A Phenomenology of Working With Youth Sex-Trafficked Survivors in Florida

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A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Approved by:

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Abstract

The purpose of this qualitative phenomenological study was to describe the experiences of health care professionals (HCPs) and other service providers (SPs) who work or worked with children and adolescent survivors of domestic minor sex trafficking (DMST) and the commercial sexual exploitation of children (CSEC) in Florida. The Conceptual Model for Factors Affecting Well-Being and Resilience devised by the National Academy of Medicine (NAM) and the Five Ways to Well-Being Model developed by Catherine Gilliver were used to guide this study. These models helped the researcher gain a better understanding of how participants experienced working with survivors and victims of DMST and its effect on them. Data collection was conducted through the use of an initial demographic questionnaire as well as the completion of both the Depression Anxiety Stress Scale (DASS-21) and a PTSD Symptom Checklist (PSS-I-5). Responses from these instruments helped include and exclude participants during the screening process of the study. Upon acceptance, face-to-face interviews were conducted online via Zoom and were recorded then transcribed. For data analysis, open coding was used to categorize responses into themes, and the researcher used notetaking and color coding to protect the anonymity of participants and to highlight common themes found in participants' responses. Initial impressions were noted using *memoing* in addition to inductive analysis to make judgements.

Keywords: sex-trafficked, youth, healthcare professionals, impact, victims, survivors

Copyright Page

Dedication

This body of work is dedicated to all those who work tirelessly to help victims and survivors of youth sex trafficking. Your unflagging dedication and sacrifice are tremendously appreciated for without you, victims and survivors might not have the help they need. I am honored to have had the opportunity to hear your stories and share in your lived experiences.

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and your continued support on this journey. Finally, I would like to acknowledge the participants in this study for your willingness to share about your lived experiences, giving me insight into how those who work with survivors of DMST cope with its impact on their lives.

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List of Abbreviations

Adverse Childhood Experience (ACE)

Compassion Fatigue (CF)

Compassion Satisfaction (CS)

Commercial Sexual Exploitation of Children (CSEC)

Depression Anxiety Symptom Scale-21 (DASS-21)

Domestic Minor Sex Trafficking (DMST)

Healthcare Provider (HCP)

Institutional Review Board (IRB)

Major Depressive Disorder (MDD)

National Academy of Medicine (NAM)

Posttraumatic Growth (PTG)

Posttraumatic Stress Disorder (PTSD)

PTSD Symptom Scale Interview (PSS-I-5)

Secondary Traumatization (ST)

Service Provider (SP)

Secondary Traumatic Stress (STS)

Vicarious Posttraumatic Growth (VPTG)

Vicarious Resilience (VR)

Vicarious Traumatization (VT)

Victims of Trafficking and Violence Protection Act (TVPA)

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Chapter One: Introduction

Overview

Human sex trafficking is a global problem that has a far-reaching impact (Barnert et al., 2020; Casassa et al., 2021; Ernewein & Nieves, 2015). Not only are the lives of those trafficked for sex affected, but also those of community members, such as families, friends, law enforcement personnel, social workers, and medical providers who are not directly involved in the trafficking business (Barnert et al., 2020; Casassa et al., 2021; Ernewein & Nieves, 2015; Kiss et al., 2015; Pascual-Leone et al., 2017). Although trafficking occurs both globally and domestically (McDow & Dols, 2021; Peck & Meadows-Oliver, 2019; Yaklin & Rolin, 2020), this research focuses on the impact of its domestic occurrence on service providers (SPs). In the United States, trafficked individuals vary in gender, ethnicity, race, age, socioeconomic status, nationality, education level, and immigration status (Branscum & Fallik, 2021). The principal reason people are trafficked is profit (Gordon et al., 2018; Powell et al., 2018; Talbot & Suzuki, 2021). Sex trafficking of minors for profit involves transporting them for the purpose of trading sex for items of value, such as food, shelter, clothing, money, and drugs (Moore et al., 2017, 2020).

Children and adolescents are often victimized by this business; approximately 66% of human sex-trafficking cases involve minors (Human Trafficking Institute, 2022). Survivors of child sex trafficking often experience a variety of problems including social, physiological (Barnert et al., 2017; Barron et al., 2016; Chapple & Crawford, 2019; Ernewein & Nieves, 2015; Goldberg & Moore, 2018; Muraya & Fry, 2016), and psychological, all of which could negatively impact the rest of their lives (Branscum & Fallik, 2021; Fedina et al., 2019; Kiss et al., 2015; Wilks et al., 2021). Some psychological disorders that might develop in survivors and

victims of sex trafficking are anxiety disorders, schizophrenia, posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and even personality disorders, much like those individuals who experience other forms of sexual trauma (Kiss et al., 2015; Levine, 2017; Litam, 2017; Ottisova et al., 2018; Varma et al., 2015). As a result, the symptoms of many survivors and current victims of sex trafficking are sometimes misdiagnosed, not recognized (Gordon et al., 2018; Jaeckl & Laughon, 2020) or, at times, overlooked (Gonzalez-Pons et al., 2020; Greenbaum, 2016).

Many people falsely assume sex trafficking occurs primarily outside the contiguous United States, but this is not the case (Barnert et al., 2017, 2020; Finkelhor et al., 2017). Recently, trafficking of children and adolescents has become more noticeable and seems to be on the rise (Burt, 2019; Gibbs et al., 2018; Ijadi-Maghsoodi et al., 2016; Jaeckl & Laughon, 2020). Prevalence rates are inaccurate because of underreporting (Branscum & Fallik, 2021; Chambers et al., 2019; Duncan & DeHart, 2019; Franchino-Olsen et al., 2020; Gibbs et al., 2018; Gonzalez-Pons et al., 2020; Ijadi-Maghsoodi et al., 2016; Jaeckl & Laughon, 2020). Due to the development of what is known as a trauma bond, or emotional connection, between the trafficker and victim (Casassa et al., 2021; Talbot & Suzuki, 2021), stigma, fear of traffickers, and distrust of law enforcement personnel, victims often go uncounted and unassisted (Chaffee & English, 2015; Gerassi et al., 2018; Gerassi & Nichols, 2017; Powell et al., 2018). Human sex trafficking is becoming more of a focal point in research (Gibbs et al., 2018) as people are becoming more informed about the signs of sex-trafficked youth in this country and more reports are being made (Gordon et al., 2018).

Despite studies about human sex trafficking, the commercial sexual exploitation of children (CSEC) and domestic minor sex trafficking (DMST) are either not studied as much or

are underreported (Peck & Meadows-Oliver, 2019), especially with male survivors (Moore et al, 2017). The underreporting of victims and survivors and their subsequent misidentification (Ijadi-Maghsoodi et al., 2016; McGuire, 2018; Peck & Meadows-Oliver, 2019) can be attributed to the lack of appropriate training for some professionals who encounter sex-trafficked individuals. Many individuals who work in the service industry, such as educators, law enforcement personnel HCPs, mental health counselors, judges, social workers, and school counselors all have the opportunity to potentially cross paths with victims and survivors of youth sex trafficking (Avieli et al., 2016; Burt, 2019; Dols et al., 2019; Helpingstine et al., 2021). Experiencing traumatic events can be difficult to manage due to its overwhelming and challenging nature, and as a result it can have a negative impact on the well-being of these helping professionals (Browne-James et al., 2021).

According to Franchino-Olsen, Chesworth, Boyle, Rizo, Martin, Jordan, Macy, and Stevens (2020), the youth sex-trafficking industry has garnered more attention and is being viewed as a public health problem in the United States. With the increased focus on this industry of trafficking children for sex, it is imperative that more opportunities for education and training be put in place for individuals who work in the helping professions on how to properly identify and screen potential sex-trafficked victims and survivors (Donahue et al., 2019). Since individuals in various professions might interact with members of this demographic, it is necessary that they have a comprehensive understanding of characteristics as well as the problems youth sex-trafficked victims and survivors experience when seeking psychological and medical services, so they can effectively meet their needs (Kenny et al., 2019; Miller-Perrin & Wurtele, 2019). Therefore, it is essential that HCPs and other SPs have substantive knowledge about resources to help sex-trafficked youth on the national, state, and local levels, so they can

know how to properly identify sex-trafficked minors through screening, as well as know how to properly intervene when necessary (Franchino-Olsen et al., 2020; Moore et al., 2017; Roe-Sepowitz, 2019; Varma et al., 2015).

There is a need for appropriate training for individuals who are directly involved with helping child sex-trafficked victims and survivors as well as for those in adjacent field, such as educators and members of community organizations that provide social services to children and adolescents (Casassa et al., 2021; Litam & Lam, 2021; Moore et al., 2017; Peck & Meadows-Oliver, 2019). Studies conducted by Preble, Tlapek, and Koegler (2020) and Beck, Lineer Melzer-Lange, Simpson, Nugent, and Rabbitt (2015) support the idea for this need for proper training and the impact it had in the ability for helping professionals to meet the needs of sex-trafficked children and adolescents. They found that with adequate training, HCPs and other SPs were better equipped to correctly identify suspected victims and survivors of human trafficking. Based on the findings in their study, Branscum and Fallik (2021) expressed that not only were HCPs and other SPs able to accurately identify victims and survivors of CSEC and DMST with suitable knowledge and training, but they were also able to provide links to appropriate resources and play a more expanded role in fighting against this criminal enterprise.

Individuals who work with sex-trafficking victims and survivors can experience a myriad of effects including countertransference and vicarious traumatization (VT); therefore, it is vital that there is an understanding of how working with this demographic affects them, so they can learn how to cope more effectively with any unresolved issues they have, such as burnout, compassion fatigue, or traumatic stress (Sprang et al., 2021) that could be triggered by their interactions with sex-trafficked youth. As such, it is imperative that these professionals develop appropriate coping mechanisms, such as seeking supervision and engaging in self-care activities

to mitigate any negative effects they experience while working with victims and survivors of DMST and CSEC (Boulanger, 2018; Litam, 2017). The length of time they spend working with this population, the years of experience they have working with trauma victims, as well as their level of education and training, will influence their ability to combat any negative effects (Avieli et al., 2016; Peck & Meadows-Oliver, 2019). Nonetheless, the effect their encounters with victims and survivors has on them might vary even if some HCPs have been working in the field for an substantial period of time (Litam & Lam, 2021; Michalchuk & Martin, 2019; Sprang et al., 2021; Stamm et al., 2022; Wang et al., 2021; Wilks et al., 2021).

According to several pieces of extant literature, there is a dearth of empirical research that focuses on the impact of working with child and adolescent survivors of sex trafficking are impacted by their experiences (Boulanger, 2018; Cole, 2018; Hemmings et al., 2016; Litam 2017; Sprang et al., 2021; Yaklin & Rolin, 2020). This study aims to address gaps in the literature by investigating three research questions. These questions pertain to how these professionals describe their experiences working with survivors and victims, the impact it has had on them, and how they cope with residual stress.

This chapter introduces some background about this topic from the most recent and relevant literature to provide a context for this study. There is some discussion about how HCPs and other SPs can be impacted from working with victims and survivors through historical, social, and theoretical lenses. It also explains the researcher's motivation for conducting this study; identifies the philosophical assumption the researcher brings to the study through the use of the ontological perspective; looks at the lived experiences of participants as they relate to reality and characteristics of such experiences (Creswell & Poth, 2018); and describes the paradigm that guides the study. It also includes a discussion and explanation of the problem and

purpose statements. Lastly, this chapter explains the significance of this study, and gives definitions when necessary.

Background

There are countless forms of trauma one can experience in life, and many people will experience some form of a traumatic event in life (Kanel, 2015; Levers, 2012). Nonetheless, it is the way that people try to cope with the impact of trauma in their lives that will differ, as every experience is unique to each individual (Levers, 2012). Some traumatic experiences result from human efforts, such as sexual assaults, human trafficking, and rape (Kanel, 2015), which are experienced by potential victims and survivors of DMST and CSEC. Consequently, those in the helping profession or other fields might also have a trauma response due to working with this demographic, which could lead to burnout or VT (Helpingstine et al., 2021).

Trafficking is a process that involves transporting, transferring, harboring, or receiving people through fraud, kidnapping, abuse of power, and deceit for economic gain (Muraya & Fry, 2016). Although, initially, it was viewed exclusively as an international problem, trafficking proliferates throughout the United States as well (Barnert et al., 2020; Ernewein & Nieves, 2015), with Florida being one of the hot spots on the sex-trafficking route (Huff-Corzine et al., 2017; Reid et al., 2017). In addition, research has found that sex trafficking is becoming more prevalent in rural areas as predators are moving from the larger cities and urban areas to small-town America, where people usually feel they are safe (McCarthy & Marshall, 2018; Roe-Sepowitz, 2019). Studies have shown that the exact prevalence rate for CSEC and DMST is unclear, and it has become an issue of concern both globally and nationally (Barnert et al., 2020; Burt, 2019; Casassa et al., 2021; Ernewein & Nieves, 2015).

