivity, but more than likely involves psychological and mental control tactics (Ahn et al., 2013). Trafficking victims are subjected to emotional and psychological manipulation such as feelings that no one cares about them; a lack of social support in the community; isolation; dependency on traffickers; verbal threats; fear; psychological bonds such as Stockholm syndrome; a facilitated dependence on drugs; and monetary support which creates debt bondage (Pascual-Leone et al., 2017; Sutherland, 2019). The image of human trafficking victimization also can involve indoor or guarded confinement; physical

damage such as rape, beatings, sexual assault, and/or torture; fear of physical retaliation; arrest; and harm to their friends and family (Pascual-Leone et al., 2017). Moreover, throughout their victimization, these individuals are often subjected to injuries, diseases, and mental health problems (Greenbaum et al., 2018). As a result of their victimization status, individuals may also be susceptible to psychological diagnoses including posttraumatic stress disorder (PTSD), depression, anxiety disorders, dissociative disorders, and substance abuse disorders (Pascual-Leone et al., 2017; Sukach et al., 2018).

It is untypical for victim-survivors to disclose their victimization because of feelings of embarrassment, self-blame, hopelessness, false assumptions, unfamiliarity with language and culture, and fear and distrust of authority figures (Ahn et al., 2013). Trafficked individuals are subjected to emotional, psychological, and physical pain, deficits of life's necessities such as shelter and food, and require legal assistance, social support, and psychological treatment (Pascual-Leone et al., 2017). Each of these requirements further stigmatizes and shames victims, preventing them from feeling comfortable about disclosure. Furthermore, trafficking victimization can be so impactful to victims because the act of trafficking is physically invasive and places them at a psychological distance from support (Honeyman et al., 2016). Thompson and Haley (2018) elaborated on that position, stating that victims of trafficking lack consistent and healthy supporters. Churakova (2019) confirmed that one vulnerability factor for human trafficking victims is a damaged sense of identity, leading to distrust and an inability to build connections in various relationships. Other research found that human trafficking is



a coercive situation in which individuals are forced to challenge their own physical and mental well-being, including sacrifices to their safety, the safety of loved ones, and fears of their involvement in the criminal justice system, such as deportation or trafficking-related convictions (Nguyen et al., 2017).

### ***Victim Service Providers***

Human trafficking victimization, as a form of trauma, incorporates a multi-faceted, team-based, holistic approach to address the various challenges for this population and to provide effective care (Ramirez et al., 2020; Sutherland, 2019). Victim service providers have a unique function because they are tasked with restoring normalcy in trafficking victims following periods of psychological manipulation, isolation, and dependence (Churakova, 2019). Victim-survivors of human trafficking require assistance from this varied array of professionals, such as medical care, psychological treatment, social work, employment opportunities, and other community level services in their efforts to establish or re-establish stability (Chen et al., 2019; Ramirez et al., 2020). According to Singer et al. (2020), victim service providers can include therapists, social workers, advocates, and volunteers. These professionals are responsible for providing safety to victims and survivors, such as legal support, advocacy, and emotional support (Benuto et al., 2019). Though there is research that explores different types of helping professionals such as social workers, therapists, and mental health workers and their role in serving human trafficking victim-survivors, there is a minimal amount of literature that explores the experiences of human trafficking victim service providers.

## **Vicarious Trauma**

Rafferty (2018), who conducted research involving 213 field-based interviews with representatives from U.N. agencies and major international nongovernmental organizations involving aftercare services for child victims of commercial sexual exploitation, revealed that trauma is a consequence of exposure to events that are life threatening, stressful, and repetitively or chronically dangerous. Trauma can present itself in three levels of vulnerability direct or primary (direct effect of exposure to trauma), secondary (experiencing trauma from someone else), and vicarious (American Psychological Association, 2009). In more recent years, trauma research has expanded to understanding the emotional experiences of professionals who work directly with trauma survivors (van der Merwe & Hunt, 2019). Molnar et al. (2017), for example, stated that professionals who work in trauma-related fields including victim assistance are exposed to traumatic events daily.

### ***Overview of Vicarious Trauma***

Stemming from principles of trauma, vicarious trauma describes the psychological impact of professionals' views of themselves, others, and their worldview as a result of exposure to clients' graphic and traumatic material (Baird & Kracen, 2006; McCann & Pearlman, 1990). McCann and Pearlman (1990) began their research in developing a theoretical explanation for the exploration of the impact of clients' traumatic material, or vicarious trauma, on therapists who work with victims, and continued to explore and understand the shift in cognitions. Vicarious trauma is further described as changes in the aspects of self and includes disruptions in cognitive schemas

of the individuals' identities, memories, and belief systems (van der Merwe & Hunt, 2019). Van der Merwe and Hunt (2019) conducted a study involving trauma fieldworkers (interviewers) who collected traumatic narratives from psychiatric inpatients at a hospital and religious groups (Muslim participants, African traditional and spiritual healers, and members of a Christian group). The fieldworkers were assessed for trauma, dissociative symptoms, and spiritual experiences based on their traumatizing encounters and empathic engagement with the psychiatric inpatients and religious groups. The results of their study revealed that trauma interviewers are as vicariously traumatized and as impacted by trauma work as trauma therapists.

Schemas are described as mental frameworks that help make sense of experiences (McCann & Pearlman, 1990). Raunick et al. (2015) determined that individuals use schemas to interpret events to formulate or make sense of those experiences. In their study on vicarious trauma in a sample of 144 sexual assault nurse examiners and 196 women's health nurses, they used the *Trauma and Attachment Belief Scale* (Pearlman, 2003) to measure disruptions in schemas and the related vicarious trauma. They found that sexual assault nurse examiners are impacted by (and impacted more so than women's health nurses) disruptions in cognitive schemas, which contribute to negative outcomes associated with vicarious trauma. Like the participants in Raunick et al.'s study (2015), as individuals obtain new information, this information falls within these pre-existing schemas, however, if the new information obtained is unaligned with previous schemas, or if the professionals cannot make sense of their trauma, those schemas become

challenged leading to a shift in cognition (McCann & Pearlman, 1990; Michalopoulos & Aparicio, 2012).

McCann and Pearlman (1990), in their development of the vicarious trauma construct, revealed that vicarious trauma results from disruptions in schemas in the following specific areas: safety, dependency/trust, esteem, intimacy, power, independence, and frame of reference. These areas connect with individualized psychological need, specifically in relation to self, others, and expectations and assumptions about the world. Disruptions of safety include threats of harm or personal vulnerability. Disruptions of dependency/trust include feelings about the way people can deceive or betray others. Disruptions of esteem impact the perception that others are worthy of respect and positive intentions. Disruptions of intimacy involve feelings of alienation based on exposure to imagery and realities, which as a consequence, separates individuals from their friends and families. Disruptions of power include helplessness, vulnerability, and an increased need for self-protection and awareness. Disruptions of independence include challenges in freedom of movement or feeling trapped. Disruptions of frame of reference involve a need for understanding why things happen, including individual experiences.

Vicarious trauma develops over time, though some research supports those symptoms can appear suddenly (Halevi & Idisis, 2018). According to McCann and Pearlman (1990), therapists experience clients' images and emotions, and over time these memories become engrained. As such, the effects of vicarious trauma are cumulative and pervasive and result due to continuous and empathic connection to clients' graphic

details, thereby influencing changes in schemas (Benuto et al., 2018a; Hallinan et al., 2020). Hallinan et al. (2020) conducted a study of 134 individual and group therapists that work in public and private clinics. Participants were asked to complete questionnaires measuring vicarious trauma, differentiation of self, and demographic information. The researchers gathered that vicarious trauma is more common in victim assistance workers (as opposed to first responders) because of the cumulative exposure to traumatic experiences. They added to the timeliness factor, indicating that the steady and intense caseload of victim service providers and working long shifts could contribute to vicarious trauma.

### ***Symptoms of Vicarious Trauma in all Helping Professionals***

Helping professionals, to include victim service providers and victim advocates, who are experiencing vicarious trauma often exhibit characteristics reflective of those who are directly impacted by trauma (Singer et al., 2020). Since there was limited literature exploring the effects of vicarious trauma in victim service providers, the impacts of vicarious trauma on other types of professionals who help victims of trauma is explored. Coles et al. (2014) conducted a qualitative study on the trauma experiences of sexual violence researchers from different countries. Using 15 researchers who participated in purposeful interviews and allowed their participation in online discussion forums over four weeks to be reviewed, the researchers determined that those who experienced vicarious trauma felt anger, guilt, fear, sadness, depression, intrusive thoughts, difficulty concentrating, ill-equipped to handle their work, and believed their world was changing knowing the extent of others' harm (Coles et al., 2014). Additional

research supported that vicarious trauma is associated with outcomes such as changes in trust, feelings of control, issues of intimacy, esteem needs, safety concerns, and intrusive imagery (van der Merwe & Hunt, 2019). Further, trauma fieldworkers exposed to participants' trauma experienced negative beliefs impacting an ability to remain hopeful and dedicated to their clients and communities (Cox & Steiner, 2013).

According to the American Counseling Association [ACA] (2011), other important symptoms of vicarious trauma in helping professionals include numbness to traumatic acts that may have been disclosed by clients; free floating anger and/or irritation; startle effect; over- or under-eating; loss of sleep over patients; diminished joy towards once enjoyable activities; feeling trapped by their work; diminished feelings of satisfaction; and a change in relationships with family and friends. Professionals experiencing vicarious trauma are sometimes described as being in "survival mode," and therefore can be less alert, which could pose safety implications for both workers and clients (Dombo & Blome, 2016, p. 506). Dombo and Blome (2016) conducted a qualitative study to investigate organizational responses to vicarious trauma in a group of five child welfare workers. They revealed that vicarious trauma sometimes presents as a culture of initiative overload and can sometimes lead to doubtfulness and vulnerability, low energy, burnout, detachment, and helplessness.

### ***Presentation of Vicarious Trauma in All Helping Professionals***

The literature regarding vicarious trauma in victim service providers is quite scarce. In reviewing the literature relating to the presentation of vicarious trauma in other types of helping professionals can help to gain an understanding of how vicarious trauma

may present in victim service providers in direct contact with victims of human trafficking. According to Cox and Steiner (2013), the onset of vicarious trauma can lead to pessimistic and cynical attitudes. They conducted a study exploring cognitive coping strategies in response to vicarious trauma in a group of social workers using 48 professionals that provided direct service to victims with traumatic backgrounds and represented social service organizations, including the public child welfare system, organizations that serve those with mental health disorders, and organizations that provide counseling and shelter to victims of domestic violence.

Participants in Cox and Steiner's (2013) study completed the *Trauma and Attachment Belief Scale* (Pearlman, 2003) to identify beliefs, assumptions, and expectations, and were then part of focus groups to explore meanings (such as purpose) relating to workplace stress, vicarious trauma, and distressing encounters. The results revealed some freedom from distorted schemas, with the exception of very or extremely high range in areas such as other-safety, self-intimacy, and self-control. The researchers found that there was no statistically significant difference in level of experience among participants. Additionally, many social workers were keen in their abilities to maintain positive views of themselves, others, and the field. Recommendations and future research included reinforcing supervisory support and cognitive coping skills of their distressed workers and expanding research to a wider range of social service settings (Cox & Steiner, 2013).

Vicarious trauma can also be impacted by personality variables, including personal identity, worldview, and emotional style (Halevi & Idisis, 2018). This includes

personality types such as openness, conscientiousness, extraversion, agreeableness, and neuroticism (neuroticism is associated with increased risk of vicarious trauma development and conscientiousness is associated with a decreased risk of vicarious trauma development; Branson, 2018). Halevi and Idisis (2018) conducted a study including 134 individual and group therapists working at public and private clinics to explain and predict vicarious trauma, with consideration to differentiation of self. Differentiation of self describes the emotional balance between self and others while considering interpersonal relationships. The participants completed a personal background questionnaire, the *Differentiation of Self Inventory* (Skowron & Schmitt, 2003), and the *Traumatic Stress Institute Belief Scale* (Pearlman, 1996). These tools identified demographic information about the participants, differentiation of self-levels including inter-and intra-personal scores, and identification of cognitive schemas and gaps in psychological needs.

According to Halevi and Idisis (2018), results revealed that as the level of differentiation of self increased the degree of vicarious trauma decreased. It was also revealed that increases in intrapersonal differentiation of self ( $\beta = -.44, p < .01$ ) were more significantly related to vicarious trauma than interpersonal differential of self ( $\beta = -.29, p < .01$ ), indicating that individuals who were better able to distinguish between thoughts and apply rational thought were less likely to experience vicarious trauma than those who rely on intimacy and reciprocal relationships (Halevi & Idisis, 2018). Further, results disclosed that older respondents, those that were not engaged in therapy, and those



that were supervised privately (as opposed to supervision at their places of work) reported lower degrees of vicarious trauma.

In a study conducted by Michalopoulos and Aparicio (2012), the researchers examined the development of vicarious trauma and the role of personal trauma history, social support, and experience level in a sample of 160 social workers. The purpose of this study was to determine if these factors impacted vicarious trauma symptoms within their sample. Results disclosed that 33% of the sample reported having a trauma history and 73% of those reported receiving some type of treatment to address the trauma. A linear multiple regression analysis revealed that trauma treatment, social support, and years of paid work predicted vicarious trauma symptoms, indicating a level of statistical significance of  $F(50) = 3.12, p < .05$ . The researchers suggested that future research should explore protective factors against vicarious trauma since high social support was found to protect most of the sample. They also suggested that types of abuse that social workers are exposed to should be explored as a predictor of vicarious trauma, which differs and is identified separately from the different types of trauma experienced among the social workers. Cohen and Collens (2013) found in their research that being female is associated with an increased propensity to experience vicarious trauma, and that women report higher levels of symptoms than men.

### ***Secondary Traumatic Stress***

Secondary traumatic stress is one of the best-elaborated and operationalized conceptualizations of secondary trauma (van der Merwe & Hunt, 2019). Like vicarious trauma, secondary traumatic stress involves levels of trauma experienced by a third-party,

typically that of a service worker (Bride, 2007). According to the literature, secondary traumatic stress occurs when individuals experience posttraumatic stress disorder-like symptoms based on indirect exposure to trauma, that can possibly mirror the symptoms experienced by the victims they service (Sweet-McFarling, 2016; van der Merwe & Hunt, 2019). Whereas vicarious trauma is a shift in cognitive schemas, secondary traumatic stress often manifests in those shifts and is exhibited by emotional disruptions (Bride, 2007). These experiences are more so physical or psychological symptoms that are acquired through exposure to the effects of trauma and can occur after one or multiple episodes (Baird & Kracen, 2006; Branson, 2019). This is described as a natural consequence of helping or wanting to help others. Baird and Kracen (2006), pivotal researchers in vicarious trauma and secondary traumatic stress research, identified secondary traumatic stress as a wider syndrome of experiences linked to symptoms of PTSD. Symptoms of secondary traumatic stress are clinically observable and the onset is relatively sudden (Kanno & Giddings, 2017).

Common symptomology associated with secondary traumatic stress includes preoccupation with thoughts relating to client sessions, reoccurring experiences of clients' trauma, vivid dreams, hyperarousal and hypervigilance, numbing and avoidance, somatic complaints, addictions or compulsive behaviors, impairment of day-to-day functioning in social and personal roles, grief, depression, anxiety, dread, horror, fear, rage, and shame (Cieslak et al., 2014; van der Merwe & Hunt, 2019). The ACA (2011) and Bride (2007) identified other symptoms of secondary traumatic stress to include intrusion of symptoms related to the recollections, illusions, hallucinations, flashbacks,

and relieving the experience; intense psychological distress or physiological reactivity; persistent avoidance with the traumatic stimuli; an inability to recall aspects of a traumatic event; and arousal symptoms such as persistent anxiety.

Though secondary traumatic stress can occur in all service providers, there are some characteristics that impact the onset of secondary traumatic experiences. Specifically, service providers that have previous trauma history, deal with severe types of crime, and the frequency of exposure to trauma increase the onset of secondary traumatic stress (Baird & Kracen, 2006; van der Merwe & Hunt, 2019). In 2007, Bride conducted a landmark study investigating the prevalence of secondary traumatic stress in 282 social workers in a state in the southern United States. The research found that at least 70.2% of participants experienced one secondary traumatic stress symptom in the previous week, 55% met the criteria for at least one core symptom cluster (intrusiveness, avoidance, and arousal), and 15% met the core criteria for a PTSD diagnosis. Benuto et al. (2019) conducted a study exploring secondary traumatic stress in a group of 142 victim advocates from United States agencies. Each participant completed a demographic questionnaire, a work support questionnaire, and the *Secondary Traumatic Stress Scale* (Bride et al., 2004) to examine experiences with secondary traumatic stress. Benuto et al. (2019) found that the only significant predictor of secondary traumatic stress was the number of direct hours of spent providing services (more hours led to an increased likelihood to develop secondary traumatic stress).

Benuto et al. (2018b) sought to establish the prevalence of secondary traumatic stress among 135 victim advocates (in the areas of child sexual abuse, physical abuse,

adult sexual abuse, adult sexual survivors of child abuse, and domestic violence), and to determine if common risk factors applied to victim advocates. After administering a demographic questionnaire and the Secondary Traumatic Stress Scale (Bride et al., 2004), they found that the number of hours worked and the number of direct hours working with victims significantly predicted secondary traumatic stress. This finding indicates that cumulative exposure to trauma is a risk factor of developing secondary traumatic stress, which has an indirect connection to vicarious trauma. In the aforementioned study by Benuto et al. (2018a), in which they explored psychometric properties of the Vicarious Trauma Scale in their sample of 142 victim advocates, they found that demographic factors such as age (younger) and fewer years of experience were related to the development of secondary traumatic stress.

### ***Burnout***

The American Counseling Association (2011) found it significant to draw a distinction between vicarious trauma and burnout. While vicarious trauma specifically relates to a state of tension caused by the emotional residue of exposure in working with trauma survivors, burnout occurs over time and builds up to change from a new or different job (ACA, 2011). Additionally, burnout that is unaddressed leads to a greater vulnerability for vicarious trauma (Dombo & Blome, 2016). Burnout occurs when a range of stressors, often associated with clinical practice, leads to stressful organizational climate and culture (Knight, 2013).

As described by McCann and Pearlman (1990) and Kanno and Giddings (2017), burnout results from the chronic emotional and psychological strain of working with

difficult populations, specifically when those populations are troubled or having problems. If constant stress builds up over time, there is a physical, emotional, and mental exhaustion caused by a demanding emotional situation (Churakova, 2019). The effects of burnout are exacerbated when clinicians do not feel supported in the workplace leading to high levels of irritation and misery (Knight, 2013). A non-experimental cross-sectional study by Singer et al. (2020) using a national sample of 142 victim advocates explored the relationships between compassion satisfaction, compassion fatigue, and burnout. Their study findings revealed that burnout had a significant inverse relationship with compassion satisfaction, a significant correlation between burnout and compassion fatigue, and that victim advocates in the early stages of their careers are likely to experience burnout.

In their defining research in which they coined the term vicarious trauma and associated it with professional burnout, McCann and Pearlman (1990) supported that factors that contribute to burnout include, but are not limited to, being overly empathetic, failing to live up to one's own expectations, and a lack of therapeutic success. Other contributing factors can include lesser experience in the helping professional role, caseload size, and a lack of work support (Benuto et al., 2019). Symptoms of burnout can include physical symptoms such as fatigue or exhaustion and somatic problems; emotional symptoms such as irritability, guilt, discouragement, or anxiety; behavioral symptoms including aggression, pessimism, depersonalization, or cynicism; or interpersonal symptoms such as weak communication and an inability to concentrate (Dombo & Blome, 2016; McCann & Pearlman, 1990; Sweet-McFarling, 2016).

Professionally, burnout can lead to a decreased ability to empathize with clients and can lead to high turnover rates (Dombo & Blome, 2016). Professionals can also experience a reduced sense of personal accomplishment, poor performance, poor perceived quality of care (to clients), client complaints, absenteeism, and tardiness (Dombo & Blome, 2016; Dreison et al., 2018). Lizano (2015) found that workers with burnout are at a greater risk of underperforming and of leaving the job. Additionally, workers with burnout are chronically exhausted, disengaged, and underperform, which can pose managerial and victim challenges. According to McCann and Pearlman (1990), once therapists reach professional burnout, ongoing exposure to secondary trauma cannot be worked through.

### ***Compassion Fatigue***

Compassion fatigue is frequently, yet inappropriately, used in the same context as vicarious trauma (Newell et al., 2016). As a completely separate construct, compassion fatigue takes place when a trauma worker has a diminished ability to be empathic towards clients and can exhibit symptoms of post-traumatic stress disorder (PTSD) (van der Merwe & Hunt, 2019). It involves a system of emotional or cognitive consequences of secondary exposure (Cieslak et al., 2014). Figley (1995), one of the first to explore compassion fatigue, stated that compassion fatigue encompasses feelings of exhaustion, hypervigilance, avoidance, and numbing. In the previously discussed study by Singer et al. (2020) exploring the relationship between compassion satisfaction, compassion fatigue, and burnout in a sample of 142 victim advocates, they also found that victim advocates with a history of trauma reported significantly higher ratings of compassion

fatigue than those without and that compassion fatigue was positively and significantly correlated to hours worked per week. To avoid compassion fatigue, service workers were encouraged to maximize peer support, increase supervision and training, engage in personal therapy, maintain life balance, and set limits with clients (van der Merwe & Hunt, 2019).

