

**BURNOUT, SECONDARY TRAUMATIC STRESS, AND COMPASSION FATIGUE:
EMPLOYEES OF ANTI-SEX-TRAFFICKING AGENCIES WHO WORK DIRECTLY
WITH RESCUED SEX-TRAFFICKED WOMEN**

by

Andrea Lynn Bassett

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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ABSTRACT

This phenomenological study aims to understand the shared experience of employees who work directly with rescued sex-trafficked women at anti-trafficking agencies in the United States. Chapter One details the theoretical contexts, including Maslow's (1954) hierarchy of needs, Maslach's (1982) cost of caring: burnout, McCann and Pearlman's (1990) construct of vicarious traumatization, Rotter's (1954) social learning theory as it relates to the impact of working with severely traumatized people. The problem statement is explained as the effectiveness of anti-sex trafficking agencies being influenced by the staff who provide care to rescued sex trafficked women, and there is currently little to no research on them. This study aims to identify the experiences of anti-sex trafficking agency employees who work directly with rescued sex-trafficked women and bring awareness to the effects of being employed in this field. Chapter 2 is an overview of the current literature on this topic. Because the research is underdeveloped in this field, the literature review focuses on the complexities of working with rescued sex-trafficked women and burnout components in similar occupations. Chapter 3 explains the phenomenological design, participants, and procedures. Data was collected through interviews, focused groups, and document reviews. Data was analyzed by looking for the meaning in patterns, themes, and categories found in the data. Chapter 4 describes the participants, presents the results of the study, and addresses the research questions. Chapter 5 provides a summary of the findings and is followed by the discussions and implications for policy and practice. Next the chapter offers delimitations and limitations, followed by recommendations for further research.

Keywords: anti-sex-trafficking agencies, secondary trauma, burnout, compassion fatigue, rescued sex trafficked women, employees of anti-sex-trafficking agencies

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List of Abbreviations

Anti-sex trafficking agency (ASTA)

Borderline Personality Disorder (BPD)

Compassion fatigue (CF)

Post-traumatic stress disorder (PTSD)

Rescued sex-trafficked women (RSTW)

Residential Direct Care Worker (RDCW)

Sex trafficking (ST)

Secondary Traumatic Stress (STS)

Traumatic Event (TE)

CHAPTER ONE: INTRODUCTION

Overview

Employees of anti-sex trafficking agencies (ASTA) who work directly with rescued sex-trafficked women (RSTW) face unique circumstances. This study examines the shared experience of the characteristics of burnout, secondary traumatic stress (STS), and compassion fatigue in ASTA employees who work directly with RSTW. Chapter One provides a background setting for this study by briefly reviewing the volatile nature and challenges of the RSTW population, theoretical contexts, and the different types of ASTAs.

Background

This background section provides RSTW population data and challenges and offers common issues employees in similar fields to ASTA face in their employment situations. In addition, this chapter offers a perception of how this material relates personally to the researcher, presents the problem statement for this issue, provides the purpose of this study, and why this research is significant to the field of anti-sex trafficking. All research questions and definitions are provided in this chapter.

RSTW Population Data and Challenge

In 2017 Levine estimated that there were more than three million women being sex trafficked, including a large amount of those being children. This demographic of women and children has been challenging to assess because they are frequently moved to various locations and are often forced to live in illegal conditions, which keeps them covert (Cannon et al., 2018). The information received about this population is sourced from women who have exited the trafficking industry. Sex trafficking (ST) is a severe form of abuse and therefore impacts the physical and mental health of the RSTW (Ottisova et al., 2016).

RSTW are often trafficked from a young (Levine, 2017), making their exposure to trauma chronic and prolonged. This is important to acknowledge because childhood trauma negatively impacts brain development, decision-making ability, and delinquent behavior (Williams, 2020). Trauma during the developmental years inhibits natural brain development. It can lead to risky behaviors, inability to make rational decisions, decreased ability to plan, lack of emotional control, and low impulse control (Williams, 2020). This is another explanation for why RSTW have long-lasting effects from ST and often develop various mental health disorders. These mental health issues are often seen in anxiety, depression, substance use disorder, psychotic disorders, and post-traumatic stress disorder (PTSD), varying in severity contingent on the duration and severity of ST (Oram et al., 2016).

The short-term effects of ST can be related to chronic exposure to traumatic events, including exposure to coercion, dominating control, and an early starting age of being trafficked. Due to these factors, RSTW often have a substance use disorder and will likely require a detox (Hickle, 2017). After exiting ST, the RSTW usually cannot access safe shelter, food, and other basic needs unless provided by an ASTA (Loomba, 2017). Support for basic skills such as financial awareness, healthy relationships, and life skills are usually not accessible, and they will often encounter legal issues due to the nature of ST and societal consequences (Levine, 2017). It is common for there to be deficits in job skills and employment acquisition because these women have not been given the opportunities to develop self-sustainable employment skills or have had access to proper education (Loomba, 2017).

RSTW will need medical attention to quickly address sexually transmitted diseases, complications from unsafe abortions, dental injuries, burns, malnutrition, skin conditions, and more (Schwarz et al., 2016). In addition, RSTW commonly have gynecological issues,

cardiovascular problems, immune functioning impairment, and Hepatitis B and C (Levine, 2017). The most addressed medical issues of RSTW are screening for HIV, unwanted pregnancy management, suicide attempts, rape, traumatic injuries, and chronic diseases such as asthma (Ravi et al., 2017). HIV poses a severe risk to RSTW due to the quantity and conditions of sexual exposure, and it sometimes pulls attention away from other equally serious health issues that should also be promptly addressed (Cannon et al., 2018). Adequate healthcare access is critical immediately following an exit from ST because of the forced lifestyle on RSTW and the traumatic exposure that leads to inadequate quality of sleep, insufficient physical activity, and malnutrition (Levine, 2017).

Most of the long-term effects of ST are psychological, but long-term physical effects are also pervasive. Long-term mental health disorders develop because the physical and sexual violence before and during ST has increased their risk for problems, and post-ST challenges include unmet social needs and lack of social support, which perpetuates the difficulty of recovery (Oram et al., 2016). The damage ST causes the RSTW can take years to work through while the women get an education, learn new job skills, practice adequate life skills, process moral damage, and establish therapeutic relationships with counselors (Ide & Mather, 2019). This is in addition to the many psychological disorders they are recovering from due to the mistreatment they endured through ST, making establishing a post-ST life complex and challenging. Longer durations and higher severity of abuse increase the risk for RSTW to develop functionally inhibiting mental health disorders. Stress exposure to RSTW triggers a brain neuronal response, leading to brain adaptations, hormonal responses, physiological responses, and increased vulnerability to stress-associated harm, which inevitably leads to more stress exposures where the harmful cycle continues (Levine, 2017). This is a simplified

explanation of the cause of mental illness in RSTW. Due to their negative life experiences, their brains are under constant chronic stress.

Childhood trauma often leads to increased borderline personality disorder (BPD) diagnoses in this population. Chapman (2019) explains that BPD is characterized by disrupting symptomology, including emotional dysregulation, relational dysfunction, impulsivity, difficulty expressing emotions, non-suicidal self-injury, suicidal behavior, risky sexual behavior, recklessness, and substance use. RSTW with BPD feel incredibly distraught when perceiving rejection, even if it is not rational. RSTW will engage in repeated extreme behavior to gain control over the refusal because of an inability to regulate their emotions, and their emotional responses are maladaptive and prolonged. There is a relatively new diagnosis that is often used to describe people who have survived prolonged abuse and have developed personality changes. It is called complex trauma (Sanderson, 2013) or disorders of extreme stress (Levine, 2017). This type of trauma categorizes the symptoms seen in cases with repetitive and inescapable abuse in intimate relationships, such as sex trafficking (Sanderson, 2013). It can help describe the chronic and repeated traumatic exposures experienced by RSTW.

Litam (2017) explains that without a survivor-specific intervention, treating RSTW is a challenge, and therapists must borrow evidence-based treatments developed for post-traumatic stress disorder and survivors of slavery, captivity, and domestic violence. Before treatment can happen, it is essential to establish if the survivor has their basic needs met, including safe and stable shelter, medicine, food, and water. Hence, they have the resources to do the work required in therapy. Psychoeducation is often the first step in treating a survivor to provide insight and offer an opportunity to disclose information to the counselor in a safe and accepting environment. Trauma-sensitive modalities are essential for working with RSTW, and multiple

options will need to be accessible to address the unique needs of the survivor. According to Litam (2017), trauma-sensitive treatments are centered around safety, trusting therapeutic relationships, wellness promotion, and being out of danger.

ST is a complex issue with negative impacts on brain development, physical health, social intelligence, independence, legal wellness, and more. Employees of ASTAs who work directly with RSTW have exposure to severe mental illness, emotional deregulation, chronic physical problems, social and educational deficits, and the need to provide safety, trust, and long-term support. An integrated approach that addresses all the areas of a survivor's life is the best option to support a survivor and help them heal, which may impact the ASTA employee.

ASTA Employment Context

There are several types of ASTA with varying roles of involvement with RSTW. Some ASTAs are community education-focused, dispersing information on identifying ST and how to respond (Hu, 2022). Some ASTAs are social workers who focus on systemic issues leading to trafficking, protecting the rights of disenfranchised populations, and addressing aftercare challenges (Knight et al., 2022). Other ASTAs are faith-based, and issue calls to action on moral injustices because STs is a moral obligation to intervene, and it is their responsibility to intervene, often leaving a wake of complexities (Knight et al., 2022, Knight & Kagotho, 2022). This study will focus on employees of residential ASTAs, sometimes called shelters, that provide separation from perpetrators and treatment and training for life outside of ST (Ide & Mather, 2019). Within this type of ASTA, this study will focus on the employees who provide the most direct contact with RSTW daily. A more thorough definition is provided in Chapter Two.

Theoretical Orientation

The theories guiding this study combine ideas based on the human stress experience and learned behavior. Rotter's (1954) social learning theory focuses on how human social behavior is learned through observing and imitating, emphasizing the importance of the social environment in impacting behavior. The work environment for ASTA employees may be socially influencing their learned behavior, supporting Rotter's (1954) theory. Maslow's (1954) hierarchy of needs identifies higher and lower psychological needs, stating that the lower conditions must first be satisfied for the higher needs to be obtained. In the context of the ASTA employee working situation, it may be possible for lower needs such as safety, appropriate financial compensation, and healthy work relationships not to be satisfied, thus blocking the ability to acquire work confidence, respect for others, and purpose. Maslach's (1982) theory of burnout addresses the sources of burnout as caring for people, the job setting, and personal characteristics. Finally, McCann and Pearlman's (1990) construct of vicarious traumatization supports the notion that working with trauma-affected people may alter the psychological well-being of the support worker. In addition, these theories provided a deeper explanation of the psychological needs of the employees of ASTAs.

The current literature needs to address the intricacies of the effects of working directly with RSTW, and more research is required. For example, the literature provides insight into the needs of RSTW, the experience of burnout through secondary trauma and compassion fatigue in other employment fields, and characteristics of employee attrition in other areas. Still, it needs a more in-depth connection between working with the volatile RSTW population and the psychological health of the direct care employee, how to address them in ASTA environments, and how those employees will thrive in a stressful and demanding work environment.

Maslow (1954) conceptualized a hierarchy of needs that dictated a person's ability to focus on and develop various aspects of their life. According to this concept, a person without a home or food cannot fully experience their inner potential until the needs lower in the hierarchy are met. The scale begins with physiological or the most basic needs humans need to survive. Once those needs are met, a person can start engaging in the following needs levels until self-actualization is accomplished. This is relevant because an employee who does not feel safe at their job (the second tier on the hierarchy of needs) may not be able to feel a sense of connection (third tier), have confidence in their job (fourth tier), or experience purpose (final level). Understanding Maslow's (1954) hierarchy of needs gives insight into how compassion fatigue, secondary trauma, and burnout affect employment in nonprofit organizations that work with disenfranchised people groups. Additionally, Rotter's (1954) social learning theory provides the perspective of burnout as a worker's minimal goals being too high and not adapting to the feedback provided socially or occupationally. Finally, Maslach (1982) presents the perspective that burnout is influenced by more than just exposure to stress, and the job setting and personal characteristics can contribute to the development of burnout.

Situation to Self

After receiving a bachelor's in psychology in 2006, I began working with disenfranchised populations through nonprofit organizations. This work took me internationally and exposed me to various cultures, languages, and human struggles. A reoccurring topic of discussion was ST issues and how to support RSTW. While living abroad in China and Tibet, I was able to observe different nonprofit approaches to the problem of ST. I became acquaintances with several different ASTAs globally and in the United States. I saw commonalities in the challenges of working with RSTW as well as other approaches of the ASTAs. A frequent problem facing

ASTAs witnessed was the high employee and volunteer turnover rate. After completing my master's in crisis response and trauma counseling from Liberty University in 2019, I started a virtual trauma healing center. One of my first clients was an ASTA hiring me to help train their staff. I also serve on the board of this ASTA in mid-Michigan. While preparing my training for the ASTA, I was able to pull from research about trauma, RSTW, and people working in nonprofits. However, I was unable to find research specifically about ASTA employees. This began my interest in the shared experience of employees of ASTA who work directly with RSTW. I became curious about how ASTA employees perceived the chronic exposure to working with the population regarding burnout, secondary trauma, and compassion fatigue.

Problem Statement

The problem is that ASTAs' effectiveness depends on the staff that provides the care and follows the protocols. Unfortunately, no studies focus on the employee's perspective or point in delivering care. In addition, the mental well-being of ASTA staff that work directly with RSTW has yet to be prioritized in the literature. Therefore, this study examines the shared experiences of the components of burnout, STS, and CF, of anti-sex-trafficking agency employees working directly with RSTW.

Researching RSTW to give them better care and adequate resources has increased in popularity in mental health fields in recent years (Hickle, 2017; Loomba, 2017; Litman, 2017; Levine, 2017). Additionally, the structures and practices of residential facilities and anti-trafficking agencies are being studied to better understand the standard and function of those types of agencies (Karlsson, 2013; Ide & Mather, 2019). For example, Hickle, 2017 examined the experience of 19 women exiting the sex-trafficking industry. That study discovered essential themes of the existing experience, including connection, resources, and personal growth. Some

everyday long-term needs of anti-trafficking agencies for rescued women are safe housing, financial support, job training, life skills training, legal support, family reunification, and mental health services (Levine, 2017; Litman, 2017, Loomba, 2017).

Existing studies about rescued sex-trafficked women and anti-trafficking agencies do not focus on the ASTA employees working directly with the women. Other helping professions, such as nursing and diverse types of nonprofits, have research articles examining the experience of burnout and compassion fatigue (Crabtree-Nelson et al., 2022; Marquez, 2020). The turnover and retention of other nonprofit employees (Kang et al., 2015) and the influential power of a board of directors (Olinske & Hellman, 2017) have also been explored in similar helping professions. While research is being done to assess burnout, turnover, STS, and CF in the several types of helping professions, there are no studies available to look at the unique challenges of working as an employee of an ASTA.

This current study addresses this gap by seeking to understand the dynamics of working directly with RSTW as it relates to the components of burnout. As a result, added information will likely emerge to help better understand the unique challenges of working with this vulnerable and volatile population and how it relates to providing better care and services.

Purpose Statement

This phenomenological study examines the shared experiences of STS and CF as components of burnout of the ASTA employees working directly with RSTW. Working directly with RSTW is defined as the primary role of the job to provide care for and spend most of their working hours directly interacting with RSTW. The theories which guided this study are Rotter's (1954) social learning theory, Maslow's (1954) hierarchy of needs, McCann and Pearlman's

(1990) constructs of vicarious traumatization, and Maslach's (1982) theory of burnout as it pertains to employees of ASTA working directly with RSTW.

Significance of the Study

This study is significant for several reasons. First, identifying the experiences of ASTA employees working directly with RSTW regarding burnout, CF, and STS will bring awareness to the effects on employees in this field as well as the beginning work of how the results interplay with the quality of care provided to RSTW and its impact on the overall effectiveness of the ASTA efforts. This research is like the studies about CF in different fields done by Aguila-Amaya & Gutiérrez (2019), Crabtree-Nelson et al. (2021), Gonzalez-Mendez & Diaz (2021), Gonzalez-Mendez et al. (2020), Hyang & Jin (2020), Jacob & Reese (2021), and Snelgar et al. (2017). Similar studies about burnout in other fields include Lown et al. (2019), Mahon (2021), Márquez (2021), Matsuishi et al. (2022), Neff et al. (2020), Olinske & Hellman (2017), and Patterson (2018). Regarding the effects of the work environments on employee turnover, this study is like Almas et al. (2020), Deroy & Schütze (2019), Harmon-Darrow (2018), Kang et al. (2015), Laskowski-Jones & Castner (2022), and Shukla & Deb (2017).

However, this study provides added information from the perspective of the ASTA and the experiences of ASTA employees working directly with RSTW. Currently, no studies address this issue. Additionally, while there is copious research concerning the experiences and needs of RSTW (Cray et al., 2016; Combs & Arnold, 2022; Dell et al., 2019; Farely et al., 2016; Hammond & Mcglone, 2014; Hickle & Roe-Sepowitz, 2018; Jones et al., 2019; and Kim et al., 2018). The effectiveness of ASTAs has yet to be thoroughly researched as it pertains to providing RSTW with services and support that work. Examining the employee's experience will expose the possibility of weak efficacy due to poor employee well-being. This research contributes to

the academic fields of ASTA because it begins to focus on the quality of experiences of employees directly involved in the care and support of RSTW. Rotter's (1954), Maslow's (1954), McCann & Pearlman's (1990), and Maslach's (1982) work has previously shown how environmental conditions can affect the quality of experience of an individual. As participants share their experiences, applying the theories may develop a previously unknown modern-day application, especially in ASTA.

Research Questions

This study is designed to understand the characteristics of burnout, CF, and STS, as it pertains to employees of ASTA who work directly with RSTW. Four specific research questions provide the direction for this study.

Research question 1: What work experience do employees who work directly with RSTW experience causes them the most stress? Question 1 was designed to understand the experiences of employees of ASTAs who work directly with RSTW. The unique work experience characteristics of each employee must be understood to comprehend the specific effects of working in an environment with chronic exposure to the details of traumatic events, suffering people, severe mental illness, people with social deficits, and with the responsibility to offer these individuals care and support (Carmassi et al., 2020; Lown et al., 2019; Morilla-Luchena et al., 2021; Walters et al., 2018; Walters et al., 2019). In addition, the literature details specific work experiences with burnout, CF, and STS in fields similar to ASTAs, such as nursing, teaching, nonprofits, missionary work, social work, counseling, and ministry (Almas et al., 2020; Carroll et al., 2022; Davis, 2020; Deroy & Schütz, 2019; Houston-Kolnik et al., 2016; Mahon, 2021; Morilla-Luchena et al., 2021; Patterson, 2018; Pickett et al., 2017; Schiff & Lane, 2019; Singer et al., 2019; Stamm, 2022; Walters et al., 2018). These similar fields can help understand

their specific contexts but may not be transferable to ASTA employees. However, an ASTA should understand its employee experience to provide quality care and support to the RSTW.

Research question 2: What Secondary Traumatic Stress characteristics are employees of ASTAs currently experiencing impacting their work with RSTW? Research question 2 addresses the employee's risk of STS because of working for an ASTA and being exposed to traumatic details and high-stress situations regarding caring for a mentally ill, physically compromised, and socially deficient population (Acheson et al., 2016; Aronsson et al., 2017; Kilroy et al., 2017; Malka et al., 2020; Morilla-Luchena et al., 2021; & Walters et al., 2020). The literature shows risk factors for STS in other fields to include having a trauma history, lack of horizontal relatedness, perceived stress, and personality factors of neuroticism (Harmon-Darrow & Xu, 2017; Malka et al., 2021; Matsuishi et al., 2022; Singer et al., 2020; & Steinhieder et al., 2020). If ASTAs understand the STS risks, they may develop effective ways to mitigate or respond to them in their employees.

Research question 3: What Compassion Fatigue characteristics are employees of ASTAs currently experiencing because of their exposure to RSTW? Research question 3 addresses the CF risk of working directly with RSTW, a volatile population (Cannon et al., 2018; Hickle, 2017; Levine, 2017; Litam, 2017; Loomba, 2017; Ottisova et al., 2016). ASTA employees may be able to contribute working with a volatile population to the emotional labor their job role requires (Gunby & Carline, 2019; Ward et al., 2018). The literature shows risk factors for CF in other job settings, including working a job requiring direct relationships with the clientele being helped (Hendron et al., 2012). CF's outcome is physical and emotional exhaustion (Ghesequirere et al., 2018; Levin et al., 2021; Schiff & Lane, 2019), leading to the loss of empathy and effectiveness

(Hopswood et al., 2019). This is essential to evaluate so that ASTAs can provide the most helpful services to RSTW.

Research question 4: What are the experiences of protective factors that mitigate the risk of developing Secondary Traumatic Stress and Compassion Fatigue among employees of ASTAs? Research question 4 addresses the components that lead to low rates of STS and CF in similar fields (Canady et al., 2021; Guay et al., 2017; Neff et al., 2020; Srivastava et al., 2020). Understanding the preventative dynamics of STS and CF in stressful job environments may help ASTAs prevent employee attrition due to burnout (Levin et al., 2021; Morilla-Luchena et al., 202; Steinheider et al., 2019). The literature in other job fields provides evidence for external and internal preventative factors for STS and CF. External factors encompass job support, workplace justice, and structural and leadership accommodations by the employer (Aronsson et al., 2017; David & Baraka, 2021; Silard, 2019). The internal protective factors include hardiness, emotional intelligence, self-compassion, and self-care (Dames, 2018; Hallam et al., 2021). Understanding the protective factors for ASTA employees can prevent STS and CF and increase program effectiveness for RSTW.

Definitions

Anti-Sex trafficking Agency (ASTA): an agency that behaves in the detection, prevention, protection, crisis management, consequence management, and response to sex trafficking and its survivors (Karlsson, 2013).

Burnout: a type of job stress derived from the social interaction between a helper and recipient that results in emotional exhaustion, depersonalization, and reduced personal accomplishment. It is marked by frustration, anger, depression, and fatigue (Ghesquiere et al., 2018; Maslach, 1982; Schiff & Lane, 2019).

Compassion fatigue (CF): negative emotional and behavioral responses, including physical, emotional, and spiritual exhaustion, to work environment stress caused by the combination of burnout and secondary trauma (Ghesquiere et al., 2018; Levin et al., 2021; Schiff & Lane, 2019).

Post-traumatic stress disorder (PTSD): symptoms following the exposure to one or more traumatic events characterized by intrusion symptoms, persistent avoidant symptoms, adverse changes in cognitions and mood, and changes in arousal and reactivity associated with the traumatic event (APA, 2013).

Rescued sex trafficked women (RSTW): women who are no longer actively being sex trafficked and who are not yet reacclimated to life outside of sex-trafficking marked having by adequate job skills, social skills, education, social support, secure housing, and adaptive coping skills (Hickle, 2017; Levine, 2017; Loomba, 2017).

Secondary Trauma Stress (STS): the intrusive emotional response of work-related exposure to traumatized people marked by anxiety, fear, intrusive reminders of traumatic events, sleep difficulties, and the avoidance of reminders (Ghesquiere et al., 2018; Schiff & Lane, 2019).

Sex-trafficking (ST): the recruitment and movement of people by force, coercion, or deception for sexual exploitation (Ottisova et al., 2016).

Traumatic Event (TE): an exposure to threatened or actual serious injury, sexual violence, or death, and “exposure” is defined in four different ways- direct experience, witnessing it happen, learning about it happening to someone close, or the repeated or extreme exposure to adverse details of traumatic events (APA, 2013).

Summary

We have a unique opportunity. We have an increased interest in expanding practical approaches to help RSTW. ASTAs are now responsible for ensuring they provide the best, most effective care, and treatment for RSTW. Still, there seems to be a gap in understanding the residential direct care workers responsible for administering the care and interventions. The purpose of this phenomenological study is to develop an understanding of the components of burnout, STS, and CF in ASTA employees and discover what their experiences are, their mental well-being, and how it affects their job responsibilities. The current literature addresses pieces of the problem from different employment fields but does not incorporate it into the area of ASTAs and their employees. The following chapter will examine the literature on RSTW and other job fields that experience burnout in the form of STS and CF.

CHAPTER TWO: LITERATURE REVIEW

Overview

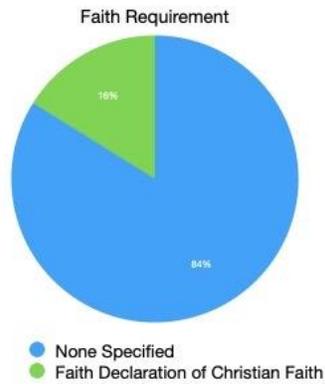
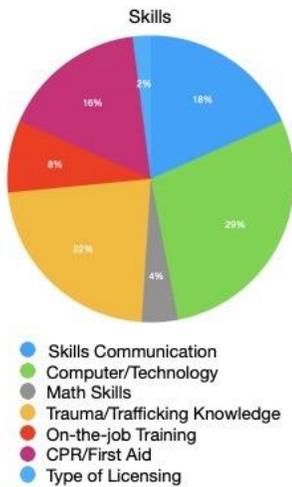
This study examines the shared experience of employees who work for ASTAs and have job roles that position them to work directly with the RSTW. This is significant because those employees are exposed to the traumatic details of the rescued women's histories and are now exposed to the disorders and conditions the women deal with because of being trafficked. A review of 29 ASTAs and 33 job descriptions and requirements (see Figure 1) concluded that the population pool for this study would consist of residential direct care workers (RDCW) with at least a high school diploma and some knowledge or experience in working with trauma. The current research comprises studies examining the population of RSTW, policies of the ASTAs, other human service fields' CF and STS issues, and leadership and organizational responses in similar occupations. No research studies are looking at the experience of the employees of ASTAs. This creates an opportunity to advance the field of research of the anti-sex trafficking

movement. By studying the knowledge of the RDCW, a better understanding of the challenges may be found.

Figure 1

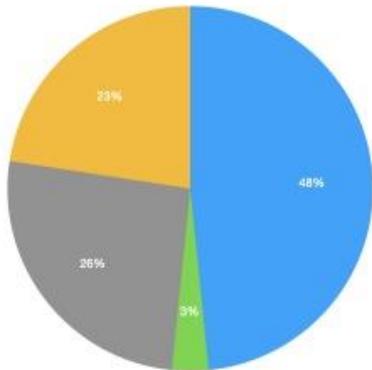
ASTA Job Descriptions and Requirements

Column 1 ASTAs	Column 2 Direct Care Job Role	Skills							Faith	
		Communication	Computer/Technology	Math Skills	Trauma/Trafficking Knowledge	On-the-job Training	CPR/First Aid	Type of Licensing	Declaration of Christian Faith	None Specified
Alternatives For Girls	Resident Advisor	1	1	0	0	0	0	0	0	1
Amirah Inc.	Outreach Case Manager	0	1	0	1	0	0	0	1	0
Arrow	Residential Counselor	1	0	1	0	0	0	0	0	1
Awaken	Drop-in Advocate	0	0	0	0	0	0	0	0	1
Cast LA	Emergency Shelter Support Staff	0	1	0	0	0	0	0	0	1
Created	Case Manager	0	0	0	0	1	0	0	0	1
Covenant House Missouri	Case Manager	0	1	0	1	0	0	0	0	1
Dorothy's House	Care Coach	1	0	0	1	0	0	0	0	1
Eden's Glory	Resident Assistant	0	0	0	0	0	0	0	1	0
Elijah Rising	Residential Coordinator	0	1	1	0	0	1	0	0	1
Freedom House	House Mom	0	0	0	0	0	0	0	1	0
Gig's House	House Manager	0	0	0	0	0	1	0	0	1
Gracehaven Youth Direct	Care Specialist	0	0	0	0	0	0	0	0	1
HER Cincinnati	Client Care Coordinator/Front Desk Attendant	1	1	0	0	0	0	0	0	1
Heartland Girl's Ranch	Youth Counselor	0	1	0	0	0	1	0	0	1
Life House	House Case Manager	0	1	0	0	0	1	0	0	1
Life House	Youth Advocate	0	1	0	0	0	1	0	0	1
One More Child	Drop-in Center Coordinator	0	1	0	1	0	0	0	1	0
Refuge For Women	Direct Service Worker	1	0	0	1	0	1	0	0	1
Restore Corps	Resident Advocate	0	1	0	1	0	0	0	0	1
Restore Corps	Survivor Care Advocate	0	1	0	1	0	0	0	0	1
Ruby's Place	Advocate On-Call	0	0	0	1	0	0	1	0	1
Safe House	Program Support Staff	0	1	0	1	0	0	0	0	1
Selah Freedom	Residential Advocate	0	0	0	0	1	0	0	0	1
Samaritan Village Inc.	Residential Program Support Staff	0	0	0	0	0	1	0	0	1
Sherah Movement	Evening House Mother	1	0	0	0	0	1	0	0	1
Sojourner House	Housing Advocate	0	1	0	0	0	0	0	0	1
The Potter's Hand Foundation	Restoration Coach	1	0	0	1	0	0	0	0	1
The Well	Resident Support Staff (House Coach)	1	0	0	1	0	0	0	0	1
Treasured Vessels Foundation	Resident Assistant	0	0	0	0	1	0	0	1	0
YWCA Kalamazoo Human Trafficking	Residential Service Specialist	1	0	0	0	1	0	0	0	1
		9	14	2	11	4	8	1	5	26



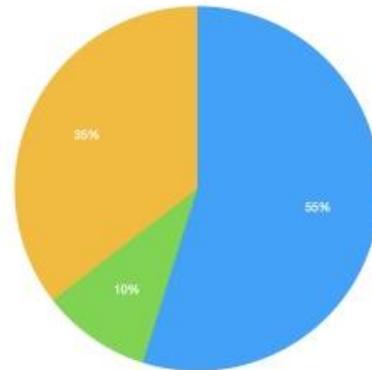
Column 1 ASTAs	Column 2 Direct Care Job Role	EDUCATION				Work Experience			
		High School	Associate	Bachelors	Not Specified	Any-1 yr	2yr	3yr	Not Specified
Alternatives For Girls	Resident Advisor	1	0	0	0	1	0	0	0
Amirah Inc.	Outreach Case Manager	0	0	0	1	1	0	0	0
Arrow	Residential Counselor	1	0	0	0	1	0	0	0
Awaken	Drop-in Advocate	0	0	0	1	0	0	0	1
Cast LA	Emergency Shelter Support Staff	0	0	1	0	1	0	0	0
Created	Case Manager	0	0	1	0	0	0	0	1
Covenant House Missouri	Case Manager	1	0	0	0	1	0	0	0
Dorothy's House	Care Coach	0	0	0	1	0	0	0	1
Eden's Glory	Resident Assistant	1	0	0	0	1	0	0	0
Elijah Rising	Residential Coordinator	1	0	0	0	1	0	0	0
Freedom House	House Mom	0	0	0	1	0	0	0	1
Gigi's House	House Manager	1	0	0	0	0	0	0	1
Gracehaven Youth Direct	Care Specialist	0	0	0	1	0	0	0	1
HER Cincinnati	Client Care Coordinator/Front Desk Attendant	1	0	0	0	1	0	0	0
Heartland Girl's Ranch	Youth Counselor	1	0	0	0	0	0	0	1
Life House	House Case Manager	0	0	1	0	1	0	0	0
Life House	Youth Advocate	0	0	1	0	1	0	0	0
One More Child	Drop-in Center Coordinator	0	0	1	0	1	0	0	0
Refuge For Women	Direct Service Worker	1	0	0	0	0	0	0	1
Restore Corps	Resident Advocate	1	0	0	0	1	0	0	0
Restore Corps	Survivor Care Advocate	0	0	1	0	1	0	0	0
Ruby's Place	Advocate On-Call	0	1	0	0	1	0	0	0
Safe House	Program Support Staff	1	0	0	0	1	0	0	0
Selah Freedom	Residential Advocate	0	0	1	0	1	0	0	0
Samaritan Village Inc.	Residential Program Support Staff	1	0	0	0	0	1	0	0
Sherah Movement	Evening House Mother	1	0	0	0	1	0	0	0
Sojourner House	Housing Advocate	0	0	1	0	0	1	0	0
The Potter's Hand Foundation	Restoration Coach	0	0	0	1	0	0	0	1
The Well	Resident Support Staff (House Coach)	1	0	0	0	0	1	0	0
Treasured Vessels Foundation	Resident Assistant	0	0	0	1	0	0	0	1
YWCA Kalamazoo Human Trafficking	Residential Service Specialist	1	0	0	0	0	0	0	1
		15	1	8	7	17	3	0	11

Education



● EDUCATION High School
 ● Associate
 ● Bachelors
 ● Not Specified

Work Experience



● Work Experience Any-1 yr
 ● 2yr
 ● 3yr
 ● Not Specified

Theoretical Framework

The theories guiding this study are based on the human stress experience and learned behavior. Rotter's (1954) social learning theory focuses on how human social behavior is learned through observing and imitating, emphasizing the importance of the social environment in impacting behavior. The work environment for ASTA employees may be socially affecting their learned behavior, supporting Rotter's (1954) theory. Maslow's (1954) hierarchy of needs identifies higher and lower psychological needs, stating that the lower conditions must first be satisfied for the higher requirements to be obtained. In the context of the ASTA employee working situation, it may be possible for lower needs such as safety, appropriate financial compensation, and healthy work relationships not to be satisfied, thus blocking the ability to acquire work confidence, respect for others, and purpose. Maslach's (1982) theory of burnout addresses the sources of burnout as caring for people, the job setting, and personal characteristics. McCann and Pearlman's (1990) construct of vicarious traumatization supports the notion that working with trauma-affected people may alter the psychological well-being of the support worker. In addition, these theories provide a deeper explanation of the psychological needs of the employees of ASTAs.

The current literature needs to address the intricacies of the effects of working directly with RSTW, and more research is required. The literature provides insight into the needs of RSTW, the experience of the components of burnout, CF, and STS, in other employment fields, and the characteristics of resilience and protective factors both in the employee and the organization. The literature examines other similar working areas but needs a more in-depth connection between working with the volatile RSTW population and the psychological health of

the RDCW, how to address them in ASTA environments, and how those employees will thrive in a stressful and demanding work environment.

Maslow (1954) conceptualized a hierarchy of needs that dictated a person's ability to focus on and develop various aspects of their life. According to this concept, a person without a home or food cannot fully experience their inner potential until the needs lower in the hierarchy are met. The scale begins with physiological or the most basic needs humans need to survive. Once those needs are met, a person can begin engaging in the following needs levels until self-actualization is accomplished. This is relevant because an employee who does not feel safe at their job (the second tier on the hierarchy of needs) may not be able to feel a sense of connection (third tier), have confidence in their job (fourth tier), or experience purpose (final level). Understanding Maslow's (1954) hierarchy of needs gives insight into how trauma, secondary trauma, and burnout affect employment in nonprofit organizations that work with disenfranchised people groups. Additionally, Rotter's (1954) social learning theory provides the perspective of burnout as a worker's minimal goals being too high and not adapting to the feedback provided socially or occupationally. Maslach (1982) presents the view that burnout is influenced by more than just exposure to stress, and the job setting and personal characteristics can contribute to burnout.

Related Literature

Trauma is best defined by the APA's (2013) DSM-5 manual. It states that trauma is exposure to actual or threatened death, sexual violence, or serious injury with four exposure variations. Severe mental health disorders can result from traumatic exposure and are influenced by the traumatic exposures' frequency, duration, intensity, and proximity. These disorders include post-traumatic stress disorder, acute stress disorder, stressor-related disorders, and

dissociative disorders which can negatively impact an individual's daily functioning. Suppose an individual is continually experiencing the symptoms of a trauma-related mental health disorder, in that case, their ability to achieve their human needs, according to Maslow (1954), is reduced because they struggle with the hierarchy's lower-level needs. This prevents the person from acquiring self-actualization until their trauma-related mental health disorder is treated.

Burnout is simply defined as giving oneself until there is nothing left to give (Maslach, 1982). Maslach (1982) describes it as a syndrome of emotional exhaustion, reduced personal achievement, and depersonalization as a response to dealing with other people's problems. This type of job stress is sourced from social interactions between a helper and a recipient. Emotional exhaustion results from emotional overextension, becoming overwhelmed by the demands of others. Depersonalization occurs as a reaction to emotional exhaustion and detaching oneself from meaningful involvement with others to cope. Once this has happened, distress or guilt often sets in because the helper does not feel personal achievement in how they have been responding to the needs of others. McCann and Pearlman (1990) ascribe burnout to professional isolation, empathetic emotional draining, ambiguous success, unreciprocated attentiveness, and unrealistic expectations. They define the symptoms of burnout as cynicism, depression, loss of compassion, discouragement, and boredom. Working directly with people who are victims of traumatic events, like RSTW, can produce burnout.

RSTW As a Demographic

Understanding the population of RSTW is essential to this study because it gives us insight into why working directly with them can impact the RDCW. It also shows us the volatility and vulnerability of these people and can reveal potential areas that affect an employee's burnout rate. By understanding the demographic of RSTW, ASTAs can have a better

chance of providing sufficient services to help them live healthy lives outside of ST. Rescued sex trafficked women are survivors of more than sexual abuse. Most rescued women endured pre-trafficking abuse and childhood mistreatment in the forms of physical and social violence, foster care, arrests, and childhood prostitution (Farely et al., 2016). While being trafficked, these women also experienced homelessness, rape, assault, pimping, and discrimination (Farley et al., 2016). Chronic exposure to traumatic events results in various psychological and physical ailments for the RSWT to manage. RDCWs who daily interact with these women are chronically exposed and provide support to the multiple needs of RSTW. There is persistent wounding to the rescued woman's physical, emotional, and spiritual well-being (Combs & Arnold, 2022). Women who want to leave trafficking acknowledge the need for peer support and counseling (Farley et al., 2016).

Physical Conditions

While in ST, RSTW are not allowed access to medical care unless their condition prevents them from making money (Chesney, 2013). This means that immediate medical needs often must be addressed, such as sexually transmitted diseases, complications from unsafe abortions, dental injuries, burns, malnutrition, skin conditions, and more (Schwarz et al., 2016). The most addressed medical needs sex trafficked women receive are screening for HIV, unwanted pregnancy management, suicide attempts, rape, traumatic injuries, and chronic diseases such as asthma (Ravi et al., 2017). HIV is a severe risk for trafficked women and sometimes draws attention away from other equally serious health effects (Cannon et al., 2018). Having good healthcare access is important immediately following an exit from ST. RSTW often have poor sleep quality, physical activity, and nutrition (Levine, 2017).