Since those in different agencies might come across survivors and victims of sex trafficking (Boulanger, 2018; Litam, 2017; Miller-Perrin & Wurtele, 2017; Quincy et al., 2020), providing for their needs and making referrals to agencies who specialize in their care (Ernewein & Nieves, 2015), it is important to understand how their experience with this demographic impacts them as well. Furthermore, HCPs and other SPs need to receive adequate training and education as to how they can meet the needs of victims and survivors (Greenbaum et al., 2018; Hemmings et al., 2016; Peck, 2020; Powell et al., 2017; Preble et al., 2020). Because HCPs and SPs play a key role in attempting to meet the needs of sex-trafficked survivors and victims, these helping professionals might develop vicarious trauma or experience burnout (Avieli et al., 2016; Boulanger, 2018; Callahan et al., 2018; Helpingstine et al., 2021).

If service providers are not trained sufficiently or do not practice self-care, they might struggle to treat and care for victims and survivors who seek medical or mental health services (Avieli et al., 2016, Greenbaum et al., 2018; Peck, 2020; Peck & Oliver, 2019; Preble et al., 2020). It is important that HCPs and other SPs understand the range of trauma they will have to face from the simple to the more complex (Litam, 2017, 2021; Wang & Park-Taylor, 2021). Researchers have conducted studies to help better understand and describe the lived experiences of HCPs and other SPs who have developed vicarious trauma and burnout (Helpingstine et al., 2021), but more needs to be done.

In prior empirically supported studies, investigators recommended that future research for identifying, treating, and making referrals for victims and survivors of sex trafficking, be conducted in healthcare settings (Franchino-Olsen et al., 2020; Hemmings et al., 2016; Moore et al., 2017; O'Brien et al., 2017; Quincy et al., 2020). Other recommendations for research indicate that those who work with survivors and victims of sex trafficking should engage in

supervision and self-care (Litam, 2017, 2021). Self-care is fundamental to their ability to maintain balance in their lives while working with survivors and victims of DMST and CSEC. It influences whether they might experience burnout, compassion fatigue (CF), or VT (Browne-James et al., 2021).

Historical Context

Historically, many investigations about health were based on the medical model, looking for the presence or absence of diseases or physical issues rather than including its mental aspects (Cooke et al., 2016). At a conference for international health in 1946, the constitution for the World Health Organization (WHO) was adopted and enforced in 1948; in these documents, they proposed an updated conceptualization of health to include mental and social well-being in their constitutional documents (Cooke et al., 2016; WHO, 1948, 2020). Working with victims and survivors of DMST, CSEC, and other types of sexual trauma can have a toll on HCPs and other SPs (Brigham et al., 2018; Browne James et al., 2021; Gilliver et al., 2021; Soares et al., 2022; Wang et al., 2020). It can have an impact on the health and well-being of helping professionals in a myriad of ways. Some HCPs and other SPs might experience negative impacts of working with this populations, such as burnout, CF, and VT (Avieli et al., 2016; Callahan et al., 2018; Dzau et al., 2018; O'Connor et al., 2018; Salvagioni et al., 2017; Tawfik et al., 2019; Wang et al., 2020).

Burnout not only has an impact on individuals receiving care from helping professionals, but it can also diminish the ability of HCPs and other SPs who work in stressful and traumatic environments (Brigham et al., 2018). Experiencing burnout can be a prolonged response to interpersonal stressors that develop while working in a negative work environment (Soares et al., 2022). Professionals who work in job positions that require excessive demands can sometimes

experience both emotional and physical exhaustion and could lead to experiencing burnout (O'Connor et al., 2018). According to Tawfik, Profit, Morgenthaler, Satele, Sinsky, Dyrbye, Tutty, West, and Shanafelt (2018), HCPs experience some common occupational hazards, such as burnout and having poor well-being. Additionally, studies conducted by Eliacin, Flanagan, Monroe-DeVita, Wasmuth, Salyers, and Rollings (2018) and by the National Academies of Sciences, Engineering, and Medicine ([NASEM], 2019) found that 67% of mental health professionals experience a high level of burnout, and findings from a study conducted by O'Connor, Muller Neff, and Pitman (2018) showed that those who have high burnout rates experience emotional exhaustion at a prevalence rate of 40%. Other research studies have shown, however, that some HCPs and other SPs who work with victims and survivors of traumatic events could have a positive impact, such as compassion satisfaction (CS), vicarious resilience (VR), and vicarious posttraumatic growth (VPTG) (Baqeas et al., 2021; Chen et al., 2022; Doherty et al., 2020; Hernández-Wolfe, 2018; Hernández-Wolfe et al., 2015; Jun, 2020; Kase et al., 2019; Manning-Jones et al., 2015, 2017; Sacco & Copel, 2018; Stamm et al., 2022; Wang et al., 2020; Yaakubov et al., 2020).

Social Context

It is challenging for HCPs and other SPs to meet the needs of those in their care when they experience burnout and have poor well-being, which can have a significant societal cost (Lee et al., 2020; Tawfik et al., 2018), such as decreased workforce in the helping profession and job dissatisfaction. A study conducted by Callahan, Christman, and Maltby (2018), showed that many individuals who provide healthcare and social services often dedicate their lives to helping others while neglecting their own physical and mental health. As a result, they sometimes go to

work with a limited capacity to function well. Lee, Kim, Paik, Chung, and Lee (2020) and O'Connor, Muller Neff and Pitman (2018) showed that working with depleted resources for themselves could be further exacerbated by a heavy caseload, a lack of structure at work, no support, experiencing threats of violence, and having challenging therapeutic relationships. As such, it could cause HCPs and other SPs to be less effective at work, resulting in a reduction in their ability to provide quality treatment and interventions and causing more harm to clients. Consequently, these professionals can make costly medical errors such as misdiagnoses that could have long-term and permanent effects on both them and the people they care for (Tawfik et al., 2019). Some of these effects on HCPs and other SPs include cognitive and emotional distortions that can hinder their ability to properly identify and meet the needs of victims and survivors. Some symptoms of these distortions could be dissociative in nature and others, according to DeFraia (2016), include anxiety, restlessness, insomnia, experiencing negative intrusive images and thoughts, detachment, and diminished concentration.

Theoretical Context

While the foundational framework for this study is phenomenology, the Conceptual Model for Well-Being and Resilience developed by the National Academy of Medicine (Brigham et al., 2018) and the Five Ways to Wellbeing Model created by Catherine Gilliver (2021) will help this researcher understand how HCPs and other SPs who work with survivors and victims of DMST and CSEC cope with negative experiences. The NAM's Well-Being and Resilience Model is used to better understand the well-being and sense of fulfillment helping professionals have when working in high stress environments (Boyle et al., 2019). It was developed to address issues related to clinician well-being by the National Academy of Medicine

to help mitigate the effects of endemic burnout in clinicians and how it affects those to whom they provide service (Brigham et al., 2018).

The well-being model helps identify activities HCPs and other SPs could engage in to help ward off negative effects of working with traumatized individuals and promote the well-being of helping professionals (Gilliver, 2021). These models helped to shine a light on whether helping professionals are able to engage in self-care, have a healthy well-being (Brigham et al., 2018; Gilliver, 2021), develop, thrive, grow, flourish, have positive relationships, and enjoy a good quality of life (Cooke et al., 2016; Huppert, 2009; Mansfield et al., 2020; Ruggeri et al., 2020) after their experience working with this population. Using these two models for the study gave the researcher some insight into the experiences of participants and how they coped effectively when working with victims and survivors of DMST and CSEC.

Situation to Self

I was in education for 24 years as a teacher in grades K-12. I worked in a boarding school, as well as independent day, private, and public schools. During my career, I had numerous opportunities to engage with survivors and victims of sex trafficking. However, it was a challenge to properly identify members of this population due to my lack of understanding about the differences and similarities between symptomology for sex-trafficked youth, sexual abuse, and child abuse. My experience with students in this group had a significant psychological impact on me as an educator, which influenced my overall approach to working with youth.

The fact that I am a survivor of child sexual abuse colored my perspective with my students. I automatically assumed a similar fate for students who behaved in the same manner as I had as an adolescent. I sometimes questioned the choices I made when doing my best to assist abused students and often felt like I might have caused more harm than good. I assumed that the

behaviors I observed in some of my students were due to child abuse or sexual abuse, not realizing the possibility that they might be victims and survivors of sex trafficking. While working with them, I struggled with my own mental health issues. Nonetheless, I could not find any resources to help me cope with the depression and anxiety to mitigate the negative impact of working with this population.

Earlier in my teaching career, I often viewed human trafficking and sex trafficking as an industry that did not happen in the United States. My assumptions were solely based on what was portrayed on television in movies and shows. I assumed youth that experienced the level of abuse sex-trafficking victims and survivors did were due to their running away and working in prostitution to survive. It had never crossed my mind that those young people were trafficked to the United States or within the United States for the purpose of the sex trade. As I learned more about human trafficking and the sex trafficking of minors, I started to wonder how many immigrants who were being told to go back home or were being sent back to their country of origin, were in the United States because they were being trafficked. I also pondered how many of these students sitting in my classroom were currently being victimized.

While teaching, I started working on courses to become a mental health counselor. Throughout my studies, I learned much more about the psychological, physiological, and social impact of abuse of any kind on youth. My earlier assumptions about potential victims and survivors of sex trafficking changed. Also, I learned better how to identify potential survivors and victims of this industry and was able to apply this knowledge in the classroom. As a result, I was better equipped to share my concerns with the school counselors who helped these students. As I furthered my studies, I started to wonder how those in the helping profession and other fields coped with working with individuals who were sex-trafficked as youth.

Since moving to Florida, I have worked in a private high school and two public high schools. I have worked with a diverse population of students, especially in the public schools. Many of my students were migrant workers from various Spanish-speaking countries, such as Argentina, Guatemala, Colombia, Ecuador, Venezuela, and Mexico, immigrants from Haiti, and United States citizens who lived beneath the poverty level. As a teacher understanding their struggles, I was invested in their lives and their success. I became curious as to how many of these students were potential survivors and victims of youth sex trafficking, how other professionals who work or worked with them coped with this possibility, and if that experience changed their approach to meet these students' needs.

This topic is extremely important to me. My desire is to understand how working with this demographic, sex-trafficked youth in Florida, impacts HCPs and other SPs who meet with them and how that information could help me, as a counselor, better meet my clients' needs. My interest is based on an ontological assumption. By using this approach, I was able to examine the different realities or experiences from participants (Creswell & Poth, 2018; Heppner et al., 2016).

In using the ontological assumption, I was able to interpret common themes in the information gathered. My assumption was that those who work with survivors and victims of DMST and CSEC were impacted in the same way I was on a psychological level. I could not imagine other teachers having a different response than me, staying up overthinking what more they could have done to help their students. I wondered if they also had felt like they might have missed an opportunity to help a survivor and therefore suffered a consequent sense of guilt about it. Did they also assume child abuse or physical abuse when potential victims and survivors of DMST and CSEC asked for help or tried to hide in the classroom?

Findings from this study gave me an idea of whether their experience was universal or dependent on circumstances and situations. In using this interpretivist paradigm framed within a biblical perspective, I wanted to get a sense of how working with survivors and victims of sex trafficking affects others. I was able to gather information that could help HCPs and other SPs who care for youth in this demographic understand that their experience is universal. In using a biblical worldview, I was able to meet HCPs and other SPs where they were and help them understand how their experiences inform their thinking and behaviors in terms of the work they do.

Problem Statement

The problem is a lack of qualitative research that related to the impact of working with sex-trafficked survivors (Boulanger, 2018; Cole, 2018; Hemmings et al., 2016; Litam 2017; 2021; Sprang et al., 2021; Yaklin & Rolin, 2020) on those in the helping profession, such as clinicians, law enforcement personnel, educators, social workers, and counselors. Many quantitative and qualitative studies had been conducted concerning the impact sex trafficking has on adult survivors whether it be psychologically (Levine, 2017), physically, or socially (Barnert et al., 2017; Chapple & Crawford, 2019; Ernewein & Nieves, 2015; Goldberg & Moore, 2018; Muraya & Fry, 2016). However, there is a scarcity of research on the CSEC within the United States (Kenny et al., 2019; Miller-Perrin & Wurtele, 2017). Thus, it makes sense that there has been limited research done on how working with survivors of DMST and CSEC impacts the lives of those in the helping professions.