### **Vicarious and Other Indirect Trauma Among Victim Service Providers**

It is well known that victim-survivors of human trafficking experience substantial trauma, thus it is not uncommon for victim service providers to be forced to manage and cope with those experiences (see Sukach et al., 2018). Professionals who work directly with victims of human trafficking are at risk of developing severe psychological and emotional responses (Ramirez et al., 2020). Fagnoli (2017) identified effects of secondary, or shared, trauma in human trafficking survivor-therapists or peer counselors to include a re-traumatization of the professional (this occurs when there is a trigger or reminder of past trauma or exposure to trauma), therapist-client role reversal, countertransference (affective and physical responses experienced by helping professionals in response to clients' traumatic material), and feelings of shame and guilt. Ramirez et al. (2020) concluded their research by suggesting that since the number of human trafficking victim-survivors is increasing, there is a greater likelihood that helping professionals will experience vicarious trauma as a result of their work.

Hallinan et al. (2020) conducted a qualitative study exploring first responders and victim service providers' experiences with a change in process in their employers' responses to understanding and addressing vicarious trauma. Forty-seven participants

(fire and emergency medical services, law enforcement, victim service agencies, and a city worker) from 15 agencies participated in interviews and focus groups. The participants revealed four main, generalizable themes: sources of stress or trauma exposure, the effects of vicarious trauma, organizations' expectations of their own needs, and challenges in addressing vicarious trauma, all of which determined that vicarious trauma is a major issue. The researchers disclosed that empathic engagement influenced the severity of vicarious trauma exposure, which was more common in victim service providers due to cumulative exposure with high empathic connections and more frequent and steady caseloads that made the work feel more personal.

Hallinan et al. (2020) also disclosed that suicide or suicide attempts and substance abuse and substance use disorders were common after-effects of vicarious trauma on an individual level. Staff turnover was the highest reported organizational impact. Overall, the researchers recommended a need to make organizational changes to respond to vicarious trauma, including recognizing vicarious trauma in employees as it happens and utilizing a top-down approach to respond to organizational change. Specifically, as related to victim service providers, the researchers recommended a crucial need for victim service providers and their organizations to recognize indicators of vicarious trauma because the symptomology can mirror clients and creates an opportunity to easily neglect the signs (Hallinan et al., 2020).

According to Ellis and Knight (2018), literature failed to address empathic engagement with victims from the perspective of occupational risk. In their study, the researchers initially sought to identify a model of secondary trauma, explore the vicarious



transmissible nature of that model, and to empirically support the model; however, participants' repetition of challenges in working with traumatized patients shifted the scope of the qualitative research to describe work experiences and health outcomes (Ellis & Knight, 2018). Their sample involved 94 victim service providers (child protective service workers, sexual violence workers, domestic violence workers, law enforcement, attorneys, healthcare workers, and religious clergy) who participated in interviews, focus groups, and community-based participatory research.

Ellis and Knight's (2018) research results revealed that some victim service providers chose their line of work based on personal experiences with trauma, which was deemed as positive because it enabled them to better perform their jobs. Additionally, the results of the study revealed that there is a clear blur between victim service providers and others, which could potentially lead to a damaged sense of self (wherein victim service providers no longer feel in control of themselves and begin to feel as if they are untrustworthy). Ellis and Knight (2018) suggested future research can support policies, enhance self-agency (trust), trust in others, mindfulness, and growth in victim service providers. They recommended that future research should use different samples and methodologies, explore more than one aspect of service provision, minimize other issues in employment (such as wages or not feeling valued as an employee), and explore different groups of victim service providers in different geographic areas (Ellis & Knight, 2018).

Benuto et al. (2018a) examined the psychometric properties of the Vicarious Trauma Scale (Vrklevski & Franklin, 2008) to determine if the amount of exposure with

clients (including the hours worked, caseload, and cumulative exposure) increased the development of vicarious trauma. Using a sample of 142 victim advocates that assist victims with court accompaniment, one-on-one emotional support, assisting with paperwork, and informing victims of their rights, each participant completed a demographic questionnaire and the Vicarious Trauma Scale to examine the levels of distress as a result of working with traumatized clients (Benuto et al., 2018a). The results revealed that the Vicarious Trauma Scale was highly reliable in measuring vicarious trauma, that the Vicarious Trauma Scale was high in construct validity, and that victim advocates are at risk of developing vicarious trauma. Their research also found that previous victimization status and years working as a victim advocate was not a significant predictor of vicarious trauma.

Benuto et al. (2018a) disclosed that there was no relationship in the amount of exposure to traumatic material and experiencing vicarious trauma, and no relationship between demographic factors and vicarious trauma scores. The researchers stated that future research should explore the differences between acute and prolonged psychological symptoms of vicarious trauma, should make efforts to determine if common predictors of vicarious trauma are present in different samples of victim advocates, and recommended that organizations should assess for vicarious trauma using the Vicarious Trauma Scale (Vrklevski & Franklin, 2008).

Gonzalez-Pons et al. (2020) identified human trafficking service provision as understudied. According to research by Ramirez et al. (2020), service providers who are adversely impacted by secondary trauma can incite improper or avoidant-working

relationships with victims or victims can sense the professionals' discomfort and fail to disclose relevant information. High turnover rates or changes in staff, leadership, and key partners heavily impacted the relationship with clients and impacted rapport and connections with victims of human trafficking (Kim et al., 2018).

To best respond to instances of vicarious trauma in human trafficking professionals, it is recommended that helping professionals become informed about human trafficking and its effects (Pascual-Leonne et al., 2017). By understanding human trafficking and the distinctions that make it a unique crime, victim service providers can best prepare to alter their mindset in approaching trauma work, coping mechanisms, and the overall risks of vicarious trauma as related to their work. In addition, researchers recommend debriefing with colleagues, working with a treatment team, and focusing on professional self-care (Pascual-Leonne et al., 2017). Finally, Ramirez et al. (2020) suggest that organizations should develop and encourage a workplace culture that protects the best interests of both human trafficking victims or clients and professionals (Ramirez et al., 2020).

### **Vicarious Trauma Prevention**

To effectively prevent or mitigate the effects of vicarious trauma, there are appropriate responses at both the individual and organizational levels. For organizations, a few methods of prevention for the onset of vicarious trauma include creating work cultures enabling employees to process their feelings in response to trauma, creating a safe space at work to address traumatic responses, and implementing prevention strategies (Cox & Steiner, 2013; Schafhauser et al., 2015). This includes organizations

supporting individuals by providing supportive services (Wilson, 2016). Other methods can include establishing a preventive stance to educate on vicarious trauma, such as responses to stress and manifestations of trauma, and pairing new workers with seasoned workers (Wilson, 2016).

Knight (2013), who explored implications for self-care in clinical service workers, highlighted the importance of self-care strategies, to include fostering an environment in which individual's thoughts and feelings about trauma work are validated and normalized. Halevi and Idisis (2018) stated that vicarious trauma could be involuntary based on exposure. A few ways to mitigate its effects include training; debriefing; supervision; and peer support, including the encouragement of professional networking (Halevi & Idisis, 2018). Also, supportive supervision can lower vicarious trauma levels and professional experience can reduce vulnerability (Halevi & Idisis, 2018).

At the individual level, research has found that trauma workers should be mindful of behavioral and physical strategies such as eating a balanced diet, exercising, engaging in spiritual practices, taking a lunch break away from work, and engaging in other stress reducing activities (Wilson, 2016). In addition, Halevi and Idisis (2018) found that individuals (trauma workers) with a high differentiation of self leads to reinforcement of self-capacity and ego resources and serves as a protective factor against vicarious traumatization (Halevi & Idisis, 2018). Further, an ability to maintain clear and flexible personal boundaries through a combination of emotional and intellectual resources that effectively separate patient's emotional world from their own is helpful in mitigating the effects of vicarious trauma (Halevi & Idisis, 2018; Knight, 2013). Other strategies to

manage the onset of vicarious trauma include balancing a clinical caseload with other professional involvement; creating boundaries by limiting out-of-office work; and finding ways for self-nurturance and support, including the development of self-care plans (McCann & Pearlman, 1990; Schafhauser et al., 2015). Most importantly, Wilson (2016) recommends that helping professionals should avail themselves to professional counseling or therapy.

In their research on personal trauma experiences, peer relational quality, and organizational support, Frey et al. (2017) sought to steer away from preventing vicarious trauma and focusing on strengths and strategies for growth. Vicarious resilience describes the valuing process of trauma work (Frey et al., 2017). A sample of 222 domestic violence and sexual assault advocates (who worked in emergency response, emotional support, counseling, case management, and legal system advocacy roles) completed seven measures to examine resilience, including the Vicarious Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996), Compassion Satisfaction from the Professional Quality of Life Scale (Stamm, 2010), Relational Health Indices (Liang et al., 2002), Scale of Perceived Organizational Support (Eisenberger et al., 1986), Relative Trauma Exposure section of the Detailed Assessment of Posttraumatic Stress (Briere, 2001), and Balanced Inventory of Desirable Responding-6 (Tedeschi & Calhoun, 1996).

Frey et al. (2017) results revealed that more experiences of trauma history (and the opportunity to reflect and discuss in their advocacy role) and peer relational quality including authenticity and engagement increased vicarious resilience. More specifically, peer relational quality was the sole predictor for vicarious posttraumatic growth and

perceived organizational support was the sole predictor of compassion satisfaction. Limitations and future research, as suggested by the researchers, include generalizability to racial and ethnic groups, coming up with ways to promote vicarious resilience, creating a workplace culture that fosters communication, and committing to advocates as much as the commitment to clients.

### **Summary and Conclusions**

Helping professionals who are vicariously traumatized are said to struggle with their perception of meaning and hope, sense of self-esteem, an ability to meet their psychological needs, and a sense of connection with others (Sweet-McFarling, 2016). As a result of their secondary trauma, these individuals tend to avoid social and work contact. Despite an array of research supporting components of secondary trauma and human trafficking, there remained a gap in human trafficking literature in connection with human trafficking victim service providers and vicarious trauma. Research rarely addressed vicarious trauma in victim service providers, specifically those who serve victims of human trafficking. Previous research recommended that future research should explore vicarious trauma in victim service providers in contexts that are generalizable, explore how vicarious trauma affects victim service providers in different affiliations including public and private sector, screen for vicarious trauma independent of other forms of secondary stress, and identify ways to best support these victim service providers by enhancing organizational responses (Globokar et al., 2016; Howlett & Collins, 2014; Kliner & Stroud, 2012; Ramirez et al., 2020). This research has filled that

gap by utilizing IPA to delve into lived experiences of human trafficking victim service providers' who have experienced vicarious trauma.

By implementing this qualitative research, these results of participants' lived experiences have contributed to the literature base by identifying ways to help victim service providers manage their workloads in light of the risk and symptoms of vicarious trauma, enhancing service provision to human trafficking victim-survivors, exploring human trafficking victim service providers' motivation to engage in victim services despite previous experiences of vicarious trauma, and exploring organizational support to ensure workplaces are prepared to address and assist in dealing with employees impacted by vicarious trauma. Based on the foundations set in the current chapter, the next chapter explores the research design. This includes, but is not limited to research rationale, the role of the researcher, and research methodology, such as the participant selection, instrumentation, and the data analysis plan.

## Chapter 3: Research Method

### **Introduction**

The purpose of this research was to explore lived experiences of human trafficking victim service providers who have experienced vicarious trauma. It was designed to delve into such experiences through a series of semistructured interviews with a small, homogenous group of victim service providers that provide services for victims of human trafficking throughout the United States. In this chapter, I include the research design and rationale, the role of the researcher, a thorough explanation of the research methodology, issues of trustworthiness, and ethical procedures.

A review of the literature has demonstrated that cognitive and affective changes in self, others, and worldview occurs in response to professionals that become emotionally connected with their clients' and their traumatic stories (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Vicarious trauma has a substantial impact on trauma workers and other helping professions, including victim advocates (Cummings et al., 2018). Literature exploring vicarious trauma in victim service providers is scarce, and research on vicarious trauma experienced human trafficking victim service providers is almost nonexistent. Human trafficking victim service providers are responsible for providing assistance in human trafficking victim-survivor's recovery, and therefore are a significant resource (Chen et al., 2019).

Research has shown that understanding vicarious trauma can be useful at both the individual and organizational levels, and that appropriate intervention can impact job satisfaction, client care, professional judgment, organizational turnover, and operating



costs for organizations, to name a few (Cummings et al., 2018; Ellis & Knight, 2018; Ramirez et al., 2020). Despite these findings, there are still gaps in the literature, specifically in generalizability, exploring how vicarious trauma affects victim service providers in different affiliations and in different samples of victim service providers, recognizing indicators of vicarious trauma, including acute and prolonged psychological symptoms, screening for vicarious trauma as a separate construct from other forms of secondary stress, identifying protective factors against vicarious trauma, and identifying ways to best support victim service providers by enhancing organizational responses and fostering communication between employees and the organization (Benuto et al., 2018a; Ellis & Knight, 2018; Frey et al., 2017; Globokar et al., 2016; Hallinan et al., 2020; Howlett & Collins, 2014; Kliner & Stroud, 2012; Ramirez et al., 2020). This chapter identifies the rationale for the selected research design, the specific role of the researcher, the methodology of this research, and issues of trustworthiness.

## **Research Design and Rationale**

### **Research Question**

What are the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma?

### **Qualitative Research Rationale**

The current research used qualitative interpretative phenomenological analysis (IPA). Quantitative research generally utilizes deductive reasoning and is useful in testing theories stemming from hypotheses, which are supported by experiments (Omona, 2013; Pietkiewicz & Smith, 2014). The goal of quantitative research is to determine outcomes

through standardization of procedures and random selection of participants (Sargeant, 2012). Alternatively, qualitative research is useful for its ability to examine complex and sensitive issues that provide a deep understanding of participants' thoughts, experiences, and needs of human behavior (Omona, 2013; Trochim 2006). Its function is to explore meaning based on quality as opposed to causality through descriptive accounts of identified phenomena (Pietkiewicz & Smith, 2014). Qualitative studies enable researchers to understand the way people interpret and make sense of their experiences in order to comprehend social realities (Mohajan, 2018; Sargeant, 2012). Qualitative research is intimate; it involves values, interpretative schemes, and belief systems through detailed descriptions of individuals' interpretive social realities (Mohajan, 2018; Pietkiewicz & Smith, 2014).

The goal of this research was not to identify causality or determine a relationship between vicarious trauma, victim service providers, and human trafficking, but instead to understand the phenomenon of vicarious trauma in this specific group of helping professionals. Qualitative research was most useful in this study because I wanted to explore the subjective meaning of how victim service providers make sense of their lived experiences. Benuto et al. (2018a) already determined that the Vicarious Trauma Scale (Vrklevski & Franklin, 2008) is an acceptable measure of vicarious trauma in victim advocates. That tells us that victim advocates do experience vicarious trauma; however, the current literature does not explain how victim service providers describe their lived experiences with vicarious trauma. Therefore, qualitative methodology was most

appropriate for this research because I was able to delve into individual experiences through descriptive accounts and explanations as provided by this design.

There are many types of approaches to qualitative methodology, each of which assist with the exploratory nature of qualitative research. Such examples include ethnography, grounded theory, case studies, and phenomenology (Creswell, 2014). Ethnography refers to natural observations in order to understand the culture of a group (Omona, 2013). This design is helpful when trying to understand the beliefs, social interactions, and behaviors of small societies (Mohajan, 2018). Ethnography was not appropriate for the current research, as I was not attempting to understand the beliefs, interactions, and behaviors of victim service providers. The grounded theory approach describes observations that uncover patterns, themes, or categories utilizing an inductive approach to develop theoretical principles (Omona, 2013). The grounded theory design is not an ideal method of qualitative methodology for my research because the goal was not to develop theoretical principles about victim service providers and the traumatic stress they may experience, but instead to understand and explore their lived experiences with vicarious trauma. Mohajan (2018) stated that a case study is intended to explore an individual or phenomenon and involves a description of an individual case or a small number of cases that examine such people or groups of people. A case study was not the most useful or efficient method to explore victim service providers' lived experiences with vicarious trauma. The most appropriate approach for my study was phenomenology.

### **Phenomenological Research Design Rationale**

Whereas much of the qualitative research literature utilizes an inductive approach to analyze data to meet the objective or purpose of the researcher, phenomenological research examines data more in depth and attempts to explore interpretations of the participants' experiences (Alase, 2017). Specifically, phenomenology involves what participants have in common as they experience a phenomenon, both objective and subjective (Creswell, 2014; Omona, 2013). In the current research, the phenomenon was vicarious trauma. In general, in phenomenological studies, the researcher is then tasked with collecting data and describing those experiences based on what and how those individuals had those experiences.

Interpretative phenomenological research has been described as “the most ‘participant-oriented’ qualitative research approach” (Alase, 2017, p. 9). Since IPA has origins in the field of psychology, it is most appropriate to use when exploring human behavior (Alase, 2017). According to Bartoskova (2017), IPA research maintains a particular resonance for psychologists because it enables voicing experiences and the meanings assigned. IPA enables the researcher to gather detailed, reflective, first-person accounts from participants (Larkin & Thompson, 2012). Alase (2017) identified IPA research as having advantageous elements because it allows researchers to learn about the phenomenon with their research participants in order to better understand those lived experiences.

This type of research ties in directly with the research design, one-on-one interviews, because IPA requires a transcript of an individual's account, a neutral and

facilitative researcher, and the researcher becoming a part of the understanding of that lived experience. IPA research requires double hermeneutics, or interpretation, which occurs when participants interpret their world and the researcher tries to decode that meaning (Pietkiewicz & Smith, 2014). The first part of this was achieved through the semistructured interview process.

When using the IPA approach to explore the lived experiences of human trafficking victim service providers, it is important to think through the study and create an opportunity for participants to share their experiences without judgment (Alase, 2017). The best forum to extract such experiences is through interpersonal, semistructured interviews. Interviewing is a significant way for qualitative researchers to generate and collect data (Chenail, 2011). Interviews create a one-on-one environment in which to gather information about an experience and which enables the researcher to input probing and follow-up questions that can provide more elaborate information related to the research questions (Rubin & Rubin, 2012; Trochim, 2006).

### **Role of the Researcher**

It is important to clarify the role of the researcher in the research process (Sanjari et al., 2014). According to Mohajan (2018), the researchers in qualitative research are integral because they must be involved in data collection and analysis to best assess the information provided. The role of the researcher during this study was that of an observer-participant. My role as a participant stemmed from advertising and recruiting participants, creating an interview guide as a way to engage participants, and facilitating one-on-one interviews with participants. As a participant during the interview, I was

required to foster comfort and connectivity with participants in order to elicit thoughtful responses to interview questions that could in turn impact research findings. That required me to remain ethical, neutral, and open-minded while simultaneously being thorough and engaging to those participants. As the researcher, I was responsible for taking reflective notes, transcribing each interview, coding and analyzing data, and summarizing findings. Chenail (2011) stated that the researcher is a research instrument because that individual is responsible for obtaining data from the respondents and facilitating the flow of communication. Throughout the entire process, however, my role was to observe participants, themes, and trends as exhibited by the data. I was also a significant part of the data analysis process as I developed codes and themes from the data (Nowell et al., 2017).

As a researcher, it was important to separate my own thoughts from others to produce an unbiased analysis of lived experiences of human trafficking victim service providers who have experienced vicarious trauma. Chenail (2011) stated that the role of the researcher could impact bias for three main reasons: the researcher's mental and other discomfort could pose a threat to data, the researcher can be unprepared to conduct research, and the researcher could conduct inappropriate interviews. I am not a human trafficking victim service provider. Additionally, I am not a victim-survivor nor do I have any immediate relationship with any current or recovered victim-survivors of human trafficking.

My connection to the topic of human trafficking not only comes from personal interest and education, but also a professional role. From an educational standpoint, I

spent many years studying victim services for sex crimes and domestic human trafficking at the graduate level in order to consider local and state policy implications impacting and targeting demand. My work-related research into human trafficking is influenced by legislative goals and initiatives on a local and state level, best practices for victims of trafficking within my state, and law enforcement efforts to gather data on the arrests and prosecution of facilitators, traffickers, and potential victims of human sex and labor trafficking. To monitor and manage potential bias, I used bracketing, or journaling, which is intended to document the research process and establish an opportunity for the researcher to engage, make sense of, and reflect on the research (Vicary et al., 2017). Bracketing is useful to create a reflective trail and to enhance the quality of the research process. I employed bracketing by not only notating what I observed during the interview process, but also to document my own personal experiences, to include my thoughts and feelings as they occurred during interviews and reflectively, thereafter. According to Vicary et al. (2017), bracketing minimizes researcher bias because it enables documentation of learning and interpretation, which in turn enhances transferability.