RSTW have lasting wounds from enduring chronic abuse, unplanned pregnancies, abortions, sexually transmitted infections, and poor oral health (Combs & Arnold, 2022). The types of injuries trafficked women might be given medical access for are anogenital trauma, traumatic brain injuries from beatings, sexually transmitted infections, pregnancy, unsafe abortions, unhealed fractures, chronic pain, sleep deprivation, and malnutrition (Chesney, 2013). Farley et al. (2016) state that it is common for RSTW to suffer from muscle pain and headaches. The effects of ST on RSTW are related to chronic exposure to traumatic events, the coercion and control others had over them, and the early age at which most women were trafficked. Because of these factors, RSTW often have substance use disorder and require a detox or treatment to help them become sober (Hickle, 2017). These conditions can have lasting complications and may continue to be addressed after being rescued. Chronic physical health complications often leave these women depressed with low self-esteem and resorting to self-mutilation as a coping mechanism (Chesney, 2013).

Psychological and Spiritual Conditions

Most of the long-term effects of ST are psychological. RSTW often have damaged self-identity, guilt, self-blame, and a negative outlook on life and the future (Loomba, 2017). They are at elevated risk for long-term mental health disorders because of the physical and sexual violence many have endured before and during trafficking. After women experience ST, they often face unmet social needs and lack social support (Oram et al., 2016). This is in addition to the many psychological disorders they are recovering from due to the mistreatment they endured through ST.

RSTW suffer from poor mental health due to chronic exposure to traumatic events. This presents as posttraumatic stress disorder (PTSD), depression, anxiety, substance use disorders,

dissociative reactions, borderline personality disorder (BPD), suicidal ideation, poor concentration, psychotic disorders, and impaired memory (Chesney, 2013; Combs & Arnold, 2022; Farelly et al., 2016; Oram et al., 2016). Additional psychological suffering is experienced through severe guilt and shame (Chesney, 2013) and because of the chronic exposure to verbal, physical, psychological, and sexual abuse and manipulation, rescued women spiritually present with moral wounds as well (Combs & Arnold, 2022). The duration and severity of ST affect the level of impact on the survivor (Oram et a., 2016).

Rescued Women and Brain Development

As previously stated, RSTW most likely have a history of childhood trauma, early life stress, or adverse childhood experiences. This is significant to consider because exposure to these things during the developmental years increases women's risk of developing mental health problems (Hambrick et al., 2019) and chronic diseases in adulthood (Agorastos et al., 2019). Childhood trauma is the single most predictor of adults requiring mental health services (Kaiser et al., 2018), setting up RSTW for the need for psychological and medical interventions.

RSTW are often trafficked as children (Levine, 2017), meaning that from an early age, these survivors have had chronic and prolonged exposure to the trauma they could not escape. This is important because childhood trauma's damaging impact on brain development, decision-making ability, and delinquent behavior (Williams, 2020). Williams (2020) explains how this scenario produces risky behaviors, inability to make rational decisions, decreased ability to make plans, lack of emotional control, and low impulse control. These effects are long-lasting and often develop a variety of mental health disorders.

Childhood PTSD negatively impacts the structures and functions of the developing brain (Herringa, 2017). This impact affects adolescents and adults. Adolescents with adverse

childhood experiences have increased cognitive impairments (Williams, 2020). Their brains have an underdeveloped self-integration, self-regulation, relational functioning, and cognitive function that will also impact adulthood (Hambrick et al., 2019). This increases the risk of adolescents getting into fights, perpetuating violence, carrying weapons, bullying others, harassing peers, and struggling with suicidal ideation (William, 2020). Adverse childhood experiences lead to attachment anxiety and avoidance in adulthood (Wilkins et al., 2017). In the context of ASTA residential settings, these outcomes can cause a lot of stress and problem navigation for the other residents and the RDCW.

Understanding that childhood trauma and early life stress lead to accumulative disadvantages in adulthood and increase physical challenges and mental health issues (Agorastos et al., 2019), it is essential to share that also increases the risk of developing depression and anxiety in adulthood (Kalin, 2020). These are the most common mental health disorders and are often comorbid (Kalin, 2020), putting RSTW at risk of having both based on the effects of childhood adversity on their brain development.

Rescued Women and BPD

Working with people with BPD increases the risk of emotional exhaustion due to the personality disorder. RDCW work their entire shifts exposed to RSTW. RSTW often present with BPD (Chesney, 2013), and BPD has a link between adverse childhood experiences/genetic vulnerabilities and impulsivity/emotional regulation (Chapman, 2019). The previous discussion about brain development and childhood negative experiences shows a connection to how the brain struggles with self-regulation formation, making RSTW susceptible to developing BPD. Unstable emotions, behaviors, and interpersonal relationships are characteristic of BPD, and it is categorized by emotional dysregulation, which impacts adult cognitive, physiological, and

behavioral domains (Chapman, 2019). RSTW living in a residential home with BPD affect the social environment with unstable emotions and behaviors.

Services RSTW Require

ST's damage to RSTW can take years to work through as the women get an education, learn new job skills, practice adequate life skills, process moral damage, and establish therapeutic relationships with counselors (Ide & Mather, 2019). ASTA residential care facilities or shelters are often where these services are provided. Immediately after the rescue, there are basic needs that must be addressed for rescued women (Maslow, 1954). RSTW likely will only have access to safe shelter, food, and other basic necessities if provided for by an ASTA (Loomba, 2017). After exiting, they usually do not have support for basic skills such as financial awareness, healthy relationships, and life skills, and they often face legal issues (Levine, 2017). Job skills and education deficits are a huge concern for these women because they have yet to be given the opportunities to develop self-sustainable employment skills or have had access to proper education (Loomba, 2017), which makes exiting ST challenging to sustain.

Safe shelter, food, and adequate clothing are often the first things provided to a rescued woman (Dell et al., 2019), and a residential ASTA or shelter often does it. Sometimes RSTW must wait for placement into a safe shelter, so it is essential to provide a safe place to sleep, give her food access, and provide laundry services while they wait (Twigg, 2017). Women with a history of violence before being trafficked will require more intensive support (Cray et al., 2016), and based on previous discussions, most trafficked women have had a history of childhood adversity. A crisis safety plan and shelter, emergency medical care, and emergency mental health intervention are necessary to respond to the immediate needs of RSTW (Twigg, 2017). Due to the limited nature of providing safe housing to rescued women, crowded shelters

increase the risk of contracting and spreading diseases (Jones et al., 2019). Therefore, residential ASTAs need to consider the poor health status from trafficking, previously limited access to healthcare, previous substandard living conditions, restricted access to good hygiene, incomplete childhood vaccines, and previous unprotected exposure to infected people before being put in a shelter (Jones et al., 2019).

Once the basic needs have been met, ongoing support is required to help rehabilitate RSTW. Most needs can be categorized into psychological, physical, and relational domains (Dell et al., 2019). The complexity and number of services required for RSTW result in coordinating care through several agencies (Kim et al., 2018). Creating a safety network is essential to sustaining efforts to help RSTW (Hammond & McGlone, 2014). Additionally, long-term efforts should include continued physical and mental health care, legal advocacy, life skills training, stable housing, and job skills training (Twigg, 2017). Rescued women need support to protect their privacy and confidentiality, prevent self-harm, build trust, and process the shame, guilt, and anger they feel from being trafficked (Hammond & McGlone, 2014).

Recommended Psychological Treatment For RSTW

Most of the employees of ASTAs examined in this study are lay people with little to no mental health training. RSTW require strategic mental health intervention and trauma-informed care. Understanding the level of care needed by an RSTW shows the possible deficits that exist in RDCW and may contribute to the studied burnout characteristics. Treating rescued sex-trafficked women is a challenge because there is no intervention specific for survivors, so counselors must borrow evidence-based treatments developed for post-traumatic stress disorder and survivors of slavery, captivity, and domestic violence (Litam, 2017). Before treatment can happen, it is important to establish if the survivor has their basic needs met, including safe and

stable shelter, medicine, food, and water, so they have the resources to do the work required in therapy (Litam, 2017). Psychoeducation is often the first step in treating a survivor to provide insight and offer an opportunity to disclose information to the counselor in a safe and accepting environment (Litam, 2017).

Trauma-sensitive modalities will be necessary for treating RSTW, and multiple options will need to be accessible to address the unique needs of the survivor (Litam, 2017). According to Litam (2017), trauma-sensitive treatments are centered around safety, trusting therapeutic relationships, wellness promotion, and being out of danger. These treatments come in many forms, including creative interventions, cognitive behavioral therapies, and group therapy.

Treatment options used with RSTW should incorporate Sanderson's (2013) core therapeutic goals: safety and stabilization, control over trauma reactions, mindfulness, and reflection, normalization of symptoms, validating existing coping skills, processing of traumatic experiences, challenging distorted perceptions, restoring reality, grieve losses, reconnect to the world and self, self-efficacy, and post-traumatic growth. In addition to trauma-sensitive interventions, creative or alternative treatments can benefit the survivor. By including creative-based or alternative therapies, RSTW can make a choice, giving them a sense of control over their lives (Litam, 2016). This is important for RSTW because they had little control over almost all areas of their lives when they were trafficked. Examples of creative-based or alternative treatments include music therapy, art therapy, equine therapy, and narrative exposure therapy (Levine, 2017). The power of these interventions is that they help survivors to reframe ideas, change perspectives, express emotions, and increase their understanding of events (Litam, 2017).

Another treatment option for rescued sex-trafficked women is group counseling. This treatment empowers survivors to share similar experiences in an environment of community and

support (Litam, 2017). The peer support offered through group counseling reinforces the idea of support and a sense of universality by sharing the similar lived experiences of rescued sex-trafficked women (Litam, 2017). The power of group therapy is the realization that they are not the only ones whom their parents have trafficked, have had to engage in survival sex, or have been sexually exploited by boyfriends (Litam, 2017). These are often the originators of shame. By addressing these topics in group counseling, survivors realize they have shared experiences with other survivors, build trust with their peers, and can dispel negative beliefs (Litam, 2017). Residential ASTAs provide an environment for peer interactions, which may benefit the support provided.

Rescued Minors in Care

Some RDCWs work in shelters that service rescued minors. Hickie and Roe-Sepowitz (2018) reinforce the notion of considering the effects of childhood trauma on brain development and behavior to provide the best care to rescued minors. Minors will often be involved with the juvenile justice system causing barriers to successful assimilation into a group home environment. Their justice system involvement usually resulted from forced activity such as getting into cars with strangers, exposure to questionable circumstances, engaging in unprotected sex, being given illegal substances, and being forced to participate in criminal activity. Legislations like the Safe Harbor Legislation offer protection to help sexually exploited minors. Services that add value to rescued minors include education re-entry, family reunification, family reconciliation, and emergency substance use treatment (Twigg, 2017).

Characteristics of Burnout in Employees

The current literature does not have information on the employees of ASTA. All literature supporting these main concepts has been pooled from other high-stress fields such as nursing, teaching, social work, counseling, advocacy, and ministry. People who care for RSTW, such as RDCW, often act as first responders to the immediate and ongoing complexities of post-trafficked life. They witness the effects of trafficking and are often chronically exposed to adverse details of ST and pre-trafficking abuse. Workers who interact directly with RSTW perceive more stress and have an increased risk for burnout (Steinheider et al., 2020). Caring for RSTW involves intense ongoing intervention in a myriad of domains. Houston-Kolnick et al. (2016) discovered that people are limited by their attitudes toward ST based on what they know and think they can do about it. The more the person understands the complexities of ST, the more the person can understand the difficulty of women exiting the industry. The literature shows a gap in understanding how working directly with RSTW impacts the RDCW and may impact the quality of care and support offered to the RSTW.

Burnout is influenced by job demands, job support, and the ability to exert control over job positions (Aronsson et al., 2017). Burnout risk increases if an employee feels a lack of support and an unsustainable and unreasonable pressure to perform emotional labor (Acheson et al., 2016). Working with a volatile population like RSTW, the risk for workplace violence is greater and increases the likelihood of employee burnout (Dames, 2018). Bullying is associated with increased employee burnout (Srivastava & Dey, 2020). Since bullying is an adverse effect of trauma on brain development, RDCW may likely be exposed directly or indirectly to bullying of RSTW. Additionally, any preexisting dysfunctions in an organization before the Covid-19 pandemic have been magnified and may lead to increased employee burnout because of the additional risk factors presented to the job (Laskowski-Jones & Castner, 2022).

Work-related stress in occupations involving advocacy and other job roles can negatively impact the employee's professional output and personal well-being (Hoy & Nguyen, 2020). ASTAs employees are responsible for managing multiple services through coordinating different agencies, often including advocating for the proper care of the RSTW. These jobs can have high demands, low control over employment roles, high workload, and low job security increases the risk of emotional exhaustion (Aronsson et al., 2017). Employees of ASTAs may be at risk of burnout when they perceive a lack of support, feel an excessive burden to motivate the RSTW, use emotional labor to encourage the RSTW, experience emotional exhaustion, and feel like their efforts are not working (Acheson et al., 2016). This is concerning because elevated levels of stress and burnout impair the quality of care given to clients or RSTW (Steinheider et al., 2020). There are two characteristics of burnout relevant to this study: secondary trauma and compassion fatigue.

Secondary Trauma Characteristics of Burnout

The onset of STS symptoms experienced by frontline workers and direct care workers, like RDCW, have been linked to threat perception and workers who interact with people experiencing trauma because being exposed to complex trauma histories and trauma details puts them at risk of STS (Schiff & Lane, 2017). Exposure alone does not equate to STS. Frontline and direct care workers with histories of childhood trauma, domestic violence, addictions, or mental health problems have an increased risk of developing STS (Schiff & Lane, 2017; Wilkens et al., 2017). Working directly with victims can lead to loss of sleep, intrusive thoughts, anxiety, and an inability to forget the gruesome details of the crimes, and when this is in conjunction with extended working hours and increased danger risk, the risk of STS increases (Levin et al., 2021). Direct care workers with STS also experience elevated levels of distress, burnout, low mood, and

rumination, and direct care workers who have preexisting depression and anxiety are more vulnerable to STS (Hopwood et al., 2019). The stress from the exposure to specific victim populations, such as sexual assault victims, is so challenging that in a study conducted by Gunby and Carline (2020), a participant stated that they would instead work on a murder case than a sex crime case because it would be easier. This reiterates the increased stress caused by exposure to the details of sexual abuse, as seen in ST.

Research shows many direct care workers in other fields have a history of trauma. Because of this, they have a lower threshold for psychological symptoms caused by the added stressors and traumatic material (Singer et al., 2020). Direct care workers are exposed to suffering and traumatized people, leading to an increase in emotional responses when they have adverse childhood experiences (Wilkins et al., 2018). It is common for people with histories of childhood abuse, domestic violence, addiction, and mental health problems to seek jobs in the helping professions because they are drawn to help those who are suffering how they once had. This phenomenon makes them more susceptible to developing STS (Schiff & Lane, 2017). Female direct care employees may have lower resilience, have difficulty dealing with environmental stress, and often have lower levels of support from their team (Davis, 2020). This is relevant because the majority of RDCWs working with RSTW are female.

Compassion Fatigue Characteristic of Burnout

Compassion fatigue (CF) is the negative emotional and behavioral responses, including physical, emotional, and spiritual exhaustion, to work environment stress caused by the combination of burnout and STS (Ghesquiere et al., 2018; Levin et al., 2021; Schiff & Lane, 2019). It is frequently experienced by workers who help people in distress and use emotional energy to support suffering individuals (Hoy et al., 2020). It is problematic because it can lead to

an increase in cynicism, a decrease in self-efficacy, and prominent emotional exhaustion, which leads to workers losing empathy, becoming less effective in helping, and leaving the job field (Hopwood et al., 2019). The literature is evident on the negative impacts of CF in both the emotional and physical realms. Emotionally, workers who experience CF have issues with depression, loss of endurance, anxiety, a decrease in output, irritability, weariness, and desensitization (Stamm, 2022). These effects diminish a worker's ability to provide the required care and services in their field. CF is an issue that not only impacts the individual worker but also negatively affects the people being serviced by the worker. RDCWs experiencing CF will have a diminished effect on the care and support offered to the RSTW.

The research also supports that workers and volunteers affected by CF frequently use non-self-compassionate coping strategies and have lower mindfulness awareness (Gonzalez-Mendez & Díaz, 2021). This means that people with CF may focus on their suffering and have difficulty seeing their situation differently. CF is not only attributed to the worker's experience and coping strategies. CF is compounded by the expectations put on them by their employment situation and the community they are influenced by (Hoy et al., 2020). Job roles that require direct relationships with those that are being helped can increase the chance of experiencing CF because of the unrealistic expectations clientele, employers, or the community place on them, and it can result in excessive workloads, not reaching out for help, and disregarding their well-being (Hendron et al., 2012). This is exaggerated in faith-based professions with an expectation to maintain a perfect public image (Hendron et al., 2012). The research on faith-based professions gives more insight into the complexities of work-life balance and the pressures that lead to increased CF. Faith-based helping roles have the obligations and expectations to have large relational circles larger than typical social network circles, leading to increased distress and

lower effectiveness (Coppinger-Pickett et al., 2017). This is relevant to the current study because it is common for ASTAs to be faith-based, and they may be putting the same pressure on their direct care workers. Other sources of CF are experiencing a high frequency of co-worker hostility, having an unclear role, receiving physical violence from clients or patients, and having a moral or ethical dissonance with their place of employment (Dames, 2018).

Burnout Protective Factor: Resilience

There are internal (within the persons) and external (within the organization) approaches to prevent or mitigate the occurrence or severity of STS and CF. Though there are some things employers can do to reduce the risk of burnout, such as increasing job support and workplace justice (Aronsson et al., 2017), more often, the responsibility of lowering burnout risk is on the employee. This section will focus on the internal approaches to enhance resiliency in direct care workers.

A resilience factor supported by research is career identity. Employees who have a cohesive and meaningful identity in their professional role have been found to have a lower risk of work-related burnout because they can find meaning in their position, derive significance from it, and use that as an adaptive tool to face job stress, emotional exhaustion, and work overloads (Malka et al., 2020). This aligns with the resilience factor of person-organization fit. If a worker in a high-involvement work environment feels like they are a good fit for their organization or role, they have a decreased risk of burnout (Kilroy et al., 2017). Hardiness and emotional intelligence mitigate workplace stress and violence as predictors of burnout because those qualities show a worker's ability to view unpleasant situations as less of a threat and to manage their emotions in an adaptive manner (Srivastava & Dey, 2020).

Another predominant factor of resilience against STS and CF is having self-compassion when facing adversity (Dames, 2018; Hallam et al., 2021). The idea of self-compassion is the unconditional positive regard towards oneself (Rogers, 1959), and has been shown in research to prevent self-destructive thoughts and rumination (Dames, 2018). Workers who have the capacity for self-care or can develop the ability for self-care will experience less exhaustion and cynicism (Hallam et al., 2021). The idea of having more self-compassion to reduce or prevent STS and CF is to increase a worker's ability to see the stressor more objectively and to have a greater capacity to manage stress and have an optimistic orientation when perceiving workplace stress (Dames, 2018). Similarly, having a keen sense of purpose in life is a resilience factor of burnout and was not contingent on hours worked, years of experience, or ethnicity (Singer et al., 2019). This means that from novice to expert or volunteer to full-time employee, having a keen sense of purpose in life significantly decreases STS or CF development, leading to burnout.

In a study done on caregivers in an immigrant rights movement, it was discovered that the workers were coping with the high stress and prevalent exposure to trauma and suffering by using a concept called detached attachment, where caregivers physically and emotionally distanced themselves while remaining cognitively attached to the people they serve (Márquez, 2012). The functioning of detached attachment allows workers to continue with cognitive attachment and distinguish between their emotions and cognitions when working with disenfranchised people. This concept also requires workers to manage their work and personal boundaries, including physical space away from the job and responsibilities. Burnout decreases using detached attachment because workers are less emotionally attached to the people they are helping and experience less emotional relationships with suffering people, which can lead to an increase in burnout. This approach has shown increased emotional regulation, continued

participation, and a better work-rest balance, resulting in a reconnection with their values that motivate them to do the work.

Workers with a trusted mentor at work or colleagues in similar work environments increase self-agency and provide an empathetic place to vent, which can lead to change (Dames, 2018; Hoy et al., 2020). This supports other research findings that workers and volunteers with personal support networks help to reduce burnout risk (Jacobs & Reese, 2021). Employees with a trusted workplace mentor felt like they fit in their job roles (Dames, 2018) and could experience a positive perception of their high-involvement work practice (Kilroy et al., 2017), resulting in lower burnout risks.

The research supports mindfulness-based interventions to increase resilience among workers at risk for STS and CF. These interventions have increased emotional intelligence and improved emotional regulation, decreasing occupational stress and physical fatigue (Canady et al., 2021). Participation in mindfulness-based interventions in other studies continues to show a reduction in pressure as well as reduced depression and increased personal accomplishment, which supports a sense of meaning and value in their job role (Neff et al., 2020). This ties in with what was previously stated about the resilience qualities of having a meaningful job role. Mindfulness-based techniques work because they give participants the capacity to reflect and, if needed, realign their personal and professional values, leading to an enrichment in the work-rest boundary, which was previously stated as a resilience factor against burnout (Márquez, 2012; Neff et al., 2020). An important concept to point out about this technique to mitigate STS and CF is that it leads to workers having a greater ability to care for their clients and patients without becoming emotionally exhausted (Neff et al., 2020). Combating the adverse effects of STS and

CF can improve employee emotional intelligence, emotional regulation, and occupational stress by implementing mindful-based interventions (Canady et al., 2021).

Burnout Protective Factor: Leadership Responsiveness

Organizational leadership has a beautiful opportunity and responsibility to increase the wellness and resilience of its employees working in high-stress environments. The approaches of leadership matter in the management of burnout. The support values of an organization are perceived as promises to workers, and if those are not upheld, employees develop disillusionment and cynicism (Sanderson, 2021). When leadership focuses on emotional management in addition to organizational responses, such as reduced caseloads and schedules that allow rest, employee engagement increases because the staff is equipped with coping strategies for managing STS (Silard, 2019). Organizations can prioritize their workers' mental health by having intentional care programs that focus on keeping their employees thriving by giving them access to resources that meet their needs (Davis & Baraka, 2021). These resources can include flexible scheduling, better communication with supervisors, and training on recognizing and mitigating job stress (Levin et al., 2021). Flexible work schedules or a schedule that allows for time to rest and recoup from job stress allows workers the capacity to thrive inside and outside of work (Dames, 2018). Providing a space where employees can talk to supervisors about stressful conditions will enable workers to feel heard, and like they can contribute to solutions for burnout within the organization (Walters et al., 2018). A decrease in burnout can be achieved through prominent levels of job support, job control, and workplace justice when exposure to high stress is frequent because it creates a better psychosocial work environment (Aronsson et al., 2017).

To take care of workers, interdisciplinary support may be required as an ongoing investment into personnel development for higher retention (Davis & Baraka, 2021).

Organizations with high-stress work environments can help support their workers by increasing organizational awareness of the signs of burnout, offering support from leadership, and acquiring training to increase sustainability by bringing attention to how work habits impact health, well-being, and personal life (Hoy & Hguyen, 2020). Organizations can mitigate their perceived stress at work by implementing five components: (1) involve workers in respectful and honest conflict management, (2) offer mutual respect, empathy, and sincere care for workers, (3) provide opportunities for workers to reflect and question the norms, rules, and assumptions of the organization, (4) allow workers to assume responsibility that matches their capabilities and hold them accountable, and (5) put effort into understanding and responding to the perspective and needs of the workers (Steinheider et al., 2020). It is essential for workers who work directly with people who have trauma-related issues to have structured training and supervision to help mitigate burnout (Carrola et al., 2021). When there is adequate support and a release of pressure for workers to perform emotional labor, employees thrive (Acheson et al., 2016; Schwarz, 2020).

Employees who experience burnout and have a positive outcome attribute it to the access and implementation of peer support in the workplace (Guay et al., 2017.) Places of employment that help workers develop enthusiasm for their job role increase engagement and lead to lower levels of burnout among workers (Morilla-Luchena et al., 2021). This can be accomplished through annual training with follow-ups, coping skill education, and mentoring employees by providing debriefing and further training for specific situations (Aguilar-Amaya & Gutiérrez, 2019). Increased enthusiasm and engagement in the job can be increased by organizations

looking for workers to employ that are a good fit with the organizational values and leads to less workplace burnout (Kilroy et al., 2017).

The work environment is like a social barometer, representing the workers' safety and preservation (Matsuishi et al., 2022). So, if the work environment reflects a disregard for the well-being of the workers through poor policy and leadership, workers will be set up for a higher risk of burnout. Employers can assist in reducing work-related burnout and encourage well-being and employment longevity by providing work schedules that allow time for rest from workplace stress (Dames, 2018). This can also be done by monitoring the pressure of direct care workers through screening for burnout (Levin et al., 202; Walters et al., 2018) and by providing staff with tools and support for implementing self-care (Crabtree-Nelson et al., 2022). An increased support environment can improve work engagement, translating to better care for clients like RSTW (Mahon, 2021; Steinheider et al., 2020).

Workers who deal directly with people with trauma issues need benefits to help relieve the challenges of working with that population (Schwarz, 2020). It is quite common for organizations to address trauma-related behaviors in the people they serve but not in the workers themselves. Hence, this is why organizations can set up a healthy, supportive environment by addressing trauma-related behaviors in the workers (Schiff & Lane, 2019). Early training for employees helps workers cope with work-related stress effectively they might encounter with CF and STS (Singer et al., 2020). Workers who perceive their place of work as trying to address their job stress and improve their well-being decrease the risk of STS and CF (Levin et al., 2021). Incorporating self-care curriculums and self-care training for workers and supervisors provides a working environment that mitigates burnout, especially STS and CF characteristics of burnout (Hallam et al., 2021; Lewis & King, 2019).

Burnout's Impact on Employee Attrition

Working in a high-stress work environment can lead to elevated employee attrition due to the previously stated complexities of the population, the exposure to secondary trauma, and the risk of compassion fatigue. Preventing burnout is also key to avoiding workers' intent to leave (Harmon-Darrow & Xu, 2017). Employees leave high-stress jobs because of salary issues, poor work recognition, inappropriate task assignment, and monotonous work (Shukla & Deb, 2017). Workers leave when there is dissatisfaction with supervision, a lack of work resources, and sub-adequate working conditions (Ghesquiere et al., 2018). This ties into the concept of job satisfaction. Workers of nonprofits who have opportunities for career development, better working conditions, and adequate compensation for their competency have a better retention rate (Kang et al., 2015). To increase the retention of workers, organizations can implement systems that increase a sense of worker accomplishment, increase perceived self-efficacy, and create opportunities for improving skills (Ghesquiere et al., 2018).

Training managers and leaders to motivate and support employee goals will increase an organization's retention (Almas et al., 2020). Managerial control is how employees view their organization's values and how they may defend their selfhood, making this a crucial factor in creating an environment that increases retention (Sanderson, 2021). Retaining employees may depend on the trust between the employee and the organization, and the trust can be increased if the employee has psychological ownership or perceived insider status (Knapp et al., 2019). Organizations that see high employee attrition have value incongruences in the form of idealism, disillusionment, and cynicism (Sanderson, 2021). An employee working for a nonprofit, like many of the ASTAs, often finds the social reward or the organization's mission more important than the economic reward (Knapp et al., 2019). This opens the discussion for the importance of

the worker feeling like they belong and trust the organization as a reason to stay employed above the need for better economic compensation (Kanpp et al., 2019).

If employees feel safe and secure in the workplace, have teamwork and collaboration, have strong managerial leadership and peer support, are recognized for the work performed, and have opportunities for professional development there is a higher retention rate (Deroy & Schutz, 2019). Leadership makes a difference in increasing employee retention. Leaders can inspire and motivate employees, helping them meet higher performance goals and improve the organization's retention rates (Almas et al., 2020).

Summary

Employees who work directly with RSTW have yet to be thoroughly studied. It is unknown how working with RSTW affects the employee's risk of burnout through STS and CF. Previous research has examined the volatile characteristics of rescued women due to chronic exposure to trauma, and it has reviewed other human service fields and their experiences with burnout through STS and CF. The gap in the research is a focus on the employee experience of RDCW who work with RSTW. Additionally, knowing the effects of working with RSTW may direct future research to examine how that impacts the quality of care provided to the RSTW. The quality and efficacy of services offered to RSTW are linked to the well-being and mental health of the employees working with them. This provides a chance to increase ASTA efforts' efficacy by understanding the interplay of different variables. Because this is a qualitative study, there is room for new information to surface and direct the research accordingly. In the next chapter, the design of this phenomenological study is explained in detail, addressing the research questions, data collection, and data analysis to be used. The participants and setting are presented, and the role of the researcher is clarified.

CHAPTER THREE: METHODS

Overview

This qualitative phenomenological research study examines the shared experience of the characteristics of burnout, secondary traumatic stress (STS), and compassion fatigue in ASTA employees who work directly with RSTW. The current literature needs to focus on the employees' experiences of ASTAs. This research offers those working in the anti-sex-trafficking industry a better understanding of how job exposure of working directly with RSTW increases the risk of burnout and affects the quality of services provided to RSTW.

Design

The study is designed to be qualitative. Qualitative research starts with assumptions and uses interpretative frameworks to inform the analysis of research problems, examining the meaning of a social or human problem (Creswell & Poth, 2018). This type of research collects data in a natural setting fitting to the people or places being studied; analysis of data is inductive and deductive to establish patterns and look for themes; and the written report incorporates the voice of the participants in addition to the judgments and practices of the researcher, a thick and rich description and interpretation of the problem being studied, and the contribution the study makes to the literature (Creswell & Poth, 2018). According to Heppner et al. (2016), qualitative research focuses on the importance of context in helping to understand a phenomenon of interest.

Phenomenological qualitative research gives a detailed description of a phenomenon so that an understanding of the structures of the phenomena can be derived (Heppner et al., 2016). In addition, it describes the shared meaning for several individuals who share the phenomenon's lived experience (Creswell & Poth, 2018). As the researcher, I chose this method as the best option for answering the research questions. This research focuses on a group of employees of

ASTAs who work directly with rescued women and their related experiences, which may lead to affect the quality of care offered to RSTW. The participants will all share a common employment role and similar incidents related to the research topic.

Phenomenological research condenses individual experiences with the phenomenon into an explanation that can be universally applied (Creswell & Poth, 2018). Phenomenology captures the essence of the lived world of the participant (Heppner et al., 2016). As it relates to this research, what experiences do employees of ASTAs have that have impacted their development of burnout and their ability to fulfill their job roles?

Research Questions

This study seeks to answer the following question: How do employees of anti-sex-trafficking agencies (ASTA) describe their experience with job-related stress? How do employees of ASTA view the impact of emotional exhaustion, job-related stress, and exposure to adverse details of the rescued women on their ability to fulfill their job role? How do employees of ASTA experience secondary trauma and compassion fatigue, and does it impact their described intentions to continue employment?

Setting

The setting of this study takes place on Zoom to accommodate the various States represented by the different ASTAs in the United States. I accessed Zoom from a private home office using headphones to provide added confidentiality for the participant. My home office provided a space where others could not hear the participant's responses. The participants were advised to access Zoom in a private setting, either in their home or work environment, to allow for the comfortability of participating in a confidentially. Zoom was also utilized as the focus group data collection site. Participants of a phenomenological study don't need to be located at a

single location if they all share the experience of the phenomenon being studied (Creswell & Poth, 2018). For this study, the phenomenon being studied is the shared experience of burnout through compassion fatigue and secondary trauma in the context of being an RDCW at an ASTA. It is present at various ASTAs throughout the United States.

Participants

This study will include 12 female ASTA employees who are RDCWs. The population pool for this study will consist of residential direct care workers (RDCW) of ASTAs who have at least a high school diploma and some knowledge or experience in working with trauma. They will be employed at least part-time and have their primary job in direct care and support capacity to RSTW. The types of sampling chosen will be maximum variation and criterion. The criterion sampling ensures that all participants are employees of ASTAs who work directly with rescued women as a primary role of their job. At the same time, the maximum variation is satisfied by using different ASTAs to study employees (Creswell & Poth, 2018). Maximizing the variance provides a broader generalization across ASTAs (Heppner et al., 2016). The participants' age and ethnicity will vary and are irrelevant to the selection of participants. A limitation of this study is gender.

Due to the nature of the job role being proximity and engagement to sexually traumatized women, female employees are the primary hire for RDCWs. Participants are chosen based on their employment with an ASTA and their job role RDCW. Due to the nature of the sampling, participants will be at least 18 years old. To gain access to participants, I will contact different ASTAs from around the United States, introducing myself, stating my purpose for the study, and asking permission to connect with their employees. If they grant me written authorization, I will

email potential participants a recruitment letter, including screening for suitability. Based on those responses, I will select the participants that meet the criteria. Participants will be compensated for participating in this study. After each procedure, participants will receive a \$25 Visa gift card totaling \$100 in Visa gift cards upon completion. Any participant who chooses to withdraw from the study after beginning but before completing all study procedures will receive a \$25 Visa gift card for each procedure completed.

Procedures

Approval from the Institutional Review Board (IRB) was ascertained on June 13th, 2023 (Appendix G) to ensure that the health, safety, rights, welfare, and privileges of the participants are being maintained according to the policies of the Department of Health and Human Services (Heppner et al., 2016). An application to the IRB was submitted, providing the purpose of the study, the participant types, procedures for informed consent, and the method of collecting data. After approval from the IRB was secured, ASTAs from the Institute for Shelter Care National Shelter Landscape Map, a database of confirmed ASTAs in the United States, were contacted by email with a Permission Request letter (Appendix B) and a Permission Response Letter (Appendix C) to receive permission to get their employees. If written permission is granted, participants were emailed a Recruitment Letter (Appendix D), Participation Criteria (Appendix A), and Consent Form (Appendix E) about the opportunity to participate in the study. The researcher contacted participants who wanted to participate and met the criteria for participation to schedule a one-hour one-on-one interview. Interviews were conducted and recorded via Zoom. Permission to record was part of the Consent Form. The researcher accessed Zoom from a private home office, and participants were advised to access Zoom from a private home or workspace. During the interview conclusion, participants were asked to email the researcher a

list of all the training provided to them by their current ASTA employer. After the one-on-one interview, participants were given available dates for participation in the one-hour focus group. Once all participant availability was acquired, the researcher confirmed it and sent the Zoom link to all participants. During the one-on-one interview, participants were reminded that they would be given their transcripts for accuracy checking. They were presented with the transcripts via email and were contacted by the researcher via email or phone to discuss the accuracy.

The Zoom focus group was accessed in the same way as the one-on-one interviews. Permission to record and the understanding of confidentiality was previously provided in the Consent Form and reminded at the start of the focus group. The focus group transcript will be provided to all the participants via email, and the researcher will follow up with an email or phone call to discuss accuracy. Data is stored on a password-locked computer in a password-protected file on the desktop. After five years, all electronic records will be deleted. Recordings will be stored on a password-locked computer in a password-protected file on the desktop until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher and members of her doctoral committee will have access to these recordings.

Researcher's Role

I own a virtual psychological trauma center. Through my business, I work with clients from diverse backgrounds, including individuals at ASTAs. I also sit on the board of an ASTA in Michigan. My role in the research is to be a curious observer (Creswell & Poth, 2018). My previous interactions with employees of ASTA prompted this research design because I observed similarities in struggles and wanted to investigate if this is a shared phenomenon among employees of ASTAs. I chose to do interviews, a focus group, and a documentation review to

give me a diverse source of data to analyze that may expand or contradict my previous observations. I can remain curious about the phenomenon by intentionally observing and recording through this study without letting previous observations direct the results. All data will be member checked to ensure any biases are addressed and to access for accuracy (Heppner et al., 2016).

Data Collection

The data was collected through in-depth phenomenological interviews, a focus group, and documentation reviews to acquire the lived experiences of 15 female employees of ASTAs. The phenomenological approach will expand the knowledge of how working directly with RSTW impacts the employees. The researcher plans to conduct one in-depth interview with each employee. A group Zoom questioning will collect the focus group data. Participation in the focus group will be made known in the original request for participation. During the one-on-one interviews, participants will be asked to select a day and time for the focus group. The idea is to have all the participants from the one-on-one interviews also participate in the focus group. Finally, the documentation review will examine ASTA job descriptions, employee demographics surveys conducted after initial screening (Appendix F), education/work experience requirements, and documentation received by the RDCW after employment.

By collecting data through interviews, focus groups, and documentation review, a better understanding of the lived experiences these 15 female ASTA employees have regarding burnout and its effect on them personally and professionally will be acquired. The results should reveal how job exposure to rescued women and their traumatic histories impacted how employees handle compassion fatigue and secondary trauma. The results should also begin the conversation of how the mental health of employees of ASTAs affects the quality and efficacy of services

provided to rescued women. Finally, it should also reveal influencing factors for the problem of job attrition for these agencies.

Interviews

I intend to interview employees of different ASTAs in the United States. I have connections with several other agencies in the United States, specifically with the Institute for Shelter Care, a database of ASTAs in the United States. First, I will introduce myself and explain the purpose of the study to the ASTA and get permission to contact their RDCW. Then, I will present the research, privacy, and confidentiality, along with the risks and benefits of the study. I anticipate no threat to the participants because all information will be confidential, and the nature of the questions is not known to be harmful. Once I have 15 participants, I will schedule 60-minute open-ended interviews with each participant, who will be recorded with consent and transcribed. I will facilitate a consensually registered zoom focus group. All recordings will be transcribed. Documents for the participants will be obtained from the employers for analysis. All information from my participants will be stored on a locked computer with pseudonyms coding stored in a separate locked location. Below is a list of the questions that will be asked during the interview sessions:

1. What is your experience with job-related stress?
2. How does your job-related stress affect your job roles?
3. What do you feel you have control of in your job role?
4. What do you not have control over in your job role?
5. What is your personal trauma history?
6. How often are you exposed to traumatic details of the rescued women?
7. How does that exposure impact you?

8. What are some challenging things you must deal with regularly at work because of working with rescued women?
9. How does that impact you?
10. How would you describe the support you receive from your place of employment?
11. Where or who do you go to for support, advice, or help with job-related issues?
12. What is your experience when you seek support, advice, or help?
13. What do you do to practice self-care?
14. Describe the training you received for your job after you were employed.
15. How long will you remain employed if your current working conditions stay the same?
16. What is keeping you employed now?
17. Why do you think other co-workers leave this job?
18. How does your spirituality impact your day-to-day work as a RDCW?

Focus Groups

Focus groups were utilized to look for undiscovered patterns. The groups took place on a group Zoom platform to accommodate the different locations of the participants. As a result, the conversations between the participants may yield otherwise undisclosed information and similar experiences.

Focus Group Questions

1. Reflecting on your interview, what have you learned about your employment experience?
2. What would you say if you could tell your employer the best way to support you?
3. How would you describe the occupational experiences of other RDCWs- from your

perspective?