There have been recommendations for future research on the prevalence of the sex trafficking of youth in the United States (Franchino-Olsen et al., 2020), as rates are not accurate (Barnert et al., 2020; Franchino-Olsen et al., 2020; Jaeckl & Laughon; 2020; Nemeth & Rizo,

2019), and it is a challenge meeting the needs of victims and survivors (O'Brien et al., 2017). As those in the healthcare profession will likely cross paths with victims of sex trafficking and survivors, providing for their immediate healthcare needs and potentially making referrals to different agencies for further assistance (Ernewein & Nieves, 2015), it is important to understand the impact these experiences have on HCPs and other SPs as well. Research has also shown that those in the education field present a key aspect of intervening on behalf of potential survivors and victims of this industry (Lemke, 2019). Thus, research such as this study is necessary for understanding the experiences of educators and how it informs their decisions when working with victims and survivors of CSEC or DMST.

Purpose Statement

The purpose of conducting this phenomenological study was to describe the experiences of HCPs and other SPs who work or worked with youth sex-trafficking victims and survivors on the Treasure Coast, in the state of Florida. For the purposes of this study, *work with children and adolescent survivors of sex trafficking* is providing for victims' and survivors' needs to include shelter, social support, education, psychological and medical treatment, food, and legal support for survivors (Pascual-Leone et al., 2017) of CSEC and DMST. The Conceptual Model of Factors Affecting Clinician Well-Being and Resilience devised by the NAM (Brigham et al., 2018) and the Five Ways to Wellbeing Model developed by Catherine Gilliver (2021) guided this study. These models helped give the researcher a better understanding of how participants experience working with survivors and victims of DMST and CSEC.

Significance of the Study

Describing the experiences of HCPs and other SPs working with victims and survivors of child sex trafficking has empirical, theoretical, and practical significance. Empirically, this study

might contribute to further research about how HCPs and other SPs are affected by working with this demographic. On a theoretical level, this study could have some implication on the importance of the well-being and resilience of helping professionals and how they can use their experience to cope effectively in their respective roles when working with victims and survivors of DMST and CSEC. Practically, findings from this study could provide some insight into the types of impact, both negative and positive, a service professional might experience as they work with youth sex-trafficked victims and survivors in Florida.

Empirically

There is a dearth of empirical studies available that have investigated how those who work with survivors and victims of child sex trafficking are impacted (Hemmings et al., 2016; Litam, 2017, 2021; Sprang et al., 2021). Thus, studies like this one are necessary to gain some insight into their experiences and how it informs their decision-making in terms of identifying, treating, and working with victims and survivors (Gonzalez-Pons et al., 2020; Greenbaum, 2016; Wilks et al., 2021). The current study addresses this gap in literature through gathering primary data from those who work with child and adolescent sex-trafficked survivors and victims. Some medical professionals continue to struggle to identify the difference between patients who are victims of sex trafficking and adults who consent willingly to work in the sex trade (Talbot & Suzuki, 2021), despite the plethora of studies about sex trafficked victims currently available highlighting risk factors and characteristics. Findings from this investigation could prompt further studies on how HCPs and other SPs cope effectively after working with not just victims and survivors of child sex trafficking but also with other types of traumatic events.

Theoretically

This study relates to both the NAM model (Brigham et al., 2018) and the Five Ways to Wellbeing Model (Gilliver, 2021). Both models helped guide the research; they gave clarity to how incorporating self-care and having a healthy well-being helped mitigate the effects of working with victims and survivors of DMST and CSEC (Brigham et al., 2018; Gilliver, 2021; Litam, 2018; Peck & Meadows-Oliver, 2019). Findings shone a light on how using well-being and self-care facilitated the growth and development of HCPs and other SPs, and helped them flourish (Cooke et al., 2016; Mansfield et al., 2020: Ruggeri et al., 2020) as a result of their experiences as well. Well-being and resilience are important aspects of having a good quality of life (Brigham et al., 2018; Cooke et al., 2016; Huppert, 2009), especially since helping professionals who work with trauma survivors can experience negative effects, such as burnout, vicarious trauma, and compassion fatigue (Browne-James et al., 2019; Litam & Lam, 2021; Preble et al., 2020; Sprang et al., 2021). The use of these models, as a lens through which to conduct this study, gave the researcher insight into how participants are able to cope effectively as they work with and after they worked with youth sex-trafficked victims and survivors.

Practically

Federal legislation has been passed to help combat DMST in Florida, with some laws requiring welfare agencies to create policies and procedures that help appropriately identify, screen, and define proper treatment protocols (Gibbs et al., 2018). It is highly probable that educators, medical professionals, counselors, law enforcement, and other SPs in Florida will encounter members of this demographic, making it imperative that these professionals are knowledgeable about the appropriate screening techniques needed to identify this group and how to best meet victims' and survivors' needs when they seek help (Kenny et al., 2019). Since stress could trigger burnout, helping professionals and other SPs who work in highly stressful and

emotionally challenging situations are susceptible to its development (McGhee, 2017). As a result, HCPs and other SPs might have difficulty identifying victims of sex trafficking, which could potentially impact them on a professional level as well as their mental well-being if they miss opportunities to render aid to this vulnerable population.

An understanding of how helping professionals are impacted when working with survivors and victims of DMST and CSEC gives some insight into how they can work to balance potential negative effects professionally, personally, and socially. Florida, much like Boston and Philadelphia, serves as a transportation point in the sex trafficking trade, (Ernewein & Nieves, 2015; Fraley & Aronowitz, 2017), which is why it is important to investigate the phenomenon as it occurs in this state. Findings from this current study might inform policymaking, education, and the development of protocols that could meet the needs of helping professionals, educators, social workers, law enforcement, or anyone else who encounters a survivor and victim.

Research Questions

This study was developed from the review of previous studies which showed that there is a scarcity of literature available about the experiences of those in the helping profession and other fields who work or worked with survivors and victims of sex trafficking and DMST (Browne-James et al., 2021; Helpingstine et al., 2021). Therefore, it is important to study this phenomenon. The study focuses on what the experience is like for people who work or worked with survivors and victims of DMST and CSEC, not the victims themselves. Three research questions guided this study and helped to fill some of the gaps in literature. These questions are:

RQ1: How do healthcare professionals and other service providers describe their experiences of working with child and adolescent sex-trafficked survivors in Florida? With this question, this researcher gathered information to see any themes or recurrent patterns in the data

that occurred in the way participants describe their experiences (Creswell & Poth, 2018; Cypress, 2018; Heppner et al., 2016). These common themes could give insight as to any similarities, differences, and interconnections among their experiences (Heppner et al., 2016). Responses allowed for the investigation of the participants' understanding of youth sex trafficking.

RQ2: How do healthcare professionals and other service providers describe the impact of working with youth survivors of sex trafficking? The purpose of this question is to focus on the effect of the phenomenon on the participants (Creswell & Poth, 2018), as well as the impact of working with survivors and victims of this industry. In looking at the responses, the researcher got a better sense of whether the impact of working with this population was a universal one or if the characteristics of their experiences varied (Moser & Korstjens, 2018) since people experience things differently.

RQ3: What coping mechanisms do healthcare professionals and other service providers describe using to help deal with the effects of working with sex-trafficked victims and survivors, including self-care? The purpose of asking this question is to gain an understanding of whether the people who work or worked with survivors and victims of this population had a means of self-care and a healthy well-being (Brigham et al, 2018; Gilliver, 2021), as both might help mitigate negative effects of working with this population. Responses to this question helped determine if coping mechanisms used by HCPs and SPs were similar or different and which ones they found to be more effective (Moser & Korstjens, 2018).

Using these questions as a guide for this study gave a plethora of information that can be used to inform decision-making and policies about training for HCPs and other SPs who work with survivors and victims who were trafficked for sex as children and adolescents. Findings

could potentially serve as resources for effective and adaptive coping mechanisms that could help avert burnout, VT, and CF.

Definitions

1. *Burnout* - An effect that results from working in adverse conditions due to chronic stress leading to significant strain on individual well-being and health, physically and psychologically, characterized by exhaustion, loss of interest in feeling fulfilled at work, empathy, and effectiveness (Dzau et al., 2018; Salvagioni et al., 2017; Stebnicki, 2017).
2. *Child Sex Trafficking* - Providing, transporting, soliciting, recruiting, patronizing, harboring, and obtaining minors for the purpose of commercially exploiting them for sex (U. S. Department of Justice, 2020).
3. *Commercial Sexual Exploitation of Children (CSEC)* - A severe form of sexual abuse of a minor, an individual under the age of 18 yeas, for monetary gain (Kenny et al., 2019).
4. *Compassion Fatigue (CF)* - Emotional and physical exhaustion that results from constantly caring for those in significant need due to trauma and traumatic stress (Briere & Scott, 2014; Jaimes et al., 2019).
5. *Domestic Minor Sex Trafficking (DMST)* - A form of child abuse that involves recruiting transporting, harboring, providing, and obtaining individuals under 18 years who are U.S. citizens or lawful permanent residents for the purpose of engaging in commercial sex acts (Victims of Trafficking and Violence Protection Act of 2000 [TVPA], 2000).
6. *Human Trafficking* - A form of modern-day slavery (Burt, 2019) that involves the use of coercion, force, or fraud to get individuals to do some type of commercial sex act or labor (U.S. Department of Homeland Security, 2022).

7. *Modern Slavery* - A broad category used to refer to both sex trafficking and labor trafficking (Burt, 2019; U. S. Department of State, n.d.).
8. *Self-care* - Activities that help individuals cope with stressors and nurture their mental, physical, and emotional well-being (Helpingstine et al., 2021), as to ensure they have a well-balanced life (Glennon et al., 2019).
9. *Service Provider (SP)* – An individual who works in the legal, medical, social service, or mental health profession and provides care for survivors and victims of human trafficking (Muraya & Fry, 2016).
10. *Sex Trafficking* - A type of trafficking in which coercion, force, or fraud is used to make individuals engage in commercial sex acts in which something of value is given or received by an individual (Burt, 2019; TVPA, 2000).
11. *Survivor* - An individual who has gone through the recovery process after a crime had been perpetrated against them (Rape, Abuse, & Incest National Network [RAINN] et al., n.d.).
12. *Trauma Bond* - An emotional connection between an abuser/trafficker and their victim, which is common in those with complex trauma, that compels the sex-trafficked victim to engage in sexual exploitation and protect their abuser/trafficker (Casassa et al., 2021; Cohen et al., 2017).
13. *Vicarious Traumatization (VT)* - The effect of regular exposure to working directly with others who experience trauma (Sprang et al., 2021), which could lead to psychological and behavioral effects, such as anxiety disorders and depression (Briere & Scott, 2015; Sansbury et al., 2015).
14. *Victim* - An individual against whom a crime has been committed (RAINN et al., n.d.).

15. *Well-being* - A construct in which individuals feel good and can function well in life, which enables them to develop and thrive (Cooke et al., 2016; Huppert, 2009; Ruggeri et al., 2020), as well as grow, flourish, feel capable, have positive relationships, and enjoy a satisfactory quality of life (Mansfield et al., 2020) in society despite the occurrence of negative events.

Summary

As a global public health problem, human trafficking has garnered much attention across the globe and domestically in the United States. Domestic minor sex trafficking (DMST) and the commercial sexual exploitation of children (CSEC) have also received much attention in recent years. Several studies have been done, primarily with adults, who were lured into human and sex trafficking, and even some studies were done with youth (Branscum & Fallik, 2021; Duncan & DeHart, 2019; Wilks et al., 2021). There are a myriad of individuals in different professions encompassing healthcare professionals (HCPs) and other service providers (SPs) who potentially cross the paths of members of this demographic (Brown-James et al., 2021; Chapple & Crawford, 2019; Ernewein & Nieves, 2015; Fraley et al., 2018; Gibbs et al., 2018). As a result, it is essential that they have a good understanding of how to identify, screen, and treat survivors and victims of this trade. Knowing this information could equip HCPs and other SPs with the tools they need to avoid misidentification leading to more harm, which could potentially impact their experience of working with DMST and CSEC survivors. Since prevalence estimates are not as accurate for victims and survivors (Litam & Lam, 2021), it can be difficult for helping professionals to administer appropriate treatment and use proper screening measures. Nonetheless, there is a limited amount of empirical evidence detailing the experiences of those who might interact with survivors and victims of this industry. As a result, this study addresses

some of the research gaps. With this study, this researcher aims to provide insight from participants about their experiences that could inform decision-making and policies for educating, training, and providing resources focused on self-care to mitigate the negative effects of working with this group.