More specifically, in my professional role, I encounter many different human trafficking victim service providers, including law enforcement, victim service providers, community groups, social workers, and prosecutors on a weekly-to-monthly basis. Generally, my work involves the administration and facilitation of a county-level anti-human trafficking task force. With consideration to that role, I sought participation from members in a different jurisdiction from where I work. The recruitment phase of this study was designed not to reference my professional role, but my role as a researcher.

Furthermore, part of the participant selection and eligibility process was designed to decline participation from individuals with whom I have interacted on a personal and professional level. That demonstrated my intent to eradicate any potential power relationships or conflicts of interest that could arise during my research. Also, researching outside of my work jurisdiction was designed to eliminate any potential or unintended researcher bias.

### **Methodology**

IPA research involves small sample sizes, drawing upon the quality of the participants' experiences, which leads to an in-depth analysis of the research topic (Larkin & Thompson, 2012). Generally, the use of data saturation determines the number of participants as saturation involves criteria for ceasing sampling based upon no additional data being found (Saunders et al., 2017). It is important that there is homogeneity within the sample pool, which relates to a better understanding of the overall perceptions of similar individuals that have insight in the shared experience (Alase, 2017).

### **Participant Selection Logic**

The current research primarily utilized purposeful, or purposive, sampling, but also implemented some snowball, or network, sampling. Omona (2013) identified sampling as an important component in qualitative research. Nonrandom sampling is most useful for the current research because it helps to gain insight into a phenomenon, thus requires the careful selection of individuals and groups that will maximize that understanding (Omona, 2013). Purposeful sampling involves individuals or groups who



are purposely selected for specific reasons and based on the question and design of the research (Ravitch & Carl, 2016). This type of sampling provides detailed accounts of a specific population based on their experiences, knowledge, location, or other factors and thus is the chief sampling method for qualitative research. In the current research, it is important that participants meet specific inclusion criteria for participation in an effort to contribute to the research questions.

In this research, I made contact with 25 human trafficking task forces (also named coalitions, working groups, advisory committees, councils, alliances, response teams, and commissions; hereinafter referred to as task forces) chairs or leaders throughout the United States, with a request for distribution of my recruitment materials to their membership. The recruitment materials included a participation advertisement and an introductory letter, which provided my telephone number and email address for interested individuals to contact me for participation. Interested individuals were eligible for participation if they (a) were aged 18 and over; (b) had worked directly with human trafficking victims as a victim service provider for at least 2 years; (c) had previously experienced changes in how they thought about oneself, others, and the world; (d) had been able to address and treat those changes in thought; and (e) had stable mental health for at least 1 year (no suicidal behaviors, manic episodes, or psychosis).

Participants who self-identified as eligible were then sent a consent form via email, which outlined the purpose of the research, described confidentiality, and required acknowledgement before coordinating the interviews. As suggested by Creswell (2014), it is important to obtain participants' written permission for participation. Each

participant who received a consent form had up to 10 calendar days to electronically acknowledge consent. I then worked with the participants to coordinate interview dates and times, which were confirmed with scheduling invitations through the Zoom videoconferencing platform (<https://zoom.us/>). On the date of the interviews, I began each interview by briefly reviewing the eligibility criteria (see Appendix A), collecting demographic information, and briefly reviewing the consent form.

Ultimately, the research participants were a homogenous sample of seven human trafficking victim service providers. Omona (2013) described homogenous sampling as a group of individuals that possess similar characteristics or attributes and maintain membership in a unit with specific characteristics. As stated by Suri (2011), a homogenous sample describes a subgroup in depth, based on the study design and conceptual scope. This type of sample is most suitable for a “participatory syntheses,” which describes co-synthesizing about a phenomenon that relates back to the direct practice (Suri, 2011, p. 68). The sampling approach and participant selection is intended to enhance the authenticity of the data because it permits the research question to be addressed appropriately (Sargeant, 2012).

During the early stages of recruitment, one task force declined participation due to restrictions in its bylaws and one task force indicated that they do not have victim service providers and would not be able to assist me. Of the task forces and interested individuals that did respond to my inquiry, I received referrals to nine other task forces (either County or State), who were then contacted for participation and inclusion in my research. A sufficient number of participants were recruited through purposeful and snowball

sampling, with five pending interviews, before reaching data saturation, or the point at which there was informational redundancy (Newell et al., 2016). As indicated by Omona's (2013) research, qualitative researchers should interview at least six participants; however, saturation will determine the exact number of research participants needed. Researchers must be cautious with data saturation because on a negative side, the researchers may not be able to answer the research question, but on the positive side, no new or relevant information needs to be collected as the research question can be sufficiently answered (Ravitch & Carl, 2016). The goal of saturation, however, is to establish a sample in which codes and themes are sufficiently reflected in the data (Saunders et al., 2018).

### **Instrumentation**

To reiterate, the most common data analytic strategy for IPA involves semistructured interviews because it provides the depth that qualitative analysis seeks to uncover (Smith & Osborn, 2015). Semistructured interviews contain areas where a respondent can respond simply and efficiently, but other areas may require explanation at the guidance of the interviewer. In the current research, these interviews involved the collection of detailed, reflective, first-person accounts of the phenomenon of interest—vicarious trauma (Larkin & Thompson, 2012).

Additionally, the interview questions in the current research provided exploratory responses from participants, with a specific focus on open-ended and precise questioning (Suri, 2011). Proper instrumentation requires open-ended questions that do not transform into close-ended questions, and interview and other guides that are not biased or leading

(Chenail, 2011; Sargeant, 2012). Alase (2017) gathered in his research that participant-oriented research enables researchers to develop bonds with their participants', which allows for smooth information and easier analysis. Smith and Osborn (2015) further stated that the aim is to facilitate participants telling of their own stories in their own words, but in a dialogue with the researcher.

The recorded interview began with a general question to initiate conversation and information flow between the participants and me. The questions regarding the background were gathered from an overview of the definition of vicarious trauma (Baird & Kracen, 2006; Benuto et al., 2018b; Guitar & Molinaro, 2017; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Sukach et al., 2018). This section briefly defined vicarious trauma, explained symptoms of development, and described how a professional experiencing vicarious trauma may present. The question relating to exposure was based on the necessity to identify the amount of exposure to victims of human trafficking, as the basis of vicarious trauma is direct, cumulative, and chronic (Aparicio et al., 2013; Benuto et al., 2018b). Additionally, this question was important as Hallinan et al. (2020) explained in their study that victim service providers tend to spend more time with victims of trauma and therefore are able to create more empathic bonds.

The questions describing the breakdown of the components of vicarious trauma were based on the Vicarious Trauma Scale (Vrklevski & Franklin, 2008), in which two scale items asked about job involvement and exposure. Also, these questions stemmed back to the original construct of vicarious trauma, since the root of vicarious trauma is affective and cognitive changes, which describe thoughts and emotions (McCann &

Pearlman, 1990). Other questions in this section relating to changes in feelings and views of oneself, others, clients, and the world came from studies conducted by Aparicio et al. (2013), Ellis and Knight (2018), McCann and Pearlman (1990), and Vrkleviski and Franklin (2008). The question about rating life positivity was drawn from Benuto et al. (2018b).

The questions regarding individual and organizational responses to vicarious trauma came from Vrkleviski and Franklin (2008) and Howlett and Collins (2014). As far back as 2008, Vrkleviski and Franklin created the Vicarious Trauma Scale suggesting that the psychometric tool could have implications in identifying and implementing coping strategies to reduce the effects of vicarious trauma. They also suggested the importance of organizational recognition in responding to vicarious trauma. In 2014, Howlett and Collins conducted a study exploring vicarious trauma and resiliency and found that employees should be trained on vicarious trauma. Additionally, the question regarding organizational responses was drawn from Globokar et al. (2016) and Ramirez et al. (2020) as they both highlighted the significance of organizational support and workplace culture. The question relating to intrinsic and extrinsic motivators was drawn from Gagné and Deci (2005) and Deci et al. (2017). Finally, Lizano (2015) and Benuto et al. (2018b) revealed that work fulfills intrinsic needs, specifically with advocates who find their work to be intrinsically motivating.

### **Data Collection**

As recommended by Alase (2017), each interview in the current research lasted between 50-and 90-minutes, with one interviewee per interview session. Omona (2013)

supported this time length for interviews, stating that one-hour interviews would yield quality data that fosters prolonged engagement and persistent observations. The current research also utilized Zoom as a videoconferencing platform.

According to Iacono et al. (2016), in 2016, there were more than three billion internet users accounting for over 40% of the world's population having internet access. Zoom is one of the most popularly used cloud-based videoconferencing platforms (Archibald et al., 2019). Zoom maintains the capability to conduct real-time interviews, encrypt meetings, and record and store meeting sessions. Gray et al. (2020) found that video conferencing is a convenient alternative to in-person interviews. Advantages of internet-based methods of communication, including the Zoom platform, allows user friendliness, interviews can be recorded, gives participants the freedom to participate without the need to travel, avoids the need to find a specific venue, and are better for interviewer-participant synchronicity (Gray et al., 2020; Iacono et al., 2016).

According to a study conducted by Gray et al. (2020), the quality of face-to-face and video-conferenced interviews did not differ, though conferenced individuals were more open and expressive during video-conferenced interviews. Research also supported that internet-based methods of interviewing can provide the richness of qualitative data, especially including facial expressions and body language (Iacono et al., 2016). The advantages of using online methods seemed to outweigh the disadvantages, including difficulty connecting, poor call quality, and distractions and a lack of privacy for involved parties (Archibald et al., 2019; Gray et al., 2020). Qualitative research requires

the observation of behavior in its natural setting; therefore, internet-based interviews allow for a naturalistic setting (Mohajan, 2018).

The facilitation of the interviews also used an interview guide (see Appendix B), the recording feature on Zoom, and a notebook for field notes, bracketing, and creating an audit trail. The interview guide, or protocol, was important because it set a guideline for how each interview occurred (Doody & Noonan, 2013). Engaging in each semistructured interview did generate some follow up questions that differed based on participant responses. The main function of the guide, however, was to introduce a starting point of open-ended questions that queried participants to produce answers to the research question (Doody & Noonan, 2013).

Semistructured interviews are a useful tool as they guide, but do not dictate, the interview schedule (Smith & Osborn, 2015). Open-ended questions are significant to qualitative research because they yield new or unexpected information and encourage ongoing inquiry between the researcher and participant (Mohajan, 2018). Specific to this research, these questions were designed to explore an overview and background of vicarious trauma, exposure to vicarious trauma, a breakdown of the components of vicarious trauma, individual and organizational responses to vicarious trauma, and intrinsic and extrinsic motivators. Overall, the questions were intended to encourage elaborate answers that provided detailed overviews of lived experiences of vicarious trauma experienced by the research sample.

The recording feature on Zoom was an important component of this research, as it captured the dialogue between the participants and me. It was noted on the recruitment

flyer that the interviews would be recorded so that interested individuals had an option to decline participation if they were uncomfortable with recording. Although no participants expressed concerns about being recorded, I was prepared to encourage the use of a recorder for active engagement, but also planned for the use of blank, pre-printed interview questions to capture the conversation (Adams et al., 2018).

Participants in this study were identified by a self-selected Victim Service Provider (VSP—participants will hereinafter be referred to as VSP #) number between one and 20 (ex. one participant was identified as VSP #4). A notebook for field notes was also used during the semistructured interviews. Chenail (2011) detailed that journaling is important to examine thoughts and impressions that surfaced during the interview. Each section in the notebook corresponded with the participant identification number named in the recording. The notebook contained each of the questions from the interview question list and had a space to notate follow up questions, non-verbal cues such as body language, and any physical descriptors that enhanced the quality of the verbal answers from each participant. IPA research is intended to be participant-oriented in an effort to gather first-person accounts (Larkin & Thompson, 2012). Therefore, these data collection instruments were crucial to the information-gathering phase of this research.

In the beginning of each interview, participants and the researcher reviewed details from the consent form to ensure that there were no questions or concerns about the research or research process. Again, the consent form identified the purpose of the research, the research design, and reminded participants of their right to withdraw. After each interview, I debriefed each participant (there were no participants who withdrew



from participation before the interview ended therefore debrief occurred at the conclusion of each interview). This stage was important to reiterate the research question and the purpose of the research, reiterate the participants' role in the research, and address any questions that arose as a result of the interviews. This stage also recommended that research participants seek therapeutic resources as a follow up to the interviews, especially in the event that the interviews introduced strong or uncomfortable feelings and thoughts that arose immediately, or in the days or weeks that followed. Finally, this stage of the data collection process concluded by informing participants of the importance of their engagement in member checking, which helped to create trustworthiness in the research (Candela, 2019).

The recruitment materials and consent form advised participants of their right to withdraw from my research at any time, emphasizing that participation is voluntary. During the actual interview, participants were again reminded of the voluntary nature of participation and that they could exit the interview at any time. Because no participants stopped the interview and voluntarily withdrew from participation, there was no need to immediately destroy data by shredding paper documents and deleting electronic documents from the hard drive. Since all of the research participants completed their interviews, the paper and electronic documents will be retained for five years, pursuant to Walden University's retention policy.

Content validity ensures that the research design and interview guide address the content of the research question. The content validity of this interview guide ensured that the questions measured what they were supposed to and that by asking those questions to

participants, it helped to answer the research question. My research ensured content validity by having the Committee Chair and Second Committee Member review the interview questions and concur that they are valid. Additionally, the Research Committee assisted in ensuring that the sufficiency of the data collection instrument would appropriately answer the research question.

### **Data Analysis Plan**

The purpose of this research was to explore lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma. The interview questions were designed to identify (a) various aspects of vicarious trauma, including definitions of vicarious trauma; (b) experiences with vicarious trauma such as exposure and changes in self, others, and worldview; (c) organizational factors such as training opportunities and resources; (d) self-care principles and coping mechanisms; and (e) motivations to engage in victim-serving professions. As cited by Sargeant (2012), the purpose of qualitative analysis is to interpret the data and themes to understand phenomenon. Data analysis requires a systematic response and communication to others with clarity, intent, and descriptive accounts (Nowell et al., 2017). During this process, the researcher is required to identify codes and themes, decontextualize, and recontextualize data. This happens by re-reading the data multiple times and documenting and updating notes to begin conceptualizing patterns and themes.

The Colaizzi (1978) method is a seven-step process that leads to a descriptive and concise summary of the data. This method of analysis is praised for its rigorous analysis, rich accounts, and descriptive interpretations of experiences (Morrow et al., 2015). The

seven steps include: familiarization with the data; identification of significant statements relating to research phenomena; formulation of meanings based on significant statements; clustering of data into categories, clusters, and themes; development of detailed descriptions based on the aforementioned themes; production of a fundamental structure, such as short statements narrowed down from the full descriptions; and verification of the fundamental structure through member checking, or a review by participants (Morrow et al., 2015). Each of these steps is important to familiarize the researcher with the data in order to produce a validated interpretation and analysis of the data.

As stated, this research design involved recorded interviews. Each recording was converted from audio to text using repetitious listening and manual transcriptions coupled with Microsoft Word's Speech Tools add-in. This add-in enabled the inclusion of audio files with user-led controls to adjust speed, volume, and other controls to maximize playback. After each file was transcribed, those transcriptions were reviewed multiple times for accuracy. Additionally, I jotted written notes, ideas, and concepts on the transcripts in order to enhance validity and create an audit trail (Vicary et al., 2017). The transcripts (without notes) were then sent to the participants for review with a one-week turnaround to begin the process of member checking.

Once confirmed, the transcriptions were separated from their personal identifiers and reviewed to identify codes that were reflective and provided ways to simplify the data (Nowell et al., 2017). Initial coding evolved into themes, or organized summaries of codes based on an identification of likenesses in participants' responses (Larkin & Thompson, 2012). Transcriptions and a coding frame were then provided to another

Walden University Doctoral Candidate to compare coding and to enhance trustworthiness. I was then able to develop a narrative that was representative of the participants' statements that supported the research question (Larkin & Thompson, 2012).

After developing themes, each transcript was uploaded into NVivo Version 12, a qualitative data software program (QSR International, 2018). This program assists in organizing and managing data and helps to draw clear conclusions (Vicary et al., 2017). I then went back to my original coding frame to modify conclusions drawn from the software and the other Doctoral Candidate. For potentially discrepant cases, the data was coded and categorized to themes as closely as possible and notated accordingly to be a part of the audit trail (Nowell et al., 2017).

### **Issues of Trustworthiness**

According to Ravitch and Carl (2016), qualitative research increases a researcher's ability to self-reflect, provide open responses, and receive different opinions and points of view. Trustworthiness is a way for researchers to persuade readers that research findings are worthy (Nowell et al., 2017). Shenton (2004) described a process of ensuring trustworthiness in this type of research by focusing on credibility, transferability, dependability, and confirmability.

Credibility means that the research data and results align with reality (Nowell et al., 2017; Shenton, 2004). Specifically, credibility as it relates to trustworthiness, examines how well the data addresses the intended focus of the research (Elo et al., 2014). Moreover, credibility ensures that research participants are identified and described accurately. In this instance, it is assumed that research participants have

provided experiences to real life events. The narrative approach, which may be utilized in the present research, enables participants to elaborate on individual experiences that contributes to the qualitative framework (Shenton, 2004). Credibility in qualitative research also addresses triangulation, which is gathering multiple means of data collection (Korstjens & Moser, 2018). In the current study, there was methodological triangulation to enhance credibility through analyzing data to ensure content validity by comparing the content across different means of data collection, e.g., the use of an interview guide based on the literature, interviews (Zoom recordings), observations (gathered through field notes), and gathering of demographic information for participants, which were used to describe the respondents as a data source.

Part of credibility also involves reflexivity, which is a period of self-reflection (Korstjens & Moser, 2018). It is intended to give researchers an opportunity to examine biases, preferences, and preconceptions as it relates to the research. It also enables the researcher to examine their own conceptual lens and assumptions to determine how they affect research decisions. Chenail (2011) concluded through his research that the researcher could be the greatest threat to trustworthiness in qualitative research. His strategies suggested that researchers not only can could the quality of a study, but also impose concerns relating to bias. Thus, within the current research, I made conscious efforts to ensure that I was aware of personal experiences and thoughts that could influence the outcome of the research by allowing a period of note-taking after each step of the research process, including after each interview, in order to reflect on each interaction (Doody & Noonan, 2013; Vicary et al., 2017).

The current research also utilized member checking as a form of credibility through data analysis in order for participants to provide feedback on the collected data, which could help to strengthen the data (Korstjens & Moser, 2018). Member checking helps to maintain validity in qualitative research by enabling the participants to check for accuracy and provide feedback to the researcher's analysis (Candela, 2019). Specifically, member checking involves an opportunity to confirm or deny data interpretation in an effort to enhance researcher credibility. In the current research, participants were advised of member checking on the consent form and again in the overview before the semistructured interview. Immediately after the interview, participants were advised that they would be sent a copy of their transcripts to validate the content.

Transferability involves generalizability, external validity, and the applicability of the research procedures and results to other situations (Nowell et al., 2017; Shenton, 2004). Essentially, this means that the results of the study can be duplicated as a result of thick and detailed descriptions of the research design, methodology, and data analysis (Korstjens & Moser, 2018). The current research addressed transferability through the use of bracketing, in which there are not only notations of words that were said, but also documentation of visual aids or cues, thoughts, contexts, and ideas.

Dependability involves research reliability for duplicated research (Gunawan, 2015). Dependability also considers stability of data over time and under different conditions (Elo et al., 2014). For instance, if the same research study, methodology, and participants were to be repeated, the outcome or findings should remain similar (Shenton, 2004). By using narrative research and the IPA design, there was sufficient evidence of

questions, answers, transcriptions, coding, and themes. The utilization of semistructured interviews enabled research participants to elaborate on questions based on their own lived experiences and therefore, if those experiences are legitimate, the same or similar inferences should be drawn from those interviews. I also used my journal to produce audit trails that describe every step of the process. By demonstrating each step with details on the actions I took, I can ensure that other researchers can follow along and duplicate my actions to achieve similar findings (Elo et al., 2014). Again, triangulation assisted in this process by conducting in-depth interviews accompanied by field notes as a means to show that there were multiple methods implemented to gather data throughout the collection and analysis process.

Finally, confirmability involves objectivity and minimizing research bias (Shenton, 2004). Confirmability also considers the congruence between more than one individual person about the data's accuracy, relevance, and meaning (Elo et al., 2014). In this research design, it is important for the researcher to identify codes and themes to create a footpath as to how conclusions were based. Because this type of methodology requires detailed and documented interaction with research participants, it is quite possible to eliminate bias when there is adequate documentation to support research findings. To enhance confirmability, I used of a reflective journal with an audit trail describing data, notes, and actions to show evidence of any decisions that may have impacted the outcome of the study (Nowell et al., 2017). This also included self-reflection though reflexivity because the journal for field notes has references to any thoughts, feelings, or behaviors that I experienced throughout the process.