4. What do you believe are the needed requirements and previous work experience required for your job role?
5. Please describe what led you to this occupation.
6. Please describe the most significant challenges to your mental health from your perspective.
7. How does your spirituality affect your work with RSTW?

Document Analysis

The job descriptions, role titles, job responsibilities, and education/experience requirements were acquired from the different ASTA websites of the participants. Participants will also be asked to share any documentation they received from the ASTA describing their job responsibilities, training expectations, and other supplemental documents provided as a necessary part of onboarding at the ASTA. Documents will be analyzed for patterns in education/experience levels, training opportunities, employer-provided care to mitigate burnout in RDCWs, and any previously undisclosed commonalities of the participants.

Data Analysis

My data analysis procedure is influenced by Creswell and Poth (2018). The type of data analysis used will be the Stevick-Colaizzi-Keen method, and I will utilize the software NVIVO. First, the data will be managed and organized into a searchable spreadsheet organized by each participant, collection date, and data type. Next, I will read through the transcripts and notes, making memos of emergent ideas. Next, I will describe personal experiences and the

phenomenon's essence nonjudgmentally, build detailed descriptions, develop the themes, and apply codes to the database. I will then formulate significant statements and group them into meaningful units, then carefully consider the meaning of the patterns, themes, and categories. Next, I will develop textual, structural, and composite descriptions.

Validity

The qualitative research will use the phenomenological approach, providing validity through credibility, authenticity, transferability, dependability, and confirmability (Creswell & Poth, 2018). Corroborating evidence via triangulation of multiple data sources will be used by documenting the themes in the different data sources to show that the pieces are present in various sources. Member checking will also be used by taking the data, analyses, interpretations, and conclusions to the participants for review for accuracy. This increases the credibility of the data findings because the participants can discuss whether the data represents their experience accurately. A rich and thick description will provide a detailed account of the participants and the setting of the study. This allows the reader to make transferability decisions about the data.

Credibility

Member checking will be utilized to ensure credibility. Participants will be able to review their information, including interview transcripts. This will make sure the data accurately represents the participant. Participants will also review the documents for correct depiction. This method provides credibility because participants are asked to verify the ongoing analysis of their experience and confirm its accuracy (Creswell & Poth, 2018).

Dependability and Confirmability

Participants will be informed of each process stage and asked to evaluate the information through member checking. This will help provide information consistency which provides the study's dependability because the steps and information are repeated.

Member checking also ensures confirmability with the added asset of peer review. Potential bias is possible, so member checking allows participants to confirm that their information is represented accurately. Peer reviews mitigate potential human error and ensure the researcher is not biased in their interpretation.

Transferability

Qualitative, specifically phenomenological, research provides an opportunity for the researcher's findings to be applied to new situations by capturing the essence of the shared experience of the participants (Creswell & Poth, 2018). Although the experiences are unique to the participant's work experience, they can provide data that may be applied to others in similar job roles at different ASTAs. This is essential to understanding RDCW job roles in the ASTA context.

Ethical Considerations

Ethical standards are essential for working with human participants. Each participant will need to have an explicit consent form that is explained to them before signing it. The data collected from the participants must be securely stored (Creswell & Poth, 2018). Confidentiality and transparency are ethical considerations for phenomenological research. Therefore, all data collected will be digitally stored on my password-protected computer, with no other person accessing the password. Additional data security will be a password-protected file on the password-protected computer. Code names will be assigned to protect identities. The individuals reviewing the data will be peer review and academic review. Participants will be informed of the

research process, given consent forms to sign after review, and allowed to leave the study at any time.

Participating in this study is not anticipated to cause any emotional or otherwise harm to any participants. All participants will be willing, and the nature of the questions is not considered controversial or stress-inducing. However, all human subjects must have their needs respected and accommodated by discontinuing participation at any time.

Summary

Chapter 3 is a detailed explanation of the planned research method. A qualitative methodology will be used to examine how the lived experience of employees of anti-sex-trafficking agencies who work directly with rescued women impacts their experience with secondary trauma and compassion fatigue and influences their ability to provide adequate care to RSTW. The participant sample will be made up of 15 selected female individuals. The results should expand the current literature on ST and the industries that work to prevent, rescue, and recover women from ST. The results should also reveal how exposure to sex-trafficking impacts employees' ability to fulfill job roles. Finally, I hope this research will begin further research to examine employee mental health's impact on the quality and efficacy of services provided to rescued women.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this phenomenological research study was to describe the experience ASTA employees who work directly with RSTW have with the components of burnout: secondary traumatic stress and compassion fatigue. The purpose of Chapter Four is to present the results of this study. The chapter provided a table (Table 1) containing each participant's

screening questions and responses. The chapter presents another table (Table 2) containing the descriptions of each of the individual participants of the study. Additionally, Table 3 summarizes the seven ASTAs and the number of participants. The results section consists of two themes, each having two subthemes (Table 4). Finally, the chapter addresses the responses central to the research questions.

Participants

Twelve employees of seven different ASTAs who work directly with RSTW participated in this study, and maximum variation and criterion sampling was used. One hundred and twenty-seven ASTAs were initially contacted for site permissions using emails publically available on the Institute for Shelter Care's website, and nine responded with approval to contact their staff. Three ASTAs provided 14 email addresses of their employees to the researcher for direct contact, and six ASTAs had their interested team directly email the researcher. Fifteen participants responded in interest; twelve met the screening criteria and signed the consent forms. The twelve participants were selected from seven different ASTAs in the United States. Follow-up emails were sent to previously interested participants a couple of weeks later, with no further interest to participate confirmed. A detailed participant description is in the table below (Table 2). All 12 participants work directly with RSTW in an ASTA in the United States. All 12 participants completed the one-on-one interviews and document collection. Nine out of the 12 signed up to participate in the focus group interview, and six participants attended. Of the six participants, four different ASTAs were represented: Her Way, New Home, Community Helpers, and Safe Home.

Table 1

Participant Screening Questions and Responses

1. Are you currently working for an agency in a role that provides direct daily care and services to women who were previously sex-trafficked?	2. Are you female?	3. Are you 18 years of age or older?
Yes- 12	Yes- 12	Yes- 12
No- 0	No- 0	No- 0

Table 2

Participants

Participant	Hours Work per Week	Job Title	Highest Level of Education	Faith Background	Days per Week Direct Work With RSTW	Employed Since Date
Irene	50-60	Executive Director	Bachelor's	Christian	5 +	2021
Yvonne	40	Coordinator	Bachelor's	Christian	3	2017
Ida	40	Manager	Bachelor's	Christian		2015
Susan	12-18	Coordinator	Master's	Christian	2	2018-2020; 2021-present
Amber	40+	Manager	Associate's	Christian	5+	2021

Tina	40	Executive Director	Bachelor's	Christian	3	2018
Ashley	32-40	Coordinator	Certification	Christian	5+	2021
Lauren	35	Coordinator	Master's	Christian	3	2022
Andi	35	Sepecialist	Bachelor's	Christian	4	2022
Natalie	30	Director	Master's	Christian	4	2019
Ellie	20-25	Assistant	High School	Christian	4	2023
Dianne	30	Director	Associat's	Christian	4	2019

Table 3

ASTA and Participant Number

New Life	Safe Home	Our House	Community Helpers	Her Home	New Home	Her Way
1	2	1	1	1	1	5

Irene

Irene was an executive director for a small ASTA called Community Helpers and has been employed there since 2021. Because Community Helpers only had two employees, Irene worked 50-60 hours a week with 5 + days in direct work with RSTW. This led to constant exposure to the traumatic details of RSTW. Before working at Community Helpers, she was an RN and a forensic nurse dealing with sexual assault survivors. Her Bachelor's degree was in nursing, and because of her nursing career, she had received training in trauma-informed care, training for human trafficking, trauma, and how to care for traumatized patients. In her 34 years of nursing before ASTA employment, she had equipped herself for working with RSTW. Irene remained employed at Community Helpers because she wanted to make a difference in the lives

of women whom others have dehumanized. Her motivation to work for an ASTA was her ability to help.

Yvonne

Yvonne was an anti-trafficking outreach and direct service coordinator who worked for a large ASTA called Our House. She had been employed by Our House in various job roles for the past 12 years working with domestic violence, sexual assault, and sex trafficking survivors. During the study, she worked 40 hours a week and spent three days a week doing direct work with RSTW. Yvonne managed a 24-hour hotline and case notes of the RSTW. This gave her a minimum exposure to traumatic details of RSTW of 4 days a week. Yvonne had completed a bachelor's degree and was doing a master's in social work. She was certified in Sexual Exploitation Treatment and Training Services and was required to complete 20 hours of yearly training. Yvonne was committed to the mission of Our House and chose to remain employed there because she wanted to make a difference. Her dedication to the other employees at Our House and the community she served kept her employed. It allowed her to work towards seeing a substantial change in her community.

Ida

Ida was a training manager for the ASTA, Safe Home. Ida had a bachelor's degree in early education and has worked for Safe Home in various job roles since 2015. She worked at Safe Home 40 hours a week and had direct work with RSTW 3 days a week. Because of her current more administrative role, Ida had limited exposure to the traumatic details of RSTW and reported having the exposure just a few times a month. Because of her longevity at Safe Home, Ida had undergone years of training in working with sex-trafficked children. Ida remained employed at Safe Home for several reasons. In addition to it being a source of income, Ida

believed in the mission of the ASTA and that the survivors needed help. Her empathy for knowing how healing impacts a person's life kept her employed so she could also be a part of the girls' healing journey.

Susan

Susan was the field education coordinator at Safe House and had been employed in various roles since 2018. She worked at Safe House 12-18 hours a week and worked directly with RSTW 2 days a week. Susan reported that her exposure to the traumatic details of the RSTW was limited to once a week. She had a master's in social work and worked with RSTW ages 12-18. Susan was looking to retire soon but was motivated to stay employed for a couple more years to see the fruition of a new facility. Susan was passionate about working with adolescent girls and viewed her older age as a benefit of wisdom towards her work. She believed in the work she was doing and was planning on staying employed to see the expansion of the ASTA as long as she continued to receive support from her employer. For Susan, working with this population had given her purpose.

Amber

Amber was a house manager at the ASTA, New Home. She had an associate's degree in business administration and biblical literature. She worked 40 hours a week and was in direct work with the RSTW 5+ days a week. Even though she worked full-time in direct care with RSTW, she did not feel exposed to the traumatic details of the RSTW histories. Amber had been employed at New Home since 2021 and anticipated staying employed until she decided to leave. Her motivation for working at New Home was her love for the RSTW. Amber wanted to support and care for them, be there for them as they grew spiritually, and see them become independent.

Tina

Tina was the executive director for an ASTA called Her Way. She had a Bachelor of Science in Elementary Education and has been employed by Her Way since 2018. She worked 40 hours a week and directly interacted with RSTW 3 days a week. Of those three days a week, Tina was exposed to the traumatic details of the RSTW twice a week and sometimes more if her staff needed to disclose traumatic details of the RSTW as they pertained to their treatment plan. Tina did not have any plans of leaving her employment at Her Way. Even though she was there because she believed in the mission of Her Way, a significant part of why she stayed was because of the staff environment. Tina felt the work environment was exceptional and like a family.

Ashely

Ashely was the Community Outreach Coordinator for the ASTA, Her Home. She had been employed since 2021 and was certified as Recovery Support Specialist. Ashley was also working towards a counseling degree but did not plan on using it to be a counselor. She worked 32-40 hours a week at Her Home and was in direct work with RSTW 5 days a week. Ashley reported her exposure to the traumatic details of RSTW as a daily occurrence, even though she tried to prevent it. She planned on remaining employed with Her Home until she retired because she loved the work she got to do and saw it as an opportunity to continue growing in that field.

Lauren

Lauren was a Volunteer and Wellness Coordinator for Her Way. She had a Bachelor's in Education and a Master's in Theatre. Lauren had worked for Her Way since 2022, working 35 hours a week with three days of direct work with RSTW. Her exposure to the traumatic details of the RSTW was limited to once a week. Lauren saw herself in long-term employment at Her Way and attributed that to the people she worked with and the work being fulling and rewarding.

Andi

Andi was the Spiritual Formation Specialist for Her Way. She worked on her Master's in Human Services and worked 35 hours a week at Her Way with 4 days of direct work with RSTW. In her experience, she was exposed to the traumatic details of RSTW each day. Andi anticipated working for Her Way for a long time and remained employed because of the work environment. She described her peers as a sisterhood and derived a lot of purpose from working in that environment. She also acknowledged that working with RSTW was a life calling.

Natalie

Natalie was the Clinical Director for the ASTA, Her Way. She had a Master's in Social Work. Natalie worked at Her Way 30 hours a week and had direct work with RSTW 4 days a week. She had been employed since 2019 and has been able to cater her job roles to her strengths and preferences. Because Natalie did the therapy for the RSTW, she was exposed to the traumatic details of the RSTW daily and in horrific detail. She planned on remaining employed for a few more years. The reason she stayed employed was for two reasons. Reason one, Natalie loved the women that she worked with. Her coworkers were like family, and she cared a lot about them. The second reason she stayed was because she had acquired a lot of job autonomy and could piece together a job that she enjoyed and brought her life.

Ellie

Ellie was a Resident Assistant at the ASTA, Her Way. She was a college student pursuing a Drama Therapy degree and only worked there for the summer. She worked 20-25 hours a week and was in direct work with RSTW 4 days a week. Ellie reported that her exposure to the traumatic details of RSTW was several days a week but varied depending on what the RSTW were dealing with that day. If Ellie did not have to return to school, she would plan to remain employed there indefinitely. She felt that way because she viewed her job as a significant

ministry and found much value in supporting RSTW. Ellie also attributed her desire to remain working at Her Way to her sisterhood with her co-workers.

Diane

Diane was the Housing Director for the ASTA, New Life. She had an Associate's degree in Mass Communication and worked 30 hours weekly at New Life. Her direct work with RSTW was 4 days a week, and she had been employed since 2019. Diane reported her exposure to the traumatic details of the RSTW as four days a week until she had recently reduced her exposure to one day a week because of her diminished capacity to manage the impact of the exposure. Diane is working through a newly surfaced past trauma, an international adoption, and a family move in addition to the job demands of her ASTA. Diane feels that it is her life's purpose to work with RSTW. It is where she is fulfilled.

Results

The results of this study came from the analysis of four data collection methods, including individual interviews, a focus group interview, demographic questionnaires, and a list of training for each participant. I downloaded the recordings from Zoom and transcribed them for the one-on-one and focus group interviews using Microsoft Word. I uploaded the transcriptions to NVivo. Then I sent the transcription to each participant for review to ensure accurate representation. I also uploaded the documents to Nvivo for the third and fourth data collection. All sources of data were coded in Nvivo. I utilized a notebook to help organize code clusters and arising themes.

I started data analysis by bracketing my own experiences and observations of burnout from working with employees of ASTAs as a trainer and board member to ensure I only focused on the participants' experiences in this study. Next, I reviewed each transcript and document

several times and coded emerging concepts. Then I identified frequent concepts and noted them in my notebook. Next, I checked the initial codes and frequently occurring concepts. multiple times and formed them into code clusters. Finally, I reviewed the cluster codes several times, and two themes became apparent from the cluster codes: Experiences of ASTA Stress and Protective Factors from ASTA Stress with two subthemes each (Table 4).

Table 4

Themes and Subthemes

Experiences of ASTA Stress	Protective Factors From ASTA Stress
High Job Demands	Purpose
Effects of Stress	Support

Experiences of ASTA Stress

The nature of ASTA work is interacting with a highly volatile, disenfranchised, and traumatized marginalized population. The 12 one-on-one interviews and the focus group interview revealed a shared experience of daily work stress directly related to the nature of ASTA work. Irene explained, “So the biggest, the biggest stress probably is just their stress and their trauma. And trying to be sure that we handle their trauma in a very informed way.” Natalie added, “I would say that, um, I think that our job probably, working with survivors, has more stress than the average job. Um we, during the day-in and day-out kind of hard trauma work, can be quite stressful and can kind of impact us and come into our daily lives.”

High Job Demands

High job demands were determined as a universal experience amongst the ASTA employees. Participants need more control over their daily work due to the unpredictability of

the RSTW. Diane stated, “I do not have control over when we get clients. What her personality is going to be? If other staff members interact with her in a way, I think that they should. I do not have control over emergencies or schedule changes, where I then have to disrupt my schedule to cover it. Um, and sometimes I don't have control over what high emotional experiences or impacts, or situations come my way.” Some of the high job demands included providing many services to the RSTW with limited resources and staff. Susan stated, “I think because we have been short-staffed so much, everybody's really oftentimes doing double duties, you know. More roles than they are supposed to be doing. So I think that at times people are just, you know, on overload.” Yvonne expressed, “Like, oh! You can fix the mental health crisis. Oh! You can fix the substance use. Like no, we can't. We are an anti-trafficking department in an organization as a whole who is an anti-violence organization. We happen to be the largest one in the state, but we can't do everything.” There was a shared pressure to provide individualized programs for each RSTW to meet her unique needs. Tina explained, “There's just the stress in the way of making sure that the women are cared for well. That we are giving them an individualized program that is best for them, that's suited for them.”

It was also a shared universal experience that ASTA employment was a highly relational job, requiring relational equity to be formed with the RSTW as part of their healing process.

Andi explained, “It's very relational, so uh, I feel like I can adjust what we're doing depending on how they woke up that day, to be honest.” She continued, “But being in a relational context with them and hearing things when it's appropriate, you know, for them to share something, I I guess just humanizing it makes me move toward them with empathy.” Highly relational job roles left a toll on the participants, often expressed how Ellie stated, “I'm sure I'm not the only one who would say this, but it can be very easy to take work home with you with this kind of work

because it's all relationship based. At least my job specifically is. I'm at the home with the women. And it's really hard to not think about it when you're not there.”

In addition to a lack of control and high job demands, a shared experience of the participants was job roles that required emotional labor. Ellie described, “Setting atmosphere is the biggest thing that we have responsibility for. But I can't control the people, but you can control your, my, I can control my reaction and my responses and the tone with which I walk into the room.” She further explained,

Sometimes it can feel like you're babysitting adults, which sounds terrible (laughs), and I don't mean it's annoying. But there's times where you you just have to be patient and remember that if it feels like a child, it's probably because they were a child when something happened to them. And they're, they didn't, like some part of the growth was stunted when that happened. So there's just a lot of, um, in the relational dynamic that would not be the case in a work that wasn't this type of work.

Part of the job experience of the participants was to manage their own feelings and expressions as well as the RSTW. Natalie stated, “I'm not someone who necessarily enjoys conflict, and so having to mediate conflict a lot can be stressful... we have had women who have had quite a bit of anger issues. And so also just helping to mitigate and walk through and help them learn how to regulate those emotions, especially when they're coming at you can uh cause of stress as well.”

Effects of Stress

There were common experiences shared by most participants, including emotional fatigue, elevated distress, desensitization, emotionally guarded, isolation, irritability, loss of endurance, physical exhaustion, and anxiety. The one effect of stress experienced by all

participants in this was rumination. In response to the interview question, How does the exposure to the RSTW traumatic details impact you? Diane explained, “It was and is very difficult to switch off... So which means like it's nights. It's weekends. It's off days. It's all of that... And so I think it just makes, uh, just raising my stress level to where my child and my husband are aware of it. Like she's maybe having a bad day.” Ellie also confirmed, “And it's really hard to not think about it when you're not there. Um, and there's some hard days where you feel like you're failing them in their healing journey (chuckles). Um, and so I think setting proper boundaries has been one of the harder parts. And so it's easy to take that home and be thinking about it, and of course that can cause some stress.” Natalie stated, “When I'm at home sometimes, I'll think about, look at my sweet innocent little daughter. I can't believe this happened to them when they were close to her age, and so it's just kind of impacted me with me carrying it as I go home.”

Protective Factors From ASTA Stress

Despite the shared experiences of stress, the participants all intended to stay employed for several more years, except for one participant who had to return to university. The student, Ellie, confirmed, “I would stay there forever if I could.” The intention to continue working in a high-demand job with a lack of control and prominent effects of stress revealed protective factors.

Purpose

All participants stated that the job either gave them purpose, was a calling, was a vocation, or brought them fulfillment in life. Most of the participants made connections to their purpose and their spirituality. Natalie attributed her employment to a divine calling, “I just felt the Lord say this is where I want you to go work.” Lauren also attributed her decision to work with RSTW to a divine leading, ‘God, well God, God really made the way for me to come to our organization. And so I started, I said yes to that. Because I just really felt the calling to be there

and do the classes there with those women.” Tina felt a deep spiritual connection with her work as well. She stated, “I wanted something that gave me purpose in meaning and to do some work for the Lord.” Susan explained, “I don't think, again, I could do this work if I didn't feel that drive, that this is not just a job. This is really a vocation for me. Something that I feel I'm called to do.” Ida revealed how her calling kept her at her job, “To be completely honest like, sometimes some days I'm like, Lord, I'm not going to make it, you know. But but this is my calling. This is my mission, and I feel like, you know, without spiritual growth, I could not do this work.” Andi also confirmed, “So I just, it's what I feel called to do.”

Support

The support described by the participants included provided and enforced job training, both initial and ongoing; supervisor support and positive responses to stress; ASTA supportive policies such as time off and flexible scheduling; and peer support. Ida explained the importance of her training. She said, “I do. I feel like my trainings have been adequate. I feel like they have been, they've been incredibly helpful, and I've been able to take the training I've been in and apply it to every position I've been.” Ida also shared the impact of her supervisor's support. She stated,

My experience has always been that, um, I'm able to express myself fully. Um, I'm always backed with an understanding ear, and um, not judgmental, a nonjudgmental ear. And I always feel like when I go for advice, I'm going to get, I'm going to get sound advice that, um, from professional. But not only just like professionals but people that actually care about me and my well-being. So when I go to them for advice or with some hardship that I'm having in the job, I know that they're coming from a space of like, okay what was best for the organization, but we also want what's best for you as a person.

Irene shared a different experience with supervisor support and what she wished to receive. She revealed, “So right now it's interesting because I don't, I don't feel supported. So um it um, you know, if I could just acknowledgment, maybe of the fact that there there is a ton to do. And I'm trying to do two different people's jobs. And just to you know acknowledgment and even just to thank you, you know. And kindness.” Just as impactful as supervisor support was peer support and the work environment among the staff. Andi shared her experience with receiving support from peers at work. She explained, “I guess I feel supportive and will oftentimes just let me kind of have a safe place to vent or process my own tears or grief about something. And then yeah, it just feels good to kind of have a place to air some of it.” Ellie also had an experience with a very positive work environment. She illustrated:

If you get to talk to the other women at Her Way, it is one of the most beautiful groups of women, beautiful support systems I've ever been a part of. Even in the office, there's just such joy and peace there and in the house. Like I said, before every shift, you'll meet with the person who is just on shift and talk with them, share things, pray with each other.

Research Question Responses

This phenomenological research study was driven by four research questions to understand better the experiences of STS, and CF ASTA employees experience in doing direct work with RSTW and the protective factors that mitigate STS and CF.

Research Question One

What work experience of ASTA employees caused them the most stress? All participants shared their experiences with work-related stress. As previously stated, high job demands were a subtheme for this data. The participants reported stress derived from the different dynamics of the RSTW, including managing their emotions, de-escalating conflict, various personalities,

severe mental illness, and the unpredictability of their behavior. Yvonne shared a glimpse into the complexities of working with severely mentally ill RSTW. She said, “We we don't like to exit folks that have schizophrenia or DID, but if it's unmedicated, and it's not safe for them to live in community housing, then we have to find somewhere else for them to go.” Another shared source of stress was trauma exposure. Diane described how the trauma exposure impacted her. She stated:

Cumulative secondary trauma that has come from, um, I'm one of the educators on our team—and being very very well versed in all things sex industry. Um, I have to be in a lot of sketchy places online. I go to a lot of trainings. I go; I read a lot of autobiographies, and statistical books, and um forums, and studies, and research and just hearing about so much dark stuff. Every time I think the bottom of like humanity is reached, it kind of falls out again. Um, so all of that has been cumulatively; I'm exhibiting just about every symptom on like a burnout checklist.

Research Question Two

What secondary traumatic stress characteristics are ASTA employees currently experiencing that are impacting their work? The participants shared several characteristics of STS: ruminations/intrusive thoughts, elevated distress, avoidance of reminders, isolation, fear, and sleep disturbances. The impact of these symptoms included a change in personality while at work, less tolerance for the emotional needs of peers, reluctance to go to work, a desire to leave work early, a decrease in motivation, and a decrease in self-efficacy. Ashley shared, “At times, I can feel really bogged down and want to sleep a lot, and that can make me late. Or that can make me not want to go in at certain times, and times that I'm supposed to be at work. And, and it burns me out.” Yvonne identified having experienced vicarious trauma and said, “It was shifting

and shaping my worldview. I remember distinctly going home and crying with my parents and saying everyone is being assaulted and my parents are like what do you mean?" Diane admitted, "It's feeling like I don't have any emotional bandwidth to support other people. It's a problem for the type of job I have." Irene's experience with the traumatic detail exposure of RSTW has led to avoidance and isolation. She explained,

I'm much more of a homebody than I ever used to be. And so I I do probably stay home more, you know and and just not be out around people. And so I know that sounds horrible to not be around people, but you know you you get, you get a completely different like outlook on people when you start hearing some of these stories from, you know, survivors. So it does kind of change things.

Research Question Three

What compassion fatigue characteristics are ASTA employees experiencing? The participants shared various characteristics of CF. The most common symptoms of CF were physical exhaustion, emotional exhaustion, increased cynicism, anxiety, self-efficacy, desensitization, and irritability. The emotional labor ASTA workers exerted because of the highly relational job environment resulted in these various CF characteristics. Diane showed a decrease in self-efficacy because of CF. She stated, "I'm probably leaving earlier than I ever would, umm, but I just, I mean I I'm needing to take care of my brain right now. Because it's just really overwhelming." Yvonne illustrated how she had become desensitized to the details of the RSTW. She explained, "To be very candid, the majority of the stuff, if someone comes in and that's been over, you know, a client that's come in before, I might remember their name, but I might not remember their story. It's been six years of doing anti-trafficking work specifically and 12 years

of doing work in the field. And so unless there's something astronomical about the story, really some of it is just, it's day-to-day work things.”

Research Question Four

What protective factors do ASTA employees experience that mitigate STS and CF? As previously stated, the protective factors shared by the participants were the subthemes: purpose and support. Other notable protective factors were the hardiness of the participant, having a personal support network, personal reflection and self-awareness, and a good person/organizational fit. Andi demonstrated the concept of hardiness and personal reflection when it came to job-related stress. She said, “And you just be patient and don't, what you see today isn't the big picture, you know. Allow for grace and breathing.” Ellie also used self-reflection as a protective factor against the challenges of working with RSTW. She stated,

I think it's grown my grace for everybody. My bandwidth of grace for everybody in my life has grown. Because when I see, when I see one of our ladies have a moment where she is reacting in a way that maybe is not the most healthy, but I can remember that what happened to her, and I can remember that what's coming out is the little girl who was taken and is afraid. I think now when I see other people in my life, because we all have to react in unhealthy ways and use coping mechanisms that are not helpful to us, I can have more grace on them even myself, to say, hey maybe at one point that's what you needed to do because you thought you needed it, but now you don't. So it's just given me a lot of grace for myself and others for sure.

Summary

The 12 participants in the study each worked for seven different ASTAs in various roles, all of which had direct work with RSTW. Each participant shared their experience with

work-related stress, the challenges of working with RSTW, the support and training they received from their ASTA, and the impact of their spirituality on their job role. The first theme was the experiences of ASTA stress with the subthemes: high job demands and effects of stress. The second theme was protective factors from ASTA stress with the subthemes: purpose and support. The data collected from one-on-one interviews, training lists, demographic questionnaires, and the focus group interview were utilized to answer the research questions: What work experience of ASTA employees caused them the most stress? What secondary traumatic stress characteristics are ASTA employees currently experiencing impacting their work? What compassion fatigue characteristics are ASTA employees experiencing? and What protective factors do ASTA employees share that mitigate STS and CF?

CHAPTER FIVE: CONCLUSION

Overview

This phenomenological research study was to understand the experiences of the characteristics of burnout, secondary traumatic stress (STS), and compassion fatigue in ASTA employees who work directly with RSTW. Chapter Five begins with a summary of the findings from this study and is followed by the discussions and implications for policy and practice. Next, the delimitations and limitations will be discussed, followed by recommendations for further research, and concluded with a summary of the study.

Summary of Findings

Twelve ASTA employees from seven different organizations participated in this study. Data was collected using one-on-one interviews, a focus group interview, and a documentation review of the demographic questionnaires and training lists. Each research question was answered. What work experiences of ASTA employees cause them the most stress? Participants

shared their sources of job-related stress from high job demands, trauma exposure, managing their emotions, de-escalating conflict, various personalities, severe mental illness, and the unpredictability of their behavior. What secondary traumatic stress characteristics are ASTA employees currently experiencing impacting their work? The participants shared several characteristics of STS, including ruminations/intrusive thoughts, elevated distress, avoidance of reminders, isolation, fear, and sleep disturbances. What compassion fatigue characteristics are ASTA employees experiencing? The participants shared various characteristics of CF, including physical exhaustion, emotional exhaustion, increased cynicism, increase in anxiety, decrease in self-efficacy, desensitization, and irritability. What protective factors do ASTA employees experience that mitigate STS and CF? The participants shared protective factors purpose, support, hardiness of the participant, having a personal support network, personal reflection and self-awareness, and a good person/organizational fit.

Discussion

This study sought to determine the understanding of burnout through the experience of STS and CF from ASTA employees working directly with RSTW. A phenomenological study was chosen because I wanted to explore the shared experiences of ASTA employees who work directly with RSTW. The theoretical frameworks that guided this research were Rotter's (1954) social learning theory, focusing on how human social behavior is learned through observing and imitating, emphasizing the importance of the social environment on impacting behavior; Maslow's (1954) hierarchy of needs, identifying higher and lower psychological needs; Maslach's (1982) theory of burnout, addressing the sources of burnout as caring for people, the job setting, and personal characteristics; and McCann and Pearlman's (1990) construct of

vicarious traumatization, supporting the notion that working with trauma-affected people may alter the psychological well-being of the support worker.

This research supported Rotter's (1954) theory because the work environment, specifically the peer and supervisor relationships, impacted the behavior of the ASTA workers. Employees with an environment of perceived support, connectivity, and relatability reported a decreased impact of perceived work-related stress. ASTA employees who lacked that support and peer/supervisor comradery experienced an increased effect of perceived job-related stress. Participants reported the importance of the work environment in their plan to stay employed. The work environment for ASTA employees was socially impacting their learned behavior, supporting Rotter's (1954) theory.

The research partially supported Maslow's (1954) hierarchy of needs. In the context of the ASTA employee working situation, safety and appropriate financial compensation were often absent. The nature of working directly with RSTW created an unpredictable safety environment. Participants reported that often the only thing they could control was their reactions to the volatility. ASTAs that provided adequate and ongoing training had employees who felt better equipped for the volatility.

Additionally, these ASTAs were nonprofits and were limited to being able to provide substantial employee compensation or program funding. Yet, across all participants, even with the lack of these lower-level needs, they were able to acquire self-actualization due to the participants' spirituality. All participants identified as a form of Christianity and attributed their drive and motivation to that higher power. It served as a consistent protective factor against employee attrition.

The research supported Maslach's (1982) theory of burnout. All participants were in a caring role for RSTW. Of those participants, the ones who had a supportive work environment, hardiness, and an absence of personal unresolved stressors (unprocessed trauma, significant life changes, family crises, etc) were able to mitigate burnout. Participants who had less supportive work environments, even with hardiness, struggled to prevent burnout. The research supported the positive effect of a supportive work environment, personal hardiness, and healthy coping skills to handle personal life stressors.

This research supported McCann and Pearlman's (1990) construct of vicarious traumatization. Participants who were regularly exposed to the traumatic details of RSTW were psychologically affected. The most common symptoms were intrusive thoughts, ruminations, isolation, and avoidance of reminders of the traumatic details. Notably, nine out of the twelve participants had a history of childhood trauma, two of the remaining three had immediate family members who had experienced childhood trauma, and one reported no trauma history. The participants with unprocessed trauma reported struggling more with STS than those who had processed their past trauma, had indirect exposure to family trauma, or had no trauma.

An exciting contribution from this research was the influence of spirituality on STS, CF, and continued employment. All participants attributed their work to their life's purpose, calling, or vocation. It was often stated that without their faith or belief in a higher power, they would not feel able to work with RSTW. There was a shared experience by all participants that their belief in God, God's love for the hurting, and God's ability to intervene was the driving force behind their current employment status. It was also the guiding reference for plans of employment. Often, participants relied on their spirituality to explain things they did not understand, to find justice for wrongdoing, to find the strength to feel sustained in the continuation of the work, and

to go for help and guidance. The participants' spirituality seemed to either mitigate against the effects of STS and CF or possibly artificially retain ASTA employees who needed to take a break from the intensity of the work.

The 12 participants and their experiences confirmed the research surrounding STS, CF, and attrition with the added nuance of spirituality's protective factor previously accounted for in the subtheme, support. Other studies show that workers who interact with people experiencing trauma have an increased risk of STS because exposure to complex trauma histories and details puts them at risk (Schiff & Lane, 2017). This study supports that. This research also supports that exposure alone does not guarantee the onset of STS. Still, ASTA workers who have histories of childhood trauma, domestic violence, addictions, or mental health problems have an increased risk of developing STS (Schiff & Lane, 2017; Wilkens et al., 2017). This study supported that working directly with victims can lead to loss of sleep, intrusive thoughts, anxiety, and an inability to forget the gruesome details of the crimes, and when this is in conjunction with extended working hours and increased danger risk, the risk of STS increases (Levin et al., 2021).

This study supported most CF studies except for the previous research on faith-based helping roles. In this study, participants regularly assisted people in distress and used emotional energy to support suffering individuals, putting them at risk of developing CF (Hoy et al., 2020). Participants experienced increased cynicism, decreased self-efficacy, and prominent emotional exhaustion, leading to workers losing empathy, becoming less effective, and wrestling with leaving the job field (Hopswood et al., 2019). Previous research stated that faith-based helping roles had the pressure and expectations to have large relational circles, leading to increased distress and lower effectiveness (Coppinger-Pickett et al., 2017). This was not the case for this research. Four of the seven ASTAs represented in this study were faith-based. All seven ASTAs

required high relational job roles. The faith-based ASTAs had an increased sense of effectiveness and lower distress because of the relational equity experienced by staff member to staff member. The supervisors of the faith-based ASTAs reported being more supportive and relationally present for the employees.

Additionally, this research supports other research's results on protective factors of burnout. Participants reported hardiness and emotional intelligence, which mitigated workplace stress (Srivastava & Dey, 2020). Participants reported meaning in their role, derived significance from it, and used that as an adaptive tool to face job stress, emotional exhaustion, and work overloads, possibly lowering their risk of work-related burnout (Malka et al., 2020). For participants who had leadership that focused on emotional management in addition to organizational responses, such as reduced caseloads and schedules that allow rest, employee engagement increased because the staff was equipped with coping strategies for managing STS (Silard, 2019).

Implications

The findings of this study emphasized the experience of ASTA employees who work directly with RSTW. The results of this phenomenological study have implications for policy and practice as well as theoretical and empirical significance for ASTAs. The leadership in ASTAs, including founders, executive directors, board members, and supervisors, can utilize the findings from this study to review the protocols and practices they have in place for their employees who work directly with RSTW.

This research stressed the importance of purpose and support in protecting against STS and CF characteristics of burnout in ASTA employees who work directly with RSTW. ASTAs must have a strong practice of both leadership and peer support. Leadership can support this by

providing adequate initial training and ongoing monitored training. Administration can also provide support by extending empathy and understanding to the struggles of their employees directly working with RSTW. Leaders can provide safe places for processing work-related issues and have an emotionally safe approach to problem-solving and accommodation. The leadership of ASTAs can increase support by fostering an environment of peer support through regular staff meetings to get everyone on the same page, encouraging and acknowledging staff in front of each other, and providing opportunities for peer staff to engage in meaningful ways with one another.

Purposeful and meaningful work was also an emphasized protective factor in this research. ASTAs with a clear mission and purpose will increase the projected purpose of their employees. Even if the ASTA is not faith-based, acknowledging employees' spiritual motivators will increase the felt purpose of those employees. According to these research findings, employees of ASTAs, across all participants, derived their motivation and purpose from a higher power, specifically Christianity. ASTAs that can focus on this part of their staff dynamic may increase their resiliency against STS and CF, thus leading to more effective care of the RSTW. This study implicates the importance of a strong and established belief system when working directly with RSTW. Both individually and collectively as a staff, the Christian faith was a protective factor for these participants, and this dynamic should be considered to strengthen the effectiveness of ASTA impacts.

Delimitations and Limitations

Delimitations of this study included age, gender, and exposure to working with RSTW. Employees of ASTAs who participated in this study needed to be 18 years of age and older, female, and in a job role that worked directly with RSTW for most of their working hours.

Employees of various job roles were selected as long as most of their work was directly with RSTW. The direct work with RSTW was vital because it met the criteria of possible trauma exposure, emotional labor, and job stress needed for this study. Only female participants were selected because they were the ASTA employees who would have more direct exposure to the RSTW.

The limitations of this study were the lack of diversity in gender outcomes due to only selecting female participants. Additionally, five of the twelve participants were from one ASTA. Only one other ASTA had multiple participants (2). The other five ASTAs only had one participant. It is possible that more employees of these ASTAs did not participate due to limited emotional capacity. Furthermore, of the seven ASTAs, four were faith-based. Eight of the twelve participants came from faith-based ASTAs.

Recommendations for Future Research

The recommendations for future research were determined based on the limitations and delimitations of this study. The participants of this study were not based on the faith preference of the ASTA. Future research may examine the difference in protective factors of faith-based and secular ASTAs. Next, racial or age demographics were not collected. Future research may examine the different experiences of race in the ASTA workplace and young adults compared to middle-aged adults' experiences with job-related stress.

Future research is recommended to measure the effectiveness of preventive factors to establish elements ASTAs can implement to increase job retention and reduce burnout. It would also be of value to examine the effect of better ASTA employee retention and burnout reduction on the quality of care received by RSTW. Research that explores the success of ASTA residential

programs and then compares successful programming to the emotional and mental well-being of ASTA employees will continue to give insight into this new field of research.

Lastly, further research may examine the spiritual phenomenon discovered in this study. Looking into the felt purpose and calling to work with RSTW to ascertain if the calling was a protective factor that reduced burnout or if it artificially kept participants employed out of guilt of potentially disobeying God if they left the job. If the latter, burnout may increase.