Chapter Two: Literature Review

Overview

This study was designed to investigate the experiences of those in the helping profession who work with survivors of youth sex trafficking in the state of Florida. The focus is primarily on its occurrence on the Treasure Coast, an area comprising three or more counties, which gives the researcher an opportunity to cast a wider net in finding potential research participants. However, there is a paucity of literature available about the experience of working with this group (Boulanger, 2018; Cole, 2018; Hemmings et al., 2016; Litam 2017; Sprang et al., 2021; Yaklin & Rolin, 2020). This chapter incorporates related literature to the topic of study; discusses child sex trafficking; identifies areas that impact the experiences of those working with this population; notes efforts to improve identification through screening tools; and studies the impact it might have on health care providers (HCPs) and other service providers (SPs).

Trafficking is defined as a process that involves the recruitment of, transportation of, harboring, transferring, or receiving people through using force, coercion, kidnapping, deceit, fraud, abuse of power, or monetary gain (Muraya & Fry, 2016). Also known as modern-day slavery (Burt, 2019; International Labor Organization [ILO], 2022c; United States Department of State, n.d.), trafficking occurs throughout much of the world regardless of ethnicity, culture, or religion (ILO, 2022a; 2022b). A majority of those being trafficked are for forced labor or forced marriages, but some may be refugees, those seeking asylum, undocumented immigrants (ILO, 2022a; Peck & Meadows-Oliver, 2019), or migrant workers who are three times more likely to be trafficked for forced labor (ILO, 2022a; International Organization for Migration [IOM], 2019; Wang & Park-Taylor, 2021).

Child sex trafficking, also referred to as commercial sexual exploitation of children (CSEC), is defined as the engagement of children and adolescents less than 18 years of age in sexual acts (Goldberg & Moore, 2018) to earn money, food, shelter, or other things of value. According to Kenny, Helpingstine, Long, Perez, and Harrington (2019), this form of sex trafficking, as a form of sexual abuse, is quite severe. The CSEC is illegal in the United States and under statutes in many of the countries around the globe (United States Department of State, n.d.).

The focus of this chapter is on those who work or worked specifically with survivors of domestic minor sex trafficking (DMST) or CSEC, which are two forms of child sex trafficking that involve engaging children and adolescents younger than 18 years of age in sexual acts, so they can earn food, housing, money, and anything else of value (Gibbs et al, 2018; Goldberg & Moore, 2018; TVPA, 2000). This qualitative study used a hermeneutical phenomenological interpretive approach to investigate the phenomenon of working with sex-trafficked youth and its impact on HCPs and other SPs. This chapter describes the National Academy of Medicine's (NAM's) Conceptual Model of Factors Affecting Well-Being and Resilience (Brigham et al., 2018) and the Five Ways to Wellbeing Model (Gilliver, 2021). Well-Being is a concept based on individual perspective (Mansfield et al., 2020; Ruggeri et al., 2020) and its meaning depends cultural values and that individual's worldview (Mansfield et al., 2020). According to Huppert (2009) and Ruggeri, Garcia-Garzon, Maguire, Matz, and Huppert (2020), it encompasses not only physical and mental health but also how individuals perceive their lives are going. An individual's perception that their life is going well can be disrupted after working in highly stressful situations such as working with trauma victims and survivors, which can have a

negative impact on his or her lives and making it a challenge to function effectively in all areas of life (Huppert 2009).

Conceptual Framework

The ontological assumption informed this study and aided the researcher in assessing the reality of participants' lived experiences. The researcher was interested in examining the experiences of working with survivors and victims of child sex trafficking using different perspectives and themes that developed (Creswell & Poth, 2018). In order to learn about a particular phenomenon, it is important to learn about it by gathering information from different sources to see how it could inform a better interpretation of people's lived experiences and how it impacts the lives of individuals. In conducting this study on HCPs and other SPs who work or worked with sex-trafficked youth, it is also necessary to focus on their psychological well-being and their engagement in self-care. Pointing a lens at these two aspects of participants who work with this population will enable the researcher to determine if they can effectively meet their needs and counter any negative effects from working with this group (Boulanger, 2018; Greenbaum et al., 2018; Litam, 2018; Peck & Meadows-Oliver, 2019; Preble et al., 2020; Sprang et al., 2021). According to the literature, there is no clear or specific definition for well-being, as it is perceived to be a concept that is multidimensional and seems to involve two different perspectives related to functioning and flourishing positively (eudaimonic) as well as satisfaction in life (hedonic) (Mansfield et al., 2020; Ruggeri et al., 2020). For individuals to have beneficial and effective functioning, it is necessary for them to have good health and good well-being (Gilliver, 2021). Therefore, the Conceptual Model of Factors Affecting Well-Being and Resiliency proposed by the NAM (Brigham et al., 2018) and the Five Ways of Well-being Model (Gilliver, 2021) were used by this researcher to serve as foundational guides for this study.

The NAM Model

According to Brigham, Barden, Dopp, Hengerer, Kaplan, Malone, Martin, McHugh, and Nora (2018), The NAM Conceptual Model of Factors Affecting Clinician Well-Being and Resiliency was developed as a result of a study about clinician well-being, resiliency, and burnout. It was developed by the Action Collaborative on Well-Being and Resilience launched in 2017 by the NAM to focus on addressing clinical burnout in physicians and other HCPs (MeInyk et al., 2020; Stewart et al., 2019). The Conceptual Model Group came up with this a new model because they felt it was important to create one that addressed burnout and well-being for those working in the helping profession (Brigham et al., 2018). The developers model indicated several factors, internal and external, associated with the health and wellness of clinicians and their resilience, applied them across all helping professions, and identified links between providers' well-being and patients outcomes, the health care system, and providers and patient relationships (Brigham et al., 2018; Stewart et al., 2019). This NAM model was chosen for this study because, in talking about the experiences of HCPs and other SPs working with survivors and victims of child sex trafficking, it was important for the researcher to understand how it impacted their health and well-being, so she could derive common themes.

The NAM model has three principal components: patient well-being, clinician-patient relationship, and clinician well-being (Brigham et al., 2018). This model uses a system within a system design like that of Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1977). It is concentric with patient well-being at the nucleus of the arrangement, encircled by clinician-patient relationship, which is surrounded by the outer circle, clinician well-being (Boyle et al., 2019; Brigham et al., 2018). The external and internal factors that affect physicians' and other HCPs' well-being and resilience encompass all three circles that make up the NAM model

(Brigham et al., 2018; MeInyk et al., 2020; Stewart et al., 2019), indicating their interconnectedness between all elements and how they affect each other (Bronfenbrenner, 1977; Mcleod, 2023). Patient well-being, however, is the focal point of the circles, spiraling outward to clinician well-being, and encompassed by both external and personal factors that affect their well-being (Boyle et al., 2019; Brigham et al., 2018; Stewart et al., 2019). To effectively cope with the impact of working with victims and survivors of child sex trafficking, it is imperative that organizations provide and support a culture that focuses on the wellness of HCPs and other SPs and promotes good health and wellbeing (MeInyk et al., 2020).

The experience of working with survivors is central to care; however, there are a myriad of factors that can impact the providers, and the intrinsic link between each element could lead to the development of secondary traumatization (ST), burnout or resiliency (Boyle et al., 2019; Brigham et al., 2018; Coleman et al., 2021; Helpingstine et al., 2021; Newell et al., 2016; Pascual-Leone et al, 2017). Therefore, studying the phenomenon of working with this demographic could inform future research in devising methods to help clinicians avoid experiencing ST and burnout, as well as develop resiliency, which was a goal of devising this model (Brigham et al., 2018; MeInyk et al., 2020).

The Five Ways to Wellbeing Model

The Five Ways to Wellbeing Model is used in the United Kingdom and was adopted by the National Health Service (NHS) in England (Gilliver, 2021). This model was developed by the New Economic Foundation from a study conducted in the United Kingdom, and it is evidenced-based (Ng et al., 2015). It focused on the idea that people with good well-being have a greater tendency to cope with adversity (Gilliver, 2021) and be more productive members of society (Ruggeri et al., 2020). There are five key activities that comprise this model:

Connections, Be Active, Take Notice, Continuous Learning, and Giving, all of which are interrelated (Gilliver, 2021; Mackay et al., 2019). It is essential that providers connect with others rather than isolate themselves to help mitigate negative emotions that result from working with this population (Mackay et al., 2019). These five activities are ones that support self-care, which participants of this study might need to learn how to do or are already doing (Gilliver, 2021).

Connections

Forming connections will build natural support systems which can be quite helpful when faced with a patient or client with whom and HCP or SP experience countertransference (Levers, 2012; Sprang et al., 2021) or from whom HCP or SP develops ST (Bercier, 2013; Boulanger, 2018; Helpingstine et al., 2021). Developing these types of relationships will be helpful for HCPs and SPs to create support networks that might help them cope when working with victims and survivors of DMST and CSEC who share significantly traumatic experiences that are hard to deal with.

Be Active

Going for a walk, run, swim, or ride are great ways of being active, which will help build up endorphins and work off any stress participants might feel as an effect of working with victims and survivors (Gilliver, 2021). By being active, participants who work as HCPs and other SPs can use physical activity when they need an outlet to help mitigate negative effects of working with an individual whose trauma story causes them undue stress or to experience VT.

Take Notice

It is also important for individuals to be aware of what is going on around them outside of work (Sprang et al., 2021), since it has a positive correlation to well-being (Mackay et al., 2019).

Taking a moment to pause, to observe what is going on in their communities, and to appreciate the world around them could help HCPs and other SPs develop an improved well-being and develop resiliency (Gilliver, 2021; Mackay et al., 2019; Sprang et al., 2021), which could enhance their capacity to deal with negative, high stress situations. This element of well-being would be helpful for those participants who put most of their energy into working, due to its many demands, sometimes eclipsing other interests outside of work (Callahan et al., 2018). This way, participants might be able to create better work-life balance and not become overwhelmed to the point of burnout due to the emotional and physical demands placed on them (Callahan et al., 2018; Lee et al., 2020).

Continuous Learning

It is also important to keep learning by acquiring the necessary skills for properly identifying potential or suspected victims and survivors of sex trafficking (Gilliver, 2021; Gonzalez-Pons et al., 2020; Greenbaum, 2016; Mackay et al., 2019). Being educated about signs and symptoms, as well as proper procedures and protocols, will make it possible for them to feel more confident (Gilliver, 2021) when they cross paths with a member of this group.

Giving

The final activity of giving encompasses focusing on someone else by either being nice to someone, participating in a community event, or even just smiling at someone (Gilliver, 2021). By engaging in this activity, HCPs and other SPs can volunteer their time to help others as a way to improve their own individual well-being. Participating in the external community may prove rewarding, further helping them to create more connections (Gilliver, 2021). Research has shown that when people engage in leisure activities, it provides an opportunity for them to have experiences that promote well-being (Mansfield et al., 2020). Giving can be a way for service

professionals who engage with victims and survivors of CSEC and DMST to stave off negative impacts of working with this population as well as provide some sense of satisfaction while providing an appreciation of the differences in cultural perspectives of well-being (Gilliver, 2021; Mackay et al., 2019; Mansfield et al., 2020).

The Five Ways to Wellbeing model has been shown to be effective in staving off negative experiences (Gilliver, 2021; Mackay et al., 2019), which many of the participants might experience while working with survivors and victims of DMST and CSEC (Sprang et al., 2021). Although the focus of study with this model was primarily for nurses, its findings suggest this model would work well with anyone who works in a helping profession and can be widely used in any field (Cooke et al., 2016; Ng et al., 2015). It promotes the adoption of a healthy lifestyle and a more positive outlook on life. Also, engaging in these activities might have a profound and positive impact on HCPs' and SPs' relationships with their clients and patients (Gilliver, 2021; Mackay et al., 2019).

Related Literature

Human sex trafficking is being recognized as a global public health problem (Barnert et al., 2020; Burt, 2019; Casassa et al., 2021; Ernewein & Nieves, 2015; Helpingstine et al., 2021) that has far-reaching impacts both on the lives of those who are trafficked and those indirectly related to the trafficked individuals. Global estimates from the ILO (2022c) revealed that in 2021, approximately 50 million people were living in modern slavery, one of the umbrella terms like human trafficking and trafficking that are used to refer to labor and sex trafficking (Litam & Lam, 2021; U. S. Department of State, n. d.). Over the last 5 years, the numbers have increased tremendously (ILO, 2022c). Of the number reported in 2021, 6.3 million people were forced into commercial sexual exploitation with 4.9 million being women and children (ILO, 2022b).

Although it was thought to be primarily a problem outside of the United States, recent studies have shown that the prevalence of CSEC in the United States has increased (Burt, 2019; Duncan & DeHart, 2019; Greenbaum, 2018) over the years, and more people are being educated about the risk factors of DMST (Duncan & Dehart, 2019; Fedina et al., 2019; Franchino-Olsen et al., 2020).