### **Ethical Procedures**

In order to initiate the research process including gathering participants and collecting data, I submitted an application to Walden University's Institutional Review Board (IRB). An IRB is designed to ensure that students' research maintains ethical compliance and is in accordance with U.S. federal regulations (Walden University, n.d.). The overall function of the IRB is to be certain that the benefits of research are sure to outweigh the risk or harm to participants, the University, the researcher, and other stakeholders. As stated, participation in the IRB process precedes any data collection and analysis. This research's IRB approval number is #09-14-21-0661451.

As noted by Coles et al. (2014), researchers identify problems and needs—they open people up and then go home. To begin, I administered a consent form to all participants before conducting interviews, which provided an overview of the research, a brief explanation of the data collection process, a brief explanation of how data collected from the participant interviews would be used, and a reiteration of the voluntary nature of the interviews including a right to withdraw from participation at any time. Additionally, once the interview process began, I followed both verbal and non-verbal cues from the participants to identify if there were any indicators of distress. For instance, I was mindful of participants who had issues recalling certain experiences, who appeared anxious or fidgety, or who appeared disturbed when recalling certain experiences. If the stories or recitations from participants appeared to get intense, I inserted an opportunity to take breaks and encouraged the use of coping mechanisms in dealing with trauma or stressful situations. Each of these occurrences was documented in the reflective journal.



To further protect the rights and interests of participants in this study, I provided a list of resources for counseling assistance for follow up to recalling vicarious trauma experiences and in case research participation triggers any complications. This list was provided within the consent form and was verbally discussed during debriefing at the end of each participant interview. As described earlier, the debriefing stage reminded participants of the purpose of the research, emphasized their role in the research process, created an opportunity for participants to ask any questions or address any concerns, and provided a list of therapeutic resources as a follow up to the interviews in the event that discussing such material introduced any feelings of discomfort or distress.

One significant issue that was protected as related to this research was taking multiple measures to protect participants' confidentiality (Pascoal, 2017). Confidentiality involves the protection of data that is gathered during research (Lin, 2009). As stated in the methodology section, this research protected confidentiality by gathering demographic information about participants such as age, race, and job position, but excluded specific identifiers such as names and organizations. Even given this data collection, participants were assigned a random VSP-number as opposed to any other identifier. This step was important as researchers have an obligation to protect all participants in a study from potentially harmful consequences or breach of confidentiality (Sanjari et al., 2014).

Since this research used emails (for communication, scheduling, and coordinating with participants), Zoom recordings, member checking, and field notes, it is important that I took additional measures to protect and maintain data collected during this process.

Participants' data, excluding personal identifiers (names and organizations) and including VSP-numbers, were immediately transferred from hard, paper copies to scanned, electronic copies, and shredded in the process. Electronic records of the data, however, were retained and protected for use in verifying research, prioritizing, and reanalyzing data for a period of between three and ten years (Lin, 2009). I also intend on fully following Walden University's policy, which is to retain records five years from the graduation date before destroying all research documents (Walden University, 2020). Within those five years, information will be saved on a password-protected flash drive, which is stored in a locked cabinet.

### **Summary**

This chapter summarized the research method and procedures that were used to explore the lived experiences of human trafficking victim service providers who have experienced vicarious trauma. This chapter outlined my use of IPA by way of in-depth, semistructured interviews of human trafficking victim service providers who are part of human trafficking task forces throughout the country. Each interview question within the semistructured interviews was strategically selected and reviewed based on scholarly references, which intended to yield data that addressed the research question. Additionally, in order to minimize researcher bias, oppose issues of trustworthiness, and remain conscious of ethical procedures, this chapter frequently reiterated the intended use of reflective journaling. This chapter also addressed issues of identified ethical procedures and ways that I protected participants' confidentiality. In Chapter 4, I include

the collection and analysis of data, which thoroughly examined the investigative findings, including relevant themes relating to the phenomenon of interest.

## Chapter 4: Results

### **Introduction**

The purpose of this qualitative, phenomenological analysis was to explore the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma. Relatedly, this research explored cognitive and affective changes in self, others, and worldview as a result of victim service providers' (VSP) engagement with human trafficking victim-survivors. By conducting seven in-depth and semistructured interviews with human trafficking victim service providers, the data gathered was used to answer one research question: what are the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma?

This chapter provides a description of the research setting, participant demographics, data collection to include how data was retrieved, and an analysis of the data. The data analysis includes a presentation and description of the identified themes with specific steps on inductively coded units to larger data representations. The chapter concludes with a summary on the evidence of trustworthiness and study results.

### **Setting**

The current study took place during the COVID-19 pandemic, which eliminated the feasibility of conducting in-person interviews. Thus, each of the interviews occurred virtually, via Zoom, at my private office between October 2021 and November 2021. My office was locked and headphones were used as an additional layer of participant protection. Participants in most of the interviews were in their home or personal offices,

and in most instances, were free of any environmental distractions. Notwithstanding, there were no personal or organizational conditions that influenced participants or their experience at the time of study that may have impacted the interpretation of study results.

### **Demographics**

As part of the participant recruitment, I contacted approximately 25 human trafficking task force chairs (also named coalitions, working groups, advisory committees, councils, alliances, response teams, and commissions) via email. Approximately nine of these task forces were referrals from other task forces or research participants. Of these contacts, I engaged in detailed discussions with at least five task force chairs who agreed to distribute recruitment materials to their task forces. Twelve human trafficking victim service providers contacted me for participation; seven were consistent in communication, were screened as eligible, and participated in the research. The participants were primarily female, primarily White, ranged in age from 32 to 66 years old (average age of 44 years old), with a different number of years of experience (both in service work and human trafficking-specific work), each had different working titles, and represented four different states.

### **Data Collection**

Prior to any recruitment efforts, I received approval to conduct research by clearing Walden University's IRB process. As a first step, I compiled a list of task forces and made email contact with 15 chairs and used the "Message Us" function for approximately three task forces. Two task force chairs declined participation. I also received referrals for nine other task forces (either county or state), which I contacted for

participation and inclusion in my research. After I received favorable email responses and communicated with eight task force chairs regarding the research and their role in the recruitment process (solely to distribute materials to task force members), each chair indicated that they would distribute materials to their task forces. Between late September 2021 and mid-November 2021, 12 potential participants contacted me for inclusion in this study.

Seven individuals were consistent in their communication; there was back and forth dialogue to confirm interview dates and times. I then sent a password-protected Zoom link to each of the participants, which was used to host and record the scheduled interviews. On the interview dates and times, I facilitated introductions and provided an overview of the research including a reiteration of informed consent, reviewed an eligibility form for confirmation of inclusion criteria, collected demographic information, and proceeded to initiate the interview. I used the interview guide as the semistructured foundation for participant questioning. For the most part, I directly followed the interview guide, however certain questions (with different participants) required the use of follow up or probing questions in an effort to maximize the quality of data received. The minor discrepancies in the chronology and flow of questions and answers were insignificant in interfering with the quality of the research.

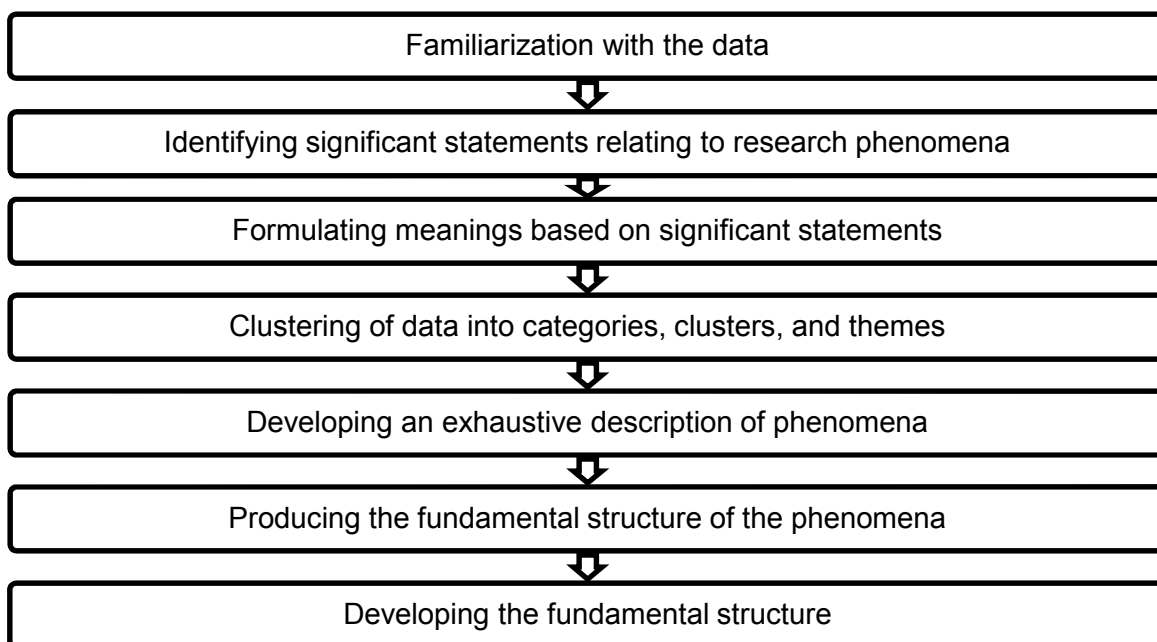
I also used a sectioned journal for reflections, specifically the implementation of bracketing and an audit trail (e.g., noting nonverbal behavior and emotional cues such as tone of voice, facial expressions, and body language; researcher thoughts and reflections; and key words and phrases stated by participants), all of which were documented as the

interviews progressed. The interview lengths ranged from 51 to 90 minutes. At the conclusion of each interview, participants were reminded that interview transcripts would be sent via email to be verified for accuracy.

There were no variations in data collection from the previously described plan—the proposed outline aligned exactly with the actions that occurred during the data collection period. Additionally, the only unusual circumstance encountered in data collection was the reliance on Wi-Fi connections (since interviews occurred via Zoom). This required infrequent, but still prevalent pauses during many interviews due to issues of connectivity.

### **Data Analysis**

In an effort to move inductively from coded units to larger representations, I used Colaizzi's (1978) seven-step method of phenomenological analysis (see Figure 1). This method is recognized for its ability to thoroughly explain research phenomena and to capture the most descriptive and concise summary of the data (Morrow et al., 2015). My main goal in using this method was to explore the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma.

**Figure 1***Seven Steps in Colaizzi's Descriptive Phenomenological Method*

*Note.* Adapted from “Psychological Research as the Phenomenologist Views It,” by P. F. Colaizzi (p. 48-71), in R. Vale & M. King (Eds.), *Existential-Phenomenological Alternatives for Psychology*, 1978, Oxford University Press.

The initial step in Colaizzi’s (1978) technique involves familiarization with the data, to include reading and re-reading the data to establish similarities within phrases and key words from the participants’ responses. The purpose of this stage is to become familiar with the data in preparation for the development of emerging themes, consistencies, and inconsistencies. The first step after conducting each of the interviews involved utilizing Zoom’s transcription feature to begin the transcription process. Then, I listened to each audio recording several times in slower listening speeds using Microsoft Word’s Speech Tools add-in feature in order to verify and edit audio transcriptions to



ensure that there were no errors that interfered with the data's quality or meaning. This also gave me an opportunity to check the recorded content against the field notes to become more familiarized with notations made during the actual interviews. The reading and re-reading of the transcribed interviews occurred numerous times over the course of several days to ensure necessary data were captured with each review and that a comprehensive understanding of the phenomenon was achieved. Each of these actions enabled me to maximize my familiarity with the data in order to begin thinking about formulating significant statements.

As identified in Colaizzi's (1978) method, the next step required identifying significant statements relating to research phenomena. At this stage, two things took place. First, I emailed each transcript to the respective participants for review and accuracy. The participants did not identify any discrepancies from the transcribed files. Additionally, I printed out each transcript and with a pencil, went line by line to identify statements that were significant. It is important to extract significant statements because doing so connects the participants' personal experiences and intimate disclosures with the research question and purpose. This step also included cross-referencing field notes. At this point, I identified 219 significant statements. The review of significant statements also involved multiple reviews of the transcripts with minor margin notations indicating potential formulated meanings. Table 1 provides examples of significant statements.

**Table 1***Examples of Significant Statements*

Participant	Examples of significant statements
VSP #4	“We just have to put it up to our higher power of the universe that like we did the best that we could to provide consistent care and compassion and if they’re going to come back to us, we got the very least, they knew we’re a safe place ... to come back to.”
VSP #5	“I would never be able to know what they’re, what they’re going through, but, but some of that sense of ... being trapped and hopelessness of never getting out of that, that loss of freedom in some of those things, which again, I can’t, I can’t fully or maybe any level relate to it, but I can relate to, to what it feels like to feel trapped, and to, you know, to feel hopeless in some respects.”
VSP #15	“Um, when I think about traffickers, I’m, I’m torn. I’m torn. You know, you want to just like, ugghhh how could you do that to her? But then I catch myself sometimes, I think it’s because in my faith, I’m sure it is ... Somebody failed them. Somebody failed them.”

The third step in this phenomenological analysis process involves formulating meanings based on significant statements. According to Morrow et al. (2015), the formulated meanings must connect directly to the phenomenon of interest as a result of reviewing significant statements. In this step, I charted the significant statements and created a list of key words and phrases to narrow down and begin categorizing similar meanings based on different statements from each participant. I used NVivo Version 12 (QSR International, 2018) to help organize and manage the transcriptive data into a more visualized and legible format. Table 2 provides examples of formulated meanings from significant statements.

**Table 2***Examples of Formulated Meanings from Significant Statements*

Participant	Significant statement	Formulated meaning
VSP #16	“But like viewing men, as...are you a buyer or pimp, and also realizing everybody doesn't fall into those two categories. Right.”	As a result of her experience with vicarious trauma, the participant has trust issues and skepticism of others, specifically involving men, and is working through becoming less judgmental of others.
VSP #18	Am I someone that they want to talk to? Am I good enough? Am I, am I, am I helping the person in the right way? Have I, have I triggered them in some way and just always like questioning everything I do?	This participant experienced feelings of inadequacy in providing victim services stemming from her experience with vicarious trauma.
VSP #19	“I was led to more of a spiritual journey. Because when I was in church, and I was in support groups, I felt safer. Opposed to let's say, go into a nightclub. Or being invited to a party, where people were using drugs and drinking.”	In response to her experience of vicarious trauma, this participant consistently reverted back to her spirituality and she experienced changes in her friend circles to those that connected with her shared beliefs (church support groups) and had some poor interpersonal relationships (that exhibited as social vulnerability with people who favored different types of environments that did not align with her values).

The fourth step in Colaizzi's (1978) method of phenomenological interpretation is the clustering of data into categories, clusters, and themes. In the current study, significant statements contained comparable terms from the seven transcripts and their stated descriptions were grouped together to formulate meanings to better explain them. The statements were condensed into approximately 56 total formulated meanings. The

formulated meanings were then narrowed down into 14 thematic clusters. Finally, the 14 clusters were again narrowed down into five overall emergent themes. Table 3 provides examples of thematic clusters.

**Table 3**

*Example of Constructing the Thematic Cluster*

Thematic cluster	Participant	Significant statement	Formulated meaning
Experienced symptoms of vicarious trauma	VSP #5	“And for a week, I was at home and I was calling into the office and I won’t be in today you know, I, I was having panic attacks. It really created this huge level of anxiety and, and reaction.”	The participant experienced panic attacks as a symptom of his vicarious trauma experience.
	VSP #15	“Hopeless. Tired. Anxious. Distraught. Discouraged. Overwhelmed. Sad. Any bad adjectives that you can think of, [laughter], write it down.”	This participant experienced a variety of different symptoms associated with her vicarious trauma experience, including exhaustion (physical and/or emotional) and guilt of inadequacy.

The themes identified in the current research are (a) impact of vicarious trauma experience, (b) experiences with vicarious trauma, (c) coping strategies to manage vicarious trauma, (d) recommendations and strategies for employers and organizations, and (e) motivating factors to remain in the victim service profession. Table 4 includes the formation of themes.

**Table 4***Integrating Thematic Clusters Into Emergent Themes*

Thematic cluster	Emergent theme
<ul style="list-style-type: none"> <li>• Changes in belief systems— perception of others and the world— after vicarious trauma experience</li> <li>• Changes in relationships after vicarious trauma experience</li> <li>• Changes in self—cognition—after vicarious trauma experience</li> <li>• Changes in self—emotions (or managing emotions) —after vicarious trauma experience</li> <li>• Changes in self—job life—after vicarious trauma experience</li> <li>• Changes in self—spirituality—after vicarious trauma experience</li> </ul>	Impact of vicarious trauma experience
<ul style="list-style-type: none"> <li>• Experienced symptoms of vicarious trauma</li> <li>• Long-term experiences of listening to clients</li> <li>• Difficulty in feeling positive about life after vicarious trauma experience</li> </ul>	Experiences with vicarious trauma
<ul style="list-style-type: none"> <li>• Coping with the effects of vicarious trauma (coping mechanisms)</li> <li>• Role of organization in managing stress (caused by or related to vicarious trauma)</li> </ul>	Coping strategies to manage vicarious trauma
<ul style="list-style-type: none"> <li>• Recommendations</li> </ul>	Recommendations and strategies for employers and organizations
<ul style="list-style-type: none"> <li>• Intrinsic motivating factors</li> <li>• Extrinsic motivating factors</li> </ul>	Motivating factors to remain in the victim service profession

The fifth step in Colaizzi's (1978) method is an exhaustive description of phenomena, which is achieved by integrating all of the findings from the data. As previously described, a thematic review of the transcripts was conducted and within this step, formulated meanings and clusters were identified. This contributed to the exhaustive description of the data and findings that I read and analyzed in order to develop the fundamental structure of the phenomenon.

The sixth step in this method of interpretation involves a description of the fundamental structure of the phenomena. The goal of this stage is to remove any redundant or overused descriptions (Colaizzi, 1978). In the current study, and after a comprehensive review and removal of superfluous information, the fundamental structure of the phenomena was discovered. The findings of the study, to include the emergence of themes, enabled me to address the research question. This step is described in further detail in the Results section.

The final step in this data analysis process is verification of the fundamental structure through member checking (Colaizzi, 1978). Initially, once the transcriptions were completed, I distributed the transcriptions to participants for review. Additionally, when the significant statements, formulated meanings, thematic clusters, and emergent themes were developed, I again distributed the findings to the participants for their review and proper validation as part of the member checking stage. There were no identified discrepant or nonconfirming cases within the data that had to be factored into the analysis.

### **Evidence of Trustworthiness**

Qualitative research that is trustworthy presents as rigorous and confident (Connelly, 2016). According to Chan et al. (2013), the IPA approach to qualitative research enables a researcher to understand the complexity, or lived experience, of the participants' personal experiences. In the current research, I sought to avoid any threats to trustworthiness by focusing on methods to enhance credibility, transferability, dependability, and confirmability consistent with Lincoln and Guba's (1985, as cited in Connelly, 2016; Elo et al., 2014) established criteria.

Credibility involves confidence in the research and how well it achieved the intended focus (Connelly, 2016; Elo et al., 2014). By way of the literature-supported interview guide and probing questions, I encouraged participants to elaborate on experiences, which adequately described their lived experiences with vicarious trauma. Additionally, I achieved data triangulation by gathering multiple means of data collection—research participants from different states with different working titles, the use of the interview guide, the actual interviews recorded within Zoom, field notes which were collected in a reflexive journal, and the collection of demographic information—each to serve as an independent data source (Elo et al., 2014).

The use of field notes was significant in notating any of my specific reflections or potential biases based on participants' responses, which established confidence in the current research. Member checking was also used during this research as a means to enhance credibility. As described, member checking involves participants validating the accuracy of the data collected and analyzed (Elo et al., 2014). In the current research, the

transcribed interviews were sent to the participants for review and modification. Additionally, once the data was analyzed and broken into significant statements, formulated meanings, thematic clusters, and emergent themes, an extracted NVivo source file was distributed to participants to verify and confirm accuracy.

Transferability involves findings that can be transferred to different research settings (Elo et al., 2014). In the current research, transferability was achieved by providing thick and rich descriptions of the research design, methodology, and data analysis, which when explained correctly, should enable study generalizability to other settings in future research (Korstjens & Moser, 2018). In the current study, the eligibility criteria, as a step in purposeful sampling, ensured that a certain group of participants were recruited. Furthermore, the use of the field notes and an audit trail, in addition to a thorough description of methodology and data analysis, has contributed to the likely data transferability within this research.

Dependability, or findings over time, involves research reliability in a sense that if the same steps to conduct the research is duplicated, the same or similar outcomes will be found (Korstjen et al., 2018; Shenton, 2004). Using an interview guide creates an opportunity for participants to answer questions based on their own experiences. The use of the semistructured format enables an elaboration on some questions, and also contributes to an overall understanding of the research phenomenon. Notes from the interviews are part of the study field notes, which assisted in achieving dependability because they provided a thorough description of all actions taken during the data collection and analysis stages. I also used another Walden University Doctoral Candidate



to assist in determining coding accuracy by reviewing the transcripts and a coding frame. In comparison to the 219 coded significant statements that I identified; the other Doctoral Candidate coded 194 significant statements. There was agreement in 163 of the coded statements.