Summary

The current research showed an increased understanding of the experience of job-related stress in ASTA employees who work directly with RSTW. The data collection of one-on-one interviews, a focus group interview, demographic questionnaires, and training lists revealed, most notably, the protective factors that mitigate the effects of STS and CF. The first theme derived from the data showed the experiences of ASTA stress reflective of previous research. The second theme, protective factors from ASTA stress, with subthemes purpose and support, gave new insight into the unique needs of ASTA employees, specifically the importance of spirituality's impact on purpose.

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APPENDICES

Appendix A

Screening Question

Are you currently working for an agency in a role that provides direct daily care and services to women who were previously sex-trafficked?

Appendix B

Permission Request Letter

Dear [Recipient],

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking Agencies who work directly with rescued sex-trafficked women, and the purpose of my research is to look at the shared experiences of secondary trauma stress and compassion fatigue of employees of anti-sex trafficking agencies that work directly with rescued women in residential facilities.

I want your permission to contact your staff members to invite them to participate in my research study. Participants will be asked to contact me to schedule an interview, participate in a virtual focus group, provide a list of training their employer offers, and review transcripts and documents for accurate representation. Participants will be presented with informed consent information before participating. Participating in this study is entirely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, respond by email to abassett1@liberty.edu. A permission letter document is attached for your convenience.

Sincerely,

Andrea Bassett
Liberty University School of Behavioral Science
Doctoral Candidate and Researcher

Appendix C

Permission Response Letter

Dear Andrea Bassett:

After a careful review of your research proposal entitled Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking agencies who work directly with rescued sex-trafficked women, we have decided to grant you permission to contact our staff and invite them to participate in your study.

Check the following boxes, as applicable:

- We grant permission for Andrea Bassett to contact staff who work directly with rescued sex-trafficked women to invite them to participate in her research study.

- We will not provide potential participant information to Andrea Bassett, but we agree to send her study information to our staff on her behalf.

- We are requesting a copy of the results upon study completion.

Sincerely,

[Official's Name]

[Official's Title]

[Official's Company/Organization]

Appendix D

Recruitment Letter

Dear Potential Participant,

As a doctoral candidate in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to look at the shared experiences of secondary trauma stress and compassion fatigue of employees of anti-sex trafficking agencies that work directly with rescued women in residential facilities, and I am writing to invite you to join my study.

Participants must be 18 or older, employed by an anti-sex trafficking residential agency, and have a job role that works directly with the rescued sex-trafficked women residents as the primary job expectation. Participants will be asked to contact me to schedule an interview, participate in a virtual focus group, provide a list of training their employer offers, and review transcripts and documents for accurate representation. Complete the procedure listed should take approximately three and a half hours. Names and other identifying information will be requested for this study, but participant identities will not be disclosed.

To participate, complete the attached survey and return it by email. If you meet my participant criteria, I will contact you to schedule an interview. A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you must sign and return the consent document to me during the interview. Participants will be compensated for participating in this study. After each procedure, participants will receive a \$25 Visa gift card totaling \$100 in Visa gift cards upon completion. Any participant who chooses to withdraw from the study after beginning but before completing all study procedures will receive a \$25 Visa gift card for each course completed.

Sincerely,

Andrea Bassett
Doctoral Candidate and Researcher
School of Behavioral Sciences Liberty University
Abassett1@liberty.edu

Appendix E

Consent Forms

Consent

Title of the Project: Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking agencies who work directly with rescued sex-trafficked women.

Principal Investigator: Andrea Bassett, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a female who is 18 years of age or older, employed by an anti-sex trafficking residential agency, and have a job role that works directly with the rescued sex-trafficked women residents as the primary job expectations. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to look at the shared experiences of secondary trauma stress and compassion fatigue of employees of anti-sex trafficking agencies that work directly with rescued women in residential facilities.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Complete a demographic survey that will take no more than 10 minutes
2. Participate in a one-on-one recorded interview via Zoom that will take no more than 1 hour.
3. Participate in a focus group recorded interview via Zoom that will take no more than 1 hour.
4. Provide a list of trainings offered to you by your employer that will take about 10 minutes.
5. Review interview transcripts and documents for accuracy that will take about 1 hour.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include learning how working directly with rescued sex-trafficked women impacts employee mental health and the quality of services provided to them. Understanding the impact on the mental health of the employees may lead to improved services and care provided to rescued sex-trafficked women.

Liberty University
IRB-FY22-23-1539
Approved on 6-13-2023

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.
- Data will be stored on a password-locked computer in a password-protected file on the desktop. After five years, all electronic records will be deleted.
- Recordings will be stored on a password-locked computer in a password-protected file on the desktop until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher and members of her doctoral committee will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of each procedure, participants will receive a \$25 Visa gift card totaling \$100 in Visa gift cards upon final completion. Any participant who chooses to withdraw from the study after beginning but before completing all study procedures will receive a \$25 Visa gift card for each procedure completed.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or your current employer. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Liberty University
IRB-FY22-23-1539
Approved on 6-13-2023

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Andrea Bassett. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at abassett1@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Stephen Ford, at sford59@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to video-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Liberty University
IRB-FY22-23-1539
Approved on 6-13-2023

Appendix F

Participation Demographic Form

Name:

Email:

Phone number:

City:

State:

Where do you work?

How many hours a week do you work?

What is your job title?

What are your main job responsibilities?

What is your educational background?

What is your faith background?

How many days a week do you work directly with
rescued trafficked women?

• 1 • 2 • 3 • 4 • 5+

When did you start working for your employer?

Appendix G

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

June 13, 2023

Andrea Bassett
Stephen Ford

Re: IRB Exemption - IRB-FY22-23-1539 BURNOUT, SECONDARY TRAUMATIC STRESS, AND COMPASSION FATIGUE: EMPLOYEES OF ANTI-SEX-TRAFFICKING AGENCIES WHO WORK DIRECTLY WITH RESCUED SEX-TRAFFICKED WOMEN

Dear Andrea Bassett, Stephen Ford,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix H

June 19, 2023

[REDACTED]
Executive Director
[REDACTED]
[REDACTED]
[REDACTED]

Dear Andrea Bassett:

After careful review of your research proposal entitled Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking agencies who work directly with rescued sex-trafficked women, we have decided to grant you permission to contact our staff and invite them to participate in your study.

Check the following boxes, as applicable:

- We grant permission for Andrea Bassett to contact staff who work directly with rescued sex trafficked women to invite them to participate in her research study.

- We will not provide potential participant information to Andrea Bassett, but we agree to send her study information to our staff on her behalf.

- We are requesting a copy of the results upon study completion.

Sincerely,

[REDACTED]
Executive Director
[REDACTED]

From: [REDACTED]
Subject: [REDACTED]
Date: June 23, 2016, 10:00 AM
To: abassett1@liberty.edu



You don't often get email from blythe.todd@naomishouse.org. [Learn why this is important](#)

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Hi, Andrea!

I just wanted to let you know I'll share your email with our team at our next meeting on Tuesday, 6/27, and let them decide if they'd like to participate, and have them reach out to you directly. I'd be happy to participate though! So just let me know what would be the most helpful way to proceed.

Thanks,

[REDACTED]



[REDACTED] The information contained in this email message is confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this email is strictly prohibited. If you have received this email in error, please immediately notify us by email and delete the original message. Thank you.

Permission Response Letter

6/20/23

[REDACTED]
Field Education Coordinator/Supervisor
[REDACTED]
[REDACTED]
[REDACTED]

Dear Andrea Bassett:

After careful review of your research proposal entitled Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking agencies who work directly with rescued sex-trafficked women, I have decided to participate and grant permission for you to contact me regarding your study.

Check the following boxes, as applicable:

- I grant permission for Andrea Bassett to contact [REDACTED] who works directly with rescued sex trafficked, **adolescent females** to participate in her research study.

- We will not provide potential participant information to Andrea Bassett, but we agree to send her study information to our staff on her behalf.

- We are requesting a copy of the results upon study completion.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Subject: [REDACTED] Research Participant Request
Date: June 18, 2023 at 2:28 PM
To: Bassett, Andrea abassett1@liberty.edu



[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Andrea,
I have been the only employee until February. We are a very small non profit. I have a admin assistant now. She does do case management or work with the girls. She does transport at times. I am more than happy to help you how ever you need.

On Sun, Jun 18, 2023 at 1:14 PM Bassett, Andrea <abassett1@liberty.edu> wrote:

[REDACTED]

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking agencies Who Work Directly With Rescued Sex-trafficked Women, and the purpose of my research is to look at the shared experiences of secondary trauma stress and compassion fatigue of employees of anti-sex trafficking agencies that work directly with rescued women in residential facilities.

I am writing to request your permission to contact members of your staff to invite them to participate in my research study. Participants will be asked to contact me to schedule an interview, participate in a virtual focus group, provide a list of trainings offered by their employer, and review transcripts and documents for accurate representation. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time. Participants will be compensated for their participation.

Thank you for considering my request. If you choose to grant permission, respond by email to abassett1@liberty.edu. A permission letter document is attached for your convenience.

Sincerely,

Andrea Bassett

Liberty University School of Behavioral Science

Doctoral Candidate and Researcher

[REDACTED]

Permission Response Letter

5/11/2023

[REDACTED]

Dear Andrea Bassett:

After careful review of your research proposal entitled Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking agencies who work directly with rescued sex-trafficked women, we have decided to grant you permission to contact our staff and invite them to participate in your study.

Check the following boxes, as applicable:

- We grant permission for Andrea Bassett to contact staff who work directly with rescued sex trafficked women to invite them to participate in her research study.

- We will not provide potential participant information to Andrea Bassett, but we agree to send her study information to our staff on her behalf.

- We are requesting a copy of the results upon study completion.

Sincerely,

[REDACTED]

From: [REDACTED]
Subject: Re: [External] Doctoral Research
Date: June 27, 2023 at 11:18 AM
To: Bassett, Andrea <abassett1@liberty.edu>



Thanks for all of the information, Andrea! I have shared this opportunity with our staff and asked them to get me the signed consent forms by the end of this week to send to you for those who are interested in participating. I know that I plan to participate for sure and a couple of others seemed interested as well. I will get those consent forms to you as soon as I have them. Thanks!

For Freedom,

[REDACTED]
[REDACTED]

On Fri, Jun 23, 2023 at 9:00 AM Bassett, Andrea <abassett1@liberty.edu> wrote:

1. The organization will not be named. If a reference to the organization is needed, a pseudonym will be used to protect the identity of the organizations in this study.
2. At this time, I will only be interviewing current staff.
3. The research is in fulfillment of the requirements of a doctoral degree. Employees of anti-sex trafficking agencies have not been academically studied and will begin a new field of research. The hope is for more research to be launched based on the findings of this initial study. Studying employees of these organizations can lead to improved care and services provided by the organizations as well as possibly prevent employee attrition. The audience that will receive this research will be my dissertation committee at Liberty University. If done well, it also may go into publication in a scientific journal.
4. The compensation offered is per participant.

Have a great day,

Andrea Bassett

On Jun 20, 2023, at 4:44 PM, Holly Hampsch [REDACTED] wrote:

You don't often get email from [REDACTED] [learn why this is important](#)

Thank you Andrea, for your quick response. Your Stamped Consent has answered most of our questions but we do have a couple of follow up questions before presenting this opportunity to our staff.

- Will the organization be listed/named or anonymous.
- Would you have interest in interviewing former staff of our organization?
- Though you have shared the purpose of the research in the consent, can you please share how the research will be used and who is the audience that will receive it?
- Is the offered compensation for each individual person?

For Freedom,

[REDACTED]
[REDACTED]

On Tue, Jun 20, 2023 at 9:06 AM Bassett, Andrea <abassett1@liberty.edu> wrote:
Hi Holly,

Thank you for your prompt reply! To answer your questions:

1. It would be beneficial to interview any of your staff who work directly with the women regardless of employment length.
2. Residential staff would be the demographic preferred for the study.
3. The compensation is \$100 visa gift cards in \$25 increments for completely the different parts of the study.

I am including the recruitment letter with attachments below so you can forward it to your interested staff. Any one who would like to participant can email me directlv.

From: [REDACTED] <[REDACTED]@liberty2free.org>
Subject: [REDACTED]
Date: June 23, 2023 at 12:58 PM
To: Bassett, Andrea abassett1@liberty.edu



[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Hi Andrea! I will bring you email to the rest of my team on Monday and let you know what the response is. Speaking for myself I'm absolutely interested in participating; I think this is such vital research to this field. I'll be in touch Monday afternoon.

[REDACTED]
[REDACTED]

Sent from my iPhone

On Jun 23, 2023, at 10:13 AM, Bassett, Andrea <abassett1@liberty.edu> wrote:

Dear [REDACTED]

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking agencies Who Work Directly With Rescued Sex-trafficked Women, and the purpose of my research is to look at the shared experiences of secondary trauma stress and compassion fatigue of employees of anti-sex trafficking agencies that work directly with rescued women in residential facilities.

I am writing to request your permission to contact members of your staff to invite them to participate in my research study. Participants will be asked to contact me to schedule an interview, participate in a virtual focus group, provide a list of trainings offered by their employer, and review transcripts and documents for accurate representation. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time. Participants will be compensated for their participation.

Thank you for considering my request. If you choose to grant permission, respond by email to abassett1@liberty.edu. A permission letter document is attached for your convenience.

Sincerely,

Andrea Bassett

Liberty University School of Behavioral Science

Doctoral Candidate and Researcher

<Permission-Response form.docx>

Appendix I

Signed Consent Forms

The researcher has my permission to video-record me as part of my participation in this study.

[Redacted]

Printed Subject Name

[Redacted]

Signature & Date

6/23/23

Consent

Title of the Project: Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking agencies who work directly with rescued sex-trafficked women.

Principal Investigator: Andrea Bassett, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a female who is 18 years of age or older, employed by an anti-sex trafficking residential agency, and have a job role that works directly with the rescued sex-trafficked women residents as the primary job expectations. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to look at the shared experiences of secondary trauma stress and compassion fatigue of employees of anti-sex trafficking agencies that work directly with rescued women in residential facilities.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Complete a demographic survey that will take no more than 10 minutes
2. Participate in a one-on-one recorded interview via Zoom that will take no more than 1 hour.
3. Participate in a focus group recorded interview via Zoom that will take no more than 1 hour.
4. Provide a list of trainings offered to you by your employer that will take about 10 minutes.
5. Review interview transcripts and documents for accuracy that will take about 1 hour.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include learning how working directly with rescued sex-trafficked women impacts employee mental health and the quality of services provided to them. Understanding the impact on the mental health of the employees may lead to improved services and care provided to rescued sex-trafficked women.

Liberty University
IRB-FY22-23-1539
Approved on 6-13-2023

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.
- Data will be stored on a password-locked computer in a password-protected file on the desktop. After five years, all electronic records will be deleted.
- Recordings will be stored on a password-locked computer in a password-protected file on the desktop until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher and members of her doctoral committee will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of each procedure, participants will receive a \$25 Visa gift card totaling \$100 in Visa gift cards upon final completion. Any participant who chooses to withdraw from the study after beginning but before completing all study procedures will receive a \$25 Visa gift card for each procedure completed.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or your current employer. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Liberty University
IRB-FY22-23-1539
Approved on 6-13-2023

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Andrea Bassett. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at abassett1@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Stephen Ford, at sford59@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the

IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

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The researcher has my permission to video-record me as part of my participation in this study.

M. A. ...

Printed Subject Name
6/29/22

[Signature]

Consent

Title of the Project: Burnout, Secondary Traumatic Stress, and Compassion Fatigue: Employees of anti-sex-trafficking agencies who work directly with rescued sex-trafficked women.

Principal Investigator: Andrea Bassett, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a female who is 18 years of age or older, employed by an anti-sex trafficking residential agency, and have a job role that works directly with the rescued sex-trafficked women residents as the primary job expectations. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to look at the shared experiences of secondary trauma stress and compassion fatigue of employees of anti-sex trafficking agencies that work directly with rescued women in residential facilities.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Complete a demographic survey that will take no more than 10 minutes
2. Participate in a one-on-one recorded interview via Zoom that will take no more than 1 hour.
3. Participate in a focus group recorded interview via Zoom that will take no more than 1 hour.
4. Provide a list of trainings offered to you by your employer that will take about 10 minutes.
5. Review interview transcripts and documents for accuracy that will take about 1 hour.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include learning how working directly with rescued sex-trafficked women impacts employee mental health and the quality of services provided to them. Understanding the impact on the mental health of the employees may lead to improved services and care provided to rescued sex-trafficked women.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.
- Data will be stored on a password-locked computer in a password-protected file on the desktop. After five years, all electronic records will be deleted.
- Recordings will be stored on a password-locked computer in a password-protected file on the desktop until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher and members of her doctoral committee will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of each procedure, participants will receive a \$25 Visa gift card totaling \$100 in Visa gift cards upon final completion. Any participant who chooses to withdraw from the study after beginning but before completing all study procedures will receive a \$25 Visa gift card for each procedure completed.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or your current employer. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

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IRB-FY22-23-1539
Approved on 6-13-2023

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

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The researcher conducting this study is Andrea Bassett. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at abassett1@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Stephen Ford, at sford59@liberty.edu.

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Printed Subject Name

Signature & Date

6/30/23

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Signature & Date 7/3/2023

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Printed Subject Name

Signature

6/27/23

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Printed Subject Name

 _____ 07-03-2023 _____
Signature & Date

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IRB-FY22-23-1539
Approved on 6-13-2023

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Printed Subject Name



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Appendix J

Participant Interviews

Lauren's Interview

1. What job related stress do you experience?

Um? Hmm, I would say, I'm trying to think like do that they have like a name to it. Just like, um.

Yeah, I I'm trying to think. Like maybe, um maybe just trying to like make sure I remember all the things that I need to remember. So umm maybe like an overwhelmed feeling. Feeling of overwhelmed I guess.

2. How does your job related stress affect your job role?

Um, sometimes I feel pretty, I feel scattered. Like I am trying to remember all the things that I need to do.

3. What do you feel you have control over in your job role?

Um? Hm. I would say performing my duties the way that I'm supposed to do them. I have control over that piece of it. I don't have control over the outcome of those (laughs), but I do have control over the way that I do the things, so.

4. What do you not have control over in your job?

(Chuckles) The outcome of doing those things.

5. If comfortable what is your trauma history?

Um I I don't really think I have any.

6. How often are you exposed to the traumatic details of the rescued women?

Um, how often? I would say maybe, um maybe, maybe once a week. Yeah, probably once a week.

7. How does that exposure impact you?

I I don't think it does very much. I I think I have a good handle on what to do with that, so.

8. What are some challenging things you must deal with regularly at work because of working with rescued women?

Um, the most challenging thing that I have to deal with is trying to find the or trying to navigate through the resources to help them. Usually they're federal governmental type things that I'm trying to navigate through and help them with. And that is challenging (laughs).

9. How does that impact you?

It's frustrating (laughs).

10. How would you describe the support you receive from your place of employment?

Uh, it's excellent. There is, there is there are definitely people who have gone before me and doing the case management stuff. So that's helpful, umm and then just a lot of prayer and prayer and support. So it's good.

11. Where or who do you go to for support advice or help with job related stress or issues?

Uh my executive director.

12. What is your experience when you seek support advice or help?

Just 100% support and help (laughs).

13. What do you do to practice self-care?

I I have um a bit of a commute to and from work, so I like to listen to music. And I like to read and exercise, and so I just do those things.

14. Describe the training you received for your job after you were employed?

Okay. Umm yeah we do a lot of different umm training module type things. Um like most of them are recorded trainings um, that in different, um, I think most of them are videos but there were some audio trainings that we had to listen to also. And then we have just continued

education, webinars that we attend, and different one-on-one trainings with different staff members who have different roles to go through those things.

15. How long will you remain employed if your current working conditions stay the same?

Um? I'm, I, for I mean I see it as long term, so.

16. What is keeping you employed now?

Just the the people I work with and the job that I do get to do is is fulfilling and rewarding.

17. Why do you think other coworkers leave this job?

I think that it, you really do need to have a balance of leaving work at work, and having that home time and self-care time. And just being able to balance it all. And knowing how to, how to deal with the overwhelm piece of it, I guess. That job related stress, but some people don't handle that as as well I guess or yeah.

18. How does your spirituality impact your day-to-day work?

I, it's a huge part of it. Because um, I mean as much as I do feel that overwhelm or things are not in control, I know that I know that He is sovereign and in control. So a lot of it just is is seeking seeking help from Him first, and then going to resources when I need it

19. I've got a couple of clarifying questions to ask on top of of those 18. You mentioned that you sometimes feel overwhelmed but you feel like you have a pretty good handle on that. How do you handle those stressful feelings?

Um what has helped me is to kind of create a system when I I feel like there's a lot of things that I have to do. Creating like a to do list or getting things on the calendar. I just have to take the time and space to kind of to do those, to do that. Um and that that does help with the overwhelm, yeah.

20. Then my last follow-up question is: what do you wish people knew um before going into working at an anti trafficking agency?

Yeah I think that, I think that sometimes people don't don't understand that um every day, every person is going to be very different. I like variety, but some people don't really like that, and it truly is every every day is different. Every moment is different. Every survivor is different. Um so yeah, I think that is important for people to know that there is not a like, you you might think things are going one way, but um it's it'll change. Like the, the schedule everything changes, um on a you know pretty pretty often. So some people don't like that I guess, but if you understand that then you can go, then you can deal, then you can, yeah it'll be oaky so (chuckles).

21. Is there anything else that you think I should know from your perspective of working at an anti trafficking agency specifically working directly with the women?

Um, I think healing, as well as the the work involved, also doesn't look linear. You know it's the same thing. So I don't know. It just kind of popped into my head to also you know recognize that, yeah.

Dianne's Interview

1. What is your experience with job related stress?

Um, specific to human trafficking only, yes? Um, I started as a volunteer at the house on the East Coast, and um so some of the stress that entailed was if we had a girl like run in the middle of the night. And we woke up, and she was gone. Or taking everybody, and they're like eight or nine at a time, all out to a store to do some personal shopping. It was kind of like herding cats, like trying to make sure I can watch everybody at one time. I think now I've held this position professionally for the last four years, and I think um, when you have, when you have clients who don't recognize, because they've not been taught in the past, like personal boundaries around cell phones , for instance. We had a girl who would just call and text at all hours of the day and night, and so as soon as I was awake in the morning I was like fielding calls and trying to put out fires at the same time. It's just getting ready. So it felt like there was never an off switch. I think now, I am, and I will absolutely probably have multiple times. It's fine. I'm fine. Everything's fine. Um, I have recently started therapy again, and the cumulative secondary trauma that has come from um I'm one of the educators on our team. And being very very well versed in all things sex industry. Um, I have to be in a lot of sketchy places online. I go to a lot of trainings. I go, I read a lot of autobiographies, and statistical books, and um forums, and studies, and research and just hearing about so much dark stuff. Every time I think the bottom of like humanity is reached, it kind of falls out again. Um, so all of that has been cumulatively, I'm exhibiting just about every symptom on like a burnout checklist. So um, I'm, yeah. So that's how stress is currently impacting me.

2. How does your job related stress affect your job role?

Uh, I think it's, um. I'm currently taking a at least a six month break from attending additional trainings, watching documentaries, and movies any of that. Um because I'm trying to diminish the overflows. I think for me we're, we're recognizing the irritability and not wanting to engage in either like personally or professionally. It's feeling like I don't have any emotional bandwidth to support other people. It's a problem for the type of job I have. So I'm the restorative housing director, so I am over one or two safe houses. Um, and I'm also helping to build the curriculum. So right now at a lot of behind the scenes kind of work. Um, so it's difficult to focus and have um communication with other people if they're like 'I'm having a struggle with my husband. Bluh bluh bluh bluh.' I just want to work and not engage with like emotional anything. And I know that's from just being triggered um by any kind of negative emotions. All that.

3. What do you feel you have control of in your job?

Um, I have, this is like therapy. Um I have control over, so I have control over who I let the volunteer in our safe house. I have control over the type of programming, the way it's arranged, the way it's taught. Um, I have control over the schedule, my own, excuse me. Um, my own personal work schedule. I have control over the amount of the trainings I take in. And I have control over whether or not I am taking steps um, like healthcare, and um things that'll help me navigate this season pass.

4. What do you not have control over in your job?

Hmm, I do not have control over um, when we get clients. What her personality is going to be. If other staff members interact with her in a way I think that they should. Um, I do not have control over emergencies or schedule changes where I then have to disrupt my schedule to

cover it. Um and sometimes I don't have control over what high emotional um experiences or impacts or situations um, come my way.

5. If comfortable what is your personal trauma history?

Yeah, this is therapy. Let's get it. Um, okay, so, um, yeah. I think the reason why this is hitting a lot harder now (starting to cry) is because at the end of last year I recognize, despite doing this for a living for a decade, um that the sexualized, but never sexual relationship, that I had in high school from when I was 15 to 18 with my 50 something TV producer, my high school teacher, um counts as sexual abuse. And I never saw it as that because it wasn't like the the guy like comes in at night sort of scenario. So I am, I'm Christian, and the Lord just was kind of showing me over and over again in variety of ways that like there's something to focus on. There's, and I was like what, what, what, what, what? Um there's a lot of individual um things that people would would say or something like this is reminding me of saying, 'oh that that weird guy from high school!' Um, so that was just years of super emotionally charged, very very toxic um relationship that has colored my entire relationship history since then. I was never trafficked or physically abused. I can see how easy it is to kind of fall into that slowly. That's part of why I have such a passion for this work. Um, um parents divorced when I was 7. I'd say like no physical abuse their or emotional. Would've thought I had like oh really great normal childhood until like last year, and I was like, oh no there's a big thing like. Um, one of our clients um who was on my caseload, passed away due to epilepsy. Um, it's like two years ago (crys), and that was really hard. Um so, yeah. Aside from that I think that's, I think that's it. I need a tissue, okay.

6. How often are you exposed to the traumatic details of the rescued women?

Of the ones I work with specifically? (Researcher clarifies: or just in your job role.)

Okay. Um, the details. Um, before I kind of removed myself from a lot of that it, was four days a week. Now I'd say maybe one.

8. How does that exposure impact you?

Umm it was and is very difficult to switch off. This is not a job where you take it because it makes you feel good. It's not a job that like that, I was a banker. When I left the bank I wouldn't have think about it again until the next day, like usually. And here, like dealing with real life people, like when it snows a lot here, we're like okay, we can't get into the office or get to the safe house. Like do they have food. It's like, it's not just a regular day-to-day things. Like when pandemic happens, when the snow apocalypse in Texas happens, and all that, it's like we have to figure out how does this impact our demographic who is under our care in our safe house, and we can't get to them. So which means like it's nights. It's weekends. It's off days. It's all of that. And the way our housing was until about a year ago, they (residents) had our works phone numbers and so, despite our saying we can be reached between these hours, they're always attempts at all kinds of other hours. So even if I didn't respond to hold a boundary, I would still see it. And like would say, 'Yeah, she...it's fine. We'll deal with it in the morning.' And so I think it just makes, uh just raising my stress level to where my child and my husband are aware of it. Like ope, she's maybe having a bad day. She just her phone I don't know what happened. Like that.

8. What are some challenging things that you must deal with regularly at work because of working with rescue women?

Um I think it's, we can try to plan for as many like extenuating circumstances and experiences as we can. Like we have a big policy handbook that tries to take everything into

account. If she does this here's how we respond. If she does this here's. They never do any of that. It's always this other stuff, and we're like that! Like we don't, okay! We never even saw that coming. So um, a lot of it I think is just um adapting and having to think on our feet and just um address things as they come up. It's a lot of putting out fires. It's a lot of um, one of our mentors (stops to think), said it's like our safe house is full of like bored angry vengeful toddlers. And that is exactly sometimes how it feels. Just having to having like, (mimics a dialouge) 'I can't find my shoe. Well, I bet Ashley stole my shoe. Girl, I didn't steal your shoe!' And I'm just like, can we, come on, Lord. Um so a lot of it is just having to be really good on an interpersonal level in order to kind of um recognize a interpersonal crisis happening before it actually happens. And then if we don't, we're like oh God they're fighting. And then having to kind of um relax everybody. so I think that is just the main everyday of just, I wouldn't want to life in a house with a bunch of other people all the time anyway. And then when you through in complex PTSD to everybody in the mix is just um, it's just hard to maintain um, equilibrium in there.

9. How does that impact you?

Uh it's made me, Ah, it's maybe thankful for the like um, like the social skills. It is made me thankful for the social skills I already had. Um, I'm very good with people. I am very able to adapt to whoever I'm speaking with. Um, I'm able to kind of read a room really well and like gauge where everybody is emotionally. If we're doing an intake for an interview or teaching about trauma and the brain and a girl starts to get agitated, but it's not like a (mimics dialogue) 'I'm super upset!' Um, we can look for that stuff, um and I think that is just incredibly helpful. Like I can't even have volunteers in our house who doesn't, if they don't have some level of that awareness. Um so I think it's impacted me just being aware that it's going to be a much lower um lower tolerance for what I would call like baby llama drama. Among our staff, it's like if our staff

is like, (mimics coworker) 'well, blah blah.' Like we get enough of this in a safe house. Like what you're supposed to be is the self actualized adults. We need to figure it out on our own, or like go home and complain about it to an outside person. But like we're not going to handle all of this here. Um so, I think um while I am an enneagram 7 through and through, very fun, outgoing, but at work I slide into the like unhealth of a one. And I'm like very focused. There's one way to do it. There's no wiggle room here, um and I like to kind of take all of the fluff out. I think, have having to be so emotionally engaged and on in the safe house, kind of drains me for other stuff at the office.

10. How would you describe the support you received from your place of employment?

I think I would have said it was very good until I started to walk through my own trauma recovery stuff. And I was like oh yeah no there isn't a lot here at all. I think for a team of people who are trained in all the things. We teach all the things. When it doesn't look like what we're expecting it to look like, I think it's it like throws people for a loop. It's like everyone expects someone who's been trafficked to have flashbacks and nightmares and like jump at loud sound. When someone like me who is on their staff who is in the, um, I think my workbook calls it yeah the emergency stage of like oh! That this is traum, like this is why I could cry at the drop of hat. And this is why I get like um auditorily over stimulated. And they like feel like trapped and angry and like for no reason. Like that's what trauma looks like for me. And I kind of feel like I'm speaking to a team of people who would look at me like nuts. Um and so I feel very isolated (crying) in an environment where I should have our six other staff people who know exactly what I'm talking about intellectually, even if they aren't able to empathize specifically with it. So um, I think on paper we do a good job of like, I have to take a two weeks sabbatical every year. We get every Friday, Saturday, and Sunday off. I have a super time flexible job. Every month,

um we get an additional day off to kind of decompress and reflect. Um, so I think on paper it looks good. I think um it's just, I think um, just on a daily basis communication level, I think some things get kind of lost in that.

11. Where or who do you go to for support advice or help with job related issues?

Hmm so, job related issues. Um one of the cofounders of our group is still on staff. She is um probably my closest connection on our team. Um and she is also very well versed in all of this. So she was originally originally first person on her team who shared my like outside of work um trauma stuff with with the intention of saying, if I'm forgetful at work, if I'm not meeting deadlines, like here's everything I'm struggling with outside of work. I'm trying to keep it outside of work, but like I can't shut some of this off. And so I have gone to her on a number of occasions, and feel like I'm trashing my organization. That is not my heart or intent. Um, I think I think there are, so there's six of us were there full time. And we work together very closely for over 4 years, and we are, um it is it is a completely different work environment because we are so close, like brought together by all of these shared experience with just ridiculous things. Um like the death of a client. We had a client who, and I am only sharing this just because ridiculous in nature and is still like an inside joke. We had a girl he was concerned about um her vaginal discharge and like sent us (motions with hand) a picture of it. And like you you like to can't share her that kind of stuff with a lot of people, and like so so, periodically in a meeting we are like we would say something like (motions with hand) like could be worse! And all of us would be like, oh God! Stop! Stop! Stop! So we're we're incredibly tight. We text and talk almost every day um, even when we're off. We are involved in each other 's personal lives. We support each other 's kids, like shows, and all that. Um and now I'm on a tangent and don't member what the question is but. (Researcher: It's it's okay. I asked you where or who do you go to for support

and advice or help with job related issues.) Yeah, so I think if it's work related stuff, we all kind of just link arms because we're all probably experiencing the same thing. Um so we've done a couple like group therapy things all at once like after the client passed away. And that was helpful to hear everybody's perspective on it. It was super different, um and then I do have a therapist who I see. And then my closest friend and my husband gets an earful sometimes. This is going to be so much to transcribe. I apologize. I'm so sorry. Short answers, girl. (Researcher: No. Answer how you feel you need to. Don't worry about me question).

12. What is your experience when you seek support advisor help?

Typically positive. I think um, sometimes I, yeah um, prematurely discount what someone is going to say. Or like they, like my husband, not like trauma informed any of that, and so every time I kind of share with him I'm always expecting him to be like, oh you should just be happy. And like just like say all wrong things, and he's always just um, amazing and and a part of um (starting to cry) kind and upholding. And that has been my experience with everyone I share with. I think in my own therapy stuff I'm kind of learning like why am I always expecting everyone to not be supportive. And all that, and like it's not based on any repeated experience of like I'm not been told um overtly that when asked for help I don't have have any. Um so I am thankful that I have a lot of people I could reach out to, and I frequently don't because I'm afraid they wouldn't understand. But I'm aware that like if I really needed to at least share, I have help countless people who would give me, if not trauma informed, at least solid advice, so.

13. What do you do to practice self-care?

It used to look (mocking voice) take baths, do my nails. Like um, which I don't say in that tone to diminish those things. I did fun things without ever really addressing the hard emotions around it. And I feel like sometimes like lists, and like my job has done trainings on secondary

trauma and selfcare, like over and over again. Um, but there's always like a list. Like go for a walk, color, and like all of these external things. And those things are good, and I have a lot of. That's a lie. That's a lie. I do not have a lot of margin. I have sweet toddler who sucks up all my time, but like we go, and we do fun things all the time. And he is a joy, and he is not like oh God I have to run after him. It's like we're able to engage. I'm able to be present. And I'm the one who's like choosing it. So it's like I do I want to go swimming today or go to do blah blah blah. So like I again, enneagram raging seven. I'm all about like chasing the fun things, but there's not a lot of processing so now selfcare looks a lot less fun than it did. Like self-care is like coming to this chair and doing therapy. I'm going to support group for adult survivors of like sexual abuse. I'm going through a workbook (holds up The Courage to Heal workbook). It's like self-care is dealing with all of that stuff and showing myself grace for when I'm overwhelmed. And saying like we're just going to have pizza night. Or cereal because I'm overwhelmed, and that's okay. I think it's learning to be way more introspective and slowing down, I think is a big opportunity to do self-care that I don't always do question.

14. Describe the training you received for your job after you were you were employed and you can already give me the list so maybe frequency quality your opinion on it?

So we do an in-house retreat every year um, and that's like we have a couple different speakers who would like come, and um so we had one lady come explain what you EMDR was. Or have one come talk about CBRI or um just like come with different protocols, motivational interviewing. So there's there's not a lot of training. In fact I'm typically the one who will go like virtually attend the encosey summit for four days, take copious amount of notes and outline sessions, and then train my entire team. Because I think the training is vital for this type of work because it changes. Like as technology changes there's just so much out there to learn about. So

we were told a couple of years ago, we just kind of like seek out your own trainings important to your job like our specific roles. So case manager attends some specific to that way and how to not retraumatize a girl during intakes. That sort of thing. So I can't say this for certain, but I'm fairly confident that I am one of two people on our team of six who have took that seriously and did it. But otherwise it there's not really a lot of overhead as far as like, turn in your training hours for this year. Um so things kind of specific to us like we'll revisit our policies and procedures, but outside of that there isn't a lot.

15 How long will you remain employed if your current working conditions stay the same? Oh Mylanta! Girl, I don't know (starts to cry). Um so I think my particular level of burnout is not just specific to my job. There's the job, there's all my high school stuff, but then we're like at the very end of international adoption process,s and we're trying to move to Tyler at some point. There's just a lot of moving parts. I love this field. Um I know that I was designed with the capacity to do this work, and to do it well, and just take a step back from it would feel look like a failure. Would just feel very unfulfilling if I went into something else. Um, I also run a strip club outreach and so like well at least I will have that. But um, so like if we bring home our son and he requires higher needs I'm going to quit because of that. If we move there is an anti-trafficking group out there, I would probably go over there. Um, so I guess if we took out the move and the adoption, um I have a lot of days where I don't want to do it anymore (cries). I hate saying that. Um, so I don't know. Three to five years. That was so long again. I'm so sorry. (Researcher: You are giving me great content. No this is good.)

16. What is keeping you employed now?

Yeah. The stability. I do, like they are so flexible, very family oriented job. I think sometimes to our detriment, like well my kids going off to high school so I'm off all week. We're

like now there's only two of us here on staff as everybody, I'm sorry like college. Like 4 out of the six of us had a kid who's up and going. We're like no there's nobody here. But when I fly to Taiwan and fly back, and I'm like we're going to get this child like actualized like set up here. I know they're going to work with me and get me that time off and be super flexible. I think that and our goal is to move probably like in 18 months, and so I'm not going to jump ship at this point just have to do it again. Um and I I have high hopes for the direction of our organization. We're changing to a new model of housing largely because that was the type housing work on the East Coast. I saw how effective it was, and then we got in to be trained to revamp what we had. Um, so I am hopeful about what the next phase of housing is going to look like. We just reopened at the end of June, so we'll give it, if it works it's going to be really good. Uh, it's just trying to get it off the ground is like, where's all the people who fit this demographic because we are having to turn down people. They're too young or have several children or only Spanish. Like we never used to get this, and now we changed it to fit this, and now they're all gone. I want to see what this organization can be with really good structure in it.

17. Why do you think other coworkers leave this job?

In the industry or in my place specifically or both? (Researcher: employees of anti trafficking agencies). Yeah, I know the burnout rate is real super high, and um I think kind of for most of the things that I've been sharing and that you've been asking. I think a lack of knowledge of what trauma looks like for someone who has not been through the kinds of like greivous heinous acts that our clients have been. And seeing like my trauma presents very differently than some of theirs, and so I'm comparing it to her it feels like like a weird form of imposter syndrome to say I'm having a trauma response due to hearing about all of these actual traumatic experience that people actually experienced. It feels like I don't get to have PTSD because I

crashed a bicycle on the side of the road. A person who was on I-35 was in a 10 car pile up, they get to have it. I shouldn't have it. I think we kind of push it down and don't recognize it because it's not what we're training to see. And like we're not, I don't have intrusive flashback. I don't jump at the loud sounds a lot of the hallmark things that we look for, I'm not experiencing. But that's not to minimize my experience right now. So I think kind of globally we're not checking those boxes for ourselves often enough so then by the time we are like oh there's a problem here, we are like oh God. Like I'm still in it. What do I do? I can't back it off now because like in this house and all these people. So that but I think it's it's, people don't want to talk about trafficking unless you work in trafficking. Or it's like, you were trafficking? That's so interesting like I could never handle that. Then you're not a person I could share with about this. And so like it's it's it's difficult to be able to kind of share the hard stuff because then you feel like an asshole for unloading all of it someone who is not like trained or equipped to here. And like oh God, like that's so much. I'm so sorry. That was just like a day in my life my job. I'm so sorry. So I think that could just feel isolating. Lack of knowledge around your own individual trauma, and I think those are the two main things. Like who do you talk to? And then you have to actually get to a poing where you recognize that you have something to talk about, and then I think there's a lot of people pleasers, but like a lot people in this I think have a heart to serve. And so to take a step back feels like you're doing other people disservice, and you're not willing to shoulder a burden. I think there's a lot of comparisons. Like how how dare I get tired of going through a safe house where she was raped 15 times a day for 4 years. Like if she could hack in there I have to to. Um so all of that I think.