A majority of human trafficking victims (80%), to include children, are sexually exploited for profit with India, China, and the United States being the top three countries engaging in child trafficking (World Population Review, 2023a). Children and adolescents are victimized by this industry, and its impact has psychological, physiological, and social consequences similar to that of child sexual abuse (Branscum & Fallik, 2021; Gibbs et al., 2018; Greenbaum, 2017, 2018; Helpingstine et al., 2021; Ijadi-Maghsoodi et al., 2016). As a result, those in the helping profession, as well as educators, law enforcement, and social services, might miss the chance of appropriately identifying survivors and victims of DMST and CSEC (Donahue et al., 2019; Ernewein & Nieves, 2015; Goldberg & Moore, 2018; Greenbaum, 2016; Varma et al., 2015).

Prevalence of Child Sex Trafficking

Many of the studies completed in the past were focused on the human trafficking of women and girls, resulting in data that was not as reliable and making it a challenge to determine how prevalent CSEC (including both boys and girls) was (Chapple & Crawford, 2019; Greenbaum, 2020; Reid et al., 2017). In the last few years, more information has surfaced about the prevalence of CSEC in the United States, shining a spotlight on the paucity of qualitative studies related to how working with sex-trafficked survivors impacts the lives of those who cross their paths (Barnert et al., 2020; Macias-Konstantopoulos et al., 2013; Moore et al., 2017).

Within the United States, California, Delaware, Michigan, Missouri, and Texas have the highest rates for trafficking children (World Population Review, 2023a). The top four states involved in sex trafficking, the most common type, in 2019 were California with 1,118 cases, Texas with 1,080 cases, Florida with 896 cases, and New York with 454 cases (World Population Review, 2023b). Of the states involved in CSEC, Florida, California, New York, and Texas have some of the highest rates for human trafficking overall, and they have a higher population of immigrants (World Population Review, 2023b). This study focuses on the experiences of those who work or worked with survivors of DMST and CSEC in the state of Florida, one of the states with a considerably high populace, as well as a significant immigrant population (World Population Review, 2023b).

Florida

As a national hub in human trafficking, ranking third in the United States (Voices for Florida, 2023; World Population Review, 2023b), the prevalence of CSEC, a form of modern-day slavery (Browne-James et al., 2021; Huang et al., 2022; ILO, 2022b; Thompson & Haley, 2018), is high in Florida with children being sold for sex in each county in the state (Ernewein & Nieves, 2015; Voices for Florida, 2023). In 2001, the National Human Trafficking Hotline (2023) reported that 781 cases of human trafficking were identified with 574 for sexual exploitation alone, and 37 for both sex and labor trafficking. The advancement of technology and internet made it possible for human trafficking incidences to increase significantly (Alvari et al., 2017). Major sporting events also contribute to the increase of this industry (Huang et al., 2022). In Florida, it was found that with prior large sporting events, like the Superbowl, held in Tampa (2009 and 2021) and in Miami (2020), there was an increase in online advertisements featuring

victims of prostitution that were children, which facilitates the ease of marketing and trafficking children for sex (Huang et al., 2022; United States Department of Justice, 2020).

According to Uitts (2022), founder of the Human Trafficking Front, both labor trafficking and DMST are common types of trafficking in Florida. Large cities, like Miami and Tampa, make favorable places for sex traffickers because of the influx of people from all over the world and the availability of hotels, making it possible to engage in their business (Huang et al., 2022). Research has shown that Jacksonville, the most populous city in Florida, has become a hub for human trafficking (Uitts, 2022). Although sex traffickers are more likely to traffic individuals in major cities, research has shown that they also branch out into rural and smaller towns (Cole & Sprang, 2015; Kometiani & Farmer, 2020; McCarthy & Marshall, 2018; United States Department of Justice, 2020). The area where the researcher lives is a relatively small town compared to the big cities in Florida like those mentioned above. There has been an influx to the Treasure Coast of migrant workers coming from larger cities on passes to live and work (Sawyer, 2021), and some are smuggled in (Hussey, 2023). Migrant workers are especially vulnerable to trafficking for labor and sex trafficking (ILO, 2022a; IOM, 2019) because they might be undocumented and fear deportation (York, 2022). Many of these people attend schools, albeit a small percentage (Florida Department of Education, 2023): play on sports teams; engage with social services; and seek medical and mental health services from community organizations (Barnert et al., 2017; Peck & Meadows-Oliver, 2019), making it especially important for those who work in service professions to have the knowledge and training to meet their needs.

Much research has been done with adult survivors of sex trafficking, but there is a clear dearth of literature on CSEC and DMST in the United States (Miller-Perrin & Wurtele, 2017). Levine (2017) found that prevalence data is inconsistent in this demographic and is important to

cite in the future since many are fearful of sharing their status as a sex-trafficked victim or survivor due to stigma. This particular finding is important for this study because there are millions of sex-trafficking victims and survivors, primarily women and children (Branscum & Fallik, 2021; Casassa et al., 2021; Macias-Konstantopoulos, 2016), who are often trying to cope with physical issues and mental health concerns that need to be treated (Macias-Konstantopoulos, 2016; Wilks et al., 2021), which means helping professionals are more likely to come across an individual from this group.

Reasons for Sex Trafficking Youth

Those being trafficked have varied demographics, including gender, race, age, socioeconomic status, nationality, education level (Branscum & Fallik, 2021). There is a myriad of reasons why people are trafficked, and one of the main purposes is for making a profit in the sex trade (Franchino-Olsen et al, 2020) via kidnapping, deceit, fraudulent means and abusing power (Muraya & Fry, 2016). This type of trafficking involves transporting individuals for the purpose of trading sex for something of more value, like food, shelter, clothing, money, drugs, etc. (Moore et al., 2017). For the purposes of this study, the researcher used a phenomenological approach to gain insight into how SPs define child sex trafficking, as well as their understanding of how working with this demographic impacts their own lives on every level. Phenomenology is concerned with the experience as it is lived by individuals (Adams & van Manen, 2017).

One impact of being victimized by this industry is the development of psychological disorders, such as posttraumatic stress disorder (PTSD), phobias, and anxiety disorders (Levine, 2017) for child and adolescent survivors. This effect is similar to that of individuals who experience sexual trauma, which can lead to misidentification in survivors of DMST and CSEC, and the use of treatment approaches with programs and guidelines designed for survivors of

sexual abuse trauma (Duncan & DeHart, 2019; Gordon et al., 2018). Child sexual abuse serves as a "gateway" trauma that increases the vulnerability of youth to being victimized through DMST and CSEC (Cohen et al., 2017; Ijadi-Maghsoodi et al., 2016; Reid et al., 2017). This is important information for clinicians to know, so they can be better equipped for educating patients about sex trafficking. It could also inform their treatment practices.

Need for Education for Helping Professionals

It is imperative that helping professionals are educated and trained in recognizing and identifying the characteristics of child sex trafficking survivors (Ernewein & Nieves, 2015; Kenny et al., 2019) and use the appropriate treatment methods that meet their needs, rather than treating them as typical child sexual abuse survivors or those experiencing effects of complex trauma (Cohen et al., 2017; Wilks et al., 2021). As a result, there is a likelihood that survivors and victims of CSEC and DMST will cross the path of those in the helping professions (Burt, 2019; Ernewein & Nieves, 2015). The problem, however, is that there is a dearth of literature about how working with this population impacts the lives of SPs, clinicians, physicians, teachers, law enforcement personnel, social workers, and mental health professionals (Boulanger, 2018; Cole, 2018; Hemmings et al., 2016; Litam, 2017; Sprang et al., 2021; Yaklin & Rolin, 2020). Therefore, it is important to understand their lived experiences through undertaking this current study to describe their experiences working with child sex-trafficked survivors.

CSEC and DMST

Youth who are commercially sex trafficked are being incarcerated for crimes that are related to their trauma of being sexually exploited (Barnert et al., 2017; Chaffee & English, 2015) due to a lack of education. This is a problem because many helping professionals are not educated enough about the impact of sexual exploitation on these youth to include mental health

concerns, substance use, risk-taking behaviors, and other physiological issues (Chaffee & English, 2015; Hemmings et al., 2016). Also, DMST is not solely of female minors, but is also of young males (Cole & Sprang, 2015), who may under-report because of the societal construct that men should be strong (Macias-Konstantopoulos, 2016); however, there is a paucity of research detailing this type of commercial sex trafficking (Chaffee & English, 2015; Cohen et al., 2017). Thus, males are often treated as criminals for prostitution-related crimes by law enforcement since they do not seem to fit the characteristics necessary for commercial sex trafficking (Cole, 2018; McGuire, 2018; U. S. Department of Justice, 2020).

As a result, helping professionals sometimes miss the signs and symptoms of this type of trauma, thereby leading to misidentification of suspected and potential victims of sex trafficking (Goldberg & Moore, 2018; Gordon et al., 2018), due to ineffective screening tools (Varma et al., 2015) that would help them delineate the differences between that type of trauma and others. Therefore, it is important for those in the helping profession to get proper training in identifying victims and survivors of sex trafficking appropriately (Greenbaum et al., 2018; Hardy et al., 2013; Hemmings et al., 2016; Ijadi-Maghsoodi et al., 2016; Peck, 2020; Powell et al., 2017; Preble et al., 2020). Getting proper training would equip HCPs and other SPs with the skills and tools needed to appropriately identify at-risk patients more quickly and get them the care they need, thereby decreasing further victimization.

Goddard (2021) describes adverse childhood experiences (ACEs) as several events that involve the abuse, trauma, and neglect children experience by the time they are 18 years old. In her article, she describes ACEs as being out of a child's control and that they could lead to potentially mental and physical health concerns as they grow throughout the lifespan. These experiences can have a psychological, cognitive, behavioral, and physiological (Ijadi-Maghsoodi

et al., 2016; Oral et al., 2016) effect on youth and serve contributing factors to their vulnerability being trafficked to being trafficked for sex (Reid et al., 2017). Other studies have shown that children and adolescents who experience ACEs and have a history of being victimized as DMST survivors are more likely to run away than those who are not exploited or who demonstrate externalizing behaviors, which could lead to misidentification as juvenile delinquents instead of as victims and survivors of child sex trafficking (Moore et al., 2017). They could develop substance abuse concerns since they use it as a method of coping with the impact of their traumatic experiences (Barnert et al., 2020; Gibbs et al., 2018; O'Brien et al., 2017; Peck, 2020), which could result in their needing medical or psychological help, even if they might be afraid to so do (Pascual-Leone et al., 2017; Talbot & Suzuki, 2021).

Education and Training of HCPs and SPs

While doing research of past studies related to this topic, this researcher discovered a preponderance of evidence highlighting the fact that not enough programs are available to service providers to effectively treat victims and survivors of CSEC and DMST, nor do they have knowledge about prevention and intervention programs for this group (Barnert et al., 2017, 2020; Cohen et al., 2017). According to Hemmings, Jakobowitz, Abas, Bick, Howard, Stanley, Zimmerman, and Oram (2016), there is a dearth of programs that provide adequate guidance and training on how to plan, assess, and provide optimal care for victims and survivors, which makes it challenging for HCPs and other SPs to meet their needs. The shortage of training and education programs could hinder the HCPs and other SPs from being effective at providing care for their charges in numerous ways. One way they could be affected is not being able to delineate between whether survivors or youth affected by CSEC have mental health diagnoses that were unique as compared to those of high-risk adjudicated youth and those who experienced

significant adverse childhood experiences (Chapple & Crawford, 2019; Goddard, 2021), which is essential for providing adequate an appropriate treatment.

One aspect of treatment is forming a connection and building a sense of trust. Having proper education and training could help HCPs and other SPs develop the skills they would need to treat victims and survivors of child sex trafficking when they present for care. Interpersonal relationships can be either protective or exploitative and play a significant role in the potential for youth to be at risk for DMST and CSEC. In a study conducted with youth who experienced DMST, O'Brien (2018) found that interpersonal relationships were foundational to working effectively with them. Education and training about how to build such relationships could inform the practices of HCPs and other SPs, which could help them meet the needs of victims and survivors. Proper education and training is essential for HCPs and SPs to develop a trauma-informed and survivor-centered approach when working with this group, thereby getting sex-trafficked victims and survivors they cross paths with to open up and feel safe when sharing their story as well as diminishing the likelihood of these providers causing more harm (Barnert et al., 2020; Quincy et al., 2020).