Finally, confirmability involves consistency and repetition within the data (Connelly, 2016). In the current study, there was a very detailed interview guide, a set of transcriptions that were reviewed multiple times for accuracy (with member checking), and a reflexive journal with self-reflection to reference my thoughts, feelings, biases, and preferences. The use of these items captured the direct responses of the participants and sought to minimize researcher bias. The audit trail, which was referenced in the reflexive journal, describes the key steps in the data collection and analysis process, in addition to the detailed coding in NVivo, which demonstrated the rationale for decision-making and narrowing down of data (Korstjens et al., 2018).

## **Results**

Vicarious trauma is described as the psychological impact on professionals' views of themselves, others, and their worldview as a result of exposure to clients' traumatic material (Baird & Kracen, 2006; McCann & Pearlman, 1990). Specifically, vicarious trauma describes changes, or shifts in cognition as a result of disrupted schemas in identities, memories, and belief systems. These schemas connect with areas of psychological need in relation to self, others, and assumptions about the world. Vicarious trauma does not occur after one encounter, but instead develops over time and is influenced by multiple factors that contribute to the overall shift in schemas.

**Research Question**

What are the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma?

**Themes**

Based on the analysis of data, there were 219 significant statements, 56 formulated meanings, 14 thematic clusters, and five emergent themes. This section is divided by theme and provides examples of each of the aforementioned categories.

***Theme 1: Impact of Vicarious Trauma Experience***

The first theme is the impact of vicarious trauma experience (see Table 5). Based on the definition of vicarious trauma and the participants' related experiences in several categories, vicarious trauma experienced by the seven participants resulted in changes in six separate aspects: changes in belief systems—perceptions of others and the world—after vicarious trauma experience; changes in relationships after vicarious trauma experience; changes in self—job life—after vicarious trauma experience; changes in self—cognition—after vicarious trauma experience; changes in self—emotions (or managing emotions)—after vicarious trauma experience; and changes in self—spirituality—after vicarious trauma experience. Each of the participants experienced a shift in each of the categorical aspects and described how these shifts applied to various aspects of the vicarious trauma experience. Overall, participants experienced the greatest shift in their perception of others and the world as opposed to shifts about themselves and their personal beliefs.

**Table 5***Significant Statements Reflecting Theme 1: Impact of Vicarious Trauma Experience*

Participant	Significant Statement
VSP #4	“So over time, my, my thinking has turned from they’re criminals, lock them up. They’re a disgrace to humanity to how, who hurt you? Why do you want to, why do you want to hurt someone this much? Because I just, I know a lot of I know a lot of you, not a lot of youth who have been charged with trafficking, but the ones that I know of who have been charged with trafficking, they had no chance. They grew up where they’re, that’s what their mother did. And then they, you know, ended up in a gang and we’re told you sell or be sold, what chance did they even have, so I have to have nothing but compassion.”
VSP #5	“I think our clients have taught us so much. And they’re, they’re like these huge sources of inspiration...and in bottles, I guess, of resilience and, and that sort of thing. And some of our most difficult clients, we have conversation with them, and they encourage us, you know, we got a client that’s in prison for life. And we talked to her and she’s like, you know, go, getting ready to get off the phone and I’m like, well, we called to encourage you, but you actually have encouraged us. I think, you know, those are we just have so many significant experiences like that.”
VSP #15	“I’ve learned to lean more and, and have a more open and honest conversation with you know, with God, with the Lord, I’ve learned to do that. You know, instead of trying to say, you know, you get people in there, like dear Jesus, please help me. And I’m like, look, I need your help. You know what I’m saying? Like, I need your help.”
VSP #16	“At that point in my career, I really, it was really hard to have a personal life, it was really hard to separate who I was at work and who I was outside of work. I don’t know if there was a great deal of separation, um if any [laughter].”
VSP #17	“Like I get that you had a bad day, but I literally... You know had X, Y, and Z happened with this kid or you know, whatever it is it’s always like a...one up a little bit, I guess you could say. And not purposefully, but it’s like oh you think you had a bad day [laughter].”
VSP #18	“The more burned out I felt, the more that um ... the trauma was like eating its way in. Um the more it was ... I had less likelihood of I mean, I showed up to work because it’s just who I am. You have to show up to work but like the ability to get things done. The ability to like do that was just exhausting because I was putting so much effort into showing up that ... Look like I would say it could have been my best quality.”
VSP #19	“I realized that I had been exposed as a young woman and at some point, I had to realize that I was very vulnerable. And, yes, I can make decisions in my life. And I think, at the time, I was confused about my womanhood, I didn’t have a good relationship growing up with men, and I had many stepfathers...and so I had to learn what it was like to have empathy for myself, how vulnerable I was, and, you know, speaking, this kind of love that I thought was going to get that really didn’t exist.”

The findings identified both positive and negative impacts on their perception of others and the world after their vicarious trauma experiences. Positive changes in belief systems about others included: compassion for victim-survivors, increased understanding of traffickers' trauma, less judgmental about others, looking at the bigger picture, and respect for victim-survivors' strength and resiliency. Negative changes in belief systems about others were identified as: anger against peoples' insensitivity and lack of awareness about human trafficking and victim-survivors' experiences, perception of an oppressive world and/or system; and trust issues and/or skepticism of others. Interviews with each of the participants disclosed that the most frequently described change in perception about others and the world is related to an increased understanding of traffickers' trauma and the cycle of violence, which often results from being victimized. VSP #5 shared:

I also feel more like even with perpetrators, which is not the area that I'm going to naturally bend toward, but you know, I feel like you know ... I have some better sense of, I have a better sense of what they're going through, what they have been through, sexual abuse or anything like that, but I have a better sense that they probably have something in their background.

VSP #16 referred back to her understanding of current research, which suggested that the histories of victims and traffickers mirror one another, so she now is able to hold a space to understand that although traffickers have committed a crime, they have likely been victimized as well. By considering a related perspective, VSP #17 stated that traffickers, at once, were victims and gained power and control in being a trafficker, leading to her level of sympathy towards them. This is similar to VSP #19 who stated:

And then I'm so angry at these people who were taking advantage of these women, who are buying them. I've always been angry at them. I've always been angry at men, for doing that. And, and not too long ago, I started researching why men buy women, and my, my mind shifted... And so I've just kind of been looking at the other side of it ... And a lot of the stuff I've read is, you know, a lot of these men have been victimized as young children as well.

In addition to an increased understanding about traffickers' trauma, five participants identified changes in belief systems as related to others and the world to include now being able to look at the bigger picture when exploring trafficking-related issues, part of which involves focusing more on positivity. As described by VSP #5, "I think I have become more yeah, more, much more likely to look at a scenario and go oh wait, you know, there's, there's a whole lot more going on there, then, then I can see on the surface." This is comparable to VSP #16 who shared that:

I just am able to see the bigger picture. And understand both sides. It's like I said, it's not just black and white, there's so many shades of gray, and so many reasons why people do things, and why, why they've ended up where they are. And to understand and offer grace in those shades, I guess.

This sentiment was briefly summarized by VSP #15 who said that she does not want to find the negative in everybody or in everyday life; so instead, she looks for the good versus the bad. This related to another identified change in belief systems— perception of others and the world, which is being less judgmental about others, as described by four participants. VSP #19 stated that as a result of experience with

vicarious trauma, she has learned not to judge why someone is a prostitute. According to VSP #4,

I don't believe that [our justice system] does what it should be doing. I don't believe in shunning people and locking them up, I believe in community connectedness and healing. And that if we pull people in, instead of pushing them out, we will see better results.

During the interview with VSP #5, he stated,

I think I'm much more willing to look at somebody and, and assume that there's more going on than what's happening on the surface. And some of that maybe comes from just being around the trauma conversation and adverse childhood experiences, and, you know, all the things that are kind of part of that, part of that conversation.

Two other categories of changes in belief systems—perception of others and the world involve experiences with victim-survivors to include compassion for victim-survivors (described by four participants) and respect for victim-survivors' strength and resiliency (described by five participants). With regards to compassion, VSP #5 described how he could never know what victim-survivors are going through, such as feeling trapped and hopeless, and experiencing an overall loss of freedom. Furthermore, VSP #19 expressed her realization in that compassion should be expended on victim-survivors as many of them have suffered from child abuse. As related to respect for victim-survivors' strength and resiliency, VSP #16 proclaimed:

So even though yes, the stories were hard, but like, connecting back to like this person in front of me and being like you're so strong and the fact that you're alive, and like how can we move through this and that relationship that we were building and supporting and, and helping find autonomy with who they were? That actually rejuvenated me.

VSP #4 described how incredibly honored she felt to witness and be part of victim-survivors' resiliency in the sense that they trusted her to share their stories and connect with her. VSP #17 similarly emphasized that even on her clients' worse days, they still meet with her and that is amazing and such an honor to be part of their stories.

With consideration to the other impacts on the participants' perceptions of others and the world after their vicarious trauma experiences, six out of seven participants perceived the world and justice system as oppressive, describing how the world is a bad place and there is an overall flawed sense of justice. According to VSPs #15, 16, and 18, respectively, the world has been described as bad, a horrible place, and just sucks overall. VSP #18 further added that she feels like the world sweeps things they do not want to hear under the rug in order to avoid finding justice. VSP #19 stated that the law in her state changed so instead of being called strip clubs or dance clubs, these establishments will be called adult theaters. She believed that by changing the identification of the establishments, future human trafficking crimes will be masked because many dancers within those establishments are victims of human trafficking and modifying the name makes possible trafficking victims' participation appear voluntary or consensual.

Five of the seven participants also expressed anger against peoples' insensitivity and lack of awareness about human trafficking and victim-service providers' experiences. VSP #4 described how systems are involved in depressing victim-survivors and creating barriers that could have helped them. VSP #5 also explained his anger towards those who do not take the time to understand human trafficking victims' experiences, even with regards to language, such as calling them prostitutes. In VSP #17's state of frustration, she shared her personal connection to an overall lack of awareness by disclosing:

A lot of my extended family is still like upper-middle class, I guess you could say. Like they're very well off, and so I find I have a lot of resentment towards them because they, I think, see my work is like charity work or they just like don't understand it, or they just like don't work to understand it. So, like I feel almost like really unsafe sometimes talking about my work or my day even, or that type of thing because it's just like not only do, do you... I don't know if you really care, like you know when I'm like around them, it's like I don't know if you really even are asking because you care.

Finally, three of the participants described how their perception of others has resulted in trust issues and skepticism of others. VSP #16 described how horrific evil hides behind good deeds and she now has to question everything based on her inability to trust people. VSP #17, who is a parent, stated that she, too, is very skeptical of people and she now questions everyone's intent especially as related to her being far more protective over her own children.



The data also revealed that participants experienced changes in relationships as a result of their vicarious trauma experiences. While there was a mix of negative and positive impact, some participants claimed that they had developed new supports such as changes in friend circles or current relationships, whereas others described feeling confined to the isolating nature of this specific work. The more prevalent areas of negative impact include: strained relationships with family members; poor interpersonal relationships; and challenges separating work and interpersonal relationships.

Six participants reported strained relationships with their family members. VSP #16 indicated that her experience with vicarious trauma affected her marriage, which ultimately led to a domestic violence situation and a divorce. VSP #17 described her strained familial relationships as, “I have found myself being really angry, like short-fused with my children and then just like my husband, my poor, oh God.” VSP #4 explained how her experience with vicarious trauma affected her relationship with her husband because he works in a solitary place so at the end of the day, he wants to talk about work, but she does not want to talk at all, which causes her to zone out of their conversations. As stated by VSP #5, his wife and friends discuss human trafficking, but his adult children are not connected to the field and they often have little to talk about since they never talk about his work.

Five participants also described poor interpersonal relationships, which often presented as social vulnerability and social distancing from friends and family members. According to VSP #4, “I don’t, as much as I love working with people, I don’t like people [laughter] anymore. This work is very isolating.” This related to VSP #16 who

claimed that she isolated from others and had to be picky about who she could be friends with. As stated by VSP #15, “I’ve been kind of socially distancing myself from, from life.” In addition to those who have withdrawn more due to their vicarious trauma experience, the participants in this study also experienced challenges separating work and interpersonal relationships. VSP #17 expressed that she might have a friend who may have been trafficked and she automatically would revert to work mode as opposed to responding as a friend since her advocate mind would kick in. VSP #18 said,

I also have seen that listening to, to individual stories all day long will have an impact on my friendships and interpersonal relationships. Because someone will say something that feels trivial that has affected their day and I don’t care. Like I don’t want to hear about it because of this. And so, it has affected friendships that have been like [VSP #18], you’re being a turd and I’m like crap.

Four participants in this study also described changes in their relationships after their vicarious trauma experience to present as changes in friend circles or current relationships. VSP #16 simply shared that her friend group changed drastically, whereas VSP #4 articulated that she has become selective with whom she spends her time. From a more positive lens, some participants described how their vicarious trauma experience led them to connecting with those in similar fields and with shared beliefs or that they have supportive and concerned friends and family members. With respect to connecting with those in similar fields, VSP #5 stated,

It’s something that my wife’s involved as well, she, she leads an advocacy group that provides kind of on the ground services and that kind of thing. And, and we

do talk about, just recently, about how our, our whole lives revolve around this, and in how that's probably not really the best thing. And, you know, and so, you know, we've been talking about, what does it, what would it look like if this if, if that wasn't the case, and, and we actually had a life that was separate from this?

In connection with supportive and concerned friends, VSP #16 expressed,

Some of my friends who've done this work for a long time, we kind of have a running joke, but it's honestly really true and, and sobering sometimes of like, don't let this work turn you out. Because it can. And that's real. And there's a fine line, and things that normally you find yourself that you think you would never do now don't seem so bad. Now, you're so close to things, things...It gets murky, lines get really murky, and especially when you're already fighting for your basic needs in doing this work sometimes, or when lines get blurred, of trauma in your own life, or relationships in your own life.

Participants in this research also described experiencing changes in self—job life—after their vicarious trauma experience. Five of the participants described becoming more intentional about work, whereas a mix of the participants further elaborated on: a sense of relatability with clients; working on autopilot; maintaining a positive relationship with clients; and identification of negative service provision to clients. Three participants described a sense of relatability with clients as a change in self—job life—after their vicarious trauma experience. VSP #15 proclaimed that her beliefs have changed because now you can fight for people quietly, even if that means just listening to them as you cannot force victim-survivors to make something happen if they are not

ready. According to VSP #5, he tries not to be overwhelmed by clients' circumstances and instead tries to initiate problem-solving tactics while prioritizing client encouragement and empowerment. Another perspective to becoming more intentional about work was described by VSP #16:

I know that I come with a level of privilege. So, using that level of privilege that I have, being able to step into places, and also lower barriers and open doors to bring everybody else with me, right. Like, I really felt myself as that kind of bridge builder and that like middle ground to be able, and that really, possibly saved my life. Like, like, honestly helped me heal, helped me do this work, helped me focus on myself and get healthy.

VSP #4 reflected on her experience with an abusive relationship in which she described challenges with compartmentalizing when the stories triggered her own experiences. VSP #19 strongly emphasized her sense of relatability with victim-survivors, reflecting on her own experience as a survivor of labor trafficking. She stated, "I realized that I had been exposed as a young woman and at some point, I had to realize that I was very vulnerable." VSP #18, as one of two participants who felt as though they were working on autopilot, described her feelings at the peak of her vicarious trauma experience in which she showed up to work, but her ability to get things done was exhausting and not her best quality. Relatedly, VSP #15 was one of two participants who identified their own negative service provision to clients, in which she recalled feeling frustrated with victim-survivors. She reflected on how her responses were coming across

rude, which she had to go back and apologize for because at the time, she felt as if she did not care.

More positively, however, two participants described developing a positive relationship with clients in connection with their job life after experiencing vicarious trauma. Specifically, VSP #5 claimed that some of his deepest relationships are with former clients, survivors, which he has developed friendships with. As explained by VSP #17, in multiple situations, she would listen to a frustrating story from a youth survivor and they would be able to laugh at those situations because they collectively gained enjoyment about the strange events that happened.

The findings of this study also identified changes in self—cognition—after experiencing vicarious trauma, which is important to connect back to the definition of the construct. This section explains how the research participants experienced a shift in cognitions, primarily in a negative capacity, such as: accepting that one is doing the best that he or she could do; occupational identity issues; and deteriorated mental health based on an invasion of thoughts (either related directly to vicarious trauma experience or personal experiences with trauma that have intersected with the vicarious trauma experience). After their experiences with vicarious trauma, six participants began to internalize that they could only do the best that they could or all that they could do. According to VSP #4, her resilience and inner voice often indicates to her that she did the best that she could and that she did a good job. This related to VSP #18, who said “I try so hard to focus on what can we do to move forward and make something better today, make something better tomorrow, and its baby step into something bigger.” Another

cognitive change in perception as experienced by the participants was strengthening of victim services skills, such with VSP #17, who claimed that after her vicarious trauma experience, this work has enhanced her mental agility.

To explore this area from a different perspective, three participants described negative changes in cognition, to include having occupational identity issues. VSP #4 claimed that she very strongly identifies with doing this work so it is a challenge to separate that outside in her personal life, further adding that trafficking is in her head and is her whole life. As shared by VSP #16, “At that point in my career, I really, it was really hard to have a personal life, it was really hard to separate who I was at work and who I was outside of work.” Two participants described how their cognitive changes involved deteriorated mental health. According to VSP #18, she felt mentally deteriorated, and described her mental state and thoughts during that time as being in a dark place. VSP #16 explained her personal connection with human trafficking and stated,

This has highlighted things, and has even, in my family. that was never talked about, but then has uncovered like, things just have come up and opened up in the fact that I’m not a survivor, but I’m ... the cycle was broken with me and had gone back generations.

An additional aspect is when vicarious trauma led to changes in participants’ emotions (or managing emotions). This category explored emotional changes to include: becoming emotionally overwhelmed and overloaded; becoming more empathic; and becoming more resilient. Three participants described feeling emotionally overwhelmed

or overloaded as they dealt with their experiences of vicarious trauma. VSP #15 described her emotional overload resulting from her vicarious trauma as, “Hopeless. Tired. Anxious. Distraught. Discouraged. Overwhelmed. Sad. Any bad adjectives you can think of...” These emotions were similar to VSP #16 who compared embracing all of her emotions to a dam breaking, in which no one could handle it and she would not be able to put herself back together. As explained in more detail by VSP #16,

So, for the working with the survivors, you know, the stories were hard. And sometimes I gave my, I just honestly sometimes had to give myself room to cry. And just, and that was one of the ways that I released everything. And that also, to me, I’ve always felt like tears are healing. So, I never was like upset about crying or being in that emotional space. That also made me feel like okay, I’m still like, human, but like, I’m still like feeling these things.

Two participants experienced becoming more empathetic as a result of their experiences with vicarious trauma. VSP #5 described how his experience with vicarious trauma caused him to become more empathetic, and said that during his recovery period, his experiences were very raw and he was able to lean in and feel more empathy as a result of what happened to him. Similarly, two participants also described changes in their emotions to involve becoming more resilient. According to VSP #19, her emotional changes exhibited in resiliency, as she believed that she and anyone else could get through anything with support and someone to walk alongside you. As said by VSP #18, she felt different every day, but being cheerful, joyful, and happy were all defense mechanisms. Finally, VSP #4 expressed that as a result of vicarious trauma, her emotions

led her to want to do more, stating, “I feel empathetic, I feel compassion, I feel. I feel energized to do something.”

The final categorical aspect of changes in self—spirituality impacted almost every participant in a similar manner. Six of the seven participants indicated that their vicarious trauma experiences strengthened or increased their faith, to include frequently reverting back to spirituality. VSP #15 proclaimed that her faith is everything and even still, her experience with vicarious trauma taught her to have more open and honest conversations with God when she really needs help. Similarly, VSP #16 indicated that her experiences have deepened her faith because she relies on trusting God to complete the bigger plan he has in place. According to VSP #19, she always finds a way to connect with a higher power, something bigger than her to give her peace. Likewise, VSP #5 shared,

I’m a Christian. And so, it kind of pushed me to revisit my relationship with God. And in and I, how, not just my relationship, but how I relate to God, and how I see, how I believe he views me and what, what I believe the Bible teaches in terms of our...relationship with God.

According to VSP #17, her faith has always really grounded her, and it still does, and it connects her to her purpose in supporting youth. Alternatively, VSP #18 claimed that she did not feel as though she had experienced any significant changes in her spirituality, noting that some parts of her faith have gotten stronger whereas other parts have changed. One unique perspective, though, is that VSP #4 explained that she grew up Lutheran and she had a lot of trauma attached to the church. She further explained that she currently uses crystals for crystal healing, aromatherapy, and Oracle cards when she



is looking for answers, which she often puts up to the higher power of the universe. She elaborated to say that she sometimes connects her spirituality with interested clients by giving them crystals or grounding stones for healing relationships and self-love.