18. How does your spirituality impact your day-to-day work?

Um, I'm going to be real honest. I don't I don't think that is is a um coincidence that most anti trafficking groups are faith-based in some form or fashion. Because if you if one does not believe in a higher power it's it's really hard to do this work. It's hard to kind of or wrestle with a lot of the theological questions this brings up. If there's not a basis of like a moral and ethical foundation like it's um, and we have these conversations all the time at work, trying to help our clients undo a lot of the spiritual abuse that's been done to them. We've had girls who just had a versus cherry picked out and then used against them, people trafficked them out of their church. We just have like, well this is what honoring your your father is, as they are being abused just like just all all over. So it explaining it to our clients we've like had to reiterate it to ourselves as well. But I think that's where that's where the the the hope comes from. And like at some point all this wraps up, and I know what happens then. And I know that the God I follow hates injustice, hates the oppressed, hates abuse, and though he will use it if the enemy any causes it to to to happen. The God I serve will turn it around and will use it for like, the reason I'm able to do this work (tearful) in part is because of my own very checkered relationship past. I would not go back and do that again if I had the opportunity to, but when I didn't think I was worth anything because all of that, I am now able to use that and say, hey girl in the safe house who feels like a total slut. Like I cheated on every boyfriend I've ever had. I broke up a couple marriages. I've done all this. I was an open relationship on and on and on. And you would never know that to sit down with me because you think like this, (sings angelically with hands folded in front) like this whole this holy whatever. And like that's the kind of restoration I get to share because of my experiences. And I think that that has seemed to be the most impactful form because they think all of us Christian ladies have had sex with one person, and it's our spouse when we were like 18 and got married straight out of high school. We're like no no there's a lot going on in our team

that like we don't, just so and then, I think to like the just the faith and the hope and having scripture that even if, even if all its fake. And even if I'm wrong, and I die and that's it, there's been nothing else as encouraging and as edifying, and consistently uplifting then my faith. Um and that is what gets me the strength (crying) every day to keep going and do it. And even though I will hang up with you and just cause ugly cry, I wouldn't change this job. I wouldn't take away a single day of it. So thank you for hosting this because it helps me remember why i do it (crying). Okay, that's it. I'm done. Sorry.

Natalie's Interview

1. What is your experience with job related stress?

I would say that um I think that our job probably, working with survivors, has more stress than the average job. Um we, during the day in and day out kind of hard trauma work, can be quite stressful and can kind of impact us and come into our daily lives. Um, so probably more so than that average job is what I would say.

2. How does your job related stress affect your job role?

Um, it has led to needing to put like more boundaries in place. Um and with my role it has led to some transitioning over the last four years. So when I first came on I did a lot more direct care, long hours kind of work, but as I've continued on I've kind of cut back my hours some and taken on more administrative stuff to try to have more of a balance instead of all my hours being directed care. So my roles continue to change as my stress level has increased, and I've needed those boundaries to kind of try to balance my job out more.

3. What do you feel like you have control of in your job role?

I would say uh I feel like I have more control in my job role with this job than I would with a lot of other ones. Um, our organization is really good about having conversations continuously of what do you like in your job role? What gives you life? Or things that are draining. Is there ways that we can switch people's jobs around and come up with new ideas to help everybody find life in their jobs? And I mean there's some stuff that we all have to do that screening, but it's just my personality is like something and someone else does then can we move around. So I feel like my job role has been a lot more flexible and able to adapt than some other jobs would.

4. What do you not have control over in your job role?

Um umm? Not a lot. Just the like longevity that I've been there I've got more and more autonomy with my job roles. So that's been very nice. Um, yeah I mean there's been a lot of stuff that I've been able to ask for, and I didn't necessarily get it at first, but as the years have gone on I've been able to advocate for myself and get more and more things that I would like with my job role in place. So yeah maybe just salary (laughs). I mean that's this world right, but (laughs).

5. If comfortable what is your personal trauma history?

Um really my only like bigger, like bigger key trauma would be that my mom had breast cancer when I was in middle school. Um, and it was pretty severe, and we weren't sure if she was going to make it. But she ended up going through recovery and has been in remission since then so it's been the biggest one. Um, I guess the past that was my biggest problem before starting my work here. The past year I've had a different kind of trauma within my family of some stuff with my sister. She has kind of cut ties with our family and just got off and just really making some decisions that aren't good for her well-being. And so that's been really hard and yeah.

6. How often are you exposed to traumatic details of the rescued women?

Um, pretty often. I do the therapy. Um so we talk a lot about their trauma (chuckles). Um so I hear a lot of their stories, and a lot of the more in depth stuff that might come out in classes they try to direct them to go let that out in therapy. So I would say I probably get more of the deep horrific stories in therapy, yeah.

7. How does that exposure impact you?

Yeah it really depends on like my season of life. My biggest impact right now would be I had a daughter about nine months ago, and now I, when I hear about what's happened and its kids, I just think about my daughter and that's horrible, and something that's really hard. And then I, when I'm at home sometimes I'll think about look at my sweet innocent little daughter. I can't

believe this happened to them when they were close to her age, and so it's just kind of impacted me with me carrying it as I go home. Um, like I said right now it's really good with being a mom, but in other ways it's been just other things that connect in my life of what's connected to their past trauma um coming up really when I don't want it to. Um yeah, can you say the question one more time just to make sure I fully answered? (Researcher: it how does that exposure impact you?) OK yeah and then just I um, I'm diagnosed with anxiety. So that also impacts my anxiety, and I have to make sure that I stay on my medication for that and continue to take care of myself for that because otherwise it really amps up my anxiety as well. Um and yeah I think it's also just impacted my physical health. I've continued to have like the doctors can't quite figure it out, and so they kind of labeled it chronic, chronic fatigue. Um and just struggles with keeping some of my levels and my body regulated, um kind of continued over the past few years as well.

8. What are some challenging things that you must deal with regularly at work because of working with rescued women?

Um I mean the biggest ones would probably be just having to process through their stories with them. Um, having to hear about childhood physical abuse, childhood sexual abuse. Having to also deal with conflict a lot can be just stressful. I'm not someone necessarily enjoys conflict and so having to mediate conflict a lot can be stressful. Um, I would say also just not so much the women that we have right now but definitely in the past several years, we have had women who have had quite a bit of anger issues. And so also just helping to mitigate and walk through and help them learn how to regulate those emotions especially when they're coming at you can uh cause of stress as well. Um, also with self harm, that's also something that is very prevalent in working with survivors of human trafficking. Self harm and suicidal ideation, and so that also creates a lot of stress of needing to make sure that they're safe, and they're not doing anything to

harm themselves. And feeling that weight of 'it's my responsibility to make sure that they do not harm themselves in a very severe way.'

9. How do how do those things impact you?

Um I think it just it makes it hard to leave work at work. Um because if it's you know a spreadsheet and that's easy to say I'm done for the day. I'm leaving that at work. But if it's I've been working with someone on their suicidal ideation then to say, 'OK well now I'm off at off hours' um even though I know other people are on hours, it's still just it's hard to leave it there. Um so I'd say that's probably the biggest impact. It's just not really struggling with feeling off when I'm off number.

10. How would you describe the support you received from your place of employment?

I would say they're mostly pretty supportive. Um they definitely want to process and hear about what's going on and try to come alongside of us. I will say I think there is still an aspect of um some element of like this is kind of what you signed up for also. Which can sometimes be difficult. Um and I think there's also an element sometimes of like we've been through it and now it's to your turn. And so that can also be frustrating and difficult and something that as I get more longevity at the agency, I'm trying to make sure that I don't fall into that same rhythm.

11. Where or who do you go to for support advice or help with job related issues?

My husband. Uh my mom. Um that's probably my two main ones.

12. What is your experience when you seek support advice or help?

Um I guess when I seek outside with those two they just try to really talk it through with me and help me see all sides and come up with a good plan. I I guess if I seek inside like help, I tend to go to um probably our executive director. I'm pretty close with her. Um and for the most part I feel like she tends to hear what I have to say and processes it through with me and it's very

supportive. We've had a lot of change in staff over the past few years and so that's kind of some of that has come and gone with the different stuff that we've had so, yeah.

13. What do you do to practice self-care?

That's a great question. Um, I am trying to do better about leaving work at work, and so I have on my phone where I used to have where emails would come up automatically, and I could read them. And so I have that turned off so I can see that I'm getting an e-mail, but I don't see what it is. So that when I'm off hours, I don't automatically just start reading the e-mail. Um, I try to make sure that my weekends are full of fun times hanging out with my daughter and my husband, and just time to get away to remind me that there's life outside of work. My evenings I tried to have them be pretty restful, read books, watch some TV, that kind of stuff question.

14. Describe the training you received for your job after you were employed.

Um so we kind of had a list of trainings that we had to do once we got hired, and I kind of sent you the list of most of those. And so it was mostly that we had a few at the very beginning, and then it was kind of at your own pace after that. Um trying to finish them as soon as you can, and then after that we've continued to need to get 15 CEUs every year in our particular field, like relevant to our particular field. And then we continue to also have trainings every now and then for staff that we, if we find one that we think is really helpful. we'll make it mandatory. I've also started doing monthly clinical trainings with our staff, and so um I lead those based off of what we feel is necessary at that time with our particular residents.

15. How long will you remain employed if your current working conditions stay the same?

Um I plan to stay at least for a few more years.

16. What is keeping you employed now?

Um it's probably a mix of 1. the people that I work with. I do love them. Um, the the women are very meaningful, like a family. I care a lot about them, and then also I think just the autonomy I've gotten with my job of being able to piece together the things that I really enjoy doing and being able to find those things that give me life to make sure that those are priority in my job.

17. Why do you think other coworkers leave this job?

Um I think that the it's a really intense stressful job, and if you don't feel like you have support of the people above you to step in and take burdens off of you when you need to, then it can be really hard to maintain and and stay on. And I feel sometimes like there's some staff that get that from higher management, and then there's some staff that don't. And so I feel like the staff that do get that from higher management are the ones that last longer. And then a lot of times those people then move up, and then we get new people in. Um, and so I'd say a lot of the long daytime hours are the ones that are, not even daytime sorry. the long hours at the home are the ones that we really struggle to fill. um especially evenings and weekends are really hard just finding people that don't want the typical 9 to 5 schedule and be willing to work around that is the one of the ones that we see a lot of turnover with.

18. how does your spirituality impact your day-to-day work?

Um that Jesus is the main reason that I do what I do. he's the one who called me to work in anti trafficking work. And the one that's sustained me as I continue to do this work. That fills me up so that I can pour out. Um without it I would not be able to remain in this work for the years that I have.

Irene's Interview

1. What is your experience with your current job related stress?

Okay, I'm not, I'm not sure I understand the question. (Researcher: What type of job related stress are you experiencing?) Oh, Okay, so I'm the executive director of a home for women who've been sex trafficked. So the biggest, the biggest stress probably is just their stress and their trauma. And trying to be sure that we handle their trauma in a very informed way. And make sure that we treat them according to that and to their strengths that they have. And just making sure they get the the best care in the sense of therapy and all the different programming that we have with them. I think you know my my goal for them being in our program is for them not, you know, not to have to deal with recidivism and keep coming back to program, program after program. I really would like this program to be the last program they have to be at, and so there's a lot of stress there too.

2. How does that affect your job role you being able to do your job but with the heaviness of what you just described how does that impact your effectiveness?

I I probably would have to say it the most impactful is just probably my family. And just being overwhelmed, and I'm pretty good at compartmentalizing things which isn't, I'm good at it, but it's not necessarily the right thing. And so um like I haven't had a vacation in the year and a half that I've been there. And I need some time away just because it's just constant. It's a constant constant drain, and so I'm finding myself at this moment very much, you know, not just jumping out of bed in the morning and wanting to go in and go to work. And you know, I'm probably leaving earlier than I ever would, umm, but I just I mean I I'm needing to take care of my brain right now. Because it's just really overwhelming.

3. Do you feel like you are in control of your job responsibilities and like what you're supposed to do at work?

Um, I would say every day is a different day, and stuff can pop up and totally destroy an entire day. Somebody can be suicidal, and or somebody can attempt suicide, or somebody can be triggered by something in their past. And and you know, they can be off for three or four days. You know, I just had that happen a couple weeks ago, and so I wasn't in control any of those days even though, you know, like in what I mean by being in control is like, you have a schedule of events you're supposed to do during the day. All that just has to go to the wayside when those things happen. So umm, I would say that, you know, for the most part, being in control and doing my job responsibilities, but but obviously if something happens with one of the women, and they do have, umm, a situation, then everything is out of control. And, umm, but I still have to, I still have to maintain, to them, that I'm in control. Even though their situation is out of control, which makes everything out of control.

4. What do you not have control over and in your job role?

It's just, it's just very, when you work with people that have unbelievable significant trauma, you know they never know what each day is going to bring for them. So yeah, you you you really just have to kind of be prepared to go with whatever comes in that day or time or hour or you just don't know right.

5. Share only if you're comfortable what is your personal trauma history?

Umm personal personal trauma history was, I was sexually assaulted by a teacher when I was 18. No not 18. Sorry sorry sorry. I would have been 16 or 17. And my parents chose not to report because we were in a very small town, and he was a very popular teacher. And so they worried about, umm, I understand now as an adult. It doesn't make it better, but I understand, you know,

they didn't it to be, you know, just this whole big thing for my sake. I do believe it was for my sake, and and so that was pretty tough. And then my husband was, for the first nine years of our marriage, was a pretty abusive alcoholic. And he's since no longer drinking for the most part. And so we've kind of worked through all that, and we've been married 33 years now so.

6. How often are you exposed to traumatic details of rescued women?

All the time. Just constantly. It just depends on, you know, because if they if they want to talk about it, which is not always the case, but if they want to talk about it, then you know you have to be there and willing to listen. Because you're probably not going to get that information again, and that information can be extremely important to their healing. And so you have to you just have to be, umm you know, ready for to listen. And and I mean that's also part of nursing. I mean to know how to treat anybody in the right way, umm you know, you have to listen to what it is, umm. And I've done forensic nursing, and I've done, you know, all sorts of nursing that deals with, you know, listening to trauma. So yeah, I all the time.

7. How does that impact you? How does that exposure impact you?

Um it's interesting because I used to, like I said, I used to think that I was really super good at compartmentalizing. And there's been a couple things that I've been told, that it's been a huge struggle for me to know how to, umm deal with it, you know. We have, as a nurse, I have to deal with HIPAA. I have to deal with being, for the ladies too, I have to do that, but you know, I also have to be super careful. So um I I, there's been a couple things that have been told to me that, you know, that have been a a real struggle to. (voice in the background and participant paused) I'm sorry. That have been a real a real struggle for me to know how to proceed with the information so.

8. What are some challenging things you must deal with regularly at work because of working with rescued women?

Oh, this isn't. Let me think. Um, challenging things. I do think, I'm just trying to think because it, I mean, I guess I don't look at it as a challenge anymore because maybe maybe all my nerves are gone. I don't know, umm. I think I think probably the the most challenging thing is just to be sure that um, you know, they are treated with a trauma informed response. Instead of the response of, you know, that most society, you know, society looks, and says well, you know, you could didn't have to do this, you could have gotten out of it anytime you wanted to you could have, you know. And so I was just doing an a consult with the 18 year old the other day, and she just got out of state custody, and I think I think just being just letting them know that you care. Letting them know that you relate even though the experience may not have been the same for you, or you may not have had the same experience, That you relate to them, and that you want to help them. Most most people that have been trafficked do not trust and do not feel like you want to help them. And so I think that you know, letting them know that all the time you you have to constantly watch your words and your behaviors because you could do something that you think is very benign, but they, that behavior be very suspicious to them. What they've gone through so you really, you really have to, you really have to pay attention to to a lot of your manner... your mannerisms. And then also just a lot of the things you say and how you act, so that may, I mean, it's not challenging to me anymore because it's just a normal thing. But that I know, that you know. Like I said, there's there's so many different things, but I think that's probably, I mean the one that came to mind now.

9. How does that impact you and it sounds like well like you've you've adapted to it was there a point in in working in your current role where there was that adjustment. That you needed to kind of adapt to being able to do that or was it pretty natural?

Well, I I'd worked with pregnant and parenting teens that had been trafficked, and most of them were pregnant because of the trafficking. And then I went to forensic nursing, and we got you know, dealt with of course sexual assault survivors and human trafficking survivors and children. I did a lot of of child exams, and so you, it's something that you learn you you learn dealing, you know, just with people with significant trauma. You you learn um you know, you listen and you learn from them, you know. And and they will tell you how they want to be treated if you just stop and listen to them. And so I think that, um, I've taken several different investigative interviewing classes, and things like that. So if you, you know, like I said, if you, if you listen, people will tell you, you know, people will reveal those things to you. So I think that's the big thing, is just listening and paying attention.

10. How would you describe the support you received from the from your place of employment?

Um, so the people that I have technically, that is that are over me, would be my board. And I feel like the board is very very supportive. Um, I think they understand. They don't, they don't necessarily know how to deal with people with this kind of trauma. But they they understand that it's very very difficult, and they're very supportive of me. So I do, you know, I do feel like like I have support. And I feel like I I feel like, I'm probably my own worst enemy when it comes to that because even though they say, yes you need to take your vacation, you need to take your time off to, you know. If you're there on the weekend you need to leave early during the week, I mean, you know, they tell me all that. But it's, I'm my worst, I'm my own worst enemy, you know. I I don't always listen to what's best for me. (Researcher) Why do you think you do that

why do you think you don't take the time off when people are telling you take it off don't don't overwork? I thought about this so many times, you know. I thought okay, you know, I've gotten really honest with myself, and I thought, okay, do you feel like nobody else can do the job as good as you, you know? I thought that. I've gone into gone down that road, you know. I thought about, you know, why sacrificing, me sacrificing myself is okay for other people. I don't know. I I really don't have any idea. I know that, you know, as a nurse you just kind of put your head down, and you do the job you're asked to do. I don't know that it's that way now. I'm saying back, I mean back you know, when it will still work our nursing hats, and we wore white dresses and white hose and white shoes you know, you know. It was just you, just put your head down and you go and you work, and you work until you're done. And I I mean I get that from my dad. He's very very very much very, dedicated you know, to whatever job he's ever done. And so I don't know, you know, I've looked at, are you a workaholic? What does that mean? Are you, you know, do you have to have work to, you know, feel something good about yourself. I don't know. I've examined it all, and I really don't know. Um so, I still haven't come up with a good answer.

11. Where do you go to for support advice or help with job related issues?

Um, I probably go to the board president. I also, I we I have one other employee that is a administrative assistant, and and I probably go to her sometimes, depending on what the situation is. But I have some friends that are therapists and nurses, and you know, they've been nurses for a long time like myself. And and we kind of you know, just get together and vent or talk about things. And you know, I know that I can trust that they will keep things confidential because we're all under the same kind of, you know, practice. And so we all know that we, you know, that we have to be confidential and keep things, you know, in perspective and so that's probably, I would say where I go.

12. What's your experience when you go and seek support advice and help from them?

Most of the time it's very helpful. Um you know, because we've all been in, you know, we've all been in such indifferent experiences. Or even if we haven't been in the same experience, we've had to deal with different things, and so it's very helpful to talk to other nurses or or you know even my friends that are therapists. Or you know how, that's all, that all is very helpful. So I always, I always feel better.

13. What do you do to practice self-care?

(laughs) Well, I have started working harder at that. Though the therapist that I have done at the house that works with the women her and I work together at what's called the children's home, and we worked with children and and teenagers. And so her and I have had some, she's very good at being honest with me, and so her and I have had some really really really tough talks about you have to take care of yourself. So I I'm we have horses here. We own horses, and we live out on acreage, and we and we have you know, I like working outside. I like you know, just I'm much more of a homebody than I ever used to be. And so I I do probably stay home more you know and and just not be out around people. And so I know that sounds horrible to not be yet around people, but you know you you get you get a completely different like outlook on people when you start hearing some of these stories from you know, survivors. So it does kind of change things so yeah yeah.

14. Describe the training you received for your current job after you were employed.

So I would probably, I took the job because I had I I've had a lot of a lot of training in trauma informed care, a lot of training in human trafficking, you know, just in domestic violence or interpersonal violence. They keep changing the pronouns on me. But so you know, I have a lot of that experience and so umm I took the job of knowing the experience that I had. I probably, if I

didn't have the trauma informed experience that I have, I probably would not maybe have taken this job because it's super it's super important. It's super important to be able to get the right programming and everything for you know the women in the house. So so I've I've done some training. I you know, I try to do a lot. I try to do training on um, you know, just keep up on umm on you know, drug and alcohol use. Because you know, a lot of our women have done that. I try to I, you know, I try to keep up all the time on mental health. So I'm always watching, you know webinars or things on mental health. So I I try to definitely keep up, but I but I did have a lot of training before I came in.

15. How long will you remain employed in if your current working conditions stay the same?

I don't have, like I don't have a timeline of like retiring or you know. Really honestly with nonprofits you always have a job as long as you have the money to continue to run your nonprofit. And so you know, I think that not, I think that the umm the trafficking issue, is it's it's it got many different levels, many different uh facets of it. Because unfortunately you know the the people that are involved with trafficking as we as we all know a lot of them also are the people that make the rules and the regulations about trafficking, and they're the ones that have the federal dollars and determine federal and and government dollars that that go back into, you know, human trafficking, and and the different programs. So that kind of, that kind of opens up then another facet of it is you know as far as we we just aren't getting the same amount of money for trafficking that we used to. Money you know, funding has cut way back. And then funding has cut way back because of the economy. The economy isn't the best and so you know they're really big funders that used to give a lot of money every year, you know, they're not, they don't know what the economy is going to be like. So they're not giving. And so it's just you know, it's just kind of, it's just so many different things about, I mean. And this is for all nonprofits. It's isn't

just for, I mean, anybody dealing with trafficking. I guess well I mean, a lot of the nonprofits are still not, you know, are still struggling. But so anyway, I would say yes, as long as there's money to run the run the you know, I I have not heard anything from the board that would that would tell me that, you know, they're unhappy with what I'm doing. And I'm pretty open with the board. I communicate as well as I possibly can. Because it's important for them to be educated.

16. What is keeping you employed now?

Um sometimes that's day-to-day, an hour to hour (chuckles) depending on what the day looks like. But um, I think that I think I think that I look at just how dehumanized the people that I work with are. And umm I look at how um you know, the treatment that they've had, and you know, how low they've actually gotten to be because of how they were treated. And and I you know, it it it saddens me that that humans do do really horrible things to other humans. And so so I, you know, that's what that that's what keeps me going is I the ability to umm help. I have the ability to make the make a difference. I have the ability to umm to uh, you know, to be a part of this. And so I think that's on the really bad days, and you know that's when things are really tough, that's what, you know, keeps me keeps me going.

17. Why do you think coworkers leave the job?

Um I'll kind of, I'll kind of refer to maybe the last job I had. I think, I think that, I think that most people leave the job leave, jobs for a lot of different reasons. A lot of times, anymore, I find that people leave jobs because they don't feel like they're compensated correctly. And I also feel like a lot of people leave jobs because of managers, and so um I don't know. I just I don't know. I I just I don't necessarily totally agree with that, but I mean you know everybody has a reason. But I that that probably is the two reasons that I can see people with you know that are dealing with this kind of, you know, these kind of, uh this kind of subject, I guess. You know, and it can be

very difficult. I mean you know, the people can be very difficult. I mean you know, you could be trusted one day, and then they can absolutely hate you the next day. And you know, it's just you never know where you're going to be. So you know, that I think difficulty, compensation, and then just how you know managers, meaning how help you get umm.

18. How does your spirituality if you have one impact your day-to-day work in your job role?

Um I think that's why I do what I do. I mean I I strongly feel like we are, umm, we are here to uh, we all have gifts and talents. And and there's a purpose why we're here. And I believe very strongly in, I believe in God. I I believe in you know, being, uh, a lot of people talk about you know, why we are not more religious based. Meaning you know, why do we not um enforce religion in the housed, in our program. And you know, I feel like even though religion and spirituality for me is a must. There's some people that have been trafficked under the umbrella of religion and religious reasons. And so I believe that my you know, my character, my actions, the things I do, how I treat people, are not always, but are as Christ like as I can possibly be. And and that's how I show people my spirituality. Instead of saying okay, this is you know, you will get up every morning. There'll be a Bible study you know. Then you will go to church at this time and because umm you know, that that has been some of a lot of a lot of these girls that's been their trauma. So so yeah I I definitely feel like spiritual, spiritual, ah spiritual (struggling with pronouncing the word spirtuality). For me is very important. And very much probably why I do the job I do and keep doing it even on the really really tough days.

Ashley's Interview

1. What is your experience with job related stress?

Um, my experience with job related stress would be, as far as like working with human trafficking survivors? (Researcher responds, "yes") I would say because, I'm a survivor myself, just having the over identification. A lot of times they'll share with me more, um, I think then the average person. And I don't know, I could be wrong, but it can be overwhelming at times just to hear some of the things. Because I'm so far removed from the life that I sometimes don't want to hear everything that they have to say, but they'll share with me because they think that I get it so much, and they think that I'm cool. So that can be stressful for me. You know, trying to put up those boundaries in a way.

2. How does your job related stress affect your job role?

How does it affect my role? Um I think it can make me tired. At times I can feel really bogged down and want to sleep a lot, and that can make me late. Or that can make me not want to go in at at certain times, and times that I'm supposed to be at work. And and it burns me out. Yeah

3. What do you feel you have control of in your job role?

Well I was working as a program advocate, and I was doing a lot of case management and stuff like that. And case management is more like tasks, and you know, working with clients one-on-one, and I I told the staff that I wasn't comfortable with that. That that was just too much interference, you know, with like my past, and and their you know, present just like crossing over. That I was able to step back from that role. So I think that with the staff that I work with and my supervision, my supervisor,s and stuff like, that if I'm not comfortable with doing

something, and I let them know, they're more than willing to try and help me um find something that's more of a good fit for me within my organization question.

4. What do you not have control of in your job role?

Um, I would say whether or not somebody makes it. I I I want everybody to make it, and and I try as much as I can to help everyone, and it's not. Um, you know, whether it's um staff or clients like, not everybody is gonna be able to make it in this field. And not everybody is going to be able to make it out of the life so.

5. If comfortable what is your personal trauma history?

Oh! I'm a human trafficking survivor, a sex work survivor. Um, I I was molested the first time when I was three years old. So, and then also I'm uh um I'm in recovery from cracking heroin. So I am five years clean from that. Um my trauma story. (Sighs) That's a lot (laughs)).

(Researcher interjects: you only need to share what you feel is applicable to answering the question so no need to give me the whole narrative. You answered my question. If you wanted to add anything you can, but you don't have to). Okay that's good then.

6. How often are you exposed to traumatic details of the survivors?

Um, I would say daily, umm, but not for very long. And I try to cut it off, um, because I don't, I don't, I'm not the therapist, and I'm not the case manager. I I do intake calls, and I tell them about resources. That's it. Som um my role is just outreach, and I do like the sending of the applications and stuff like that. So if they like are trying to get into their, you know, whole back story and their trauma story, I tend to try to reroute the conversation.

7. How does that exposure impact you?

Um, um, sometimes it triggers me. Other times, um, you know, when when somebody when somebody talks about their story or starts bringing up their story, a lot of times I just I don't want

to, I don't, I really don't want to hear about it to be honest with you. I don't, I've I've got enough of my own back story that I'm dealing with still, and I'm just not equipped to be dealing with somebody else's sex trafficking story or back story. As far as walking alongside them and helping them find employment, and you know, helping them just live day-to-day life on life's terms you know, and finding recovery and stuff like that that's fine. But I mean there's times where it's just like okay, you know I can listen and stuff like that. I could put my listening ears on, um and I think that's that's okay. I don't know, I guess it just varies from from situation to situation, you know. Like, but for the most part like, if you're coming like straight off the bat like, oh okay I'm going to tell you this, I'm like no no no don't don't tell me, you know. But like from like an empathetic standpoint then yes., you know, I I can listen, and I can hear what somebody has to say. but as far as like helping them through something, and you know, I can I can do my best, and I can listen, but um you know, I usually just just try to defer them to like a therapist or a case manager or something like that. Even though I am going to school to get my counseling degree, and I'll have it in spring. It's still, I still don't feel like it's I think it's, just because I'm so close to finishing, I'm just gonna finish it out, and use it as like a, you know, an undergrad or whatever. But I'm not like. That's just not something that I want to do is sit in my office and talk to somebody.

8. What are some challenging things you must deal with regularly at work because of working with survivors?

Umm I think it can get kind of weird. Um you know, because it's like such a heavy um topic. I think that it can get kind of like mucky um amongst like, I don't know. It just gets kind of weird and the like around like you know, like everybody's just kind of like, I don't really know how to like gauge the temperature sometimes of um other staff and stuff like that. I think it's just because

it's such a heavy, you know, heavy thing that's going on that we're dealing with with the women and stuff like that. That it's just weird, and I just sometimes like I don't know how to approach other employees and the organization. I I don't know like if they don't like me or something like that, or if they're just having a hard day, or what you know. Or they think I don't like them or what, but typically I just I just like chock it up to like they're weird, you know. Or they're going through something, or whatever. I know it's a hard field to work in, so I figure it's maybe that's what it is.

9. How does that impact you?

Um, sometimes I feel like, um, maybe I'm being judged as a survivor working for the field. That maybe they're judging me. Um sometimes I feel like I'm not included. Um I don't know. That's that's how I feel.

10. How would you describe the support you receive from the place of employment?

Yeah, so I feel like it's it's above and beyond like any other job that I've ever worked at, you know. And it's a great place to work at for, um, somebody who has, you know, been through trauma, and has ongoing trauma still going on in their life trying to figure it out, you know. Like if ever I need to speak to somebody about something like, they're totally open to listening. Um they're supportive as far as like, you know, like me like trying to find a church to go to. One of the um, SLTs (other staff title) was trying to help me join her church, you know what I'm saying. Because I haven't really connected with the church in the area yet, and that was pretty cool. Just stuff like that.

11. Where or who do you go to for support advice or help with job related issues?

(Supervisor's name), she's my supervisor.

12. What is your experience when you seek support advice or help?

Oh! I love her. She's amazing. Yeah.

13. What do you do to practice self-care?

I go see my therapist. Um this weekend, over the weekend my best friend came over. We watched movies. Um, I'm making brownies right now. Hang out with my cats.

14. Describe the training you received for your job after you were employed?

So we get training on trauma a lot. Um, like I'm trying to remember what kind of training we've had. We've had a lot of different trainings. Every quarter, every we have a training, and we'll have like a professor come in or just somebody who's like really good at whatever they do, you know what I'm saying. They'll come in and train us. We had a lot of trauma trainings. Like how to be more trauma informed and stuff like that.

15. How long will you remain employed if your current working conditions stay the same?

It's probably till I retire. Yeah, I like it there number.

16. What's keeping you employed now?

Um it's just, I like, I like what I do there. It's always something new and exciting. I love outreach. I love going out to the streets, and and trying to, you know. And then also doing like, just I like my title. I like working there. and and the idea of like possibly growing in my field, you know. That it's not a glass ceiling, and there's other opportunities for me there is intriguing to me.

17. Why do you think other coworkers leave the job?

I think because it's such a heavy topic, and it's so hard to, you can't help everybody. And I think when we are trying our all, to put our all into these women, and they're still you know saying stuff because the trauma is just so deep. And they're just not ready. and maybe we have our own trauma that we haven't dealt with, or maybe it's it's just, I think across the board, um Human Services, is just a really hard field to get into. And it's just, there's a high turnover rate, right?

And any anything that it's, but especially it's so dark, human trafficking. It's just such such a dark thing so.

18. How does your spirituality impact your day-to-day work?

Hmm. My spirituality? My faith, I think, is what keeps me grounded, and um makes me feel safe. Um to know that I'm like I'm not alone, I I have somebody with me doing this as I walk through doing God's work, trying to help others, and stuff like that so.

Amber's Interview

1. What is your experience with job related stress?

Okay, uh. Some of it is with when we get new ladies in, they don't know our personalities. We don't know their personalities. We we um uh, don't know, we don't necessarily know their stories. And so um, we it, it, we have a 30 day trial. I mean they have, uh we kind of call it 30 day probation, but that helps us to get to know them. And they get to know us to see if the fit will work or not work. They are not, um uh, they're not allowed to have their phones for the purpose that we don't want them being in contact with traffickers, or you know the the bad influences that could be given to them through who they've been around. But um we do have a house phone they are able to use to contact the people that have been approved for them to contact. So they do have contact availability. Um, trying to think, uh. Sometimes there is stress just uh, for flare ups in the house. Sometimes there are uh personality conflicts, obvious. Um, trying to think what else. We get conflicts on.. triggers. Sometimes things that they do will cause triggers for us. Um, I could give you some examples if you want (laughs) those or if it comes with questions later. I could do that. OK, uh I guess that's all I can think of right now.

2. How does your job related stress affect your job role?

Um? It can be relatively nothing to I'm done (laughs), I want to go. I don't (laughs). Um, cause there are times when I just get so frustrated that I have those feelings. Can I pause for a minute to answer my door? (Researcher: absolutely). I am on duty, so. (Researcher: yes no problem). (Paused then chuckles) I tried to tell everybody I was on my zoom call, but apparently she did not hear. Anyway, because every time that was available to have the one-on-one was while I was on duty, and I'm like, ah (laughs).

3. What do you feel you have control of in your job role control?

Control of such as what? I mean can you give me a little more? (Researcher: yeah, what's. When it's related to your job and job responsibilities and your work experience, what can you control?)

Are we still focusing on stress or are, anything? (Researcher: in general). Yeah, okay, well I control the house (laughs). I can control TV. I control can control with modifications from the director. Uh, or say right now, we have had a conflict of people waking us up earlier than we want to be up to get meds and whatnot, and uh our director put a firm 'not before this time.'

(Laughs) So we can control that. Uh, we we've kind of had control over toilet paper, lately. Just because, we, it seemed somebody was hoarding, and a lot of our toilet paper was disappearing.

And when it is donated, you need to kind of keep a track of it. And so we as the house managers, then can kind of, you know. They can come to us and ask for it. And we don't withhold any by any means, but but we do somewhat have a control over that too. Umm we keep their meds in our room just so we aren't having somebody OD, or ,I mean we don't dispense it. We give them their box with their meds. They take them, but we have that control so the you, know they, we don't want anybody harming themselves. Um, we have control over, somewhat, groceries that are bought. We try to accommodate everyone in the house. So I mean, the girls get food stamps, and if they want junk food, stuff like that, they buy it with their food stamps. But um, we try to, it depends on the ladies, because if somebody wants to cook or if everybody's buying their own food with their food stamps, you know, we don't necessarily have menus whatever. But we try to come together, and you know, consensus. What sounds good tonight? And so you know, then we you know, try to buy groceries accordingly. Umm let's see. I have control where we go, when we go because I do all the driving. Um like for instance somebody's wanting to go somewhere, and it's, hey I picked somebody up from work, and I'm taking somebody to Walmart, and their job is

down by Walmart. I just have to tell them well, we are going to Walmart now. I'm sorry but with gas, we have to go do that, and you know, they they may not like it (laughs). But I have to control gas, and I have to control um getting people where they need to be when they need to be (laughs). So that's controlled. So umm, hmm. Trying to think if there's anything else. I guess that's pretty good, what I do.

4. What do you not have control over in your job role/

(Laughs) Oh! When people get mad or not (laughs). Uh uh oh, I'm not really sure. I guess kind of anything that what I told you, I have control over (laughs). I don't know.

5. If comfortable what is your personal trauma history?

Okay, umm well, uh when I was eight I was sexually molested by my neighbor. He was 14. I was eight years old. Um through that I somewhat had a fear of men. Um I still went through the norms of boy crushes in school, but whether or not that had any factor on umm, I mean to my knowledge, nobody that I went to school with knew that happened. But I was made fun of at school. Looking back at my pictures now, I don't really feel like I was fat, like what I felt like they called me and stuff in school. The jeers and criticisms that I got. But I did endure um, boys calling me cow, mooing at me in the hallways in class. That was very hurtful. Um, finally my junior year, my mother switched school districts that she worked for, and asked if I wanted to go to the new school district. And I said absolutely, and that was the best thing I did for my life at that point. Because um, I really like the counselor at the new school, and I actually was open-minded to go into college and stuff. And so that at least put me on a trajectory for, you know, having a decent job. But because I actually went to college, and I don't know that I would have done that had I stayed in the other school district. So that was a positive. Um, because of my faith in God um, when I was in 9th grade, I had a girl really encourage me to read the Bible. And

so I started reading the Bible, and umm through reading the Bible, I understand why it breaks God's heart when people are sexually immoral. And I wasn't intentionally sexually immoral, but you know, for what we're doing even, there are predators. There are people who sexually hurt people because they don't have a moral compass. And because I know what God desires other than when I was eight, I did not have sex with anyone until I was married, which I am blessed and grateful because this could be where I could have ended up. Because so many who are trafficked are molested when their children, and so I just feel very blessed that God has protected me and kept me from that evil. And I believe God gives me the passion to work (becomes tearful) with these ladies because I have seen a window of some of what they've gone through, not everything, but some.

6. How often are you exposed to traumatic details of the rescued women?

Not very often, no. Uh, I don't know that. I I mean, I know some of their story but not really the graphics, no.

7. How does that impact you?

It gives me more empathy for them. Just the hurt that, the care, the desire to want to help them.

8. What are some challenging things that you must deal with regularly at work because of working with rescued women?

Oh. Part of these could just be personality conflicts not necessarily because of you know what they've been through, but we get a lot of nitpickingness in the house. Especially when new ladies come in, and if anything starts disappearing, of course, new people usually get the blame. And the brunt of it, which we're going through some of that right now. And uh, okay reserve the question again, sorry. (Researcher, no that's OK. What are some challenging things you must deal with regularly at work because of working with rescued women?) Okay, um. I mean sometimes

we end up having to go like to the hospital if you know somebody's had anxiety triggered. Um, I mean that's something that sometimes comes up. Um, I can't really say that I can think of anything that really just because they've come through that avenue to get where we're at, that I necessarily deal with specific things because of that.