Furthermore, existing literature has shown that some of the first people to cross paths with sex-trafficked youth are HCPs and other SPs since they provide critical care and support to those who seek medical or mental health services (Miller-Perrin & Wurkele, 2017; Wilks et al, 2021). HCPs and other SPs, such as nurses and other medical providers, are mandatory reporters for child abuse, and they have the highest probability of working with victims and survivors of DMST and CSEC (Dols et al., 2019). Therefore, the service providers are at the forefront of reporting suspected abuse observed in children and adolescents, as well as playing a role in possibly stopping child sex trafficking. School counselors are another group of helping

professionals who are also in a position to encounter sex-trafficked youth in schools on a daily basis (Burt, 2019; Humphreys et al., 2019). Hence, it is essential that school nurses have an understanding of these experiences and the proper education and training necessary for properly identifying sex-trafficked victims and survivors of youth sex trafficking, so they can provide appropriate care. According to Wilks, Robichaux, Russell, Khawaja, and Siddiqui (2021) and Macias-Konstantopoulos (2016), approximately 88% of human-trafficking victims say they interact with HCPs in locations, such as emergency rooms, urgent care, and community health organizations for physical and psychological injuries incurred while being trafficked. Therefore, it is essential to educate and train personnel who work in medical settings, schools, and other service professions about DMST (Burt, 2019; Humphreys et al., 2019; Litam & Lam, 2021; Moore et al., 2017; Quincy et al., 2020) and CSEC, have standardized medical protocols to improve the ability of HCPs and school counselors to identify victims and survivors, prevent DMST, and develop effective interventions, medically and socially, for survivors (Burt, 2019; Dols et al., 2019; Gonzalez-Pons et al., 2020; McDow & Dols, 2021). In their study, Miller-Perrin and Wurkele (2017) found that no empirically supported intervention existed that specifically focused on sex trafficking.

In their study, Pardee and Munro-Kramer, Bigelow, and Dahlem (2016) investigated the lack of information available for primary care providers to properly evaluate, recognize, and provide appropriate care for youth who are being sex trafficked. They hoped to provide information to HCPs and other SPs, so they are less likely to miss the opportunity to help these patients when they present for services. Therefore, it is important for professional counselors to be educated about current issues related to child sex trafficking as it is necessary for them to have an understanding of mental health sequelae (Goldberg & Moore, 2018, p. 84; Gordon et al.,

2018), such as PTSD, depression, memory difficulties, anxiety, and self-harm (Cohen et al., 2017; Wilks et al., 2021); risk factors; and indicators that signify trafficking, as well as be able to advocate for victims and survivors (Browne-James et al., 2021). Findings from these research studies are important for HCPs and other SPs because not having an established approach to working with survivors and victims of sex trafficking might hinder their ability to provide proper care (Kenny et al., 2019; Wilks et al., 2021). Consequently, helping professions could be affected in a negative way based on their experiences, which could lead them to cause undue harm to patients by not being able to identify psychological and medical needs of sex-trafficked children and adolescents (Beck et al, 2015). To decrease the chances of HCPs and other SPs experiencing negative effects from working with this group of youth, it is imperative that they have substantive knowledge about how sex trafficking affects DMST and CSEC victims and survivors (Hardy et al., 2013).

Combatting DMST and CSEC

Numerous efforts have been made to combat human trafficking on both the global and domestic level in the last several years. Studies have shown that prevalence rates for DMST and CSEC are not widely known; however, there is an increased awareness about its occurrence in the past few years (Barnert et al., 2020; Burt, 2019; Casassa et al., 2021; Ernewein & Nieves, 2015; Finklea et al., 2015; O'Brien et al., 2017). Nonetheless, there is a need for more accurate prevalence estimates and incidences of DMST and CSEC in order to combat its occurrence, as well as for HCPs and other SPs to be better equipped to provide appropriate and effective services for sex-trafficked youth (Casassa et al., 2019; Fedina et al., 2019; Kenny et al., 2019; Nemeth & Rizo, 2019; Wilks et al., 2021). Having an accurate estimate would be helpful for all agencies involved in anti-human trafficking efforts. This knowledge could ultimately inform

policies and practices that could assist those working with survivors of sex trafficking. This researcher believes there is a need for combatting this public health problem more effectively and methodically, on all levels (state, national, and local), as well as for addressing how it affects HCPs and other SPs. In their study, Rothman, Stoklosa, Baldwin, Chisolm-Straker, Price, and Atkinson (2017) found that for an effective examination of human sex trafficking and its impact on service providers who care for sex-trafficked youth to occur, it is necessary to do so using a systems-level approach, which supports this researchers belief.

Research has shown that human trafficking task forces, databases, hotlines, and other resources have been established in several states, so they could work collaboratively to help provide information to HCPs and other SPs as well as to arrest perpetrators of sex trafficking (Barnert et al., 2016; Bounds et al., 2015; Huff-Corzine et al., 2017; Wilks et al., 2021). These collaborative teams are comprised of law enforcement, non-governmental organizations, and social service agencies. These groups could educate those in the helping profession about the purpose of task forces and agencies in combatting DMST and CSEC (Barnert et al., 2016; Barron et al., 2016; Ernewein & Nieves, 2015; Preble et al., 2020), and they could help train individuals who work with sex-trafficked youth in the state of Florida (Gibbs et al., 2018; Huff-Corzine et al., 2017). HCPs and other SPs could participate on these task forces by providing information on and educating them about sex-trafficked youth they treat since the fundamental purposes of these task forces are to arrest and investigate those involved in sex trafficking in Florida (Gibbs et al., 2018; Huff-Corzine et al., 2017).

The stronger the collaboration between agencies, the more likely more effective protocols and guidelines will be in place for identifying sex-trafficked victims, survivors, and perpetrators, which will also have an effect on the experiences of working with this demographic (Domoney

et al., 2015; Donahue et al., 2019). It could also lead to the development of more accurate screening measures for human trafficking, as this gathering of community partners could incorporate such measures and build a database that holds all the information gathered from these screenings for cross-referencing and reporting data (Nemeth & Rizo, 2019) across the country. By having these measures and systems in place, different agencies and those in the helping professions might have a more accurate view on how prevalent human trafficking occurs within the country, as well as some resources that would aid them in identifying and treating potential and suspected victims of this industry (Browne-James et al., 2021; Chambers et al., 2019).

Impact on HCPs and Other SPs

For HCPs and other SPs, working with survivors and victims of sex trafficking can be a burdensome task (Wang & Park-Taylor, 2021). Their desire to help victims and survivors, making them feel comfortable, engaging empathetically, and showing compassion to them, could create an environment that could lead to developing psychological and emotional discomfort (Michalchuk & Martin, 2019). According to Burt (2019), counselors in the United States are in a unique position to identify and address the needs of suspected and potential victims of this $150-billion industry. Therefore, it is imperative that HCPs and other SPs who work in educational institutions, mental health centers, private practices, and community clinics are educated and trained on how to identify, screen, and treat them (Bounds et al., 2015; Branscum & Fallik, 2021; Burt, 2019; Litam & Lam, 2021). Since one of the highest opportunities for stopping human trafficking is in the field of healthcare (Dols et al., 2019), this researcher made an inference that such was the case of properly identifying and treating victims and survivors of DMST and CSEC. Therefore, it was necessary to study how working with this group affected the mental and

physical wellbeing of HCPs and other SPs, which had an impact on their lived experiences. Studies have shown that having a healthy well-being is associated with job satisfaction and that it could mitigate adverse effects of working with traumatized individuals (Michalchuk & Martin, 2019; Ruggeri et al., 2020; Wang et al., 2020). Since having good well-being is a protective measure, it is important that helping professionals have the tools necessary for self-regulation and for performing their duties more effectively when working with sex-trafficked victims and survivors.

In some instances, HCPs and other SPs might serve as advocates for children and adolescents who experienced DMST and CSES. As such, they must have knowledge about risk factors associated with child sex trafficking and proper treatment protocols, policies, and procedures for providing appropriate care (Browne-James et al., 2021). They should also have training on how to effectively screen, identify, and assess sex-trafficked children and adolescents (Barnert et al., 2017; Bounds et al., 2015; Chaffee & English, 2015; Gibbs et al. 2018). Working with this population could affect the lives of HCPs and other SPs in various ways, such as their experiencing burnout and compassion fatigue (CF) or developing VT, which could significantly impact their ability to work effectively with victims and survivors and could lead to adverse effects (Boulanger, 2018; Kase et al., 2019; Sprang et al., 2021; Yaklin & Rolin, 2020). For providers who work with sex-trafficked victims and survivors, it is essential for them to engage in self-care activities and seek supervision (Boulanger, 2016; Browne-James et al., 2021; Litam & Lam, 2021), so they can have help managing any negative effects they might experience. While some HCPs and other SPs could be impacted in a negative way from working with child sex-trafficking victims and survivors, others could be affected in a positive way by experiencing compassion satisfaction (CS; Sacco & Copel, 2018; Stamm, 2002; Stamm et al., 2022; Wang et

al., 2020), vicarious resilience (VR, Hernández et al., 2007; Hernández-Wolfe, 2018; Jun, 2020; Wang & Park-Taylor, 2021), and vicarious posttraumatic growth (VPTG, Jaimes et al., 2019; Michalchuk & Martin, 2019). The effects can be psychological, spiritual, and occupational, all of which could impact HCPs and SPs negatively or positively as they work to help victims and survivors of traumatic events.

Psychological

Much of the research conducted in prior studies focused on the experience of professional therapists and nurses who experienced this phenomenon as an effect of working with trauma victims and survivors, but there are others in the helping profession who also work with members of this demographic (Avieli et al., 2016). Those who work with survivors of traumatic events can suffer intense negative psychological effects and stress responses like burnout, vicarious trauma, or CF (Avieli et al., 2016; Baqeas et al., 2021; Helpingstine et al., 2021; Salvagioni et al., 2017; Sansbury et al., 2015; Wang & Park-Taylor, 2019).

Burnout. Burnout is a syndrome and is characterized by reduced effectiveness, emotional exhaustion, job dissatisfaction, increased anxiety and stress, and some times higher rates of depression (Avieli et al., 2016; Callahan et al., 2018; Dzau et al., 2018, Helpingstine et al., 2021; National Academies of Sciences, Engineering, and Medicine [NASEM] (2019). All these characteristics can have serious consequences that affect the ability of HCPs and other SPs to meet the needs of survivors of CSEC and DMST (Salvagioni et al., 2017; Sansbury et al., 2015). Eliacin, Flanagan, Monroe-DeVita, Wasmuth, Salyers, and Rollings (2018) found that up to 67% of mental health professionals experience burnout at high levels. An inability to meet the needs of clients in this demographic can keep HCPs and other SPs in a vicious cycle that can

impact their overall health and well-being, having high personal costs for providers (NASEM, 2019).

Vicarious Traumatization. For HCPs and other SPs, working with traumatized individuals could lead to the development of secondary traumatic stress (STS), anxiety, and PTSD symptoms from listening to victims and survivors share their stories (Wang & Park-Taylor, 2021). As a side effect of traumatic events, VT, also known as STS, could develop as a result of regular exposure to working directly with others who experience trauma (Boyle et al., 2019; Coleman et al., 2021; Sprang et al., 2021) that could lead to psychological and behavioral effects, such as anxiety disorders and depression (Briere & Scott, 2015; Sansbury et al., 2015). The development of this effect from working with this demographic could be a result of unresolved trauma in the lives of helping professionals as well (Helpingstine et al., 2021). Prior studies have shown that VT could have a devastating effect on individuals who work with survivors and victims of CSEC and DMST and could contribute to the stress or burden HCPs and other SPs might feel (Boyle et al., 2019; Helpingstine et al, 2021). As a result, these providers can have a skewed perspective on their identity as a professional as well as where they fit in the world (Helpingstine et al., 2021; Jaimes et al., 2019). With the increasing prevalence of CSEC and DMST, in addition to the impact working with survivors and victims can have, it is important that these professionals are equipped with the tools to combat the development of VT (Coleman et al., 2021).

Compassion Fatigue. Another effect, CF, was devised to describe the stress developed in professionals as an exposure to traumatized individuals rather than experiencing the trauma itself (Cocker & Joss, 2016; Figley; 1995). This phenomenon became known as STS, since some individuals experience their own pain as a consequence of working with people traumatized by

intensely stressful situations (Kometiani & Farmer, 2020; Levers, 2012). It is important to note that not all those who work in service professions experience or develop CF (Levers, 2012). However, professionals that provide services to people who experience trauma, such as survivors of DMST and CSEC, have an increased risk of developing this phenomenon (Russo et al., 2020). It is described by Figley (1995) as the price HCPs and other SPs pay characterized by emotional, spiritual, and physical exhaustion (Cocker & Joss, 2016; Jaimes et al., 2019; Roberts et al., 2016; Russo et al., 2020) when working with people who are in significant distress. Some might describe it as a phenomenon in which SPs have a decreased ability to show compassion and empathy for victims and survivors of trauma (Baqueas et al., 2021; Kase et al., 2019) due to repeated exposure to patients' suffering (Kase et al., 2019).