### ***Theme 2: Experiences With Vicarious Trauma***

The second emergent theme is experiences with vicarious trauma (see Table 6). Previous research indicated that symptoms of vicarious trauma include, but are not limited to: anger, guilt, intrusive thoughts, negative emotions, somatic responses, feeling trapped by work, and low energy (ACA, 2011; Cieslak et al., 2014; Coles et al., 2014; Dombo & Blome, 2016). This theme describes how participants experienced vicarious trauma and different indicators acknowledging an issue. Additionally, this section describes the long-term experiences of listening to clients stemming from the vicarious trauma experience. Finally, since symptoms of vicarious trauma have been demonstrative of negative emotions, participants rated their difficulty in feeling positive about their life (from a professional perspective) as a result of their experience with vicarious trauma. The extraction of this theme was important because it explored each person's understanding of and direct experience with vicarious trauma, which in turn helped to personalize and explain their lived experiences. The participants described symptoms, or components, of vicarious trauma in generalized categories, to include: emotional, physiological, cognitive, behavioral, and other forms of secondary stress.

**Table 6***Significant Statements Reflecting Theme 2: Experiences with Vicarious Trauma*

Participant	Significant statement
VSP #4	“My inability to talk about my feelings in this moment, I think is a direct result of vicarious trauma, I’ve, I’ve blacked out a lot of those feelings, I think as a protective factor to be able to sustain in this work.”
VSP #5	“At the peak of that experience, I mean, I would say a two and it’s only a two and not a one because I still held on to my faith. And so, so there was in spite of my emotions at the time, I, I didn’t lose hope completely.”
VSP #15	“So, yeah, there was absolutely depression there was there was no good in the world. There was absolutely no good in the world, I couldn’t find anything positive to, to look at. It was like, you know, I’ve heard all I can hear, I’ve taken all I can take. Um, there was, was which I have a little bit of PTSD just from some other personal things. But what started to happen was, I would have these night terrors where people that I had been speaking with in the jail, their life kinda intertwined with my trauma and my dreams, and so it got a little, a little bit out of control.”
VSP #16	“Now that I’m thinking about it another sign. I was at the hospital and it was just it was for sexual assault. And I, my inner dialogue was like, that’s it. That’s all like, that’s it and I was like, whoa, that is not how I should be showing up.”
VSP #17	“I just always feel really angry, is the first emotion and then obviously it’s like very heartbreaking as well.”
VSP #18	“We’ll go with down was a one, down was um, down was suicidal ideations, not attempt, just suicidal ideation and just lack of will to keep going.”
VSP #19	“The part that gets to me is when they talk about if they were human trafficked as a little girl. That’s, that probably is hardest for me to hear...Umm, my, they, my youngest, my youngest victim was three years old when she was first sold into human trafficking by her mother.”

Participants described the emotional presentation of symptoms of vicarious trauma, including anxiety (four participants), depression (two participants), and panic attacks (two participants). According to VSP #15, she absolutely experienced depression, which was similar to VSP #18 who shared that she experienced both anxiety and depression. VSP #5 recalled having to call into work because he kept having panic attacks that created a huge level of anxiety. This also related to VSP #4 who stated that there were many times that she would have to self-reflect on why she was about to have a panic attack, or why she felt anxious about certain things, which narrowed down to her generalized anxiety.

As described by the study participants, physiological components of vicarious trauma presented as disrupted sleeping patterns (four participants) and exhaustion (two participants). VSP #4 described her experiences with insomnia and anxiety that would present during bedtime. VSP #5 also recalled disrupted sleep patterns articulated as:

Definitely some sleep, you know, some sleep, funky sleep patterns. And you know, that kind of thing. Although I didn't, I didn't and I don't find myself waking up and thinking about cases a lot. And sometimes, I just find myself waking up a lot. And then, and then having trouble going back to sleep.

Another experience with disrupted sleeping patterns was explained by VSP #15, who said that she would have night terrors that connected her trauma and victims' stories in her dreams, and that began to get out of control. She also discussed being so mentally and physically exhausted that she had to rest before bed in order to sleep through the night. Relatedly, VSP #4 described experiencing physical and emotional exhaustion.

In addition to the aforementioned physiological symptoms of vicarious trauma, participants also recalled experiencing cognitive symptoms to include guilt of inadequacy (three participants), and negative world perspective and negative triggers based on previous trauma exposure. VSP #16 recalled feeling a lot of helplessness and hopelessness, in which she felt like nothing she was doing was making a difference. She described these feelings as being stuck in a mud puddle and being unable to gain relief. According to VSP #18, she felt useless and as if she was not good enough to help her clients. She added that she internalized clients' experiences by saying:

I feel like when they haven't reached a goal, well that I did something as their case manager, not to, not to be there to support them. Not to help them, not to move them forward, like I have failed them in some way.

VSP #15 recalled feeling as though there was no good in the world and articulated that she could not find any positivity because she had taken all she could. Similar to these negative feelings about the world, negative triggers due to previous trauma exposure were described by VSP #4, in which she said that she has her own trauma that is triggered when her two-year old son gets physical with her.

Behavioral symptoms of vicarious trauma, as described by four research participants, included changes in weight. VSP #5 shared that he resorted to comfort eating, but did not indicate if this led to weight gain. On the other hand, both VSP #4 and VSP #18 recalled gaining weight. According to VSP #17, she lost weight, however related this to being less healthy and less active.

Finally, a symptom of vicarious trauma as discussed by participants was an experience of other forms of secondary stress. In Cummings et al.'s (2018) research assessing the relationship between secondary traumatic stress, vicarious trauma, and burnout in victim advocates, they found that various forms of indirect trauma co-occurred, adding that experiencing one form increased the likelihood of experiencing another form. This had some relevance in the current study in which three participants described experiencing burnout and two participants described experiencing compassion fatigue during their vicarious trauma experiences. VSP #4 articulated her experience with compassion fatigue in which she shut down emotionally when a family member was processing trauma in front of her, describing how her work connected to her personal life caused her to feel overwhelmed and emotional. VSP #5 identified ongoing compassion fatigue as a symptom of his vicarious trauma by saying that he is not remembering client stories and has to frequently check with his case manager to recall what is going on. He added that this makes him feel detached from his clients. Another participant, VSP #16, shared that a component of her vicarious trauma is dissociation, in which she cannot tap into certain feelings and emotions because it gets debilitating. She further discussed that she has experienced burnout on different occasions and that experiencing compassion fatigue is an indicator of an impending vicarious trauma experience. VSP #17 simply stated that she no longer decompresses the same way, and that she got really angry and burned out.

Related to the symptoms of vicarious trauma experienced by the participants are the long-term experiences of listening to clients as a result of their experiences with

vicarious trauma. This was described by the participants as: empathy for the internal suffering of clients; dissociation or desensitization of clients' stories; difficulties listening to certain populations describe their traumatic stories; and being angered, shocked, or horrified by clients' stories. Whereas the symptoms or components of vicarious trauma describe exactly how the participants experienced vicarious trauma, these long-term experiences discuss the impact of vicarious trauma when hearing clients' stories.

Four participants described long-term experiences of listening to clients to include empathy for the internal sufferings of clients. According to VSP #18, her heart breaks every time she hears that someone has been through something. VSP #5 shared more detail about the incident that facilitated his downward spiral into vicarious trauma:

I was reading an affidavit in a federal case involving a minor male victim who was sexually abused and trafficked under the definition by a Vice Principal of a school, a middle school, and a school bus driver. And so, for over an extended period of time, I'd spent some time reading through this affidavit. And I found myself, and this was at home one evening, and my wife and our youngest son were in Africa at the time and so I was home by myself. And I had this just strong reaction to, to what I read and you know, whatever visualizations of what was going on, you know, all of, all of that piece of it.

Three participants revealed that the long-term experiences of listening to clients as a result of their experiences with vicarious trauma involved feeling angered, shocked, or horrified by clients' stories. Also, three participants revealed that their long-term experiences of listening to clients resulted in dissociation or desensitization of clients'

stories. VSP #5 described initial feelings of shock when hearing stories of survivors, but soon after his vicarious trauma experience and hearing many more stories, he began to be less surprised. VSP #4 proclaimed that she once was horrified when hearing clients' stories but added that it is now normal for her to hear stories and there is not anything that she has not heard. Quoting VSP #4, "So now I kind of feel numb. I don't let myself feel anything." According to VSP #16, she stated that she looks back on her vicarious trauma and feels like she had heard everything under the sun so nothing surprises her. For VSP #17, she expressed anger at how the youth are treated and that humans would victimize one another, especially when exerting power and control over young people.

Two participants explained that as a result of their vicarious trauma, they have difficulties listening to certain traumatic stories involving certain populations. For example, VSP #5 said that as a result of his experience with vicarious trauma, his reaction to female clients is circumspect and reflective whereas his reaction to male clients occurs at the time he is hearing it. VSP #19 said that for her, it is hardest to hear when little girls are trafficked. She shared that her youngest victim was three years old when she was trafficked by her mother and described her feeling as:

I felt like I was going to vomit. Because she was very clear on her attacker. And she was in a hotel room when the man came in and her, her mother sold her for drugs. It made me physically ill, not for this, not only just for her, the three-year-old, but trying to understand why a grown man would do that to a three-year-old.

Based on the literature's identified symptom of negative feelings and emotions as a component of vicarious trauma, research participants were asked to consider their

vicarious trauma experience and rate how difficult it was to feel positive about their lives, where one is very difficult and five is no better or worse than how anyone else feels. VSP #17 did not give herself a rating. VSP #19 rated herself at a five, elaborating that her life is based on the choices that she makes. Both VSP #4 and VSP #5 rated themselves as a two; VSP #4 added that her resilience protected her during the darkest days and VSP #5 conveyed that he still held on to his faith. As said by VSP #18, she rated herself as a one, describing her suicidal ideations and a lack of will to keep going. VSP #15 and VSP #16 rated themselves as a one, but both initially claimed zero. VSP #16 articulated her inability to stop crying and drinking wine out of the bottle because she felt the world was a horrible place. VSP #15 shared:

It was bad. It was, there was no, there was no peace, there was no rest. There was no loss. There was no joy. There was no there was nothing. There was nothing like ... I was people didn't even ... It got to the point where my family didn't even want to have conversations with me. Because every time they talked to me, it was like, oh my gosh, you know, I have this one, she's seen or her mom done this or her dad done that and, and they were just like, stop. If you're gonna keep talking about this, we're going to stop talking, like I don't want to hear it. You know, it was very hard. I couldn't, looking back on it now. I couldn't even function.

### ***Theme 3: Coping Strategies to Deal With Vicarious Trauma***

The third emergent theme in the data analysis is coping strategies to deal with vicarious trauma (see Table 7). The findings revealed a range of different coping



mechanisms used by participants to deal with the stress related to vicarious trauma. Based on the seven interviews, the coping mechanisms identified are: healthy engagement in new or current hobbies; engaging in bonding activities with victim-survivors; learning about triggers to vicarious trauma; identifying a problem-solving framework to deal with cases and triggers to vicarious trauma; implementing humor, sarcasm, and lightheartedness in the work environment; resorting to unhealthy behaviors; therapy; and emotional venting (reflecting on clients' stories alone or with other victim service professionals). In addition to individual coping mechanisms, this third theme also included the role of the organization in managing stress (caused by or related to vicarious trauma).

**Table 7***Significant Statements Reflecting Theme 3: Coping Strategies to Manage Vicarious Trauma*

Participant	Significant statement
VSP #4	“I think my defense mechanism is that I just forget about...I don’t think about it anymore. I don’t let myself sit on someone’s story. I don’t want to bring it home with me.”
VSP #5	“And we’re, we’re intentionally...fun. And we, we laugh at things that might not seem funny to people. I think sarcasm has its place. And so, in some, some of that’s just a product of who we are, but some of it actually is, this is the set, this is the kind of environment we’re going to have here. And if, if you, if a person can’t hang with it, then, you know, go be in a stuffy law office and, you know, have, have your own fun.”
VSP #15	“Self-care, finding a hobby, doing what you love, talking to a pastor or talking to a therapist, all those things, you know.”
VSP #16	“I mean, I have key indicators in my life that I know, when things happen. Like, for instance, one of the flags for me that my vicarious trauma is getting is when I have nightmares, and it doesn’t even have to be nightmares about the work.”
VSP #17	“I’m trying to like put some of the things that I like to do into the, the, the work with youth. So, like, this past summer, I started like, a group, a youth group, where we just would go to like, we’d pick a trail in the community every week to go to and like go hiking. So just trying to like implement things that I enjoy into myself here throughout the day has been really helpful.”
VSP #18	“I’m in two different book clubs, so that I can just go sit and read and like talk to people that aren’t focused on social work all the time because a lot of my friends outside of work are still work-related.”
VSP #19	“I listen to a lot of positive things. I go to the gym. I physically take care of myself. I read...just to understand a lot of, I like a lot of self-help stuff.”

The most common coping mechanisms among the six participants was healthy engagement in new or current hobbies. While participants identified an array of different types of health coping activities, VSPs #4, 5, and 17 participate in exercise to de-stress; specifically, Cross-Fit, going to the mountains, and boxing, respectively. VSP #19 identified multiple coping strategies, to include walking on the beach, walking in the woods, going to the gym, reading about self-help, and physically taking care of herself. According to VSP #15, she described her love and passion for playing the piano and articulated her ability to detach from everything while playing.

In addition to engagement in hobbies, four participants also discussed engaging in bonding activities with victim-survivors as a frequently used coping mechanism. VSP #18 shared:

Honestly some of my favorite things that helped me are the moments that, like me and a survivor. We don't have to talk about the trauma that like we can do something and experience something whether that's taking a walk in a park, whether that's share on our favorite jokes, whether that's talking about music that really influences us and sharing songs and learning songs back and forth. As much as that is like very work-related it's very cathartic for me to see them smile and them in a happy place because so often, they aren't in those places and they themselves aren't realizing that things are happy, so being able to say hey guess what you, you just smiled. And they'd be like I can smile?

Similarly, VSP #4 stated that when she is sitting face-to-face with a client, they do adult coloring pages because it is de-stressing for both her and her clients and they are still able

to talk. As said by VSP #19 who provides makeover services for post-release women, while she is performing services on their hair, it frees them up to talk since they feel safe. She added that at the end of their makeover, it is a happy ending because they look in the mirror and they look at themselves for the first time.

Another coping strategy that four participants use to manage vicarious trauma is learning about triggers to vicarious trauma. After his experience of vicarious trauma, which was perpetuated by a story of a male survivor, VSP #5 stated that he is careful now when looking at cases involving male minors—learning as little as he needs to handle the case. VSP #18 said that when she starts to withdraw socially, it is often an indicator that she is in a darker place, which was stated to describe her vicarious trauma. Likewise, VSP #16 expressed that when she has high levels of vicarious trauma, she is more conscious of keeping it in check because based on her past experiences, she could potentially respond inappropriately and cause harm.

Four participants also disclosed that a coping mechanism for dealing with vicarious trauma is identifying a problem-solving framework to deal with cases and triggers. According to VSP #16, she believes that part of her job is to take care of herself so that she can set an example on how to do this work with real boundaries. Similarly, VSP #4 articulated the importance of learning strong boundaries with youth and clients, and setting better boundaries with taking work home. VSP #15 simply described her problem-solving framework as taking time for herself. VSP #5 explained when talking to clients, his staff is intentional about not being overwhelmed and begin to develop problem-solving solutions. Each of these examples of setting boundaries in human

trafficking victim service providers is consistent with previous literature as related to therapists, which suggested that maintaining clear boundaries helps to lessen the negative effects of vicarious trauma (Halevi & Idisis, 2018; McCann & Pearlman, 1990).

Four participants identified implementing humor, sarcasm, and lightheartedness in the work environment as a coping mechanism to manage vicarious trauma. As quoted by VSP #17, “A lot of the coworkers that I have...I find that we laugh or just like have this weird sense of humor sometimes about the work that we do...” This related to VSP #15 who said:

I just, just loving people and, and having such a fun place to work. It is fun. You know, it is a very a light atmosphere, a lighthearted atmosphere. And you know, I’m, I’m the type of person where I like to pick up people if I really like them, I’ll pick on them. And you know, I have a couple of coworkers they’re the same way, you know, so we kind of have that healthy banter that goes, you know, back and forth.

Three participants discussed resorting to unhealthy behaviors as a coping strategy to manage vicarious trauma. VSP #4 discussed some of her unhealthy coping skills as smoking, even though she is aware of the effects of nicotine inciting more anxiety. She elaborated to say that on some days, she has anxiety about getting through her workday and will go out to smoke. Likewise, VSP #17 articulated that her gauge for vicarious trauma is when she starts drinking for no reason and smoking marijuana occasionally. Three participants discussed going to therapy to help cope with their experiences of vicarious trauma. For instance, VSP #5 shared that he participates in accelerated

resolution therapy. VSP #18 explained, “Having a [primary care physician] that like I’m in constant contact with about like mental health and...the meds that I’m taking, working to like keep me healthy and as well as like the work environment as a whole.” Finally, two participants described emotional venting as a coping mechanism to manage vicarious trauma. According to VSP #17:

I do probably like pray or just drive around sometimes. Like I’m already in my car a lot. So sometimes I’ll just like drive to kind of like clear my brain.

[Colleague] and I talk a lot. So just having other people who are doing this specific work who like, because it’s such a unique specialization of work that finding people who get the, the vicarious and burnout piece specific to that trafficking and exploitation that we hear about often is really crucial.

Participants in this study revealed that one of the strongest factors that impacted their vicarious trauma experience is the role of the organization. Overall, participants disclosed that if the organization was supportive, it played a significant role in coping with the stress caused by or related to vicarious trauma. The two responses are: having an organizational policy on self-care and having overall organizational support.

An organizational policy, as supported by six of the participants, is having a policy on self-care, specifically one that encourages the availability of counseling, opportunities to engage in self-care, and overall employee assistance. VSP #5 explained that as an Executive Director he ensures that: there is counseling available for the team; they try to keep a lighthearted environment; the dress code is really laid back; the work setting is very casual; the hours are structured for the employees to have adequate time

off (including increased vacation hours); and they are intentional about recognizing that vicarious trauma is going to occur. As described by VSP #18, her organization is stringent with self-care such as encouraging flextime when employees exceed 40 working hours per week. She added that her supervisor ensures that employees who are overwhelmed get breaks, leadership gauges stress levels, and leadership gives opportunities to shift workloads to be more manageable. VSP #17 stated that her organization has a trauma-multidisciplinary team that is run by trauma therapists to handle the clinical piece of their work. According to VSP #4, at her job, she is able to take time off, staff are given mental health days, paid time off, paid sick leave, and they recently adopted an employee wellness program with access to up to six therapy sessions.

Six participants also identified another function of the organization in managing stress as overall organizational support. This includes; support from co-workers or quality time with colleagues; support from supervisors; an opportunity to step back and get organized; and encouraging a division of the workload. VSP #15 said that the support system at her job is phenomenal, and added that she has the best coworkers that a woman could ask for. According to VSP #16, at her job, if they were on call, they are not supposed to see clients, they got a paid month off, are required to have therapy sessions during work time, are encouraged to take a week off every couple of months, and are provided overall organizational support around trauma. As described by VSP #18, she dislikes documentation to such a degree that it makes her feel overwhelmed and stressed, so her supervisor protects a chunk of time every week to focus solely on documentation without any interruptions.

***Theme 4: Recommendations and Strategies***

The fourth emergent theme in the data analysis is recommendations and strategies for employers and organizations (see Table 8). The participants disclosed a series of recommendations that could assist with supporting employees to best manage their experiences of vicarious trauma. The five recommendations are: increased opportunities for funding; provide employee-centered training resources; provide an employee mental health program; encourage regulations for service professionals; and provide paid holidays and more time off.



**Table 8***Significant Statements Reflecting Theme 4: Recommendations and Strategies for Employers and Organizations*

Participant	Significant statement
VSP #4	“Through the network of service providers that I do I work with; we are being more vocal about wanting more support and understanding of vicarious trauma.”
VSP #5	“A full-time counselor who just likes to hang around and, and talk to us whenever we need to and help us process stuff that would be that would be pretty cool.”
VSP #15	“I wish we had more, more room for more clients, or, you know, I’m just always wanting to do more.”
VSP #16	“I think having a culture where, if we like, don’t make meetings on Fridays, or if you have meetings on Fridays, take half a day off. Take a Monday for just office work. Don’t schedule meetings on a Monday or, like I think there needs to be, which I think we’re starting to go like even with the pandemic and being like, work from home and figure this out. I think there needs to be a, a clear expectation of how often you’re meeting with clients, how often you’re taking time for yourself and realizing that like a 40-hour week isn’t intensive work 40 hours, right. Like it’s taking off early. It’s taking more than just a day off taking just a day off you need a week off every couple months, like legitimately, to just and that’s something that I have tried to replicate.”
VSP #17	“I so badly wish like; I don’t know how it is for other mental health agencies. But like, I would give my left foot for my own agency to like, also care about our mental health versus the mental health of like our clients. Um, I think that every mental health agency should just straight up provide like free mental health to their employees somehow like, or maybe like, you know, every year you get like 30 sessions or whatever, for free or whatever it could look like.”
VSP #18	“So, I wish there was a service for service providers that was more focused on like just being human and like, and like glorify ... not glorifying, but like at least addressing that hey, you’ve done a good job. Like you, you’ve done well for this client. The client has succeeded in these small ways um.”
VSP #19	“I could have the resources to, you know, help them get into these programs for, you know, organizations because there’s really, honestly, there’s a lot of help out there.”