9. How does that impact you personally?

(Laughs), Uh? Well trying to keep (laughs), um just try I I keep trying to tell the galss, you know, you sometimes you just have to be the better person. You gotta just let somebody do that because you're the better person. Um such as you know, if somebody's wanting TV, and you are already watching it or something. Just be the better person saying, you know it's okay, go ahead and watch that show. I don't know, I can watch it later. Somebody got something you didn't get. Sometimes you got to be the bigger person, and say well not life, life's not fair (chuckles) We can't always get everything everybody gets. Uh we can't dole out everything evenly. It's life. Um (laughs). It's not necessarily something you enjoy doing, but (laughs) you kind of got to (laughs). Um, I guess.

10. How would you describe the support you received from your place of employment?

When I tap into it, just great (laughs). I don't always tap into (laughs). I don't think could tap into it, but my director is 100% behind her her house moms, house managers. We call ourselves house moms even though our title is really house manager. But she she tells our ladies, I will stand behind my moms. So yes, we are pretty much, um we are supported in many ways.

11. Where or who do you go to for support advice or help with job related issues/

(Laughs) Well I never thought I'd ever be a therapist, but I did. Because life is very hard, and I don't, I was talking with my my kids somewhat. And I really don't want to put that on them, and so I did find a therapist. So that I'm not, I'm not burdening anybody's family, work, whatever.

Although, sometimes, I I'm getting more comfortable when when I want to talk about something, sometimes with our team. Because when we, when I first started, we were meeting individually. And I just felt like I was out of the loop with stuff. And now we meet every Friday as a team, and so, unless for whatever reason, you know, like vacation, or sick ,or like today weather, you know, we may not all be there, but for the most part we try to all be here on Friday. Because when you're not in the loop of what's going on you feel lost, and you you all want to be on the same page. And it's important you're all on the same page. And so I'm so glad that we are now on the same page.

12. What is your experience when you seek support advice or help?

It's been very good. I don't feel as stressed, because I am at least venting, getting it out, um not holding it in. Because uh, for many years of my marriage, I did hold in a lot of stuff, and um there again, that is something that I went through. That even though it wasn't being sex trafficked, I had issues in my marriage that gave me stress that made me, umm, there was emotional mental abuse. That, so that I mean those are other things I didn't think about that when I was talking with you earlier about things that let, you know, in my story that put me where I'm at to, you know, kind of help me relate with them. There was a year that I moved out from my husband because I just was tired of being belittled and struggling with those things that, you know, I just was really hurt with. And I didn't have anybody to talk to through those things, and so I am glad now that I do have the therapist and my team to share things with as to what's going on here. So I can release those things and not have it build up and build up. So I think that's it.

13. What do you do to practice self-care?

Well (laughs) therapy (laughs). Um, uh uh, read. I do things with my family. We play Pokémon, and so that gives us family bonding time. So that's good. Um, I have a grandson that I play with

uh, get to spoil (chuckles) and love on. Um let's see what else do I do. I get my nails done (laughs). That is and my hair, um. Those are things that I have been doing to kinda feel better about myself.

14. Describe the training you received for your job after you were employed?

Uh well I mean, like I told you, we have our volunteer trainings. But kind of as far as what I do, there's not really trainings. We just kind of, I mean when we get into things we talk to the director, and she guides us. Um but uh, I mean I shadowed for two weeks with the house manager who was leaving. That kind of gave me time to kind of see the flow of the house how, how it worked. Um, I I think, I I spent the night. I can't remember if I spent one or two nights, um, during that shadowing time, you know, to you know. Otherwise I just came and went during the day, but there was definitely one maybe two nights I slept downstairs. I can't remember, but so those were good things you know, to kind follow along and see what they did. Um, the other kind of trainings that we do is more along the lines of learning how to best help our ladies through stuff they go through or been through. And but as far as for my job, the shadowing, I guess was the training I got.

15. How long will you remain employed if your current working conditions stay the same?

Till I leave (laughs), or I get married (laughs). Or I don't know.

16. What is keeping you employed right now?

My love for the ladies. Wanting to be here to support them, care about them, see them grow in their spiritual walks, and to see them get independent, and be able to function the, go back out into this crazy chaotic hard harsh world, and have support behind them, that if they ever start getting in a hard spot they can always come back. And um get help. If they graduate, if they don't graduate they can't come back, but for the ones that graduate, we are always here. And they can

come back if they have to, and we've had quite a few that have because they get out, and kind of go back home to their stomping grounds. And kind of start hanging with some of their old buddies, and before they know it, they you know, start slipping back in some patterns. And then they come back because they know it's not, you know, what they want to be doing. They know what they had when they were with us, and they come back. So that's good (laughs). So, I guess that sounds like I answered that.

17. Why do you think other coworkers leave this job?

It's hard on you. It's hard on your emotions. It's hard on your, I mean, when sometimes when they get all flustered, and just it's just hard. Um, when you see somebody who you know they were having it good, and they walk out the door, and leave and don't know where they go. What what they're going back to. That's hard. Um, it's hard like if you got personality complex. Um, like one of our, I mean she graduated, but one of the first girls that we had here was so quiet. I mean she she rarely talked to anybody, didn't have a voice, didn't use her voice. Um that was hard for me. I'm a, I like people. I like to talk. I like to converse with people, and to have somebody that didn't talk, I I just felt like I don't know what to say. I don't, and she's not starting no conversations, and I just don't know where to begin because she doesn't talk. That was hard. That was very hard. That's probably the worst, um, conflict that I've had as far as ongoing, that made my my job here hard. Um there's all kinds of little flare ups, that I get over. And you know, yeah I may have some you know, it it it resolves itself, you know. Uh through you know, forgiveness, and we'll move on. But those are probably some of the hard stuff, is when um there's a long going personality conflict. And and and I I'm sure it was because of the trafficking that she lost you know, she was too terrified, I'm sure, more than anything, so. It makes it hard (laughs).

18. How does your spirituality impact your day-to-day work?

A lot. Uh I know it would be a lot different if I didn't read the word every day, pray a lot. Um, I am so so glad that we do books with the girls, ladies. Um every week, uh our our director has picked books like Boundaries, so our ladies can learn how to set boundaries with people. And another one we do is Safe People, so they can learn who is a safe person, who can I be around with. Another book we've done that um, impacted in my life, it's called No Stones. And it's about sex addiction. And at first I thought, this isn't, you know, this isn't going to be, you know I'm not going to learn anything from this. So I was so wrong. It helped me tremendously because even for me, like I told you you know, that I've been molested as a child. And just some other things that had happened in my life, this book shows how some of these things end up, you know, people become these things because of some of these things in their past. And I was just like wow. Um, but it was biblically based, and so you know, it gives you know, scriptures to help with that. And um, excellent book. excellent book. No Stones by Marnie Ferrari or something like that I don't know, but it is an excellent book. I recommend it for everybody, honestly, not just somebody in sex addiction. There was a wonderful book. We've done um, Victory in, Victory Over the Darkness Your Identity in Christ by Neil Anderson, Bondage Breaker by Neil Anderson. These books help you know who you are as a Christian, to make you know. You definitely get stronger reading his books when you know who you are in Christ, when you learn how to use the Holy Spirit to cast out demonic presences that um you may not even realize they're there. But when you uh, understand things like anxiety, fear, depression some of that is demonic, and if you use the blood of Jesus to cast it out and be free from that, man, you are you have a huge weight lifted off of you. And you just see so much of where God's working, and how He works in your life, that um it's amazing. And so I'm just so thankful for all the books that we

do on a weekly basis to help these ladies relearn relearn a new lifestyle, to to encourage them to to give them new meaning of life. It's it's just wonderful.

Yvonne's Interview

1. What is your experience with stress related to your job?

Sure, so I would say when I first started my work in this field which is pretty much all the work I've ever known. I would say that I had vicarious trauma. I did sexual assault work for three

years and the vicarious trauma is different from secondary trauma or or compassion fatigue. It was shifting and shaping my worldview. I remember distinctly going home and trying with my parents and saying everyone is being assaulted and my parents are like what do you mean. I'm like no everyone is being assaulted everyone is, and so it took me a little while to work through that. And I think that that's probably something that a lot of folks experience when they first sort of jump in and also doing a very specific type of work for very long time. So I went on about 80 PERKs (physical evidence recovery kit). We were inundated. Basically it was sexual assault 365 days a week for three years only, and then when I moved to coming here, my focus is mainly on domestic violence, but we did have sexual assault. And to speak to people that are in the field, it felt like a sort of a breath of fresh air to work with multiple victimizations. I know that sounds strange, but to work with multiple victimizations was actually helpful for me

2. How does your job related stress affect your job role affect your performing of the job?

Sure. I think now after 12 years I would hope to say that I have found good coping mechanisms for for working for working at a high level with stress. Because the job is stressful in general. We work with the empowerment model, which I think is really helpful for people. We empower program participants to make the best decision for themselves and then that way none of those decisions are weighed on me. So I like to think of it in the aspect of am I here for safety or control. And when I'm feeling stressed my bit is to go towards control, and when I'm feeling in a way that is helpful and neutral for program participants it's about defining what safety looks like for them and helping to orient them to that or help them find that. So um yes we are all about empowerment model which is a way to stave off burnout for yourself, and then I think it's the most trauma informed way to work with the program participant.

3. What do you feel you have control of in your job?

Sure. I have control over the hours I work. I have control over how I respond to my fellow coworkers and program participants. I control whether or not I work here. I don't have to work here. I think it's an honor to serve survivors, and that's, I think, a calling that I have on my life and a career I've chosen. But I don't have to do it. I have control over what I will and won't do. If I feel like something is violating me or my conscience which, it hasn't yet in this field, I can say no to that. And then I have the ability to have programmatic influence in our department. So I can move our department in a more progressive manner nature which I think I have, and I can ensure that our program participants are being served with the empowerment model and really support my other coworkers with reframing certain attitudes around what that looks like since I'm the senior staff member here in the department.

4. What do you not have control over in your job role?

I don't have control over the other organizations that we work with. So we're currently a part of a task force. So I don't have control over how we interact with them. I don't have control over funding which is a large issue here in the state of Virginia. We received no federal funding from the government this year for trafficking which I think it is because of our current governor. So I don't have control over the politics and the anti trafficking world, which I did not know would be so political or I would have maybe looked into staying with my focus on domestic violence or something like that. So I don't have control over those aspects, and I don't have control over safety either. We talk about that a lot. We're very candid about what safety looks like for us. Mainly because we're a DV agency not even because we do trafficking. More of our DV survivors have been murdered by their partners. When I was a victim advocate I was in court with folks, and so I think safety is an illusion. My faith is something that brings me comfort, but I don't have control over whether or not someone comes in and does something to you.

5. What is your personal trauma history if you are comfortable sharing?

So I don't have any necessarily personally. I do have familiar trauma as many I think black families do. I don't know black family that doesn't have a family member that's not incarcerated. So my family has been touched with incarceration also sexual abuse and domestic violence. Parental figures have experienced that. Aunts and uncles, um, domestic violence very prevalent in our family. My aunt who gives me permission to share her story she was in a domestic violence relationship fueled by drugs and alcohol for maybe 15 years. My cousin who is 7 years older than me, my parents took legal guardianship over her so she lived with us. And and I will talk about what I have seen within certain, within our communities like growing up. I think that there were some young women that I knew that were sexually assaulted, but because I didn't know the signs I didn't know. And so sometimes that will creep up, and I'll talk about that with my therapist around like, did I get into this work because I feel like it's a calling? Or was I am I trying to save Jessica from when we were 11? Like what what are some of those dynamics? Obviously now I know a lot of the, you know, a lot of the signs. I have a level of expertise in the work, especially around sexual assault, which is the majority of what I've seen occur with girls that are at church with. You know, oh you're 14 and you're pregnant by your boyfriend is 21. Well that's sad. No one thought like that's illegal, you know. So those things, you know, I think that just insular within communities, where you say like oh that's that's not right. But no one knew what else to to sort of do around other than saying that's not right, because of not wanting, and not necessarily not wanting, but maybe not having access as well. And also the damage of what the legal system and law enforcement have done to black communities. And so a lot of those things were handled in house. So sometimes I think a lot around the the women that I grew up with, the women that I'm in fellowship with majority of them are survivors of sexual assault

or domestic violence or both. And I probably say about 75% of the women that I know. So yes it's very much prevalent within the communities that I live and work and worship in.

6. How often are you exposed to the traumatic details of the rescued women of the survivors of trafficking?

Sure, so we have a 24 hour hotline, and because the way we're set up right now the majority of the time myself or our supervisor are getting the details. And if we don't get them before they come in we get them during our case review every week. And we also get shift notes every single day so if I decide to read shift notes then it's every single day. And if I don't then it's probably three or four times a week.

7. How does that exposure impact you?

Yes, so I'm a firm believer that if you do this work and you don't cry at all there's probably, you might not, you probably shouldn't do this work. And then if you do this work and cry all the time then it might not be the work for you either. There have been certain stories particularly, I think like my first PERK, of I remember the details about. That I remember the youngest PERK I did, and I remember the most violent PERK that I accompanied. There are some stories within the anti trafficking field and world that resonate with me. And then also to be very candid, the majority of the stuff, if someone comes in and that's been over, you know, a client that's come in before I might remember their name but I might not remember their story. It's been six years of doing anti trafficking work specifically, and 12 years of doing work in the field. And so unless there's something astronomical about the story, really some of it is just, it's day-to-day work things.

8. What are some challenging things you must deal with regularly at work because of working with rescued women?

Sure, so I do want to clarify we work with all folks, not just women. So that piece and then working with um, which I think working with men has been a very interesting aspect. I know we had a lot of case management conversations around that working with trafficked men, either both labor or sex trafficking, and how they would interact with case management was something that we wanted to really dive into and study. And so the last year we've had the most men that we've served in our program. But um say the question again. I'm sorry.

(Researcher repeats question) Sure. Some of the challenging things so, I think funding has been a challenge that we've dealt with. Substance use is a challenge. disclosure is a challenge because that's really one of our only rules is when someone discloses shelter, we usually depending on how it's disclosed, whether we might find them another place to go. We have 14 undisclosed shelters. We have three that are just for trafficking, or we'll have to exit them and serve them as community clients if they would like. so that's a challenging piece. It's like sometimes we have to exit people to the street, and that's really their choice for disclosing, but that is a difficult piece. Exiting someone due to substance use because we know so much of the trauma is, you know, the substance use is that. And then also the increased compromised mental illness. We we don't like to exit folks that have schizophrenia or DID, but if it's unmedicated, and it's not safe for them to live in community housing, then we have to find somewhere else for them to go. Or sometimes they choose to be exited to the street, and so that can be difficult as well yes. And I think just, you know, sometimes hearing the stories of folks of how basically every system has let them down. We had a program participant not the tracking department but she was pregnant by her father four times. Her first pregnancy was like 12 or 13, and so by the time she got to us, we were like oh school teachers, nurses, counselors. No one asked any questions? No one thought to do any, you know, CPS, none of that? So I think sometimes that can take a toll is that I think

when you're not in the field, you think, 'Oh well like call CPS or call the police,' and I'm like well, that's not always the answer. Um and so you see a sort of the behind the scenes of how fragile systems really are, and COVID has done nothing but stress those things. So no one's coming to save us. It's it's us. So that's a big piece of it you just sort of seeing sometimes how how our systems were created, and and they're crumbling.

9. How are those challenges impacting you?

Sure, yeah so, because right now like in our area, we don't have residential substance use. So a lot of the times we will take folks, and they're actively using, which is not necessarily an issue for us. But like one of the things that we have done, because our program is so progressive, is we provided like fentanyl strips so that before folks are doing heroin or their drug choice, they can test if there's fentanyl. And we just ask that they don't do drugs within the home, but we're not we're not asked that they're not doing substances. The sex work piece is a big work piece for us. We are a program that believes there is a difference between sex work and trafficking, and sometimes our program participants will eb and flow. The piece about sex work is the safety concern. Um so we have a stripper safety plan. We have safety plan around basically street sex working, and we're looking at diversion cases or specific forms of sex work that's safer, like doing it online as opposed to doing street sex work. Because that has become it's always been a dangerous place, but it's become much more dangerous. and so that's some of the things like, because our program participants can't go to law enforcement and say that they were sexually assaulted or raped, because then they're going to ask them what they were doing and going to tell them. They're going to arrest them. Um so, sometimes it's the legality of the work that we do around independent sex work, and then it's the other resources for substance use and compromised mental wellness. Many of our, I wouldn't say many. That's an exaggeration. Let

me pull that back. Some of our program participants need to be in a a mental in a hospital setting, maybe long term. They need permanent supportive housing. They have unmedicated DID or schizophrenia, you know, some of the more challenging mental health diagnosis. And they need support, and they cannot live alone in the community. And so you know, that comes to us exiting them because it's now a safety risk for our other program participants, ourselves, and them. So we wish we could exit them to a program that is fit for them, but they don't exist. So sometimes we feel like (the ASTA) becomes the like catch all. Like oh, you can fix the mental health crisis. Oh you can fix the substance use. Like no, we can't. We are an anti-trafficking department in an organization as a whole who is an anti-violence organization. We happen to be the largest one in the state, but we can't do everything. And affordable housing that's another big one of our challenges. Our affordable housing piece is huge. We have a transitional housing program, but even the subsidies aren't sometimes enough to pay the market rate. So that's become an issue.

10. How would you describe the support you received from your place of employment?

I would say my coworkers. I think the anti trafficking team is the tightest team, and that's because we have to be. It's always been that way no matter kind of like who's been in the department, but I feel like we have a really good group of folks now. And so we really are able to bounce off ideas with one another and also share, you know. Because when you go home a lot of our program participants, I mean a lot of our staff members, when they go into their partners, they can't share the the in-depth things that they've experienced. Or you know can't share clients names or anything like that, but we can share that within the office together. We can brainstorm together. We've had unprecedented times, and so a lot of my coworkers will come to me as a senior staff ,and we're like has this ever happened. I'm like nope. So we've got to brainstorm about like what this looks like for us. So we've had a lot of new things and new challenges

happen within the department, but we've handled it really well because we've handled it as a team. And then my boss, she is really incredible, my direct supervisor. Um she's an LCSW, and she embodies what it means to be a social worker and have leadership skills. Because I know a lot of times people are like oh this person is a social worker just put them in charge. I'm like but they don't, they don't know how to lead. and those are two different things. My bachelors degrees is in organizational leadership and management with an emphasis in management, so leadership is really important to me. And so she is a very front facing leader. She's very calm. She offers great wisdom and support, but she's also a person who pushes you to become the best advocate that you can be. You don't just go to her answers. She's not going to give them to you. You need to figure out you know how to best support program participants and whatever training is needed. So lots of training has been provided for me. Lots of opportunities to spread my wings has been provided for me here, to do academic work and publishing papers and writing curriculums, and all that stuff has been supported by the organization.

11. When you personally want to go somewhere like personally you yourself in relation to your job want to go somewhere for support or advice or help with the job related issue who or where do you go?

Yeah I'm going to go to my direct supervisor, (name of supervisor).

12. What is your experience when you seek support advice or help?

It's really good. Like I said before, she really challenges you to be a really great advocate. She's not gonna, you know tell you what to do, unless you know you're asking something specific. she's going to brainstorm with you, and she's going to give you really like creative ideas that like you probably wouldn't have thought of. Because she has she's our program manager so she has sort of like a downward vision of all of that, but she's still sort of steeped in direct service, which

I think is a really good aspect of that. She's going to see what sort of working as a whole within our, within our separate departments. which are also together.

13. What do you do to practice self-care?

Sure and I was talking to my therapist about this too. I'm trying to do better with implementing a morning routine so I can get up get some sun, have some quiet time, um with the reading scriptures or praying, working out. It's important to me. SSo usually I'll go for a walk or do yoga. I'm in the middle of becoming a a registered yoga teacher myself. So lifting weights, um therapy, talking with friends and family. Thinking about where we've been and then how we've overcome those challenges. So looking back that has been really helpful. Ever so often I will get my pedicure and a manicure and also a massage. That's fun. I like doing that, and I'm also um, sometimes it's maybe taking 20 or 25 minutes. Because I'm also in school as well so there's something that has to be done everyday. So sometimes reminding myself it's not going to always be this way. It's not going to always be grind grind grind go go go. There's going to be some times where there's going to be relaxation. So I try to put things in perspective is helpful for self there.

14. Described the training you received for your job after you employed.

So I came to this job with five plus years under my belt, three of those are just sexual assault work, and then I came with two of housing. And so then when I got here, I received, we have a 40 hour training for all staff members. And then we have a governing board that does training which now I'm a faculty member of the action alliance for the state of Virginia. So they have great trainings, and so a lot of the work was in victim advocacy. So the legal portion, and then I personally have always really like loved the empowerment model. So I did a lot of studying and things like that on my own, but we have, I mean have a training log with council countless hours.

I'm sure over 10,000 hours of training within the field, whether that be webinars or in person trainings. We went through a set training which is a sexual exploitation and treatment training. That's (hiccups) excuse me, provided by Deepa Patel. So we went through a week long intensive training there. OVC (office for victims of crime) who's our grant recipient, we receive a yearly training from them. And then we have training from our TTA provider, which is Freedom Network. Um so and my job is doing art and education. So my job is staying abreast on best and promising practices within the field, and so I do a lot of webinars, a lot of reading, a lot of training staying up on new things that are happening within. I know it sounds weird to say industry, but the things that are happening within the anti-trafficking industry.

15. How long do you think you will remain employed if your current working conditions stay the same?

Yeah, I plan on staying here until I, you know, finish my masters. And then I might look into travel social work just to really be able to you know pay down some student loans, and then get a different aspect. I had to practicum at a hospital so that was helpful, but my main bread and butter has always been trauma work. And so I'll probably end up staying in the trauma space, but working with folks who've chosen to harm. So restorative justice and transformative justice work maybe the mezzo or macro level. And then two years postmasters, then I'll probably try to plan the doctoral fellowship.

16. What is keeping you employed right now in your current role?

So I have said this, I say this all the time. I'm I'm committed and dedicated to the mission here at (ASTA name). I wish there was a way to get more money, which I'm sure every person in the field wants that. But there have been opportunities where I've had to leave, and like I said before I don't have to be here. I choose to be here which I think makes the difference. I'm dedicated to

the mission. I'm dedicated to our other employees here. I'm dedicated to serving in in my community. I'm born and raised here in the (location) area from (location). I'm dedicated to serving black folks that live here. I chair a black and African American advisory committee. That's a big piece of why I do the work as well, to see substantial change within our communities, from a from a strength-based perspective. Imploring all of all of who we are as black folks to make the change for each other and for one another, which we've always done. And so that's what keeps me here and doing the work. I do have plans, like I said before, to to leave, but I think the seven plus years that I will have spent here will be what is needed to launch me into the next phase. But I'll most certainly miss, I'll miss it when it is time to leave question.

17. Why do you think other coworkers leave this job?

I think a lot of the times, so there's, since 2020, we've had an extreme..we're bleeding basically. There's no other way to put it, which other a lot of organizations are as well. But things I've never seen. Like people will go out for a lunch break and leave their computer and their phone on their desk and never return or come back. So I think a lot, so there's a lot of different reasons, and it's not just money, but I would say money is one of the core. Because money could afford me more time with my family. Money could afford me more self-care and therapy. So that I could actually do the job. So I think money is a big one. People, you can't afford to stay. Like we talk about it all the time. Like if you don't have a partner or a second job, you can't afford to live on your own. Like I live in like a tiny little department which I'm really grateful for, but I have multiple jobs, you know. Um and most people here do as well. Or they have a partner that they live with, or they're you know, married to so they can provided, you know, housing and clothing and food. We have a lot of military dependents spouses here as well, which makes sense for our area. So I think money. I also think the outside. Like I remember talking to a housing locator

who's no longer here with us, but she said she we had a conversation, she's almost in tears, she said I don't know what else to do. And I looked and I said you've done all you can. I said unless you plan on building affordable housing there's nothing else that you can do. And so the job satisfaction is hindered by the lack of the city or the lack of our state having resources that we cannot provide. Like city (location) are you going to provide the permanent supportive housing? Are you going to provide the mental health hospital? Are you going to provide those things that we cannot provide? And so her job satisfaction was linked to something that she couldn't change, and ultimately she left because of that. And that still hasn't gotten fixed or change. And so there's got to be a reframing of our mindset and shifting of, you know, you've done all you can do. And she's like this person is going to be homeless, and I said yes. And that's going to be their lot until there's something else that we can do. They will be homeless, and so now it's time to gird your loins and rectify that within your heart, soul, and mind. And we gotta keep pushing. And I know people are like, that sounds harsh. I'm like, that's an everyday decision that has to be made, you know. We have a 24 hour hotline, and it, we were talking about it. I said you know the person that got punched in the face at 8:00 AM, they're not as imminent as the person who got strangled at 3:00 PM. We're taking the 3:00 PM, not to say that that wasn't a hard situation, but we have to make those decisions on the hotline, on the phone because there's only so much space. there's only so many resources only, only so much funding. And that cripples a lot of people, and they just can't do it. Also I would say for our black and brown and some of our indigenous employees, amount of violence that they saw in 2020 was like, 'I'm out.' I had to worry about myself as a black woman, my husband is a black man, my black sons, and I have to do this anti violence work. I can't do it. It's too much violence. I know at least two of our employees left just because it was just too much violence. It was just too much. So that's a big piece too, and that's not

something that you know (ASTA) can fix. We could do our, we can do the work to unhinge and underpin white supremacy and anti black violence, but that's not something that we can necessarily fix. Those and those folks that are left they're doing well now, you know. They're doing they're doing good, and I think you have to know when enough is enough. When it's too much violence, and it's just that's just part of the work.

18. How does your spirituality impact your day-to-day work?

Yeah I think it's you know, I think Catholic brothers and sisters had this part right on the Protestant piece. The idea around vocation, and the idea around a specific calling. I firmly believe that this is my vocation, that I've always been a social worker and always be one. Whether I working here or working somewhere, I'll always be dedicated to the greater good of our community, to common goodness and grace amongst amongst people. And to bettering our community, and doing that with people and not for them or making them do that. I think that's really important that we do work with people not above them before them, and that way there's no saviorism complex. That we're walking hand in hand together, uh and that this work has changed me more than I think I've changed it. This work is, you know, very encompassing of how I think that Jesus would behave here and doing the work amongst people. And so for me it's, I would consider it my ministry. Although we're not faith-based organization, (ASTA) lets me talk about my faith when we have a lot of things that go on within the, within the church space, which I I find myself in and and sort of speaking to that and speaking to anti violence work within the church. Speaking to egalitarian versus complementarian theology within the church as well, and so for me it's a vocation as a calling. So I I can't do anything else this is kind of what it is, which I think I'm finding the ideas and concepts around vocation within the Catholic Church has really helped solidify my calling to this work. Because I've people have asked me around

what are you gonna, do why are you like, this is... And I know we're supposed to have a work separation balance, but this is who I am. I'm a social worker. That's what I do, and it's who I am. And so I don't necessarily think that those things are bad.

Andi's Interview

1. What job related stress do you experience?

That's a good question. I think probably like emotional fatigue.

2. How does your job related stress affect your job roles?

I currently don't see it impacting me, but I have not been in this role for a really long time. So, I'm not sure I have a great answer for that.

3. What do you feel like you have control of in your job role?

Hmm. Um, I have quite a bit of autonomy to flex when I feel like we need to get off script a little bit or get off schedule a little bit to give them extra down time or rest time. It's very relational, so uh I feel like I can adjust what we're doing depending on how they woke up that day, to be honest. Yeah.

4. What do you not have control of in your job role?

I'm not their therapist so there are times when I walk that line carefully to address what's coming up as it, you know, as it's presenting since I spend more hours in the home with the ladies. And try to get to some root things without like uncovering trauma they're not quite ready to visit.

Yeah.

5. What is your personal trauma history?

Yeah. I am not a survivor of trafficking. I did have some childhood sexual abuse from an older friend, so that led me on a journey to find healing myself, which just kind of opened the door for me to want to learn more about counseling, and then trauma, and then working with these ladies.

6. How often are you exposed to traumatic details of the rescued women?

Um, some of them daily. Oh, I'd say a few of them, we encourage them to be careful about trauma dumping because that's kind of their method of dealing with things, and then some of them don't say their stories much at all in the day-to-day. So it's a mix depending on the person I think.

7. How does that exposure to those details impact you?

Hmmm, I think it feels less heavy than I expected it to. When I was learning about sex trafficking and the data and the statistics around it, I would just cry just like uncontrollably through some of the seminars and books I was reading and things. But being in a relational context with them and hearing things when it's appropriate, you know, for them to share something, I I guess just humanizing it makes me move toward them with empathy. But I don't feel as emotionally raw about it, which is surprising to me. It kind of surprised me that I had that. We cry a lot together, but in good ways. More like thankful for what God is doing, or that they feel safe, or that they feel like they can share. But yeah, I've I've been surprised.

8. What are some challenging things you must deal with regularly at work because of working with rescue women?

Generally, the most challenging things are their relational dynamics because they don't have a very large window of tolerance themselves. They don't have a lot of tolerance for one another and so that part of the work feels a little bit more like I'm mothering some younger children. So I think that that's the part that I try to just really pray for grace and discernment and helping them you know, find new coping skills. Um yeah.

9. How does that impact?

It makes me a little less tolerant myself when I come home with my own kids (chuckles). That's where I feel the emotional fatigue the most.

10. How would you describe the support you received from your place of employment?

I would say very supportive in most ways. Like we really, I really enjoy working with the women I work with. And the main thing that seems to be a little bit of a struggle is sometimes finding coverage if somebody can't be at the house for their shift or something. But we really do try to work together to accommodate how we can.

11. Where or who do you go to for support advice or help with job related issues?

Well, probably my best friend (chuckles). We do we know each other pretty well, and so she does the work I do, and I feel like she's far enough removed from it that I am safe to kind of process things there. But also within our own staff, we we do a lot of processing together, so that we don't have to take that and put it on you know, as a burden on the women that we serve. So I feel like that's a fairly safe space as well, and then I mean my husband is always easy to talk to.

12. What is your experience when you seek support and advice or help?

Um, I mean good. I guess feel supportive and will oftentimes just let me kind of have a safe place to vent or in a process my own tears or grief about something. And then yeah it just feels good to kind of have a place to air some of it.

13. What do you do to practice self-care?

Um, I find. I do kind of a side ministry thing with women who are not necessarily survivors of trauma, but of course, you know, everyone has some things that they need healing from. So a couple of times a year, I host a retreat. And it's just really good to have those times where you can laugh and get to know people in a really deep way. And it feels it's a different kind of heavy, you know. It's it's not as heavy as what we're dealing with in the residential program. So those just feel like places where I can be fully me because I don't have to be serving someone in the same way and really be seen and known. I love to worship. I'm a worshipper in our church. I love that, and just moving my body in different ways: swimming, running, whatever. Yeah. Running is not really what I like to do. Elliptical machines maybe (laughs). Not running. Moving in some way. Strike the running (laughs) That is not accurate.

14. Describe the training you received for your job after you were employed?

They had quite a list of resources that we needed to kind of get through. So some of it was the just our own manuals, but then also like I said, there was videos on the statistics of trafficking and lots of resources about coping skills. And um gosh, I'm trying to think. Several books that we had to read, a couple of videos. Some of it was kind of beat the basics of psychiatric conditions because we tend to see a couple of those fairly regularly, whether that's depression anxiety or schizotypal or sometimes sometimes bipolar. So it's we're kind of doing a training on getting familiar with some of those things, and how they might play out. I think we did someone anger management and anxiety. Things that we could help them with you know, as they're struggling. And um, there's one more big piece in that, but oh, different eating disorders that might present in in the women that come so yeah. Just kind of getting a little bit of the basics around their body healing, their soul healing, and all of that to be a little more prepared. And then anything that I think we've got some different protocols just for safety. If they're self harm, or if there's a suicidal ideation. So we have some different ways that we support them in that as well. So just some of them. The protocols that we're going to follow yeah.

15. How long will you remain employed if your current working conditions stay the same?

I could definitely see myself, yeah I could definitely see myself here for a long time. I love it.

16. What is keeping you employed right now at that place?

Um well, just the staff and the people who founded it. I love them. I love their heart, and I love the sense of sisterhood that we have among us that work together. But I also really love these ladies. I just, I get to spend a couple days a week with them, and we have had some really beautiful moments. So I just, it's what I feel called to do yeah.

17. Why do you think other coworkers leave this job?

Um, we've had not, everyone that's younger, but we've had some people who are younger who maybe haven't had as much stress in their own, you know, their their own, what they've been exposed to in life maybe has been a little more limited or sheltered. And so I think things they take things more personally, or they're more stressed easily. And I don't know if that's an age or personality thing. But um yeah I don't know if it's just because I've raised some children already or what (chuckles), but I just feel like this is just par for the course. And you just be patient and don't, what you see today is that the big picture, you know. Allow for grace and breathing. So I think some of it is just a personality thing sometimes. Just taking things too personally that are not about you at all you know, yeah.

18. How does your spirituality impact your day-to-day work?

I just definitely don't know how people do this work without Jesus (chuckles). Because it's so hard to not consider like just the ethos of our home. Like we start our day and devotions we end our day in devotions. We have staff worship altogether with the residents once a week. We take them to places that you know, the church offers different things. It's just hard to imagine not infusing what I'm doing with the love of Jesus. So, I think it just it's part of all of it. I don't know how to separate it out, I guess. Yeah.

Susan's Interview

1. What is your experience with job related stress or what job related stress do you experience?

Um, wow! Okay, so I think just sometimes um having a difficult time separating, you know,

leaving some of that, the things that I hear about at work. And you know, not not bringing it home to to me to kind of still think about. I've had, you know, some issues with nightmares in the past, and I know it's kind of work related. Let's see. Yeah, I just think umm just difficulty sometimes with thinking, continuing to think about stuff when I'm not at work in reference to the job.

2. How does your job related stress affect your job role?

Um, do I feel like it impacts my role? I mean, I feel like I, um, am able to kind of keep it together for the most part with work. Kind of compartmentalized, and and generally I can keep it together until I get home. I mean I feel like I'm I I try, and not let it impact me, and if I feel like it is I would talk to colleagues, supervisor, or things like.

3. What do you feel you have control of in your job?

Wow! That's a good question. Really not a whole lot (laughs) except my response and my reaction and my coping, just really me. Because you know, in this field, you really don't, you can't determine what your clients are going to do, you know. I mean, obviously, I hold true to my social work profession, my values, ethics, my um strategies, and techniques that I've learned as a therapist. But that's about it. Because I work for nonprofits. Fundings, you know, everything you don't know. So that's about it, really (chuckles).

4. What do you not have control over in your job?

Yeah, a lot. Um, now occasionally, you know I've had supervisor ,a supervisor that oaky, wait I'm thinking just this particular job right? Not in general, okay. Um, well where I have control over how many hours a week I work because I am part time, and so there I'm flexible in terms of scheduling days that I can work or want to work. So that's kind of nice. That's kind of the arrangement for for me for this particular role. Um so I have to do have control pretty much over

schedules, like what days I want to work, and how many hours I want to work. Um what else do I have control? I mean not much, but I you know I made the choice to work with this population. So obviously we work with this but very specific population. So yes, that was my choice to work with this population, but you know we kind of get the gamut of clients, 12 to 18. So yeah, really not much.

5. if comfortable what is your personal trauma history?

Um, I I would say I do not have a sexual assault history. I do, I was raised in an alcoholic home. So there was, you know, some of that cake chaotic type of unpredictableness from my my father. So there was some, I think emotional abuse and some physical abuse, not to me but to siblings by my father. Umm, I would say that was definitely an emotional roller coaster for me growing up.

6. How often are you exposed to traumatic details of rescued women?

Um, I'm not doing as much direct practice with this position. I'm do group work. So I do hear some of their stories. So I would say, um you know, I'm at the house probably at least twice a week. And granted I don't get all of the details because I I'm not a direct practitioner, but I would say probably at least weekly I'm getting some information either from the client or from the therapist about the trauma of some of our clients.

7. How does that impact?

Um, because I have such a limited, I mean ,it's only probably once a week, I'm not doing the direct therapy, it it's not a lot not not a lot. And I guess it kind of varies on the situation of the specific trauma, but I mean obviously all of our girls have had some kind of sexual trauma sexual exploitation, but I feel like in my role here, it's not as traumatic to me as other roles that I've worked more direct hours. So I would say not too much.

8. What are some challenging things you must deal with regularly at work because of working with rescued women/

Umm, I think in terms of our clients, there's a real lack of trust. Umm, because they've experienced relational trauma, as not only just the sexual part of it, the sexual assault, but more that the kind of exploitation that we see, oftentimes are young woman who have trusted someone that they thought they were in a romantic relationship with. Someone they trusted, and they were betrayed. They were exploited, assaulted. Um, so I think that the lack, the the trust issue with our clients and being able to engage them sometimes in the treatment is a is a big challenge because they've had such unhealthy relationships prior to coming into our program. And and oftentimes it's family relationships too. So it's it's people that they felt like they, you know, most kids do trust and can trust but they haven't and that. So the relational piece I think is a real challenge with this population and trust and getting them engaged in treatment.

9. How does that impact you?

Ugh. (Sighs) That's rough. that's rough. Um, it can be frustrating. It can be discouraging. Um, it's worrisome. Um but I've you know, I've developed a lot more patience as I've been in this field for a long time. So you know, I just again keep in mind what I do and don't have control over. And that's kind of how I get through it, you know. I just got to be really realistic in my thinking, um, otherwise I know that I'll burn myself out, you know, get really bummed out. So it's just really processing it through in my head, and and again in in supervision and in therapy with coworkers you know just keeping realistic.

10. How would describe the support you received from your place of employment specifically the rescued women place of employment?

Um, I I feel like I get a lot of support from our executive director and the clinician. Um and I say that however, I think because we have been short staffed so much, everybody's really oftentimes doing double duties, you know, more more roles than they are supposed to be doing. So I think that at times people are just, you know, on overload. And it's hard sometimes for everybody to be able to support each other when we all sometimes just feel like we're trying to keep afloat. But, um, yeah I would say I feel pretty supported, and I have people that I can reach out to. I don't think I would stay in an agency that I didn't feel that. Um I'm old enough, along the way, I'm kind of hoping to retire maybe the next couple years that, if I'm not happy, I won't stay. But I have that luxury of where I'm at in my life right now, you know. My husband's retired ,so you know, like I I don't really need to work if I didn't have to, but I want to. And I, the need is so great right now for mental health practitioners, it's it's just crazy. I get calls every day, you know, 'we're we're hiring and we're hiring.' It's like, so I just don't even feel like I want to quit right now just where things are at. But, um, so that kind of gives me a little bit of, you know, but yeah I feel supported. I feel supported.