Symptoms of CF are similar to those experienced by traumatized individuals. They include experiencing flashbacks, irritability, trouble sleeping, anxiety, flashbacks, and a feeling of not being in control (Levers, 2012). Other symptoms can include experiencing exhaustion, both emotionally and physically, loss of interest in work; sadness; isolation; depression; and loss of a sense of self (Kometiani & Farmer, 2020). Experiencing STS or CF is unique to each person working with those who are victims and survivors of a traumatic event. It is based on the meaning SPs place on the event, as well as their own experiences with trauma (Levers, 2012).

Some studies have shown that individuals who work with trauma victims and survivors might also experience more favorable psychological effects like CS, VR, and VPTG (Baqeas et al., 2021; Chen et al., 2022; Cousins, 2022; Hernández-Wolfe, 2018; Jun, 2020; Kase et al., 2019; Levers, 2012; Sacco & Copel, 2018). In one study conducted by Jaimes, Hassan, and Rousseau (2019) with local clinicians in Port-au-Prince, Haiti, after the earthquake in 2010, they found that despite experiencing negative impacts from the event on them personally,

professionally, psychologically, and occupationally, they were able to learn from it (Jaimes et al., 2019) and gain a sense of hope (Cousin, 2022). According to Kometiani and Farmer (2020), some advocates who work with survivors of human trafficking found the work to be rewarding when viewing how these survivors became more self-sufficient and took continued steps to improve their lives. Additionally, several studies with nurses have shown that some trauma workers experienced CS (Baqeas et al., 2021; Chen et al., 2022; Sacco & Copel, 2018; Wang et al., 2020), VR, and VPTG (Hernández-Wolfe, 2018; Jun, 2020; Kase et al., 2019) from working with survivors and victims of traumatic events.

Compassion Satisfaction. Another effect, CS, is a phenomenon that describes a positive sense of fulfillment and a feeling of accomplishment HCPs and other SPs have about the work they do with traumatized individuals (Chen et al., 2022). It was first coined by B. Hudnall Stamm (2002) in reference to SPs' motivation to help others being shaped by the satisfaction they get from doing so. The development of CS occurs when the behavior of those who help survivors and victims of trauma is driven by empathy and altruism, enabling them to cope effectively with the negative impact of their work (Sacco & Copel, 2018). Much of the existing research examined the negative impact of CF that occurs as a result of working with traumatized individuals, but since about 2017, researchers have found that people who work in the service profession, primarily nurses, experience varying degrees of both CF and CS (Chen et al., 2022; Kase et al., 2019; Sacco & Copel, 2018; Stamm et al., 2022; Wang et al. 2020). In their study, Wang, Okoli, He, Feng, Li, Zhuang, and Lin (2020) described CS as the emotional fulfillment nurses felt as a result of caring for others, which is a positive aspect of working with those who experience trauma (Stamm et al., 2022). It is possible that some of the participants in this study

will have experience with this concept, making it an important one to include as a possible effect of working with survivors and victims of DMST and CSEC.

Vicarious Resilience. The American Psychological Association (2022) defines resilience as a process through which victims and survivors of traumatic events and highly stressful situations successfully adapt and adjust, socially, mentally, physically, and emotionally to external and internal demands on them. People often show resilience when dealing with adversity or challenging situations on a daily basis, and it has an intrinsic link with trauma (Leys et al., 2020). Most of the already existing studies have investigated how traumatized individuals developed resilience from their own experiences; however, not many studies have been conducted to see how resiliency could be an outgrowth of working with these individuals for HCPs and other SPs (Hernández-Wolf, 2018). VR was a concept posited by Hernández, Gangsei, and Engstrom (2007) based on a study they conducted to investigate the experience of psychotherapists working with survivors of political violence and torture. They hypothesized that VR existed alongside VT, albeit not through processes that were parallel (Hernández-Wolfe et al., 2015; Hernández-Wolfe, 2018). It is considered a concept that focuses on the strength of helping professionals leading to the growth they experience from witnessing how traumatized individuals triumph over their situations during adverse conditions (Jun, 2020).

Engstrom, Hernández, and Gangsei (2008) found that some psychotherapists seem to have a more positive response to working with survivors of adverse situations (Hernández et al., 2007; Hernández-Wolf, 2018). They discovered that the psychotherapists learned how to cope effectively resulting in a transformation of their own internal experiences through empathetic engagement (Engstrom et al., 2008; Hernández et al., 2007; Hernández-Wolf, 2018; Muehlhausen, 2021). As a result, these professionals were able to develop VR from drawing on

the strength, courage, and inspiration of victims and survivors of trauma (Cousins, 2022; Engstrom et al., 2008; Hernández et al., 2007; Hernández-Wolf, 2018;). Wang and Park-Taylor (2021) found that VR was a different concept from CS since it focused on the positive transformations that participants experienced through witnessing their clients' perseverance while coping with traumatic events.

Vicarious Posttraumatic Growth. One effect of experiencing trauma is the development of post-traumatic symptoms in some individuals (Boyle et al., 2019; Coleman et al., 2021; Sprang et al., 2021). However, these symptoms may not develop into a post-traumatic disorder, but rather characterize posttraumatic growth (PTG) in victims and survivors (Arnold et al., 2005; Manning-Jones et al., 2017; Tedeschi & Calhoun, 2004). Much like these individuals, HCPs and other SPs could develop PTG, a positive response to coping with adverse situations (Doherty et al., 2020; Tedeschi & Calhoun, 2004) as a result of working with traumatized individuals, indirectly (Coleman et al., 2021; Manning-Jones et al., 2017). Tedeschi and Calhoun (2004) first posited PTG as a theory in their investigation of the conceptual foundation of growth after a traumatic event supported by empirical evidence. These researchers believed that PTG was implicated in individuals who were older and had already established schemas that became transformed in the aftermath of trauma (Tedeschi & Calhoun, 2004). In their study of this type of effect, Tedeschi and Calhoun (2004) discovered that there were five behaviors through which PTG was exhibited in people who experienced traumatic events. These ways were also supported by research done by Yaakubov, Hoffman, and Rosenblum (2020), and they are a) an improved sense of self; b) a stronger spiritual life; c) a greater appreciation for life; d) a change in what and how they prioritize things in their lives; and e) a development of more meaningful interpersonal relationships. Individuals who demonstrated these five adaptive modes of coping often used their

experiences with trauma to re-examine their worldview: their core beliefs, the role the in the world, and their perspectives about the world (Beck & Casavant, 2020), thereby exemplifying the development of posttraumatic growth from their experiences.

Yaakubov, Hoffman, and Rosenbloom's (2020) involved investigating the phenomenon of VPTG and how it related to the development of STS in emergency room physicians and nurses. Their findings revealed that VPTG developed in most instances when STS or caregiving stress increased in these helping professionals, which corroborated the findings of a study conducted by Doherty, Scannell-Desch, and Bready (2020) on the same topic. Beck and Casavant (2020) conducted a study where they investigated levels of VPTG in neonatal intensive care (ICU) nurses and how it related to their core beliefs. Their results showed that these nurses faced greater challenges to their core beliefs while working in the neonatal ICU; they had a higher level of PTG, which further supported findings from the Tedeschi and Calhoun (2004) study. Other evidence of the development of VPTG in HCPs and other SPs who work in intense environments was found in a study conducted by Arnold , Calhoun, Tedeschi, and Cann (2005), in which they investigated the possibility of clinicians having a positive impact from working with trauma survivors. In their study, there was a mean response of 59% for PTG, 79% reported improvement in their spirituality, 48% indicated an appreciation for resiliency, and 86% developed more compassion, tolerance, and empathy (Arnold et al., 2005). These findings further emphasize that having a healthy well-being and resiliency could work to diminish the likelihood of developing negative effects from working with sex-trafficked victims and survivors, agreeing with the two conceptual frameworks guiding this researchers investigation.

Overall, the results from their study indicated that most of the clinicians (76%) experienced positive rather than negative outcomes after working with trauma survivors (Arnold

et al., 2005). This positive experience differed from PTG experienced directly by victims and survivors of trauma, as the psychotherapists in the study experienced PTG vicariously (Manning-Jones et al., 2017). Extant literature has shown that HCPs and other SPs developed VPTG (Coleman et al., 2021; Doherty et al., 2020; Manning-Jones et al., 2015, 2017; Tedeschi & Calhoun, 2004). Tedeschi and Calhoun (2004) purported that the level of traumatic experience must be significant enough to challenge the perspective of the person experiencing it or listening to victims and survivors sharing about their trauma must have enough of an effect that the cognitive processing that occurs can begin acting as a catalyst for growth to occur.

Spiritual

An individual's worldview influences the way in which they see and experience the world, the role they see themselves playing, and their purpose in life (Towns, 2007). HCPs and other SPs have a desire to help those who are suffering and are often faced with helping them when they are feeling the most vulnerable (Kase et al., 2019; Sacco & Copel, 2018). Working in the service profession, some might find that the tragedy they face or the tragic events they hear could shake the foundation of their spiritual beliefs, making them question how safe they think the world truly is (Helpingstine et al., 2021; Jaimes et al., 2019). Spirituality is a broad concept that means different things to each individual person (de Brito Sena et al., 2021; Vitorino et al., 2018).

Victims and survivors of DMST and CSEC can be affected on a spiritual level (Gordon et al., 2018; Kometiani & Farmer, 2020) when they experience traumatic events, and such is the case for those who work with them. When working with members of this demographic, at times, HCPs and other SPs might start to question the safety of the world and the meaning of life, which is intrinsically linked to spirituality, or a search for what life means (Jaimes et al., 2019;

Vitorino et al., 2018). Like emotional and physical reactions to trauma, spiritual distress is common due to the vicarious trauma they experienced (Muehlhausen, 2021; Roberts et al., 2016; Sansbury et al., 2015), and HCPs and other SPs could have a crisis of faith as a result of working with sex-trafficked youth. However, they might also experience VPTG, which is often associated with resilience (Jaimes et al., 2019; Michalchuk & Martin, 2019; Muehlhausen, 2021). Depending on the perception HCPs and other SPs have about the role spirituality plays in their life, the impact of working with victims and survivors of the trauma of child sex trafficking can impact them in different ways.

Occupational

When working with victims and survivors of child sex trafficking, HCPs and other SPs could potentially harm those in their care if they are not properly trained to work with this population (Ernewein & Nieves, 2015; Greenbaum, 2017, 2018; Greenbaum et al., 2018; NASEM, 2019). Due to their lack of adequate education and training, their work could exact a psychological toll on these providers (Avieli et al., 2016; Sprang et al., 2021), which could cause them to lose confidence in their ability to do their jobs and diminish their self-esteem (Helpingstine et al., 2021). Therefore, it is essential for HCPs and other SPs to have an understanding of how working with individuals who experience trauma can affect them on a psychological level as well as in other areas of their lives. Having knowledge about risk factors for STS, burnout, VT, and compassion fatigue are important elements for this study since the researcher is conducting it to investigate the experiences of those in helping professions who work with victims and survivors of DMST and CSEC in Florida.

One study with judges who worked cases involving adjudicated youth victims and survivors of sex trafficking and had to make rulings about them found that some of the judges

often ruminated about the case and experienced instances of negative countertransference (Sprang et al., 2021; Wilks et al., 2021). Having these two effects of working such cases could lead to the development of STS (Avieli et al., 2016; Sprang et al., 2021). Therefore, having information gleaned from this study could provide information that educates HCPs and other SPs about the psychological needs of suspected victims and survivors of sex trafficking, not solely for informational purposes but also for them to learn how to cope with the effects of working with these types of individuals.

Since some victims receive payment for the harm they experience from perpetrators, they might feel shame because of what they had to do to earn food, money, or clothes, and they might blame themselves for not telling anyone (Pascual-Leone et al., 2017). Therefore, they might not self-disclose, which could pose a challenge to providers who seek to meet their psychological needs and which could hinder proper identification of victims and survivors (Greenbaum, 2018; Wilks, et al., 2021). It could also inform their treatment practices, leading them to miss an opportunity to help an endangered child, which could impact their own experiences working with this type of patient (Casassa et al., 2021; Macias-Konstantopoulos, 2016).

Researchers have found that HCPs and other SPs might feel more confident in their ability to respond appropriately when identifying ST victims and survivors as well as when treating and using interventions to help them (Greenbaum et al., 2018; Hemmings et al., 2016; Peck, 2020; Powell et al., 2017; Preble et al., 2020) after receiving adequate training and education. Findings from this study could add to previous research and might provide some insight from individuals currently working with this population, thereby filling the gap in current literature about the experiences of helping professionals (Gonzalez-Pons et al., 2020; Greenbaum, 2016; Wilks et al., 2021).