Each of the seven participants recommended that employers and organizations should provide additional funding to support victim-survivors and victim service providers. As stated by VSP #15, she wished her employer had more room for clients because she always wants to do more. VSP #18 suggested that additional funding would assist victim-survivors with housing and other support services. Similarly, VSP #19 recommended that more funding could help provide victim-survivors with resources to get them into programs. A recommendation related to funding from VSP #5 is that within the work, they would not have to worry about funding because it creates distractions for service providers from doing the direct work. According to VSPs #4, 16, and 17, an increase in funding could better support the professionals who are providing support to victim-survivors. VSP #17 added that although she has experienced some shame in wanting to make more money, she realized that her time is valuable and her emotional attachment needs to translate into the work she is putting in.

Five participants supported the second recommendation for employers and organizations, which is providing employee-centered training resources. These resources include: normalizing vicarious trauma trainings and vicarious trauma experiences; addressing complex trauma; and focusing specifically on self-care. VSP #17 said that vicarious trauma puts a lot on professionals and almost presents to her as victim blaming based on their experiences of trauma. She described how normalizing vicarious trauma and talking more about how professionals deal with it could be beneficial. According to VSP #5, survivor-led trainings are more impactful because they do a better job at addressing responses to being trauma-informed, a framework of trafficking victims'

trauma, and self-care. VSP #18 also recommended that trainings on vicarious trauma should be more focused on different methods of self-care. VSP #4 summarized separate responses by all the participants' perspectives by recommending that service providers should be more vocal about wanting more support and understanding of vicarious trauma.

The third recommendation as described by three research participants is an organization-specific mental health program that includes organizational self-care and mental health insurance. VSP #17 shared that she believes that her employer, a mental health agency, should also care about professionals' mental health as well as mental health of the clients. She suggested that they should provide free mental health to their employees or pay for a certain number of sessions every year. VSP #16 provided a similar recommendation, stating that teams doing this work need to do clinical debriefs both as a team and personally in order to process their experiences. Relatedly, VSP #5 expressed that a full-time counselor who is always available to help employees process their experiences would be beneficial to the organization.

The fourth recommendation that was disclosed by two participants is regulations for service professionals, including social workers. According to VSP #18:

So, I wish there was a service for service providers that was more focused on like just being human and like, and like glorify ... not glorifying, but like at least addressing that hey, you've done a good job. Like you, you've done well for this client.

The final recommendation, or strategy for employers and organizations, is paid holidays and more time off, as recommended by two participants. Although some programs do

offer paid leave, VSP #17 articulated that it would be helpful if she did not have to use her paid time off for mental health days and that she, as a professional, would be fully supported by her agency.

***Theme 5: Motivating Factors to Remain in the Victim Service Profession***

The fifth emergent theme (see Table 9) describes participants' connection to their work and provides insight as to their involvement in a victim service profession despite their knowledge of and experience with vicarious trauma. Though each of the participants provided unique perspectives as to their motivating factors and reasons that they are attached to their profession, the data revealed both intrinsic and extrinsic factors to demonstrate their true motivations for choosing and remaining in this career path. Intrinsic motivators are those that come from within the individual or for personal reasons. The intrinsic motivators identified by the data include: a passion for the job or calling to do the work; creating awareness; making a difference in victim-survivors' lives; and a relation to personal life or personal experiences with trauma. The extrinsic motivators, or factors explained by outside causes are related to personal life or personal experiences with trauma.

**Table 9***Significant Statements Reflecting Theme 5: Motivating Factors to Remain in the Victim Service Profession*

Participant	Significant statement
VSP #4	“And that’s why I do it. That’s my favorite part. Witness, witness those little small successes, those little success stories.”
VSP #5	“Our clients’ stories are not in a, in a vacuum, they’re not just like a bad story and then we have to live with it, you know. It’s, it’s, it’s a story on a journey to something better. And, and so we are fortunate, as compared to like, you know, law enforcement, you know, who are maybe facing victims with trauma, and then they don’t, they don’t get to see restoration, or they don’t get to see recovery or anything else, you know, they uh, that’s, I can’t even imagine that. So, we kind of have this...you know, we’re kind of, with our clients, we’re kind of on our way to something better, we hope...”
VSP #15	“My love for people, I love people. My coworkers, but the clients mainly. Being able to help them, whether that’s watching a movie with them or having those hard conversations. I just love it. Like I love helping people. And as I’ve learned how to deal with vicarious trauma, it makes my love and my passion for it even, even deeper, I guess is the word.”
VSP #16	“I love the networking, like the relationships. And I was actually, just having a meeting yesterday. And this has been really hard during the pandemic. I love working with community members and connecting with people. And I love training and seeing that like aha moment, or helping them understand what they’re seeing and being like, this is what it is. Um, I really do love the relational aspect of this work is so relational. I love teaching and training and learning alongside people and also being able to be vulnerable and be like, let me tell you where I messed up. And so that you don’t have to make the same mistake... Yeah, there’s those pieces. And there’s just so many things, I think about this work. I love that in the midst of horrific evil, there’s some really great good being done. And that this is typically a bipartisan issue. I have loved that about it so much.”
VSP #17	“I love meeting with these kids. Like, they’re so funny. They’re so smart. Like, I get energy, like what I do, like, like when I’m like hanging out with them, or like, um that’s like, when I feel my best, I think. When I’m like with them, it’s not until afterwards when I’ve had time to like process a meeting or process, you know, what was sad that I’m like, oh, gosh, that was so heavy, like, you know, but I don’t do it right then and there, because I just love like, you know, um hanging out with them.”
VSP #18	“So, in the bad times what I was feeling is I honestly, I had ... I had a lot of like credit card debt that I didn’t want my, I didn’t want my mom or anyone else have to be in charge of and so that’s what kept me at work and kept me from following through with any like thoughts that I was having at that time because I didn’t want to be, I didn’t want to let anybody down. And so intrinsically, it was don’t let someone down, don’t let someone know that you’re, you’re, you’re failing under the water.”
VSP #19	“And I think that’s part of what I believe my journey is, is calling people out on, you know, the reality of what’s really going on.”

Five participants described a passion for doing human trafficking victim services or being called to do this work. VSP #4 described this work as her heart's work and passion. She said, "I had a professor in school that was like find a job where you wake up on Monday morning with as much energy as you have on a Friday afternoon. And that's my job." VSP #15 expressed that she is connected to this job by her love for people and love for helping people. She proclaimed that, "As I've learned how to deal with vicarious trauma, it makes my love and my passion for it even, even deeper..." As stated by VSP #16, she believes that she is in this field for a purpose, that it is her calling. She explained her connection to the field as:

I love that, like I can learn and really, like there's so many different aspects and facets of this work and things that you need to know about or that this touches, and so I loved that piece. I loved that we could affect so much. I loved the victims and survivors like I said, they, I, they just were like in my bones. Like I'm just like, these are my people. And so, it was definitely like this is more than just a job. It's a calling.

As described by VSP #5:

I'm like this is the most amazing thing I've ever done. And in some respects, the easiest thing I've ever done. And that's what made sort of the vicarious trauma piece to see, as it was deceiving, it was like, it didn't feel like anything was really happening. Yet, I knew enough to know that something's brewing there, you know, but, but again, that, you know, I never dreaded coming to work or engaging with a, you know, with a client or anything like that.

Participants also identified intrinsic motivators for this work as an opportunity to create awareness. VSP #17 stated:

I like training and other people I love like, going into like a community training or whatever, I do a lot of trainings throughout our, our area, and to see that light bulb somehow go off of like, or to see people as like views shift like, because I think a lot of community members feel like trafficking is like, oh, that happens to those homeless youth or whatever it is. Like this idea that like it happens, and to see on, like, it gives me such... It gives me such joy. So, to see the light bulb go on, when like, you're like, typical, or like, higher upper class family realizes like, oh, that could happen to my kid. Like, you know what I mean, like that this affects everyone, regardless of race, gender, ethnicity. That, to me is where the real community response comes full circle.

According to VSP #19, she identified her motivators as calling people out on the reality of what is going on. This relates to VSP #4, who describes her motivation as bringing home the issue for people and taking it out of worldview. Similarly, VSP #16 expressed that she loves networking, relationships, connecting with community members, teaching and training, learning, and looking at human trafficking as a bipartisan issue.

In addition, four participants articulated that making a difference in victim-survivors' lives are a significant, intrinsic motivator in staying in this profession. As described by VSP #18, she stays in this job because she feels good and like she is making a difference by growing and developing rapport with survivors. She states that she is able to notice progress and enjoys feeling as if someone was safe because of something she

did. VSP #4 stated, “We’re the, we’re not the county, we’re not law enforcement, we’re on their side, we’re here to uplift their voices like to be able to explain that to somebody is my favorite part about being an advocate.” She added that she also likes to witness small successes. In addition, VSP #5 proclaimed feels like he gets to be a part of something positive and restorative, and that feels amazing. According to VSP #19, she knows that other victim-survivors have a story to tell and she believes that if they could get the courage to tell their stories, it would be part of the journey to set them free.

Four participants in this study also identified a motivating factor to remain in this profession in relation to personal life or personal experiences with trauma. For VSP #16, she stated that she feels that she is on this path because doing this work has brought forth things in her family relating to human trafficking. She further described how things in her life make more sense and she cannot question why, but knows that this is what she is supposed to be doing. Although many of the participants’ motivating factors were intrinsic, only VSP #18 described her motivation to continue this profession during the peak of her vicarious trauma as extrinsic. Specifically, she stated:

So, in the bad times, what I was feeling is I honestly, I had ... I had a lot of like credit card debt that I didn’t want my, I didn’t want my mom or anyone else have to be in charge of and so that’s what kept me at work and kept me from following through with any like thoughts that I was having at that time because I didn’t want to be, I didn’t want to let anybody down.



There were no identified discrepant cases within the data that had to be factored into the analysis. There was also was not any non-confirming data that should have been factored into this analysis.

### **Summary**

The purpose of this qualitative phenomenological analysis was to explore the lived experiences of human trafficking victim service providers who have experienced vicarious trauma. By conducting seven semistructured interviews and using Colaizzi's (1978) seven-step method of descriptive phenomenological analysis, the data revealed five emergent themes stemming from 219 significant statements. This research revealed that like many other victim service professionals, human trafficking victim service providers do have lived experiences with vicarious trauma to include the impact of vicarious trauma experience, experiences with vicarious trauma, coping strategies to manage vicarious trauma, recommendations and strategies for employers and organizations, and motivating factors to remain in the victim service profession.

This chapter provided an overview of the purpose of the research and provided significant information on the data collection involved in the study. This included the research setting, participant demographics, data analysis, evidence of trustworthiness, and results. The results supported the research question, which identified the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma. Chapter 5 discusses the interpretation of the findings, limitations of the study, recommendations, and implications.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of the current research study was to explore the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma. Although previous literature has explored how various types of helping professionals experience indirect trauma, efforts to prevent vicarious trauma in helping professionals, and coping mechanisms to manage vicarious trauma in helping professionals, the research is scarce in exploring vicarious trauma in human trafficking victim service providers (Cohen & Collens, 2013; Cox & Steiner, 2013; Long, 2020; Molnar et al, 2017). By conducting seven semistructured interviews with this specialized group of professionals and performing an IPA of the data, this research has contributed to the current literature by identifying human trafficking victim service providers' vicarious trauma, or cognitive and affective changes in self, others, and the world, as a result of working directly with victims of human trafficking.

Conducting an IPA using Colaizzi's (1978) descriptive phenomenological method, I identified 219 significant statements, 56 formulated meanings, 14 thematic clusters, and five overall emergent themes. The five themes were (a) the impact of vicarious trauma experience; (b) experiences with vicarious trauma; (c) coping strategies to manage vicarious trauma; (d) recommendations and strategies for employers and organizations; and (e) motivating factors to remain in the victim service profession. Each of these themes captured the various responses of the research participants which, when

analyzed together, provide a context for understanding the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma.

### **Interpretation of the Findings**

The first theme, impact of vicarious trauma experience, captured the core aspects of the participants' vicarious trauma. Vicarious trauma involves shifts in a professional's thoughts and worldview as a result of long-term exposure to graphic and painful material from clients, which alters beliefs, expectations, and assumptions about self and others (McCann & Pearlman, 1990). The vicarious trauma construct also considers disruptions in cognitive schemas, or frameworks, to conceptualize experiences (van der Merwe & Hunt, 2019). People use schemas to interpret events that either fall within pre-existing frameworks or challenge those frameworks, which lead to a shift in cognitions (McCann & Pearlman, 1990). According to McCann and Pearlman (1990), these pre-existing schemas relate to psychological needs in self, others, and the world in the following areas: safety, dependency/trust, esteem, intimacy, power, independence, and frame of reference. Therefore, it was important to identify the specific types of shifts in thoughts and worldview as experienced by study participants and connect back with the disrupted schemas. The seven participants in this research revealed changes in six key areas: belief systems—perceptions of others and the world; relationships; self—cognition; self—job life; self—spirituality; and self—emotions.

Analogous with Long's (2020) research involving vicarious trauma (among other types of secondary trauma) within a sample of rape medical advocates, the current study found that participating human trafficking victim service providers, like other

professionals, have experienced vicarious trauma that led to a change in their views about the world. Overall, participants in the current study described the most significant changes in their belief systems—perceptions of others and the world, to include areas such as (a) compassion and respect for victim-survivors, especially with regards to strength and resiliency; (b) increased understanding about traffickers' trauma; and (c) perception of an oppressive world and/or system. For example, five research participants revealed that they could never understand a survivor's specific perspective or experiences, but appreciate and recognize the strength and resiliency of being a survivor to come receive services, and ultimately described feeling honored to be part of victim-survivors' journeys. Six participants' perception of an oppressive world, including the world being a bad place and that there exists a flawed sense of justice for victim-survivors, is an example of disrupted schemas in the area of dependency/trust.

Seven participants also disclosed that after experiencing vicarious trauma, they have become more empathic and compassionate towards traffickers, as there is a generalized understanding that these people have also been victimized at some point in their lives. Participants' disrupted schemas about esteem led them to understand traffickers and feel compassionate towards a group that they once felt angry and malevolent towards. Additionally, six participants in the current research study stated that they felt negatively about others and the world as a result of their experience with vicarious trauma. For instance, some respondents indicated that the world is a bad place, but others elaborated to explain how individuals in positions of power fail to acknowledge unfavorable situations to avoid finding justice. Overall, three participants

described feeling distrust and skepticism towards others, especially men, as a result of their experience with vicarious trauma. The participants' distrust and skepticism of others is a disruption to their schemas about safety.

According to previous research by van der Merwe and Hunt (2019), changes in trust and safety concerns were some of the many outcomes associated with trauma researchers who experienced secondary trauma. This is confirmed by five participants in the current study who disclosed a generalized representation of anger at peoples' insensitivity and lack of awareness about human trafficking and victim-survivors' experiences, to include creating barriers that could help victim-survivors and demonstrating demeaning behavior towards victim-survivors, such with negative language. Participants' disrupted schemas about dependency/trust are also exhibited in relation to anger against people's insensitivity to human trafficking and victim-survivors' experiences.

In addition to perceptions about others and the world, study participants supported the construct of vicarious trauma based on changes in interpersonal relationships. Six participants disclosed that they experienced strained relationships with family members, poor interpersonal relationships, and overall shifts in friend circles. For those who reported strained relationships with family members, the experience of vicarious trauma manifested in relationships with their children (both adult children and those still within childhood/adolescence), such as one participant stating that she was often short-fused with her children, whereas others described feeling disinterested and withdrawn about

their spouses' work. This was reflective of McCann and Pearlman's (1990) disruption of schemas about safety and dependency/trust.

The study results also revealed that five participants experienced poor interpersonal relationships, which often exhibited as social vulnerability and social distancing. The participants' responses regarding poor interpersonal relationships are a depiction of disrupted schemas in the areas of intimacy and independence. For others, there were changes in friend groups or current relationships. As an example, two participants created opportunities to connect more with individuals with shared and aligned beliefs and experiences. The participants' shifts in friend circles confirm McCann and Pearlman's (1990) application of disrupted schemas in the area of intimacy. Aside from the American Counseling Association (2011) naming changes in relationships with family and friends as a symptom of vicarious trauma in helping professionals, each of the aforementioned examples of human trafficking victim service providers' shifts in relationships with others extended the knowledge on vicarious trauma, especially with regards to this population, as there was a dearth of literature addressing interpersonal shifts.

With regards to changes in self, study participants identified shifts within themselves in terms of their cognition, job-life, spirituality, and emotions. The cognitive aspect involved shifts such as research participants starting off as optimistic, but after experiencing vicarious trauma, realizing that they can only do what they could for victim-survivors, experiencing occupational identity issues in which there were challenges with separating themselves from their work, and overall deteriorated mental health based on

an invasion of thoughts. This confirmed the literature in which some professionals, including sexual violence researchers, experiencing vicarious trauma identified symptoms such as powerlessness, intrusive thoughts, difficulty concentrating, and feeling ill-equipped to handle their work (Baird & Kracen, 2006; Coles et al., 2014). Each of these occurrences reported by the study participants are examples of disruptions in schemas about power.

The job-life aspect of vicarious trauma involved shifts such as becoming more intentional about work, relatability to clients, and experiences of negative service provision to clients. Five participants indicated that in terms of being intentional about work, they would develop problem-solving mechanisms to dealing with client issues and be more conscious about efforts to advocate for them. With regards to relatability to clients, three victim service providers identified their inability to consistently compartmentalize clients' trauma based on their own experiences, and one participant described her personal experience with being a victim of labor trafficking. This serves as an example of disrupted schemas pertaining to both intimacy and independence. In terms of negative service provision, two participants recalled lower quality, and almost detrimental, service provision to victim-survivors during the peak of their vicarious trauma experiences. The identified decline in quality services, such as dissociation or desensitization, can contribute to disrupted schemas about frame of reference.

Finally, six participants in the current study also experienced increased shifts in spirituality as a result of their experiences with vicarious trauma. As a response to experiences of vicarious trauma, each of these six participants in reverted back to their

spirituality acknowledging how their faith connects to their purpose in this profession. In the same vein, four participants described strengthened or increased spiritual connections as a result of their experiences with vicarious trauma. For instance, one participant described that her faith deepened as she learned to rely on trusting God, whereas another participant described the importance of connecting with a higher power to give her peace. Wilson (2016) and Cieslak et al. (2014) recommended spirituality as a strategy to deal with vicarious trauma; however, research was scarce in describing the shifts in spirituality as a result of experiences with vicarious trauma.

Research participants also disclosed that they experienced changes in emotions (or managing emotions) as a result of their vicarious trauma experiences. As described by Kliner and Stroud (2012) in their exploration of different types of secondary stress on volunteer and community sector staff, working with human trafficking victims was more emotionally difficult than working with other populations. In the present study, three participants experienced an overload of emotions, two participants identified becoming more empathetic, and two participants recalled becoming more resilient. Emotional overloads, for instance, are an example of disrupted schemas in the area of power. Relatedly, many of these emotions revealed by participants in this study supported the previous literature which described emotions of therapists and healthcare professionals experiencing vicarious trauma, such as empathy, feeling negative emotions, and emotional exhaustion (Guitar & Molinaro, 2017; McCann & Pearlman, 1990)

The second theme, experiences with vicarious trauma, essentially describes the emotional, physiological, cognitive, and behavioral symptoms experienced by the



participants as a result of their vicarious trauma. Each of the participants in the current study described experiencing at least one of the following symptoms: anxiety, changes in weight, depression, physical and mental exhaustion, guilt of inadequacy, disturbed sleeping patterns such as nightmares and insomnia, negative world perspective and negative triggers based on previous trauma exposure, panic attacks, and other forms of secondary stress. Findings from the current study were consistent with previous research, such as Coles et al.'s (2014) study involving trauma experiences with sexual violence researchers, in which their participants who experienced vicarious trauma felt anger, guilt, sadness, depression, intrusive thoughts, and believed their world was changing. In connection with McCann and Pearlman's (1990) description of schemas, negative world perspective, as a symptom of cognitive experiences, is demonstrative of disrupted schemas in the area of dependency/trust as the participants' new ways of thinking about others after experiencing vicarious trauma caused them to be cynical, distrustful, and betrayed by other human beings.

Regarding experiences with other forms of secondary stress, many participants in the current study described experiencing burnout (three participants) or compassion fatigue (two participants), especially to serve as indicators of a significant vicarious trauma experience. According to Dombo and Blome (2016), for instance, burnout that is unaddressed can likely contribute to vicarious trauma. This related to findings from the current study in which one participant described her vicarious trauma experience to involve anger and burnout, whereas a different participant articulated his recurrent

experiences with compassion fatigue that impacted his ability to recall clients or their stories without referring to his case manager.