11. Where or who do you go to for support advice or help with job related issues?

Um, so my direct supervisor is the clinical director, and so I would go with, to her. Um and I'm also have a pretty good relationship, pretty close relationship with our executive director. So I definitely go to her too. Um, and and some of my coworkers as well. Um, yeah. I would say those are my primary.

12. What is your experience when you seek support advice or help?

Um, they're very responsive, very empathetic. Um, they get it, you know. And um, yeah I just I you know I I think sometimes, I feel like they read me in in terms of sometimes you just want to vent, you know, and they know that and it's okay they just let me vent. And sometimes I really,

I'm like okay, no I need. But I feel like they they kind of get that. Like they know when to really just kind of let me vent and when to say okay let's problem solve. What do we need to do? So I feel like they really read me well and know what, you know, what I'm needing at the time.

13. What do you do to practice self-care?

Huge, um so one of our modalities is dialectical behavior therapy. So DBT and if you're aware of DVT which probably are, um we as a staff also had our own DBT consultation team. So I've always been in a consultation team. Um, we we had to stop for a while when COVID hit, and what we're starting our DBT consultation team back up. I love that because not only is it a way for us to consult on clients but it's also giving us accountability to continue to use our DBT strategies. All the distress tolerance, emotional regulation, and mindfulness. So I love that model personally use it for myself, and I tell the girls ,you know, when I'm in Group or whatever, I teach DBT skills. So if I'm teaching it, I practice it. I practice mindfulness. I myself am a recovering alcoholic. So I am in AA, a women's group, wonderful support for me, Um, exercise, my dogs. Um, I'd say those are the top yeah coping skills.

14. Describe or list the training you've received for your job after you were employed?

Okay, so we, all staff no matter what you're doing at the organization is really pretty much gets about 40 hours of training. Um, that includes um trauma informed training, cultural diversity, um something about being the helper, like a helper. So kind of just some basic behavioral strategies when working with youth. Um, we get what we call our gyro training, which is it's a two day training of, it's our non-physical crisis management training. And then there's the like the physical aspects. So learning how to do holds in a safe way. But the first whole day is really all about deescalation tactics, and and we rarely use the hold. We rarely put our hands on the kids, but we have, you know, we have to be trained in that in case. But I'd like our training because

really the first day is really just about really being aware of how to be on top of any types of things beginning to escalate, and building that relationship with the kids. So you kind of have an idea of, okaym this isn't their typical behavior, something's happening. So you know, you're on top of it. What else? Some of the things, I don't I think that everybody has or I have CPR. I don't have my meds cert. because I don't work the floor. I'm more considered I guess, administrative position. But umm but the the people who do the direct care would also have a medication certification so they can distribute the medication. They get food service, like safety training. Umm, so yeah there's about 40 hours that you have to get right at the get go before you can even get on the floor. We call it on the floor with the girls, but basically being able to be at the house with the kids, you have to have 40 hours of this training.

15. How long will you remain employed if your current working conditions stay the same?

Um ask me, I can answer today, but who knows what tomorrow. I tell you what, so I'm in a unique situation because we are in the process of building a new facility. So we have the money pretty much. We've got the property. This is something we've been talking about for two years. I really want to see the new building going. And and and so I'm trying to stick it out until then. Um, because I think that would be so exciting we're going to be able to double in terms of our population of being able to serve girls in the residential program. It's going to be a beautiful, like I've seen the the architect the whole, you know, the scheme of the the building. But um, I imagine they've already kind of broke ground, but so my hope is to stick it out until the new program the new building is is built. And then I'm thinking I'm going to retire. However if I'm really feeling umm frustrated, or if I feel like things aren't, if if I'm not feeling satisfied with the support then I would consider probably leaving. But I think, for sure, I'll probably stay another year.

16. what is keeping you employed now?

Yeah. The excitement of the new building. It's just going to be amazing, and I really believe I mean I believe in the work. And I you know, it's a unique population. And I mean, my whole career I've always worked with adolescent females, well I shouldn't say my whole career but probably the last ten years I've worked with adolescent females. And it's a really difficult population. I know a lot of therapists who say there's no way I'm working with teenagers. And so you know, I I just I have a real, my heart goes to that population. I don't know why. So I mean I I'd like what I'm doing, but it's kind of, it can be exhausting, you know. Just they can you know, some days are rough. So we'll see how I, you know yeah.

17. Why do you think other coworkers leave this job?

Burned out. Yeah, I think they get, yeah I think that again, I think that my age does help me. Because I've been around long enough to umm, it it takes a while to learn how to to separate your life from your work. It's it's not something that happened. I mean I can remember it early days in my, you know just, coming out of grad school and getting my licensure. And I would have a lot more difficulty managing my feelings around the work. I think now I'm older, and I'm a little bit wiser in that I can I recognize, I can only do what I can do. I think you know, back then it was like oh I'm going to do this, I'm going to you know, I'm going to whatever. And that's good you know, but I think my age probably and experience does help me a little bit in that protection mode. I I think sometimes younger staff come in, and it's intense. Especially when you're direct here on the floor with these girls who can lose it in a minute. And I do cover shifts sometimes when we're short. so I mean I I've done the floor, and you know, some days are great, fun, easy. Some days are really super unpredictable, and I think that's the difficult part about the

population. And just working. There's just a lot of unpredictableness, and I think that's really weighs on people in this field. And I think they get burnt out, yeah.

18. How does your spirituality impact your day-to-day work if that applies?

Um, hmm, that's an interesting question. So I would say that spirituality for me is just that I'm just a small piece of this whole big world. And umm, I feel like I have a purpose. That I'm here, and I feel like this is my purpose. And I think that does help me to keep going because I feel like, for me, this is always been way more than just a job. Umm it's been like a calling for me. So I, in that respect, you know. I would definitely say it helps me to keep going even on those days that I feel like, oh my God why am I doing this? Because the pay is definitely not keeping anybody going in this field (laughs), you know. So you know, I was raised Catholic. I'm not practicing Catholic, but I definitely feel like you know. I believe in a higher power, and I believe that that I have a purpose, and this is my calling. So that definitely keeps me going.

Ida's Interview

1. What job related stress do you experience?

Um, I experienced stress in the area of paperwork. Um, in the area of, hmmm, not not knowing. Um. like when we receive clients, not knowing their entire background, and like the unknown and the unpredictability of their, of our clients personality. Umm, I get a little stressed when you have to release girls whether they graduate our program, or they they leave because they don't want to be in our programming anymore. It stresses me out a little bit not knowing where, like what their next steps are going to be, or if they've really taken the lessons that we're trying to give them, you know, with them. Like what's, what's their what their next steps are going to look like? That that can be pretty stressful. Like having to go hands off with them. But I've been so hands on with them for so long.

2. How does your job related stress affect your job roles?

Well, it takes me a while to let my to let my wall down when it comes to how vulnerable I let myself become in their healing process. Umm, it may, it makes our, it makes my selection process of like who comes into our program more rigorous. I wish we could take everybody, but we can't. We have to take, we have to take the girls that are receptive to our program, and so that process gets a little tricky. And like I said, I wish I could take everybody and help everybody, so yeah, yeah.

3. What do you feel you have control of in your job role?

Umm, I feel I have control of have, control of myself. I have control of my emotions. I have control of how, how I interact, or how I choose to interact with client. And I have control of my boundaries, and um, I have control of how I, how I let myself be as a role model.

4. What do you not have control of in your life in your job?

I do not have control over our client's buying into our program. I do not have control over how our clients respond to staff. I don't, I don't have control over if they're going to do well in life,

unfortunately, yeah. Um, I don't have control over over the client, like just in general overall.

Um, our our our mission is to give them their freedom back, and and sometimes they, our clients, I work with youth, and so our clients don't understand, don't always understand that freedom is you know, free to make your own decisions. To create freedom to make the right decisions. Oppose to just making all the wrong decisions. Um, and so I don't have control over their decision making process. We're just guiding them to be able to make their own decision, yeah.

5. What is your personal trauma history if comfortable?

My personal trauma. Um, I am a survivor of child, child sexual abuse by by my biological father. I have healed from that in therapy, and I'm really grounded in my faith which helps a lot. But yeah I am, I am a survivor. striver, and warrior myself.

6. How often are you exposed to traumatic details of the rescued women?

Umm how often? I mean that's the interesting question because I mean when we get new clients, um I am one of the people that's on the referral team. So I get all of the information, and the things that they have gone through. Umm but, it's not, I'm not like a therapist so I don't revisit that trauma with them on a regular basis. I don't, I don't revisit that trauma with them on a regular basis so I hear the information. I mean I would say at least twice a month. I would say that at least twice month, yeah.

7. How does that exposure impact you?

Oh goodness (chuckles) um. Well? Okay, so what the reason these questions are just a tad bit difficult to answer is because I worked for my organization for coming up on eight years. I started off working direct care with the with the clients, and now I am the training manager for the organization. So my position is a little more remove than like hands on client interactions at this time. However I do have a lot of experience being hands on with them. I've been in my

position now for probably like less a year. So speaking from past interactions is is what I'm speaking from, and it has impacted me in the way of like being more hyper vigilant to everything and everyone. Borderline paranoid sometimes, specially now that I have a daughter. It's impacting me in the way of life. Feeling like I now have like I have an obligation to be an advocate for survivors and for victim survivors. And and I have an obligation to bring awareness. So it's impacting me in the way of like I just want to make our communities and our streets safer for our little girls and little boys. And spread awareness because it is profoundly what people don't know.

8. What are some challenging things you must deal with regularly at work because of working with rescued women?

Um, challenges? You know, I am not a violent person, but some of the challenges are that have to work in a more aggressive environment at times. that's a really, that's a hard challenge. And you have to be like, be on guard. You know, when I train my staff, I always, it's easy for for us to develop a soft spot for our youth that come in our doors, you know. We get them as young as 12 up to the age 18. So it's easy to just like, have a heart for them, but I always have to remind our staff that our girls are in, are in our care and in our treatment facility for reasons. Like they're here for a reason. So always having to be on guard in some type of way with dealing with children. And that's not, that's not a normal innate feeling that you want.

9. How does that impact you?

Yeah, um. I feel like I'm out of like, not out of my element, but it's not in my comfort zone to always on guard or or feel like that I have to (participants video connection failed and reestablished after a few minutes). I've had to change the way that I interact with children. I I mean, I was a preschool teacher many, for for a few years, and I uh, the way I interact with them

is way different than when I started working for the organization that I work for now. Where my approach to them um, my my approach, and it was just totally different. I had to step outside my comfort zone. I had to have my guards up. I was dealing with high, like high sexual children, and it just it it honestly people literally have to change your mindset when working with these, when working with survivors.

10. How would you describe the support you received from your place of employment?

Um, my support is fantastic. Um, I I've always had a strong team of people around me, both men and women. And um, and through my learning processing and through my growth in working with the organization, um, I've never felt like I I was in it alone. Um, we do our best to make sure our girls know that that they're not alone, and we provide that same support to like each other or our team.

11. Where or who do you go to for support advice or help with job related issues?

I go to my executive director. I go to my HR person. The HR director, um yeah. Those two people.

12. What is your experience when you seek support advice or help?

My experience has always been that um, I'm able to express myself fully. Um, I'm always backed with an understanding ear, and um, not judgmental, a not judgmental ear. And and I always feel like when I go for advice, I'm going to get, I'm going to get sound advise that um, from from professional. But not only just like professionals, but people that actually care about me and my well-being. So when I go to them for advice or with some hardship that I'm having in in the job, I know that they're coming from a space of like, okay what was best for the organization, but we also want what's best for you as a person.

13. What do you do to practice self-care?

I spent a lot of time with my family and my friends. They absolutely like rejuvenate me. Uh, I travel quite a bit. Traveling also rejuvenates me. I love to go to the beach. So um, the water is therapy for me so. Um, yes family, friends, traveling. To be completely honest, before I had my daughter I enjoyed wine, not not overly indulged. I enjoyed wine, so yeah.

14. Describe the training you received for your job after you were employed?

Oh gosh, I received so much training. So you said describe. I've received training, like do you want specific trainings that I've been in? (Researcher clarifies) Yeah, I do I feel like my trainings have been adequate. I feel like they have been they've been incredibly helpful, and I've been able to take the training that I've been in and actually apply it to every position that I've been.

15. How long will you remain employed if your current working conditions stay the same?

Oh! Yeah, at least another 10-15 years, if I don't hit the lottery first.

16. What is keeping you employed right now?

Um, honestly, my daughter. My daughter is keeping me employed. Uh I mean I do have bills to pay of course, but also the mission, the mission keeps me employed. I really believe in what our organization is doing, and I really believe that um, that, that these survivors need help. They need help, and I'm not trying to say like, oh I'm some big savior or anything like that. But I know what, what healing does to the soul. Like for the soul, for the spirit, like I know what it does, and um, and I also know what like an unhealed person looks like and what that feels like. And so um, like my, my goal for each girl that I, that ,you know, I come in contact with, is that they become vulnerable enough to heal. And um, and so that's why it's also why I show up every day because I truly want what's best for these girls. And um, and I love being part of their journey.

17. Why do you think other coworkers leave this job?

Because it's hard work. It's hard. It is, it is emotionally draining, it can be physically draining, and mentally draining. But um, I I feel like people leave once it gets real for them. Once it gets real from them, and once they, once. The work that our clients are doing, if you're truly working it with them, and you're you're assisting them in the way that they need to be assisted you don't have a choice but to grow. And then you don't have a choice, but like to to have to address some of your own stuff. And sometimes I've seen it in many people and many staff members that all have come and gone. Because I also was at one point was the manager for all the staff. Um, if they have, if they have a lot of unhealed wounds going on, or like a lot of lot of their own baggage, and they come in thinking that like, oh I've been through it so I have a lot to offer and I'm going to help these women, I'm going to help you girls, but they haven't dealt with their own stuff. It can it can traumatize them in a way. It can open up some stuff that they didn't know it was like even still there that needed to be dealt with. And so either they can push through it, or they can't. So yeah. I've seen that quite a bit. Um yeah, it can be taxing. And then also the the the baggage that you take home with you. Sometimes it gets really hard to separate like just the the work that we do at the at the door before you go home. Um, yeah. That's a biggy. That's a biggy and that residual effect on the family. I've seen people leave the job because of that.

18. How does your spirituality impact your day-to-day work?

I could not do my day-to-day work if I wasn't grounded spiritually, and that is just, um, for me I am a Christian. And so I do, my faith lies God, and I believe you know, Jesus is my savior. And so if I did not have a belief system, I could not do what I do, at all. I feel like the lord strengthens me to continue to be able to do, so Lord strengthen me through my healing process, and it's sparked something in me to have this want to help other people. And so, I don't do this in my own strength. To be completely honest like, sometimes some days I'm like, Lord I'm not going to

make it, you know. But but this is my calling. This is my mission, and I really do feel like you know, like without like spiritual growth, I could not do this work.

Tina's Interview

1. What job related stress do you experience?

Um, vicarious trauma would be one of those. Ah, I remember the first time I experienced that at work that felt like I was wearing a scarlet letter of some of the darkness that one of our residents

was experiencing and dabbling in through a like a video game that she was playing. I remember feeling like super dirty so like when I was going and walking walking to the store, um I was just feeling that vicarious trauma pretty heavy, and like I was wearing it for her. So I think one thing. Um I'm executive director currently, and so there's um, just the stress in the way of making sure that the women are cared for well that we are giving them an individualized program that is best for them. that's suited for them. We deal with very severe mental health issues compared to some other homes, and so just the way of trying to make sure we have a good treatment plan for those who have like DID, schizophrenia, and things like that. So let's say those are some of my stressors.

2. How does your job related stress affect your job role?

Hmm, you know I don't, I don't know that it really has for me. My previous roles were volunteer coordinator and women's health case management. I did those in congruent with one another. And I really feel like I could carry out my roles even with the weight of the stress. I was super thankful with the way our organization just has self-care pieces in place. And we're really good at processing with one another and trying not to carry that home. And I also have a very supportive husband that without breaking confidentiality, I could share some things with. And so he was supportive in that way as well. Um, but we do quarterly retreats. So that we try to get away and just have fun together, and we do some spiritual retreats as well. So really grounding ourselves in the Lord. I think those things have been super helpful in not carrying that into my role. I guess there were times that like if we had had a resident who was especially difficult, um maybe aggressive or just really struggled with um like maybe with cutting or something like, and they would lock themselves in a room. Those kind of things, like I'd be nervous walking into the home to know it was coming that day, but really that's the only thing I can think of that had

affected the role. And it and it I mean, I still walked in I didn't, I didn't ever like try to take off work because it was too stressful. Because we walk in with the power and the authority of Christ, and so yeah, I just I think I was able to 1. rely on my team um, and process with our team and 2. rely on the Lord. So it really didn't affect the role heavily.

3. What do you feel you have control of in your job role?

Hmm, that's an interesting question. Um, I have control over myself, and how I I manage the day-to-day. How I react to circumstances or crises that arise. So I had that kind of control. Um, I have control how I respond to the residents even if it's a bad day, or if they're struggling and they lash out on us. Control of of me in those situations, um yeah. But. Trying to think what else I have control over. Because really (sigh) we're just so foundationally um, we just we try to follow the Lord. And so I think that's something we have control of, whether or not we follow what the Lord wants for us each day or for our future. So those are pieces. Also that we have control over, that I have control over. Um, in a sense I have like a voice into like our staff pay and things like that. But that's not controlled because our board has to approve all of that. So yeah, I don't know. I mean, I don't really think that besides having control over of ourselves we don't have a lot of control over a lot of things. I can't control how our staff performs, or I can't control how the day goes for the ladies. So I really just feel like the main thing I can control myself in the way I perform.

4. What do you not have control over sure I don't have control over?

Sure. Um, I don't have control over the success of the program. That's all Jesus and the Lord. I don't have control over our residents and women or would I ever want that. I don't have control of our staff. We don't have control of our finances. We're you know, a nonprofit org and so we are fully funded funded through donors and other fundraisers. So we don't have control over that

(chuckles). Um, hmm, we really, I mean don't have a lot of control over our future if we're relying on the Lord. We do have control whether or not to follow that. We don't have control over health issues with our women, the mental health of our women. I don't have control over hiring staff which would be really great. I'd love to have that power. Um, so. I think those are some them. Whether or not a staff member quits, like those things.

5. What is your personal trauma history?

Hmm um, so growing up my mom and dad got divorced when I was at the age of four. So that was some past trauma. My dad was an alcoholic. I visited him every other weekend. He was an alcoholic, and there was some sexual abuse. Very minor in comparison to our women. It was only once, not to minimize it. There was trauma. There was that. Um, we had spent a, some some years without our husband, my husband and my kids' dad. So that's been traumatic and hard. I don't know if this would be trauma, but my mom's gone through some mental health things and some hard diagnosis. It took a road to get her diagnosed to to where she now has medicine that is stabilized. And so that was pretty difficult. I'm an only child, and so it felt heavy on me emotionally. I think that's it.

6. How often are you exposed to traumatic details of the women you work with like the rescued women?

Yeah, so I am, being the executive director, I am at the house less than our house staff, but I am with the women once a week. And sometimes twice a week. So up to twice a week, I hear it directly from the women. And only if it affects their treatment plan would I hear it from staff. Otherwise we keep that information confidential and wait for them to be able to share it with whoever they want to. So um, I would say you know if depends on how often staff would need to process that. So two or three times a week.

7. How does that exposure impact you?

Hmm, I'd say in the beginning it did differently than now. Um, so I've been working for (ASTA) for four years. And um would be very emotionally connected to their story, and not that I've detached now, but I just heard a lot of things. And it's not as new to me. Um, so the beginning um you know, it would sometimes those stories keep you up at night. But I've learned how to have self-care in a way that I can give that to the Lord and not hold on to it so tightly in grip with my own feelings attached to it. There's always emotional connection to each resident in their story, but I think I just learned how to release that a little bit more than I did in the beginning. Um, used to hold on pretty tightly with clenched fists those stories. And um, realized that um, one that's not healthy for me, but two that it's not helpful for anyone. It's not helpful for them. I'm not performing better because of it. I'm not best for my family because of that, and so just learn how to get those stories to the Lord and realize that it's not my story to carry. But it is our job to listen. It's our job to journey with them, to walk with them to healing. Um and to figure out how to best support them and all of that so.

8. What are some challenging things that you must deal with regularly at work because of working with rescue women?

I think um, some of our residents have come to us have had some pretty strong defiance and related to following policies and procedures. Some have come, we thought motivated but not motivated, to heal. Um and that struggle is like trying to get into classes and trying to get them to follow through the things we know is best for them. But they're willing to accept that right now, has been really challenging. Um, so those are some challenges. It's very rare but every once in a while we'll have somebody who is more quick to anger. So there's some aggression. Never have I felt unsafe physically, um but just learning how to deescalate those situations or something that a

lot of people in workplaces don't have to do. And um really, probably the hardest thing for for me has been like when a resident or survivor decides to leave um, to leave the home before graduation or before we feel they're ready for independence. Those pieces have been hard because often they don't go somewhere safe. Often they go back into their environment and just knowing what they're walking back into because we heard their stories, we we know who they're going back to often. Um and those pieces are hard. And not hearing for at least a while how they're doing if they're okay. The unknown is, it can weigh heavy. Um some of them we'll, we've had some that come back years later, and write of letters and even tell us just how grateful they are for their time at (ASTA). Um, but some of those you don't get to hear from. You don't know where they're at in their in their walk. And so we plant the seeds but we don't always get to see them grow. We just have to trust that and we know the Lord's walking with in the next of their journey. So we just that, but still still little difficult. Um, I think when we've gone over a specific skill set or if we are is just really honing in on I don't know whatever specific resident needs, and we're trying to get them to reach their goals, and their consistently like, it almost feels like they can't, they don't hear us. They're not comprehending, or they're not at least putting into action things are teaching them. Those things can be difficult. Uh, because we just want some much better for them, but um, so those are some pieces. As executive director, there's also staff pieces that are really hard. So firing isn't very fun. Um having hard conversations with staff, those things are favorite part of the job. That's for sure.

9. How does that impact you?

Hmmm. Yeah, you know it impacts my prayer life. We dig in. When we got some tough residents, we really dig into prayer. And so yeah, there's that piece. There's also something about like those tougher residents that unites the staff a little bit because we're like all struggling

through that same thing, and we're all experiencing the same thing. And we're able to connect differently and empathize with one another, and pray over one another, and lean on each other in those harder times. And so uh, I would say there's there's a positive effect to that, and those, in those ways. I think the negative would be just like the times that you do carry it home with you. So if it's consistently coming up in my in my thought process, and I can't shake those things. Um, that would be the way that it affects me. But yeah. I have experienced some anxiety recently that I hadn't experienced in the past, but I also think that's like spiritual warfare. Um things as well so sometimes there's anxiety attacks, sometimes spiritual warfare, um attached to that as well. And so those are things that it can present itself as.

10. How would you describe the support you received from the your place of employment?

We call each other family. We do have a very family oriented staff structure. Um, I mean you would say you know, who is our church? For me, my church is my my staff family. I go to very large church, and I love it, but but those intimate connection points and for people who are gonna treat you like Jesus treat you, like we would treat would treat me, that's my staff. They are deeply rooted in the Lord. They care so deeply for one another. When somebody's sick, we are trying to get what they need. Um if somebody's having down at work, we're we're trying to figure out how can we best help you. Let's process. Let's go for a walk together. Um, encouragement is thick within our staff and just sharing weekly even at staff meetings, ways that we see each other really um succeeding. and just doing great work. Um, we like to share those things with another often and encourage one another. Um we're pretty boundaried, which is good. And so um I think that helps us in our connection and our closeness. That we're not constantly connecting with on another when we're off off shift. But they also wouldn't hesitate if you were in deep need that they would be there for you, so.

11. Where or who do you go to for support advice or help with job related issues?

So in the beginning when I was in my previous role, I would go to, hmm. What would her role have been then? Shoot! Yeah, she's program coordinator. So I'd go to my program coordinator at that time, and she and I were pretty close. Um so when I was in volunteer, in case management I go to her first, and if it needed to go up, I would talk to our founders at the time. They were co executive directors (names). And now I share an office. We have executive office so I share an office with our Co founders. So they're typically the first that I process things with. But I, were not hesitate to process things as a staff, and staff meeting as well. But those are the first people I go to.

12. What is your experience when you seek support advice or help?

Um. Yeah, nothing but support and empathy. Um, if I want advice, they're quick to give it. If I just want them to listen, they'll sit and listen and pray over whatever the scenario or situation is that we're processing together. I think that's really the biggest thing, is taking it to the Lord. And they're not going to carry that themselves either, but we're really carry it together. And then bring it all to Jesus.

13. What do you do to practice self-care?

Um, exercise is a good form of self-care for me. So walking is something that I love to do. And then bubble baths are a good way for me to decompress. Sometimes reading a book and getting lost in another storyline that's not heavy but that's light are some ways. And worship is a part of that as well. I'm lucky to have a 20 minute drive back home. So a lot of times, that's my decompression time or letting the stories go before I enter into my house. Um, kind of having that practice of leaving it before I come home to my kids and my family, uh. Yeah, I think those are my main ways.

14. Describe or list the training you received for your job after you were employed.

There's so much! (laughs) I'm pulling up my computer because there is really a lot. Uh let's see: human trafficking 101, there is trauma informed care, we do a spiritual warfare training to help guard our staff and help them prepare for those things that arise. Let's see. Sorry I'm pulling this up for you so I get a little bit more accurate representation for you. We do CPR training, strength based care training, mental health first aid. Um, Rebecca Bender has a book out and uh the road map to recovery maybe is the name of it. It's from a survival perspective that we do that one. Personality disorders, learning about those mental health issues. We do DBT training, de escalation, our psych doctor did a um a conference once with his patients, and their loved ones about psych meds and so we we listened to that training as well to learn what the certain psych meds are. Um bridges out of poverty is a poverty initiative that we have in our community, and so we just learned about the poverty aspects of our women, and how that affects them. And then we have like our policy and procedures manual. We have a staff manual and a resident manual we are required to study. We read the book boundaries by its towns in the cloud. And then we just have like, of course some computer type trainings, as well. So um things that we use just to make our lives easier here. Um and then we read seven habits of highly effective people, the confidence code, as well as a couple books that we require staff to read. And that's probably the the main trainings that we do. We do require CEUs, 15 per year if you're full time. 8 per year if you're part time, and so as long as it's related to human trafficking and things that we're dealing with, staff are welcome to kind of find those on their own. They do keep track of those, so I've had tons and tons of like extra trainings outside of the ones that are initially set for me and required. But, yeah.

15. How long will you remain employed if your current working conditions stay the same?

Um as long as the Lord let's me stay (chuckles). Yeah I, there's something special about our work environment. Um and I noticed that as soon as I was hired on four years ago. And though the mission is really why I'm there. What keeps me there is the staff, and their family environment. So it's a pretty special place to be. We just had an interview with a potential candidate whosays you guys have something special here, and she could just sell that within her first interview. So we really do. I'm so thankful the Lord has given that to us. Um, so yeah, I would stay as long as word let's be here.

16. What is keeping you employed now you?

The staff support I think is that, and relying on the Lord. You can't do this work without it, so.

17. Why do you think other coworkers leave this job?

Hmm. It takes an amount of grit to to stay. Um, sometimes there is such a heaviness that, and oftentimes we'll get staff who have had some of this experience or something similar to that happen to them in the past. And so we realized that those staff don't really last very long. And it's probably very triggering to them and bringing up some of their own past issues, or they haven't healed from their own past issues they thought they had. They get there and some things like rise up. So that's definitely one reason. We've lost staff in the past, and I think sometimes there's, there can be a struggle of umm like the combination of clinical and spiritual. Like how do you do that well and ethically? And sometimes there's a disagreement in that, and that's okay. But we're going to have to heavily rely on Jesus because that's who we are. So sometimes there's, it's been rare, but like one or two staff maybe had left because because of something like that. There's some stuff that we don't even have a clue why. We just don't understand what happened. They just get up and leave. Umm, and we don't always get the answer to that unfortunately. So maybe yeah, I just really feel like the main thing that we see is that they just didn't have the grit that we

thought they might have had when they coming into this. Um, you have to be able to to take on like heavy and hard things. That's a, that's a really hard skill set to to hone in on, and to find. So it's really mission work. If people just want a job, coming into this work, it's it's you don't wanna come here just a job (laughs). Because it's not about making the most money, and it certainly isn't an easy thing to do, just a nine to five. So being 24 residential, filling in for you know, gap shifts. Things like that have been really hard for people. So um I think sometimes there's there's that frustration too. Is that staff come and go sometimes, we've done better with longevity currently than we have in the past. But we have a more mature team this time around. They're a little older. They've had kids so they've seen some of those crisis moments pop up. So that's created some longevity. I think sometimes when we hire young staff right out of college, there's still a little more maturing to do, and to carry some of this heavy weight or schedule changing, they don't like the schedule changing very much right now. And so those things can be a deal breaker.

18. How does your spirituality impact your day-to-day work?

Yeah it wouldn't, so working for (ASTA) it wouldn't be if I didn't have that. My spiritual life is what gets me through even the day-to-day, even it's a good day. Um, spirituality has really our, our, our Christian faith, I'll say, really has shown where the healing is at. We can do all the clinical stuff all day, but if we don't bring in Jesus, their healing isn't fully complete. So that combination has just been really beautiful. So the combination of stable stabilization with meds, and then learning who Jesus is or who he really is if they've known him from the past, but didn't know him correctly. Um or if I've never known Jesus, getting to know him. Um, that's just where, that's where the real healing comes. And so programmatically, we see just how much he effects the space. Um, even in the environment of the home, we constantly have worship on, and

we never turn it off because it's part of our our strategy against spiritual warfare. It's a weapon against the enemy and so, it even affects the environment of home. And um, so the home is just saturated in in Jesus. We don't force it on our women. We have many women who come don't know, but we're also not going to hide it. We're not ashamed of who Jesus is, and so yeah. It's our, it's our heartbeat. And it's behind everything we do. It's behind every decision we make, and carrying that with you into this work, especially for me, where you feel like you have no control, you have no power, um. You walk in with the authority of Jesus, and so you do have some power of the enemy. Um, so those things feel, uh just he supports us in a way that we can't support one another, so.

Added via email post interview:

I did think of some additional answers to a question of yours today. It was the question about what the organization offers in terms of self care. I think that was one of the questions, correct? I neglected to share any of our benefits:

- The organization offers 3 weeks of PTO to staff, as Executive Director I have 5 weeks.
- The organization offers to pay up to 3 sessions of therapy at \$50 per session.
- Quarterly Retreats, required attendance.
- Monthly 4 hour prayer retreats for each staff person, required.
- Offer medical insurance, which will help with any therapy or mental health needs as well as regular health care.
- The organization offers free membership to a local gym for self care needs as well.

Ellie's Interview

1. What job related stress do you experience?

(Nervous laugh) Um, I'm sure I'm not the only one who would say this, but it can be very easy to take work home with you with this kind of work because it's all relationship based. at least my job specifically is I'm at the home with the women. And it's really hard to not think about it when you're not there. Um, and there's some hard days where you feel like you're failing them in their healing journey (chuckles). Um, and so I think setting proper boundaries has been one of the harder parts. And so it's easy to take that home and be thinking about it and of course that can cause some stress so, yeah.

2. How does your job related stress affect your job role?

Like I said, setting boundaries has to be like a um, a proactive thing not a reactive thing. For sure. Um. Hmmm. Yeah, boundaries would be probably the biggest thing and taking taking space to breathe during the day. Especially if it is a hard day. Um, and also sometimes, I mean, just to be quite frank, we have some people that sometimes can be hard (chuckles) to deal with. Even if you've had a good day with them, the next day be totally different. And it's very easy to want to just manage their behavior. And that's not what we're (chuckles) supposed to do. That's not effective. So that that is affecting the day-to-day job life, is when you're doing that's difficult for me, and I'm also having a bad day, I just want to manage behavior until you just stop. But that is not of course what we need to be doing, so yeah.

3. What do you feel you have control of in your job role?

Hmm, (laughs) oh gosh. Um, I think there's a lot of um, unspoken leadership and setting the tone of the room. Where, especially with those shifts I work, are usually not, because I'm still in school, and so this, I'm not the one doing the actual classes or clinical things. So when I'm there it's usually maybe their weekends or their nights where we're not doing work, but the setting atmosphere is the biggest thing that we have responsibility for. But I can't control the people, but

you can control your, my, I can control my reaction and my responses and the tone with which I walk into the room, yeah.

4. What do you not have control of in your job?

Yeah their, their desire to heal. That's that's been the biggest thing to let go of. That if they're not grasping something or they're shutting down, I can be there and be a safe space, but I can't control their will and desire to heal, and yeah. That sums it up.

5. If comfortable, what is your personal trauma history?

Yeah I personally have not experienced sexual trauma or abuse. Um, but I have very close people in my life who have, family members. And um, yeah I've I've family members who have experienced that. Yeah.

6. How often are you exposed to traumatic details of the rescue women?

Um, I would say multiple times a week, but not necessarily daily because sometimes we have weekends where we're just going to taking them on a fun outing and nothing happens and it's just a rest day for them. That's just as important too. And then some days we are there, and they have a flashback, and it's you know. So it really depends. I would say definitely multiple times a week, yeah.

7. How does that exposure impact you?

Um, the first time that happened? Because it took them a while to be comfortable with me since I wasn't in the role of therapist, or the role of teacher. Um, so we had to build that relational equity, and I remember the first time one of them actually said the word trafficking, I sobbed the whole way home (laughs). I just cried the whole way home cause it was so, I I knew, but they hadn't said it to me yet. Um and actually last night one of them opened up about a lot of things I didn't know. Because we let them choose we know the basic things we need to know we let them

choose when they're going to open up certain levels, and like I said it can be really hard to not take that home. But also because I'm in a Christian space with other believers, we have a really large prayer support system, and we pray before every shift. We do like a little handoff where the person who was just on shift prays over the next person. And those kind of things are so helpful. So although it is hard, I haven't felt overly burdened because I get to pray with other women. And I get to talk to them about it, and I know I'm not the one that's experiencing that so, yeah.

8. what are some challenging things you must deal with regularly at work because of working with rescued women?

Yeah, I mean they have flashbacks and get triggered by little things that people wouldn't in maybe other work settings. So that's sometimes it can feel like (sighs), it sounds terrible, sometimes it can feel like you're babysitting adults, which sounds terrible (laughs), and I don't mean it's annoying. But there's times where you just have to be patient and remember that if it feels like a child, it's probably because they were a child when something happened to them. And they're, they didn't, like some part of the growth was stunted when that happened. So there's just a lot of, um, in the relational dynamic that would not be the case in a work that wasn't this type of work, yeah.

9. How does that impact you?

I think it's grown by grace for everybody. My bandwidth of grace for everybody in my life has grown. Because when I see, when I see one of our ladies have a moment where she is reacting in a way that maybe is not the most healthy, but I can remember that what happened to her, and I can remember that what's coming out is the little girl who was taken and is afraid. I think now when I see other people in my life, because we all have to react in unhealthy ways and use coping mechanisms that are not helpful to us, I can have more grace on them even myself, to say,

hey maybe at one point that's what you needed to do because you thought you needed it, but now you don't. So it's just given me a lot of grace for myself and others for sure number.

10. How would you describe the support you received from your place of employment?

It's amazing! Oh my goodness! If you get to talk to the other women at (ASTA), it is one of the most beautiful group of women, beautiful support systems, I've ever been a part of. Even in the office there's just such joy and peace there and in the house. Like I said before every shift, you'll meet with the person who is just on shift and talk with them, share things, pray with each other. Every Friday, Fridays are my favorite day, every Friday we do a all staff and all house worship and then family lunch. And there's such a sense of sisterhood among the staff, and were ther with eachother so then it's a lot easier to graph the new women into that, rather than it feeling like such a transactional (says in a mocking voice) 'I'm hear to make money and work' thing um. It's really really sweet, and our leadership is really incredible.

11. Where or who do you go to for support advice or help with job related issues?

Yeah, um. First the Lord (chuckles) for sure. I cannot tell you how many times something has come up, and I've almost said something, and I felt this little check. Like take a second, and then um, He's just giving me, we have the day where one of the ladies had a lot of thoughts from the past come up, and hh my goodness, God just gave me the sweetest picture for her, and we got to walk through this beautiful moment of healing. And we all were just connecting. It was so cool, so that's first and foremost. And then second, actually my mom also works at this organization too, and that's really cool because it's a very safe space to share frustrations, or I don't know what to do about this. What do I do about this? And so that's been really really cool to be with her.

12. What is your experience when you seek support advice or help?

Yeah I, with the Lord, like I said, it's always I mean he always knows exactly what to say. My mom has been a very wonderful support system. It's been really good experiences where because she also knows and understands the women, she can either just just be there for me but also challenge me to say, hey you might be reacting to something right now. Why don't you take a step back. Um, I will say though, with my friends who don't work in this field, sometimes it can be hard because you're saying these things, and like they can hear what you're saying, but they don't really get it. That can be, that can be a little challenging. Of course you can't share everything with them, so sometimes it can feel like I have this part of my life that you get but also you are not experiencing too, yeah.

13. What do you do to practice self-care?

Hmm, well? What a great question. I have an hour drive to and from work, and that's just my processing space, honestly. And that has been very very helpful, but outside of just literal processing job things, and general self-care, um, I love art. And so anytime that I can create something, I always leave feeling better. There has not been a single time that I've not sat down with the piano, a paintbrush, or the dance floor and not left feeling like I released something. So that's probably my primary way of, yeah, resting- feeling refreshed from my soul, you know.

14. Describe the training you received for your job after you were employed.

After? Well I had a little bit of an interesting experience because I was replacing somebody. I was coming back right when they needed the spot filled. So they just they sent me videos to watch, but then they were like get in the house and shadow somebody else (laughs). Um so I shadowed, I shadowed a few shifts and got to watch and ask questions. So that was my, on the job training, but then also we have training videos where they go through, um, well they had a training day, but I missed it so they sent me the recording of it, basically. And they went through

all of the different things you need to know: dealing with conflict, how to administer medication, what to do when XYZ happens, like how to set boundaries. Things like that, but then also got to be on the job shadowing people. Yeah so those are two things.

15. How long will you remain employed if your current working conditions stay the same?

I would stay there forever if I could. However, I do have to go back to school in August. So I will not be employed for more than the next month, but if I were not in school still, if I did not have a year left, and I was located here, I would stay there. There would be no reason for me to want to leave right now.

16. What is keeping you employed right now?

Um? What isn't it keeping me there is a better question. The seeing, seeing Jesus meet these women in their day-to-day life is worth more than I can even express. And it's not like, it's a different kind of ministry because in a lot of ministry settings you have one time encounters with people. So you get to pray over them or you get to maybe talk through a vulnerable moment with somebody, but you're not there walking it out with them. But with this line of work, you're there from when they get there to when they graduate. And you are walking day in day out. You know their personality. You know what they like to make for dinner, or the weird things that they like to eat. You know all the intimate details about them, so whenever something comes up, or they have a breakthrough, you're able to celebrate with them because you've walked through it with them, you know. It's so much more profound, and it's so cool! (Laughs) It's just so cool. Also the stuff is amazing, and I just love the sisterhood that that creates too.