When discussing current research participants' long-term experiences of listening to clients' traumatic stories as a result of vicarious trauma, this contributes to disrupted schemas about safety. Three participants described initially feeling angry, shocked, or horrified when hearing traumatic client stories, but after their experience with vicarious trauma, felt numb and desensitized. On the other hand, two participants still experienced difficulties in listening to certain client populations, such as males or toddler girls. For one participant, recalling a male victim of human trafficking initiated the vicarious trauma experience, whereas another participant was physically sickened by a 3-year-old girl's victimization. These examples, either together or apart, provide a clear example of disrupted schemas in the area of frame of reference.

According to Ramirez et al. (2020), human trafficking is a unique phenomenon; and therefore, there is an increased likelihood that human trafficking service workers will experience vicarious trauma. With consideration to these experiences, the third theme, coping strategies to manage vicarious trauma, was important to determine how human trafficking victim service providers cope with or manage the effects of their vicarious trauma. Wilson (2016) described in her research the significance of exercise and engaging in stress reducing activities to cope with vicarious trauma, which is confirmed by six participants in the current study, naming healthy engagement in new or current hobbies as a coping mechanism. For instance, each of the six participants described working out, spending time with friends, meditation, or self-help as ways to cope with

their vicarious trauma. Three participants also identified coping mechanisms such as engagement in unhealthy activities (e.g., drinking and smoking). These negative behaviors, as exhibited by human trafficking victim service providers in the present study, were not described in the literature and therefore extend existing knowledge about vicarious trauma.

Four participants in this research further described the importance of identifying a problem-solving framework to dealing with cases and triggers to vicarious trauma to include methods such as developing a schedule, creating clear boundaries for dealing with clients, and better managing the workload. In the previous literature, both McCann and Pearlman (1990) and Halevi and Idisis (2018) discussed the importance of maintaining clear and flexible boundaries, which was echoed in the current literature. Although details about this coping mechanism were not defined in the previous literature for helping professionals other than therapists, it was a frequently recurrent theme to participants in this study and is therefore deemed significant in coping with experiences of vicarious trauma in human trafficking victim service providers.

Consistent with research by Michalopoulos and Aparicio (2013), the role of the organization, or high social support, is also important in managing experiences of vicarious trauma. This was similarly reflected in the current research in which six participants indicated that having an organizational policy on self-care (to include availability of counseling and opportunities to engage in self-care) and overall organizational support (i.e., support from co-workers, supervisors, and the organization as a whole) was integral in coping with the effects of vicarious trauma. For instance, in

this study, participants described their organizations as having policies such as a casual work setting, structured hours to enable adequate off time, a trauma-multidisciplinary team for employees, and employee wellness days. In comparison to the previous literature, which identifies a need for support in the workplace to avoid exacerbated effects of burnout, the current study supports those methods, as described above, as effective in managing vicarious trauma (Churakova, 2019). Similarly, the present study revealed that participants value not only supportive colleagues, but also supportive supervisors who recognize when employees are experiencing burnout or stress, and when there is a necessity for organizational support.

The fourth theme, recommendations and strategies for employers and organizations, was important to gauge what the research participants identified as the best ways to protect employees from the experiences of vicarious trauma. One consistent recommendation suggested by all seven participants in the current study supported that funding was the most significant need for human trafficking victim serving organizations, which by extension could support victim service providers. As described by current participants, an increase in funding could include assisting victim-survivors with housing and other support services, focusing more specifically on the direct work, and better supporting the professionals who are providing support to victim-survivors. In addition to funding, five study participants recommended a need for employee-centered training resources, specifically focusing on understanding vicarious trauma, normalizing vicarious trauma and eliminating the perceived stigma, the relatability of complex trauma (to victim-survivors), and an overall focus on self-care. This was similar to Cox and

Steiner's (2013) study in which their participants acknowledged the importance of organizational cultures that allow workers to process their feelings in response to clients' trauma.

The literature on vicarious trauma in helping professionals and other forms of secondary stress in victim advocates identified recommendations for future research to include working with a treatment team, debriefing with colleagues, and focusing on self-care (Pascual-Leone et al., 2017). Relatedly, the current study identified similar, specific strategies for human trafficking victim service providers and organizations that employ victim service providers to best cope with their experiences of vicarious trauma. Each of these recommendations and strategies are not new to helping professionals described within previous literature but have been supported by the current research as being similarly effective for human trafficking victim service providers.

The final theme, motivating factors to remain in the victim service profession, connected with the theoretical underpinning of this research, but also covered new literary territory for human trafficking victim service providers. Deci and Ryan (1985), who developed the SDT, provided an explanation of human motivation with regards to intrinsic and extrinsic motivating factors. Under this theory, they determined that all people, including human trafficking victim service providers, have fundamental psychological needs for autonomy, competence, and relatedness, which can help to promote autonomous (or intrinsic) motivation. Autonomy assumes that people want to be in control of their behaviors in order to gain a sense of accomplishment (Deci et al., 2017;

Ryan & Deci, 2008). Competence relates to an ability to gain and master skills that contribute to behavioral change. Relatedness involves being connected to others.

Previous research by Benuto et al. (2018b) found that victim advocates affected by vicarious trauma experienced intrinsic motivation to help others. This was primarily consistent with the current study in which most of the participants were intrinsically motivated to continue their work in light of their experiences with vicarious trauma. Intrinsic motivating factors, or those that were less likely to result in outside incentives, included: a passion for the job or a calling to do the work, creating awareness, and making a difference in victim-survivors' lives. Participants described this work as the heart's passion, a love for helping people, and a job where you wake up on Monday morning with as much energy as a Friday afternoon. This relates to Deci and Ryan's (1985) perception that individual motivation is achieved when people enjoy and feel good about the work they are doing. In addition to feelings of passion and joy in helping victim-survivors, participants in the current study articulated a love for all aspects of the work including connecting with the community and creating awareness for individuals who had looked down on or not recognized the significance of anti-human trafficking advocacy. Each of these examples relate to autonomy and connection to victim service work.

As related to competence, when people seek to gain and master skills, this connects to research participants' coping mechanisms (see Theme 3), in which the providers described identifying problem-solving frameworks to deal with cases and triggers to vicarious trauma. In this instance, victim service providers are seeking to

understand their experiences with vicarious trauma in order to overcome those challenges and continue victim-serving work. Additionally, the participants continue to engage in the work because they can educate the community by creating awareness and continue using their field-specific knowledge and expertise to contribute to victim-survivors' journeys to restoration. This relates to the theoretical component of competence.

The psychological need for relatedness under the SDT is also well represented in the lived experiences of human trafficking victim service providers. For example, the research participants described their motivation for remaining in the victim service profession as having a passion for the work (assisting victim-survivors), wanting to create awareness (for others), and wanting to make a difference in others' (victim-survivors) lives, and relating to personal life or personal experiences with trauma (connecting to others). Each of these core motivations connects with a sense of belonging and involvement (Gagné & Deci, 2005). Further, when victim service providers described changes in their relationships (with others) as a result of vicarious trauma (see Theme 1) and coping mechanisms such as emotional venting with other providers or engaging in bonding activities with victim-survivors (see Theme 3), these all relate to feelings of belonging and involvement, or relatedness.

Alternatively, Deci et al. (2017) described extrinsic motivating factors as those motivated by force or need. They indicated that controlled, or extrinsic, motivation occurs when people act to avoid undesirable consequences (Deci et al., 2017). One participant in the current research indicated that during the peak of her vicarious trauma experience, her motivation to remain in the victim serving profession was extrinsic,

which related to her personal life. Specifically, this participant described her credit card debt not going to her mom or someone else as her motivation for coming to work and not following through with any other negative thoughts (relating to her experiences with vicarious trauma). She further described how she did not want to disappoint anyone. Each of these reasons described controlled, or extrinsic, motivation.

The results for the research question supported that the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma are consistent with the literature for other helping professionals, but have unique nuances to the human trafficking experience. More specifically, human trafficking victim service providers who have experienced vicarious trauma: are impacted by changes in their overall belief systems involving others and the world, changes in relationships, and changes within themselves; had experiences (or experienced symptoms related) with vicarious trauma; identified coping strategies to manage vicarious trauma; provided recommendations for employers and organizations in responding to employees' experiences with vicarious trauma; and articulated motivating factors to remain in the victim service profession. Each of these areas contributed to a greater understanding of how human trafficking victim service providers who have previously experienced vicarious trauma identify with shifts in their assumptions and beliefs about self, others, and the world.

### **Limitations of the Study**

There were multiple limitations to trustworthiness that were identified in the current research study. First, this study used purposive sampling, which involves the



intentional selection of participants that meet certain criteria. One related limitation to this type of sample is the use of task forces. The purpose in recruiting participants from task forces was to receive a large representation of victim service providers that come from different organizations, but may have similar experiences. This could have posed a limitation because if organizations are not connected to a task force or if the task force chairs were not diligent in sharing recruitment materials, human trafficking victim service providers were missed for recruitment into this study (as eligibility involved participants directly connected to task forces). Additionally, the findings from this research may not apply to victim service providers whose organizations are not connected to task forces.

Another limitation in the current research was the small sample size. Although Smith and Osborn (2015) indicated that interpretative phenomenological research studies utilize small participant samples, the current study only included seven participants. This was appropriate as participants were recruited until data saturation was reached; however, a greater number of participants could have added to or altered the research findings to identify more experiences relating to the research question.

An additional limitation is the demographic profile that was represented in the study. Five of the seven participants were Caucasian, one participant was Hispanic, and one was Native American. The sample of victim service providers did not include any African American or Asian participants. Although there is no clear profile of the most represented demographic groups of human trafficking victim service providers, the representation within this study excluded key demographics, which could potentially impact the generalizability of research results.

### **Recommendations**

The literature review examined multiple types of helping professionals who have experienced vicarious trauma or victim advocates who have experienced multiple types of indirect trauma. The current study contributed to the literature by specifically exploring the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma. I conducted seven semistructured interviews of multiple types of human trafficking victim service providers from four different states (one western state, one gulf state, one southeastern state, and one midwestern state) and analyzed the data using Colaizzi's (1978) method of descriptive phenomenology. A thorough exploration of previous literature, current study findings, and research limitations, all contributed to future research recommendations. Future research could localize experiences of human trafficking victim service providers in multiple ways such as: types of human trafficking victims, geography, or service provider demographics.

In the current research, I recruited participants that provide direct services to victim-survivors of human trafficking, which could include sex or labor, adult or minor, domestic or international, male or female, or any other demographic of victim-survivor. During the interviews, some participants indicated that they endured increased levels of distress when dealing with victim-survivors of certain populations (e.g., males, young girls, etc.). This may have had an impact on the vicarious trauma experienced by my sample of human trafficking victim service providers, which could be further examined based on the lived experiences of human trafficking providers that provide services to a specific victim-survivor demographic.

Additionally, and as described above, the purposive sampling method involved participant recruitment throughout the United States. Future research could explore if there are similar experiences of vicarious trauma based on geographic trends in human trafficking. Further, the current research included: six female participants and one male participant; five White, one Hispanic, and one Native American participant; an age range of 32-66 years old (average age of 44 years old); and between two and fourteen years of direct human trafficking service provision experience. In Cummings et al.'s (2018) study exploring compassion satisfaction to combat multiple forms of secondary stress in victim advocates, 94% of their sample were female and 78% were White, which they too identified as a study limitation.

There is no specific literature to identify a demographic profile of human trafficking victim service providers; however, future research could target participants of a specific group to determine if the effects of vicarious trauma impact all provider demographic profiles similarly. As described by Benuto et al. (2018a), the effects of vicarious trauma are cumulative and pervasive based on continuous exposure to clients' stories. Thus, future research could consider the number of years of direct service provision to victims of human trafficking to best assess the impact of vicarious trauma in participants who have experienced equal or similar lengths of cumulative exposure to traumatic stories.

### **Implications**

Human trafficking victim service providers serve a variety of functions when aiding in the restoration of human trafficking victim-survivors. Ultimately, these

professionals enhance the safety of victims and survivors and as a result of this close working relationship in which they hear cumulative and graphic details of human trafficking experiences, also endure substantial trauma (Benuto et al., 2019; Sweet-McFarling, 2016). The implications for positive social change in this research can be addressed at the individual, community, and societal levels.

The current study explored the lived experiences of human trafficking victim service providers. Essentially, understanding the victim service providers' experiences is beneficial to service providers at the individual level. Additionally, previous literature revealed that the effects of secondary trauma affect professionals' well-being and careers or create poor outcomes for clients (Benuto et al., 2018a; Schafhauser et al., 2015). Based on the current study's findings, this applies to human trafficking victim service providers as well. This study also has individual implications that have potential impact for positive social change when considering how individuals understand and interpret their vicarious trauma (see Themes 1 and 2), which can be assimilated to other victim service providers.

By using this study to assist human trafficking victim service providers in understanding the impact and experiences with vicarious trauma and with consideration to coping mechanisms at the individual and organizational levels (see Theme 3), this too can contribute to increased well-being of victim service providers that leads to better client outcomes. This research also has implications for positive social change at the individual level when considering victim service providers' motivation to engage or remain in a helping profession despite their experiences with vicarious trauma (see Theme 4). This research demonstrates motivating factors, consistent with Deci and

Ryan's (1985) SDT, that are specific to individual experiences and impact individual outcomes in the human trafficking victim-serving field, all of which have potential impact for positive social change at the individual level.

According to Ramirez et al. (2020), ideal workplace culture protects both clients and professionals. This research has potential impact for positive social change for the community level because it seeks to assist human trafficking victim service providers with managing their workload in light of their experiences with vicarious trauma. Connectedly, this impacts victim-survivors of human trafficking. When victim service providers are able to manage their experiences with vicarious trauma, they can enhance quality of care and services to victim-survivors based on their own mental healthiness. Additionally, results from this study identified the role of organizations in managing stress (see Theme 3) and recommendations and strategies for employers and organizations (see Theme 4). Based on this information, the community, or victim-serving organizations, are able to implement organizational support to ensure that workplaces are prepared to address and assist human trafficking victim service providers in understanding and managing employees' experiences with vicarious trauma.

The current research also has societal level impact for positive social change. To begin, literature involving human trafficking victim service providers and their experiences with vicarious trauma is scarce. Therefore, this research has impacted society by extending knowledge related to human trafficking victim service providers. Next, this research has societal implications because it can assist with providing a framework for consistent training and services for human trafficking victim service providers across

states and organizations, as suggested by Benuto et al. (2018b). Such knowledge can also be extended to other understudied helping professionals. Finally, human trafficking is an issue that is studied in social science, mental and public health, and criminal justice disciplines, to name a few. By providing information about the impact, experiences, coping strategies, recommendations, and motivating factors of human victim service providers, this sets the foundation for various disciplines to further explore issues of human trafficking, thereby contributing to positive social change.

### **Conclusion**

Human trafficking victim service providers are an understudied population. This specialized group of helping professionals, to include therapists, social workers, advocates, and volunteers, are responsible for connecting human trafficking victim-survivors to resources and providing overall support (Chen et al., 2019; Singer et al., 2020). The purpose of this research was to explore the lived experiences of human trafficking victim service providers who have previously experienced vicarious trauma. The current IPA study involved seven semistructured interviews, which were analyzed using Colaizzi's (1978) method of descriptive phenomenology. Results from this study confirmed previous research findings with regards to experiences of vicarious trauma in helping professionals, however added to the literature base when exploring a specific population and their specific experiences.

Previous research recommended exploring vicarious trauma in victim service providers in contexts that are generalizable, that explore how vicarious trauma affects those in different affiliations including public and private sector, that screen for vicarious

trauma independent of other forms of secondary stress, and that identify ways to best support these victim service providers by enhancing organizational responses (Globokar et al., 2016; Howlett & Collins, 2014; Kliner & Stroud, 2012; Ramirez et al., 2020). The current research has addressed these gaps by recruiting a research sample that is varied in terms of demographics; varied in terms of job titles, functions, affiliations, and states; focused primarily on vicarious trauma, although also addressing the impact of other forms of secondary stress; and providing recommendations from human trafficking victim service providers on ways to best support their experiences with vicarious trauma in the workplace.

The current research also revealed that human trafficking victim service providers who have previously experienced vicarious trauma have (a) been impacted by their vicarious trauma experiences in six core areas; (b) experienced vicarious trauma (or experienced related symptoms); (c) identified coping strategies to manage vicarious trauma; (d) provided recommendations and strategies for employers and organizations; and (e) articulated motivating factors to remain in the victim service profession. Despite research limitations, such as virtual interviews and a small sample size, this research could set a precedent for similar studies in which the lived experiences of certain types of human trafficking victim service providers are examined. Overall, this research study has implications for positive social change by encouraging quality care for victim-survivors, better protecting the well-being of victim service providers, and determining effective organizational responses to avoid an inevitable occupational hazard.

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## Appendix A: Eligibility Criteria

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

- Are you 18 years of age or older?
- Have you worked directly with human trafficking victims as a victim service provider for at least two years?
- Have you previously experienced changes in how you have thought about yourself, others, and the world?
- Have you been able to address and treat those changes in thought?
- Have you had stable mental health for at least one year (no suicidal behaviors, manic episodes, or psychosis)?
- Do you have an interest in sharing your experience in a confidential research study?

Method of Contact: \_\_\_\_\_

Referral for Research:

 Yes No

## Appendix B: Interview Guide

Are you ready to begin? Today is DATE and TIME. I am conducting the initial interview with VSP #\_\_\_ who has completed the initial informed consent form and refresher. Preliminary questions have been answered prior to this recording.

### a. Introduction

1. What are your favorite hobbies or things you like to do when you have free time? Tell me about one of the most memorable times when you were able to engage in that activity.

### b. Background

2. Please describe your understanding of vicarious trauma. (Regardless of the participant's response, I will read the definition as described in the definitions section: "This term is described as a cognitive and affective changes in self, others, and worldview that occurs in response to professionals that become emotionally connected with their clients' and their traumatic stories. Vicarious trauma develops over time due to chronic exposure and causes symptoms such as depression, anxiety, substance abuse, burnout, and negative emotions. A professional who is experiencing vicarious trauma can exhibit empathy, powerlessness, betrayal, and emotional exhaustion." (Baird & Kracen, 2006; Benuto et al., 2018b; Guitar & Molinaro, 2017; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Sukach et al., 2018)

### c. Exposure

3. How often do/did you provide services to human trafficking clients/victim-survivors? How many hours of that time would you say that you spend/spent hearing traumatic stories? (Aparicio et al., 2013; Benuto et al., 2018b; Hallinan et al., 2020)

### d. Breakdown of the Components of Vicarious Trauma

4. How do/did you feel when hearing human trafficking clients/victim-survivors' stories about what has happened to them? Please describe. (Aparicio et al., 2013; McCann and Pearlman, 1990)
5. On the form about this study, you indicated that you previously changed the way you thought and felt about yourself, others, and the world. (Aparicio et al., 2013; Ellis & Knight, 2018; McCann & Pearlman, 1990)

- a. Tell me more about how your thoughts and beliefs about yourself had changed.
    - i. Can you give examples of how your physical, mental, social, emotional, relational, familial, spiritual, and work-related aspects of your life had change?
  - b. Tell me more about how your thoughts and beliefs about others had changed.
  - c. Tell me about how your thoughts and beliefs about the world have changed?
6. During the peak of your vicarious trauma experiences, on a scale of 1 to 5, rate how difficult it was for you to feel positive about your life where 1 is very difficult and 5 is no better or worse than how anyone else feels? Please describe those feelings. (Benuto et al., 2018b)
  7. Describe how you felt in responding to your clients. For instance, did you often feel helpless, overwhelmed? (Vrklevski & Franklin, 2008)
- e. Individual and Organizational Responses to Vicarious Trauma
8. Describe any specific training you have received on vicarious trauma, including how to cope with the effects of it.
    - a. How well did this prepare you for your experiences of vicarious trauma?
    - b. Please identify some of your self-care and coping techniques to manage your:
      - i. Work-related stress in general?
      - ii. Stress you experienced while either listening to or remembering client stories about what had happened to them? (Howlett & Collins, 2014; Michalopoulos & Aparicio, 2012; Vrklevski & Franklin, 2008)
  9. What specific resources did your organization provide to manage/deal with:
    - a. Work-related stress in general?
    - b. Stress you experienced while remembering client stories about what has happened to them? (Kliner & Stroud, 2012; Vrklevski & Franklin, 2008)
  10. Given the nature of your work as a victim service provider, what services or resources do you wish that your organization provided for you that could have helped in coping with your vicarious trauma? (Globokar et al., 2016; Ramirez et al., 2020)
- f. Intrinsic and Extrinsic Motivators

11. What features of your job kept you from quitting and finding a different job?
  - a. What are/were your favorite things about your job?
  - b. What would you change about your job if you could?
  - c. What would you change about the organization you work for if you could?
  - d. What keeps you helping human trafficking client/victim-survivors' stories despite their traumatizing experiences? (Benuto et al., 2018b; Deci et al., 2017; Gagné & Deci, 2005; Lizano, 2015)