17. Why do you think other coworkers leave the job?

Hmm, I don't think I've been at this organization long enough to give a response that would be informed because I've seen someone leave, but I could see people leaving because it is very, it's

very heavy. And it can really easily bleed in other parts of life. So I could see if you don't have capacity in a season, like if you have kids that you're taking care, of I mean I've even seen my mom. She all, we're all grown up now, like we're not, I think my little brother's in high school, but the rest of us are not high school. And she still, she's with these women all day, and then comes home, and then has people to care for. And it's a lot because it's like you're not caring for somebody. So I could definitely see how that could lead to a very limited capacity for people.

18. How does your spirituality impact your day-to-day work?

How does it not? Ah! (laughs) It literally every part, every, there is not a moment in the day where when I'm at the house there is not a moment that the Lord is not active. He is, I've just experienced His presence in a whole new way since working here. It is so peaceful, and also though when it's not peaceful, I my discernment goes off (motions with her finger by her head) little you know? Yeah, being led by the Holy Spirit genuinely, I don't know how people do this work without the Holy Spirit. I know there are plenty of houses that work without the lord's activity. And I mean he's everywhere even if we don't know it. Without his active leadership, and I don't know how you do it because I need him so much when I'm talking to these women. I've seen countless times on Fridays we'll worship together. Literally it's one of the most biblical examples of church I've ever seen. We are just a bunch of women gathered in this living room someone brought their piano, and we're just singing, and they breaks, someone will pay out a word ,and then people start crying, and we'll pray over them. Um, and I just seen countless times how being led by the Holy Spirit, he wants those women to be free more than I do. And so on the days where it's really hard for me to see the big picture, he still does. And so I don't have to carry the burden of these women's healing on me. Because I know he wants it more than I do, and so that also relieves so much pressure, yeah.

Appendix K

Focus Group Interview

1. Reflecting on your individual interview that we did earlier what have you learned about your employment experience?

Irene: Can you read it again? You're kind of cutting out a little bit for me.

Researcher: Yes

Irene: Okay, sorry.

Researcher: No no thank you. Reflecting on your individual interview that we did earlier what have you learned about your employment experience?

Tina: I think I felt pleasantly surprised that uh, there wasn't like heavy things that I was taking into work with me. Um so even though there's like of course some vicarious trauma in this work, that it didn't affect me to the point where I couldn't do my job well. And so it was just some of the pointed questions that you asked made me feel like um there are some things that we're doing well to take care of staff. Um even though in this line of work there's always going to be something that comes up, so.

Susan: I can just add that I think that interview helped me um think more about how we are supporting staff around that. I feel like we we are, however it made me take more of a look. You know to say, oaky you know, I know what I'm doing, and but you know what are we doing as an organization.

Lauren: I think one of the biggest takeaways for me was that it reminded me of why I love the job, and what why I love doing this work. And I think it was the question you asked why why some people would leave this work, and it just I think that helped me really realize that it's a good fit for me.

Amber: I agree with you that, that was the same for me as well. That that that helped me to really realize how much I really do enjoy working with the ladies and the other people on my staff as well.

Researcher: Anybody else have anything to contribute before we go to question #2? No? Okay.

2. What would you say if you could tell your employer the best way to support you?

Amber: One of the best ways that my employer does to support us is when we meet with our ladies she always reminds, not always, but frequently reminds our ladies especially if there's a new lady, that she has our the house managers backs. And that is so important because we get into little tiffs and stuff, and they are not afraid to yell at us or whatever. But my boss will stand behind the house managers and and say you will not treat my house manager in such a such a way.

Irene: I am, I have two people that are on my board that are extremely strong personalities. And one of them happens to be the founder of the organization, and I'm I am the only employee right now, and I so it's very difficult. Because of course they feel like umm there's so much more that you know they want everything done. You know they want to e-mail me and have it done by the end of the day. Which is you know not going to be happening if I'm doing case management and I'm dealing with you know survivors that are I'm struggling. So right now it's interesting because I don't I don't feel supported. So um it um you know if I could just just acknowledgement maybe of the fact that there there is a ton to do, and I'm trying to do two different people's jobs. And just to you know acknowledgement and even just to thank you, you know. And kindness.

Susan: Yeah I would add to that. I'm just agreeing. Not that my supervisor doesn't, however I do feel like a little bit more just acknowledgement, validation. Like hey I really, you know,

appreciation or words of appreciation, would be, goes a long way for me, so yeah. That would, that would be helpful. Yeah.

Amber: I'm so thankful that we have weekly staff meetings with all of the staff in our in our house, and and that is with the director, and she is always encouraging us in so many different ways. I'm very blessed to be in the program I'm in, and when it is the birthdays of the ladies and the house managers, we have the big party. And that just really says a lot to all of us, and so I'm very grateful that I feel we are very well supported where I am at.

Natalie: (typed in a private message on Zoom because her supervisor was on the call) Probably to remember to have our team's back and be willing to truly hear from your staff, not just what they view or see.

Researcher: Anything else to add? Okay.

3. How would you describe the job experiences of your peers that you work with?

Amber: Can you explain a little better?

Researcher: Yeah, yes. The way I wrote it, I didn't. I rephrased it from how I wrote it. So um how would you describe the job experiences of your coworkers from your perspective?

Irene: You mean how do they feel about their job? Is that what you're asking?

Researcher: Yeah. Like how how how do you observe them in the job? How do you observe their stress levels? Um do you see certain attributes about them that make them a good fit or poor fit?

Amber: There's one other house manager where I work, and she is a very organized lady and does very well with organization and getting the girls on point with some of their medical needs. She's very good advocator for them, so I'm so glad we have her because that's not necessarily my

Forte, but I'm so glad we have her for that reason. Because she's very good at what she does in that realm.

Natalie: I'd say one of the things that we've noticed a lot with our coworkers is that the ones that come in with a passion and a heart for human trafficking from the get go, before even working for us, or the ones that make it in the long haul. Rather than the ones that come in and kind of learn about it from us.

Irene: I had a case manager that was actually working in human trafficking before, but not as closely with survivors as she was working with them when she was working with me. And it was very difficult for her. It was difficult for her to, the closeness, and the stories, and the information, and their pain, and all of that was just a very difficult thing for her to deal with more up close and personal. Before she was, you know, finding programs and finding housing and doing some education and some classes and then. But once she got to the you know spending a lot more time with survivors, it was very difficult for her.

Susan: I think for me I would say, I'm part time so I feel like I already have a little bit of a not as intense as some of my coworkers in terms of the hours they're putting in. And so I feel like I see more stress coming from my coworkers just, you know, because of the they have more responsibility, given their full time and part time. So I would say that's one thing I do definitely observe.

Researcher: Anybody else have anything to add to that? These are great answers. No, okay, and feel free to revisit these if you think of something later. You can interrupt me. That's totally fine.

4. What do you believe are the needed requirements and previous work experience required for somebody to be in a job role like you?

Tina: Hmm I think for us it's most important that they that the candidate has a relationship with Jesus. I just don't know how people do this work without without the Lord intow. So that's definitely one thing we're looking at, is their spiritual maturity there. Have they had experience with spiritual warfare? And what do they, what do they know about spiritual warfare? Um those kind of things are things we're looking at as well as just like an overall grit. Have they had some experiences in life that they've gone through that have been really hard, and how did they handle those? Like what what did that look like for them as they are going through those difficult situations? Because they are going to come across them some tough things that they haven't experienced before that are probably going to be new to them. So how do they handle those kind of hard hard things in general, and um and I guess it really depends on the role. Some of, some of our roles we're going to want you know licensures and things like that, but um I think in general we're looking for people who are compassionate and empathetic. And yeah, I think because there's definitely some of the qualities that could probably go on for a long time so.

Natalie: I would say also people that um have experience with trauma informed care, and so that's definitely something we're going to train on when they come, but it's also really helpful if they have that experience beforehand. So they know the ways that trauma impacts people. They understand the behaviors that can come out of the trauma. Maybe they worked in some type of capacity with marginalized populations or people trauma before or honestly with kids. That can also be a big help, yeah.

Susan: I would agree to all of those. Definitely the trauma informed, in the compassionate and empathetic. I would also add just you know some strong interpersonal and emotional skills. Because I think the work is very relational. You are really um connecting with with clients and hopefully, because obviously to me healing is we heal from relationships, so someone who is

emotionally mature enough to kind of to handle some of what we do would be the other thing I would add.

Amber: I agree with everything that's been said (chuckles). I think you guys have said it all or the key ones anyway.

Researcher: Okay, it sounds like there was a comprehensive answer.

5. Please describe what led you to this occupation.

Amber: One of the things that kind of brought me to this place was uh I was molested when I was a kid, and, when I was eight years old. And through my relationship with the Lord and reading the word I know how he agonizes over sexual immorality. And and when people force that on people, I just know you know it breaks his heart. And um when um we our our church started an outreach to the strip club in town, and I started talking with the ladies who were involved with that. And started being on their prayer team because that was something that just really impacted me, and I just wanted to um help other people that have gone through those kinds of situations. And uh I was a dorm parent at a Christian college for 3 1/2 years, or something like that, so that gave me some experience in working with uh ladies and in a community home. And umm just uh I lived, I was in a marriage with some mental and emotional abuse that helped prepare me for what I do. And umm but probably my biggest passion is why I want to do it is because I feel the Lord's heart in working with these with these, our ladies and what they've gone through. That's all.

Natalie: I would say for me I always had a heart for justice and very been very passionate about women's issues. And so when I learned about human trafficking, I just felt the Lord say this is where I want you to go work. And so just did a lot of research in that area went and got my degrees so that I could do that. But I wasn't sure exactly what area of human traffic or like anti

trafficking work I wanted to do. Um but I was really drawn to organization I work for and the type of care that we do because of the wholeness. How it's not just working to end it which it is, but it's also working to train communities. And it's also helping to restore the women after the fact, and it journeys with them wrong after they've been out of the life. And just the more complete picture that I feel like it gives, was something that really drew me in.

Irene: When I worked with my the teenage girls that I worked with, but most of them have been trafficked by their parents. I just realized that hurt and destroyed people tend to hurt and destroy other people. And so it was just something that I really felt again, I felt led to um to just stop the generational trauma. And to also let these young girls know that they did have a lot of worth, and they had a lot of strengths, and they had a lot of things that, you know, didn't, they, things were over for them just because this happened. That they could heal from this. And they could go on, and they and they could not have their babies fall into the same situation that happened to them. So I think that's when I really probably became fully immersed in the human trafficking. Um just all about it, and and what was going on. And then I just you know I feel that same way with um with these adult women. You know a lot of people are very focused in on children, and and but you know a lot of these adult these adult women have grown from being children that were trafficked. And they need help, and they need, they need to know that you know that they're worthy and that they matter, and and and that they're loved. And that is something that it's very difficult for them. They're very suspect of of that. So I just I think you know I feel God, I feel God telling me that all the time, you know. To you know, to help them know how loved they really are.

Lauren: I was actually a volunteer with our organization for over 4 years before I stepped into being on staff. And what led me to that volunteer position, I was working with an organization

just doing wellness and nutrition classes, and God, well God God really made the way for me to come to our organization. And so I started, I said yes to that. Because I just really felt the calling to be there and do the classes there with those women, and I just have always had a heart for that um, that piece of just helping helping them understand who they are truly created to be, and just giving their their health and wellness over to the Lord. Letting him lead that, letting him guide them into just really seeing how beautiful they are, and how he created them to be. And um just caring for their bodies as well and all of those things. So umm I just led weekly classes with them once a week for four years, and then stepped into employment with the organization because I just love love the work, and I love the people, and just wanted more of it, so. That was how I found it, so (chuckles).

Susan: I've always wanted to be in in some type of helping role and so I became a social worker. But what got me into working in that this particular field is I was working in the juvenile justice system, in a family court position. And I was seeing these adolescent females end up in juvenile court in detention for issues that really pertain to you know the bigger picture, which was being exploited be it by whoever family. But a lot of family issues and obviously we all know you know all these other issues that were happening, and these young women weren't being helped by sitting in detention. And so when I really, so I guess it was kind of just recognizing the injustice in that and through that I I found out more about sexual exploitation and trafficking. And then I found this organization and started working.

Researcher: Tina, we're still on that same question that you left during and then came back, so. And everybody else has answered, so if you're comfortable, what led you to this occupation?

Tina: Yeah uh like Natalie, I've had uh just a social justice bent since about high school, and um heard about the existence of human trafficking at a passion conference in about 2010. And at that

point like I just I really knew that was something that I wanted to be engaged with the anti trafficking work. But at that time I just thought that you know the only thing you could do is pull out of brothels, and I was a young mom. And still young and married and just didn't really know how that was going to fit into my life yeah. And so I just uh grappled with that for a while and then things kind of got silent like the Lord wasn't leading me to that necessarily. I still had the passion for it, but it wasn't just where I was headed at that point. And so I was I taught for a few years and when my husband and I decided to move back home, I was coming back during the beginning of a school year. So we're moving States, and I knew would be really difficult to find a teaching position, and I was okay with that, umm doing something different. And I've always wanted to work for either nonprofit work, something with purpose. I think that that was a huge thing for me. I wanted something that gave me purpose in meaning and to do some work for the Lord. Um and so when I found out about Her Way through my family who, ope sorry, when I found out about the organization through our family who did some volunteering with them. Then I was able to get connected in that way, and just loved the organization and what they were doing. And just really how everything was foundational in Jesus. That was really important to me. Like I hadn't sat down with an employer who prayed with me before and after an interview, and that was just so foundationally a part of everything that they did. So that's really what drew me drew me into this organization in particular, and I think the the purpose of meaning drew me into the work.

6. Please describe the most significant challenges to your mental health that you have experienced because of your employment.

Natalie: Um mine probably be when I was on call. So we would take turns each week having our number be the one that need to be called for any emergencies that happened, and if anyone

needs like self harm, suicidal ideation, aggressive behavior. That kind of stuff. And just really struggled with having to feel on throughout the whole time, and feeling like I could never fully turn it off, and then just kind of jumping every time my phone rang, or yeah feeling like I couldn't really be home when I was at home. I feel like it gave me a lot of anxiety, and that was probably the hardest like mental health burden that I've had working at this job.

Irene: I I have had a couple of the survivors that live in our home have some very very significant, I mean there's stories have been, I mean, I was a forensic nurse. So even even the stories were, you know, I don't know if there's a worse story or not a worse story. I don't know, but just working through that and kind of know not knowing what to do, I think has been kind of a struggle. Umm and and that you know, just just the brutality of some of their stories, I think is sometimes can be hard, so.

Susan: Yeah yeah I would agree with that. I think just managing my own feelings around some of the the stories that are shared. And you know, recognizing that there's only so much I can do. You know, just keeping it all in perspective from my part. Um I would say that's the hardest thing for me.

Amber: For me, I ended up getting a therapist to have somebody to talk through some of the situations I go through at work. Because um I didn't know what to do with it. And um now I know too that my director wants me to be able to share with her when I go through some of those things too. So I also had that now too, so that's helpful. But that sometimes I would get triggered by some of the things the ladies would do and didn't know necessarily how to handle it. And part of that came from things that happened in my marriage to me and never really had anyone to work it through to know how to handle it. And so um that's kind of what I've done this to help get through it.

Researcher: I think it's Laruen and Tina who haven't shared yet, and Tina disappeared. She's I think here. She is popping in and out.

Lauren: Can you repeat the question again? Sorry.

Researcher: No that's fine. Um please describe the most significant challenges to your mental health that you have experienced because of your job.

Lauren: I think just because there's so much new pieces to learn to this position, and I think it was just a little bit of trying to manage and figure out how to keep all of it you know, keep keep track of it all. And keep keep it keep me from getting overwhelmed and stressed in that way. Um so just creating some systems for myself and sticking to some some boundaries, um with time and all of that has helped me a lot. Sorry I'm very distracted by this (referring to sunlight coming through window blinds). I'm going to fix it.

Natalie: Tina said she keeps getting like, the zoom keeps kicking her out so that's why she's here now.

Researcher: No no yeah. There might have been like a a connection maybe a connection issue. I'm not sure on your side if you want to turn your video off. Sometimes that helps with the connection, um. And then I'm not sure if, did you, do you know what question we're on right now? Were you able to hear it?

Tina: Um I think so. Is it a question about how it's affected our mental health or were we moved on from that one?

Researcher: That's that's the one we're on.

Tina: Okay, I assume I'm probably last one waiting.

Researcher: Yes.

Tina: You're waiting on. Okay so I would say spiritual warfare has been an effect. Also personally is that like I feel the effects of spiritual warfare in my own life even to my family and my kids. So sometimes like some things that are women are dealing with that'll be parroted um to things in our life or start to see my kids start to struggle with things that I haven't seen before, and it's similar to... (lost connection)

Researcher: When she comes back we'll see if she can finish what she had to say. Can you hear us Tina, or hear me?

Tina: I was just kicked off.

Researcher: Yeah, sorry about that. The last thing I've heard you say it's similar to.

Tina: (poor connection) I feel like I'm talking over people so I'm not sure if I'm in the right spot or not.

Researcher: You're not talking over us. There's a delay. I think there must be a delay, but you broke up a little bit if you want to type in the chat. Maybe I'll just send her a message and she can respond that way. We have one more question I did ask this in the one-on-one interview. Hey, Tina feel free to to type it out if that's easier because your connection seems to be popping you in and out which probably frustrating for you to have to figure out what you've said and haven't said. So if you want to send me a message with your response, um I will make sure I record that as well. So last question I did ask you guys this in the interview the one-on-one interview, and I'm asking it here to see if there, if you guys, just how that interplays between the different the different women represented in this room so.

Tina: (typed response) Spiritual Warfare both personally and in my family, irrational anxiety that also mimicked hyper vigilance.

7. How does your spirituality affect your work?

Irene: I think it was Tina that said this earlier about umm you know doing this work, um it would you know I think she said it would be hard not being a Christian and trying to do this work. I think she said that, and if I'm wrong. I'm sorry. But um that, I I feel that. And I and I also totally and 100% agree with her on the spiritual warfare. You know there's things that I know that are happening right now for us that are just so bizarre, and I know they wouldn't be there if you know, but you know you just constantly um hear and constantly are reassured I feel reassured by my belief system. That you know that just to keep you know, just keep keeping on, and I always feel that um you know God is there with us. And that you know we we we pray a lot together, the survivors and and I. I I hate calling them that I hate calling them women and residents, and it's kind of like hey they're not patients. So anyway, but we do a lot of praying together because they they feel the same you know they feel the same the same spiritual warfare. So I think our my my spirituality has is huge and plays a huge role in what I how I go about things and my job.

Amber: I agree it's a big role and my job as well and I am very thankful for our Wednesday prayer time that we have with all of our ladies. We go around each one we ask them what their needs are, and what they want prayer for and we pray with them. And um we also have once a month a night where we go into some scripture reading and prayer with our ladies, and just we very much focus on the spirituality with our ladies in our program. And I agree I don't know how anybody could go through that that didn't have spirit a spiritual relationship with God. And yeah I, he is my strength. He's my rock.

Natalie: I'd agree with what everybody says about it being you know what sustains us, and keeps us going and also agree with that aspect of spiritual warfare, having to to come against that. I would say also I think spirituality plays into also being able to partner with our ladies and finding spiritual healing. Um so there's of course the mental healing, the emotional healing, the physical

healing but if you're not you know a faith-based program then you're not addressing spiritual healing. Which spiritual trauma has its own thing as well that's deeply impacted our ladies. And many of our women have some type of church trauma, either through their trafficking, or um after they've gotten out of trafficking. As well as just other types of religious trauma, and so I think that our spirituality can come alongside as we work through helping them heal through spiritual trauma that they've been through as well as all the other trauma.

Amber: I also agree with the spiritual warfare um we we deal with that a lot here as well yeah.

Lauren: I agree with everything it's constant, it's a constant drawing of just abiding with with him. And knowing that he is the healer. We we are not. It's not up to us, and that we can just be the hands and feet to to them as they're on that journey. But drawing on, drawing on all of those things for myself but then also pointing all of, pointing them to him as well. You know so it's it's um for me in every conversation and every situation. But then it's also just a constant reminder of um that they're not alone and that they can draw on that as well.

Susan: I would just add, I mean I I'm I'm agreeing, and I I would add for me, I don't think again I could do this work if I did it feel that drive that this is not just a job this is really a vocation for me. Something that I feel I'm called to do. Umm and because of that you know, I'm I'm like I'm sticking it out and and even those days where I'm like Oh my gosh, you know, what's going on here? You know, are we making a difference or you know whatever? (laughs) Those questions pop up, but yeah I just feel like that there's a higher power, and this is a calling for me.

Researcher: I think everybody has contributed except for Tina. But Tina if you can't because of technical difficulties, we understand. You can always type your response in which you have.

Okay, thank you for that.

Tina: (typed response) Agree with all that's been said. As we pour out the love Jesus gives us, they begin to learn what real genuine love is.

Researcher: Okay, um so that was the last question. I want to leave, we've got like 12 more minutes, so is there anything that you think I should know as somebody who is researching employees of anti-trafficking agencies in regard to secondary traumatic stress compassion fatigue burnout? Do you think there's anything that I haven't touched on that you think it would be important for me to know?

Lauren: I would just like to add that um I think it's really helpful that our organization, in particular like our executive staff, like they're very aware of that. And they're very aware of making sure that the employees are well taken care of and that those like they're they're fighting that. If that makes sense. Like they're, they know that's a thing. They know that might have happened in the past, and they're trying um really hard to make sure things are in place so that that doesn't happen. And I'm very appreciative of that because I'm kind of newer at this, and so it seems like the long, and I I'm in it for the long haul, so I'm you know I'm glad that they're guarding that moving forward. And I don't know if that's the case in other places other organizations other, but I think it's good to note that there are things that you can do to protect the staff from those things, from that happening.

Susan: And I would agree that it you know personally we all need to do that you know figure out what you know help helps us. But without that organizational support it's it's gonna be really hard because this work is so hard. And it takes a lot of who you are and so it really needs to come from the organization as well as you learning yourself how to take care of yourself.

Researcher: Anything else? Anybody would like to add? No no alright. Well you guys, thank you so much.

Appendix L

Participant Demographics Forms

Participation Criteria From

Name: [REDACTED]

Email: [REDACTED]

Phone number: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Where do you work? [REDACTED]

How many hours a week do you work? 50-60 normally

What is your job title? Executive Director

What are your main job responsibilities? I am in charge of the program. I supervise employees. I do case management for the ladies in our program. I transport the ladies to and from activities. I set up programming, mental health services, doctor appointments, and whatever is needed. We have a social enterprise so I am in charge of all aspects of making sure a business runs correctly.

What is your educational background? I am a BSN RN

What is your faith background? I am a Christian

How many days a week do you work directly with rescued trafficked women?

1 2 3 4 5+

When did you start working for your employer? 1/10/21

Participation Criteria From

Name: [REDACTED]
Email: [REDACTED]
Phone number: [REDACTED]
City: [REDACTED]
State: [REDACTED]

Where do you work?
[REDACTED]

How many hours a week do you work?
40

What is your job title?
Anti-trafficking outreach and direct service coordinator

What are your main job responsibilities?
Programmatic influence for a federally funded anti-trafficking program. I provide outreach for the community and social service programs. I coordinate the trauma-informed yoga, art-anchored

What is your educational background? and equine therapy for survivors of human trafficking
A.S., B.S. currently completing MSW

What is your faith background?
Christian

How many days a week do you work directly with rescued trafficked women?
 1 2 3 4 5+

When did you start working for your employer?
Feb 2017

Participation Criteria From

Name: [REDACTED]
Email: [REDACTED]
Phone number: [REDACTED]
City: [REDACTED]
State: [REDACTED]

Where do you work?

[REDACTED]

How many hours a week do you work?

32-40

What is your job title?

Community Outreach Coordinator

What are your main job responsibilities?

Assists in the expansion of NH, through partner collaboration and community based research.
Engaged in crisis support, maintains intake calls.

What is your educational background?

CRSS

What is your faith background?

I have a personal & growing relationship w/ Jesus Christ

How many days a week do you work directly with rescued trafficked women?

1 2 3 4 5+

When did you start working for your employer?

April 2021

Participation Demographic From

Name: [REDACTED]
Email: [REDACTED]
Phone number: cell: [REDACTED]
City: [REDACTED]
State: [REDACTED]

Where do you work? [REDACTED]

How many hours a week do you work? 12 – 18 weekly;
part-time

What is your job title? Field Education Coordinator

What are your main job responsibilities?

Supervise MSW practicum interns in completing their educational hours for their graduate program; shadowing students while at the residential facility; facilitate weekly groups with residents at our residential program; facilitate assessments with new residents; train direct care staff in trauma-informed care, crisis management and other topics; provide direct care for residents occasionally;

What is your educational background? BSW at the University of Missouri-St. Louis; MSW at Saint Louis University

What is your faith background? Raised Catholic but not practicing, however, Christian beliefs

How many days a week do you work directly with rescued trafficked women?

1 2 3 4
5+

When did you start working for your employer? I've worked for this organization two different times: 8/2018 thru June/2020 and June 2021 - currently

Participation Demographic From

Name: [REDACTED]
Email: [REDACTED]
Phone number: [REDACTED]
City: [REDACTED]
State: [REDACTED]

Where do you work?

[REDACTED]

How many hours a week do you work?

40

What is your job title?

Training Manager

What are your main job responsibilities?

Provide training to all staff, and community awareness trainings

What is your educational background?

I completed my degree in Early Childhood Ed., I studied Behavioral Science

What is your faith background?

I am a God-fearing Christian

How many days a week do you work directly with rescued trafficked women?

1 2 3 4 5+

When did you start working for your employer?

November 2015

Participation Demographic From

Name: [REDACTED]
Email: [REDACTED]
Phone number: [REDACTED]
City: [REDACTED]
State: [REDACTED]

Where do you work? [REDACTED] a residential safe home for survivors of trafficking.

How many hours a week do you work? 35

What is your job title? Spiritual Formation Specialist

What are your main job responsibilities? Oversee the ethos of the home, including mentoring the resident assistants who cover evening and weekend shifts; teaching spiritual classes and some clinical classes; coordinating calendars/schedules and overseeing the classes that are being taught

What is your educational background? I am currently finishing a master's in human services counseling

What is your faith background? I am a non-denominational Christian. My parents began a church when I was 3 and they co-pastored there until retirement. I have confessed Jesus as my Lord since I was a very small girl and I have served in ministry all of my life.

How many days a week do you work directly with rescued trafficked women?

usually 4 days a week

1 2 3 4 5+

When did you start working for your employer? November 2022

Participation Demographic From

Name: [REDACTED]
Email: [REDACTED]
Phone number: [REDACTED]
City: [REDACTED]
State: [REDACTED]

Where do you work?

- [REDACTED]

How many hours a week do you work?

- 40

What is your job title?

- Executive Director

What are your main job responsibilities?

- Carrying out the Mission and Vision for the Organization
- Staff Management: facilitating an environment for staff growth
- Utilization of Resources Management: Overseeing the utilization of business resources
- Managing quality Women's healthcare for residents

What is your educational background?

- Bachelors of Science in Elementary Education

What is your faith background?

- Christian

Participation Demographic From

Name: [REDACTED]
Email: [REDACTED]
Phone number: [REDACTED]
City: [REDACTED]
State: [REDACTED]

Where do you work? [REDACTED]

How many hours a week do you work? 20-25

What is your job title? Resident Assistant

What are your main job responsibilities? Caring for the residents; developing relationships; administering medication; day in and day out facilitating the happenings in the house; creating a safe atmosphere and setting the tone for all residents

What is your educational background? Pursuing a degree in Drama Therapy, graduating May 2024

What is your faith background? Grew up in the church and continue to pursue a relationship with Jesus Christ

How many days a week do you work directly with rescued trafficked women?

- 1 2 3 4 5+

Participation Demographic From

Name: [REDACTED]
Email: [REDACTED]
Phone number: [REDACTED]
City: [REDACTED]
State: [REDACTED]

Where do you work? [REDACTED]

How many hours a week do you work? 30

What is your job title? Clinical Director

What are your main job responsibilities? Provide therapy to adult survivors of HT in a restoration home, provide therapy to minor survivors of HT or minors who are at risk of HT. Provide clinical training to staff. Oversee clinical staff.

What is your educational background? Master's in Social Work

What is your faith background? Christian – Free Methodist

How many days a week do you work directly with rescued trafficked women?

1 2 3 4 5+

When did you start working for your employer? 2019

Participation Demographic Form

Name: [redacted]
Email: [redacted]
Phone number: [redacted]
State:

Where do you work?
[redacted]

How many hours a week do you work?
30, currently.

What is your job title?
Restorative Housing Director

What are your main job responsibilities?
building curriculum for safe home, teaching classes to ladies,
researching H/T trends/sex industry & training others on H/T

What is your educational background?
Associates in Mass Communication

What is your faith background?
Christian

How many days a week do you work directly with rescued trafficked women?

1 2 3 4 5+
* when someone is in the house

When did you start working for your employer?

June, 2019

Participation Demographic From

Name [REDACTED]
Email: [REDACTED]
Phone number [REDACTED]
City [REDACTED]
State [REDACTED]

Where do you work [REDACTED]

How many hours a week do you work? 35

What is your job title? Volunteer and Wellness Coordinator

What are your main job responsibilities? Attract, onboard and train volunteers, hold quarterly volunteer trainings, communicate monthly with all volunteers, Assess health needs of residents, make and attend all health related appointments, manage all prescriptions and over the counter medicines, set and monitor health goals for each resident, plan and schedule fitness classes, encourage healthy eating and help with meal planning and grocery shopping

What is your educational background? Masters in Theater, BS in Secondary Education, Speech and Drama

What is your faith background? Christian

How many days a week do you work directly with rescued trafficked women?

1 2 3 4 5+

Participation Demographic Form

Name: [REDACTED]

Email: [REDACTED]

Phone Number: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Where do you work?

[REDACTED]

How many hours a week do you work?

On a work week from 5pm Sunday to 5pm Sunday

On my off work week I go to our Wednesday class from 4-6:30pm on Fridays from 2-4 pm for our Staff Mtg. every last Wednesday of the month for All Staff Mtg of both houses from 12:30-2 pm

What is your job title?
House Manager

What are your main job responsibilities?

Driving the ladies to doctor's appointments, therapy appointments, shopping, church, jobs, anywhere they need to go.

Make sure the house is running smoothly. Keep chaos to a very minor occurrence.

Help plan meals

Oversee that chores are being done

Keeping meds safe in my room giving the ladies there boxes when they need medications.

House laundry - dish cloths and towels. Sheets after a resident moves out.

2
Cleaning my apartment
before other house manager
comes on shift.

Buy groceries and supplies
for the house.

3
Be a mentor and offer
moral support to the ladies.

4
What is your educational
back ground?

High School Diploma

I have an associates
degree in business administration,
an Associates degree in
Biblical Literature.

5
What is your faith background?

I have belonged to Independent
Christian Churches/Church of
Christ Churches. When I started
working with the ladies I
switched to a Brethren
In Christ congregation.

I attended the Independent
Christian Churches since
3rd grade up until 2023.
Then I switched to the
Brethren In Christ church.
This is the church the ladies
in our program go.

How many Day a week
do you work directly
with rescued trafficked
women?

"1 "2 "3 "4 "5+

When did you start
working for your employer?

December 12, 2021

Appendix M

Training Lists

Irene

I have not received any formal training from my job. I do a lot of webinars on raising money, non profits, business related webinars, trauma informed care, Juvenile justice, addiction, illegal drug crisis, fentanyl, etc...

The training for human trafficking, trauma, and how to care for traumatized patients are all things that I have already taken or taught myself.

The training that I have received has been my own initiative after 34 years of being a nurse and doing what I had to do to learn what I was doing.

Yvonne

A. Your job description, role title, job responsibilities, and education/experience requirements for the position.

Anti-Trafficking Outreach and Direct Service Coordinator. I provide programmatic influence for a federally funded anti-trafficking program. I provide outreach for the community and social services programs. I coordinate the trauma-informed yoga program, art enrichment, and equine therapy for survivors of human trafficking. I also provide training and information to parents/guardians of trafficked children.

B. Describe the types of trainings you have done for your job role after being hired.

I attend the OVC grant trainings years, am certificated in SETTS training, and have at least 20 hours of trauma-informed training yearly

C. List the things your employer has provided to you to reduce burnout.

Mental health days, training, insurance that pays for counseling, and team-building activities

Ellie

Here is a list of trainings I have received after being employed:

- Shadowing shifts at the house
- Video trainings over administering medication, dealing with conflict, house procedures and protocol, and the residential manual
- We are starting clinical trainings this summer to learn some of the language used in therapy in case needed during the day to provide common language for all residents
- I have been sent video/ zoom invites to training (such as how to deal with traffickers in the LGBTQ+ community, etc)

Ashely

HIPAA training

Trauma with special guest speaker, Dr. Jake Johnson

FAITH AND TRAUMA

CPR certification class Training

Trauma and relationships

Susan

ORIENTATION TRAINING FOR THE COVERING HOUSE EMPLOYMENT

1. **Intro to the Covering House** 40 minutes; agency mission and goals; programs withing the agency, tour of the house and office
2. **Review Employee Handbook** – discussion on employee expectations, guidelines on such things as confidentiality, conflict of interest policy, discipline policy and others
3. **Cultural Diversity** – 50 minutes

4. **Trafficking 101** – 1 hour
5. **Mandated Reporter Training** – 45 minutes
6. **CPR training** – 6 hours
7. **Defensive Driving Training and Chauffer's license exam** for the state of Missouri
8. **Therapeutic Helper: What does that mean** – 40 minutes
9. **Trauma-Informed Care** – 1 hour
10. **JIREH Training** – 2 days – Crisis management training and Safe physical intervention techniques which you have to test on and pass before you can be at the residential facility.
11. **Responding to Suicidal Youth** – 1 ½ hours
12. **Pillars of Safety Training** – 1 hour; Review Program safety policies such as expectations for population served, responding to: self-harm, suicidal ideation, environmental safety, confidentiality, emotional safety and staff boundaries etc.
13. **Out of Home Care Orientation** – educate staff on the foster care system of Missouri, people who may be involved with our clients such as Children's Division, Juvenile Court, Deputy Juvenile officers, etc.
14. **Training in use of our record keeping system called Apricot** – 2 hours
 - As an LCSW in the State of Missouri, I complete 30 hours of continuing education every two years which includes 3 hours of ethics training, 2 hours of Suicide Prevention and Cultural Sensitivity Training.
 - Our organization provides 2 hours of in-service training a month and a 2-hour lunch and learn training a month.

- There are a couple other trainings that I do not take during orientation because it is not part of my role within the agency. One of those is medication certification and a course on safety around food preparation, cleaning and storage.

Andi

Here's a list of training resources that I did when first starting. This does not include ongoing annual CEUs. We work toward at least 16 per year.

Human Trafficking 101

Intro to Trauma-Informed Care and Strengths-Based Care

Intro to DBT and coping skills

DSM-5 Differential Diagnosis for Clients with a History of Trauma

Cultural Competency

De-escalation training for anger, anxiety, self-harm

Responding to self-harm

Intro to Intuitive Eating

Narcan administration

Intro to Enneagram

Intro to Internal Family Systems

Spiritual Warfare

Understanding ACE Scores

Sexual Harassment-Free Workplace

How to dispense medication and other daily procedures for working in the home How to respond and implement a resident's safety plan

How to handle/log unusual incidents (fights between residents, vandalism, theft, etc.)

Ida

Pillars of Safety

Out of Home Care

Separation and Attachment

CPR/First Aid

Suicide Prevention

Professional Trainer Certification

Jireh/Physical Intervention

Medication Certification

Mandated Reporting

Residential Guidelines

Cultural Diversity

Creating a Trauma Focused/Informed Environment

Train the Trainer

Leadership Preparation

Trafficking 101

Trafficking Prevention

DBT Skills Training (Dialectical Behavior Therapy) ServSafe

NSC Defensive Driving Course

Birds, Bees, and Suicide Prevention

Trauma Awareness

Overdose Education and Naloxone Distribution

Early Attachment Issues and Adult Personality Dysfunction Rules of Care

Vicarious and Secondary Trauma

Trauma Bonding

Therapeutic Helper

Internet Safety

Consent

Self-Care

What Is Trauma?

Effective Communication

Healthy Boundaries and Safe People

Diane

- Light the Way conf.
- CPR

We are responsible for our own training specific to our job role. We were mentees of the Institute for Sheltered Care last year so received weeks of training specific to our house as well.

- NIOSH summit
 - Magic Lantern / Exodus Cry porn docs
 - Fragments: A Post-Traumatic Paradigm
 - Taking Down Backpage
 - The Diary of Jasmine Grace
 - Nobody's Girl
- } Books

Amber

How to walk alongside the grieving

The Survivor's mental battle

Financial counseling: How to walk alongside those financially challenged

How to walk alongside those in legal battles

How to walk alongside the sexually/relationally broken

Former graduate of Homestead: Challenges and blessings of reintegration

The anatomy of survival/complex trauma

SANE / SART Nurse; she is one of the first eyes on victims and she walks us through some of the protocols

Unique challenges of working with women who have children Parts 1,2,&3

Specializing in Trauma

Discussing abandoned child of a Homesteader

What my children of a Homesteader experience and an overview of some of the diagnoses that our Homestead women are dealing with and how to walk alongside them

Old self vs new self Trauma and Loss Relational communication Spiritual Warfare

Things to expect of many of sex trafficking survivors

Christ - centered Recovery Process

Multiple Minds of a trafficked person: Victim Mind; Criminal Mind; Survivor Mind; Product Mind; Property Mind

The Layers of healing for trafficking survivors

Lessons learned on the frontline

Survivor's Testimonies

No Stones Unturned based from the book No Stones I can't remember the author's last name
Marnie

Freedom turning new leaves - Tattoo artist who is doing cover ups for our ladies and what it means to the tattoo artist, as well as, to our ladies

Closing Doors Spiritually

Natalie

Trainings I received when hired: Trauma Informed Care

Strength Based Care

Mental Health First Aid

Policies and Procedures

Staff and Resident Manuals

Boundaries

EG Basics

Trello and Dropbox and Email

HT 101

Med location and policies

Personal cell phone and tech use and locks Keys and locking rooms policies

Laura

Intro to Trauma Informed Care ACE study

Cultural Competency

Human Trafficking 101

DSM - 5 Differential Diagnosis for clients w/ history of trauma Spiritual Warfare

Deescalation

Strengths Based Care

Anger Management

Medicine Training

Boundaries

7 Habits of Highly Effective People

The Road Back to You - Enneagram training The Body Keeps the Score