Mitigating the Effects of Working with Survivors of DMST and CSEC

Working with victims and survivors of DMST and CSEC can be challenging, and attempting to cope with its impact on the lives of HCPs and other SPs can be an arduous task (Browne-James et al., 2019; Litam & Lam, 2021). Therefore, it is important that individuals and organizations make an effort to provide resources and have policies and procedures in place that could help alleviate any negative effects they might experience as a result and to strengthen those that are positive. Therefore, engaging in self-care and supervision could help mitigate the effects of working with individuals who experience trauma (Glennon et al., 2019; Helpingstine et al., 2021; Levers, 2012).

Self-Care

Working to help people who experienced traumatic events can take a toll on HCPs and other SPs. Since some may experience burnout, VT, or CF, it is important to engage in practices that ensure they are coping effectively (Browne-James et al., 2019; Litam & Lam, 2021). Self-care as described by Helpingstine, Kenny, and Malik (2021), involves activities that help people cope effectively with stressors while nurturing their mental, physical, and emotional well-being, so they can have a well-balanced life instead of feeling helpless and ineffective at work (Glennon et al., 2019). Engaging in self-care is a process that is very individualized (Levers, 2012), much like individual experiences of working with trauma victims and survivors. Some activities these professionals can engage in for self-care would include exercising, meditating, eating healthily, interacting with friends, getting enough sleep, taking time off, listening to music, journaling (Glennon et al., 2019; Helpingstine et al., 2021; Levers 2012; Mansfield et al., 2020), and other activities unrelated to work. For those who experienced positive effects of working with victims and survivors of DMST and CSEC, this researcher believed it was important that they continue

using adaptive coping mechanisms to maintain proper work-life balance as well as their mental and physical well-being.

Supervision

Seeking help is also an effective form of self-care (Browne-James et al., 2019; Glennon et al., 2019; Litam, 2017; Litam & Lam, 2021), which might help mitigate negative effects of working with trauma victims and survivors (Coleman et al., 2021; Cousins, 2022; Elician et al., 2018; Litam & Lam, 2019) and promote the well-being of those who work in service professions (Glennon et al., 2019). Since helping professionals provide services to those who experience trauma, they have an ethical obligation to self-advocate, ensuring they are able to function effectively and necessitating recognizing when their work exceeds both their physical and emotional capacity (Levers, 2012). Seeking supervision along with peer consultation (McGhee, 2017) could help in this regard, especially since SPs will need to be vulnerable and actively engaged as victims and survivors share their trauma stories (Glennon et al., 2019). Supervision is a process through which helping professionals can decompress by talking about their lived experiences regarding triggers and or events that hinder their ability to manage their responses effectively (Glennon et al., 2019; Levers, 2012; Litam, 2017).

Summary

The current literature indicates that human trafficking, along with the occurrence of DMST and CSEC, is increasing not just internationally but also nationally (Ernewein & Nieves, 2015; Huff-Corzine et al., 2017). However, existing literature highlights the fact there is a need for more studies that focus on how working with survivors of youth sex trafficking impacts providers (Boulanger, 2018; Cole, 2018; Hemmings et al., 2018; Litam, 2017; Sprang et al., 2021; Yaklin & Rolin, 2020). It is a challenge to determine the prevalence estimates of DMST

and CSEC in the United States (Burt, 2019; Franchino-Olsen et al., 2020; O'Brien et al., 2017). However, arrest records in the United States have confirmed DMST cases throughout all the states (O'Brien et al., 2017). Therefore, it is highly probable that many in the helping profession will cross paths with suspected and potential victims and survivors of this industry (Boulanger, 2018; Miller-Perrin & Wurtele, 2017; Quincy et al., 2020).

Working with these individuals can have a tremendous impact on HCPs and other SPs who work with traumatized individuals, psychologically, spiritually, and occupationally. Some negative effects could be the development of VT, CF, and burnout. However, not all those working in service professions will develop negative consequences of working with trauma victims and survivors. Some might experience what Michalchuk and Martin (2019) call CS, VR, and VPTG. Nonetheless, HCPs and other SPs need to ensure they are engaging in regular self-care and supervision to help mitigate the effects of working with this demographic.

It is imperative that they have adequate education and training (Greenbaum et al., 2018; Peck, 2020; Powell et al., 2017) to learn how to appropriately identify members of this demographic, screen for signs and symptoms, find policies and procedures related to treatment and interventions and have resources for self-care (Browne-James et al., 2021; Litam & Lam, 2021). This knowledge and training will help promote resiliency and potentially diminish the likelihood of developing ST, CF, and burnout (Boyle et al., 2019; Brigham et al., 2018; Coleman et al., 2021; Helpingstine et al., 2021; Newell et al., 2016; Pascual-Leone et al., 2017). Since there is a dearth of existing literature about how working with survivors and victims of sex trafficking impacts those who provide care, this study will aim to investigate how the experience of working with this demographic affects helping professionals' ability to provide treatment, use interventions, and engage in self-care.

Chapter Three: Methods

Overview

The current study is qualitative that used an hermeneutic phenomenological interpretive approach to describe the experiences of participants who work with victims and survivors of domestic minor sex trafficking (DMST) and commercial sexual exploitation of children (CSEC), allowing this researcher to explore the phenomenon of the lived experiences of participants in a comprehensive way (Creswell & Poth, 2018; Heppner et al., 2016). This approach was appropriate for this study because it provided a better understanding of participants' lived experiences (Creswell & Poth, 2018) when working with survivors and victims. It also helped this researcher to articulate and interpret participants' experiences as well as to avoid theorizing and applying bias by considering cultural contexts (Adams & van Anders, 2017). Methods for gathering data included interviews, in person or via Zoom, and observing nonverbal cues of participants. Observation of what participants do not explicitly state gave the researcher metacommunicative data (Creswell & Poth, 2018; Heppner et al., 2016). This implicit form of secondary communication (Mateus, 2017) provided revealing information about participants' nonverbal responses and helped the researcher get a better interpretation of what they mean in responses given to interview questions. Initial participants were obtained through the placement of a QR code on a flyer advertising the study, with permission, in various locations, such as schools and the local library, as well as online.

The researcher's community is small, and some individuals who were accepted for the study were found through other participants talking with co-workers, friends, or family members who fit the demographics of the study, which led to their wanting to participate; additionally, participants gave suggestions of others who were interested and were a good fit for the study, as

a result of snowball sampling (Creswell & Poth, 2018). Data interpretation used various methods, such as transcribing, coding, and analyzing themes seen in the data. Findings from this study provided information on more current perspectives from HCPs and other SPs who render aid to members of this demographic, thereby informing policies and guidelines in the future. They could also inform the researcher's practice as a mental health counselor, especially if a client who has worked with a victim or survivor in this population group presents for care.

Design

The current study is qualitative and uses a phenomenological method to describe the experiences of HCPs and other SPs who have experience working with survivors and victims of DMST and CSEC. The phenomenological method is a discovery-oriented one, rooted in constructivism and grounded in Edmund Husserl's work in phenomenological philosophy (Creswell & Poth, 2018; Heppner et al., 2016), which required the researcher to be objective throughout the process, putting aside personal feelings, assumptions, preexisting scientific knowledge, preconceived notions, and biases (Heppner et al., 2016). The phenomenological approach was appropriate for this study because the information gathered from it provided a deeper understanding of how working with this population affects how HCPs and other SPs treat victims and survivors (Merriam & Tisdell, 2016), how they made decisions about which interventions to use, and how they engaged in self-care (Creswell & Poth, 2018).

Phenomenology relies on a naturalistic interpretative approach when conducting studies, and it enables researchers to better understand participants' lived experiences based on data gathered from interviews and recordings (Heppner et al., 2016), especially when it was not possible to conduct the study in person. When conducting qualitative research, the focus is on the people who are participating and their experiences; this method of study provides participants

with the opportunity to give voice to their experiences and share their opinions about them (Creswell & Poth, 2018; Heppner et al., 2016). It also gave the researcher a chance to answer the questions of *how* and *why* as it pertains to the phenomenon of study. The phenomenological approach also enabled her to gather insight from primary sources that aided in her understanding of where participants were and how they gave meaning to their experiences, as well as how to best meet their needs during the process (Merriam & Tisdell, 2016). Using this method gave participants a chance to share their rich and varied experiences and the meaning they give to working with clients who are survivors of child and adolescent sex trafficking.

Research Questions

Three research questions (RQs) examined in this study were:

RQ1: How do healthcare professionals and other service providers describe their experiences of working with child and adolescent sex-trafficked survivors in Florida?

RQ2: How do healthcare professionals and other service providers describe the impact of working with youth survivors of sex trafficking?

RQ3: What coping mechanisms do healthcare professionals and other service providers describe using to help deal with the effects of working with this group of sex-trafficked survivors?

Setting

The study took place online using Zoom for face-to-face interviews at a room in a local library in the center of the town where the researcher lives. In-person individual interviews were preferable to afford an opportunity to observe nonverbal cues during the interview process; however, many of the participants did not live close enough to meet in person, and many preferred to meet online as a precautionary measure due to the recent public health crises of COVID-19 and Monkeypox (Bunge et al., 2022; Sklenovská & van Ranst, 2018).

Participants

Having seven participants who were at least 18 years old in this study helped to identify a more heterogeneous group that had experience working with victims and survivors of DMST and CSEC. The goal was to have a small enough sample size from which themes were developed to the point of saturation, a widely used principle to determine the size of a sample and evaluate whether it is adequate for the study (Vasileiou et al., 2018). Saturation occurs when no new analytical information or meanings can be gleaned about the phenomenon of study (Creswell & Poth, 2018; Moser & Korstjens, 2018) through data analysis. According to Moser and Korstjens (2018), it is possible to achieve saturation with fewer than 10 interviews, which is why six to 10 participants was the proposed range for this study. Participants worked or were currently working in schools, organizations that worked specifically with victims and survivors of child sex trafficking, church ministries, and other community organizations for at least one year. Meeting the above requirements was a form of criterion-based sampling as participants must have experienced the phenomenon of study as well as be able to talk about their experiences (Creswell & Poth, 2018).

Eligible participants were individuals who completed the initial screening, did not have more than mild depression, anxiety, and stress symptoms, and were not trying to cope with significant trauma of their own. Selection was based on cut-off scores on depression, anxiety, stress, and trauma inventories to determine who would be the best candidates for this qualitative study and decrease the chances of causing undue harm. Participants needed to meet predefined exclusion and inclusion criteria (Moser & Korstjens, 2018) for the demographic questionnaire and scores for both the 21-item Depression, Anxiety, and Stress Scale (DASS-21; Anthony et al., 1998) and the PTSD Symptom Scale Interview (PSS-I-5) developed by Foa and Capaldi (2013).

Participants with more than mild symptoms for depression, anxiety, and stress were excluded. Based on results for the trauma inventory, those who have experienced significant trauma, such as childhood abuse, sexual assault, rape, or natural disaster, that has resulted in the development of posttraumatic stress disorder (PTSD) were excluded from the study. Resources were provided in the packet of information about the research for those participants who were included and excluded from the study based on results from screening instruments. These resources included phone numbers and referrals to places where they could get help to cope with depression, stress, anxiety, and posttraumatic symptoms.

Procedures

This researcher secured approval from the Institutional Review Board (IRB) at Liberty University (see Appendix D) by submitting required documents detailing consent, a letter stating how participants will be recruited for the study, and a permission request letter for conducting the study in a particular location. After securing approval, participant recruitment commenced with the investigator reaching out to potential individuals who worked in the helping profession by posting flyers in various locations, such as hospitals, local schools, law enforcement agencies, and counseling centers in Indian River, St. Lucie, and Martin Counties. The researcher sent a letter by email requesting permission to post flyers at places of interest with a QR code. Those who were interested scanned the QR code, created using Microsoft Forms v.16.62 (Microsoft, 2022), to complete the initial screening process (see Appendix A), enabling the collection of demographic information. This data was used to ensure potential participants met the age and years of employment criteria, as well as to learn whether they had knowledge about child sex trafficking or experienced working with victims or survivors of DMST or CSEC. These responses were then examined to determine who qualified for the study.

Those who met the previous criteria answered the DASS-21 and PSS-I-5 scales that were administered by the researcher in the second stage to determine if they scored outside the cut-off ranges for the study. For the DASS-21 scale, scores greater than mild for depression (5–6), anxiety (4–5), and stress (8–9) were excluded as they signified that individuals were experiencing moderate to extremely severe symptoms of depression, anxiety, or stress. The cut-off ranges for the PSS-I-5 scale were assessed based on severity ratings of 2–4 (somewhat to severe). The use of these scales was to ensure that participants were not experiencing symptoms that could be exacerbated during the study and to avert causing them undue harm. Once participants were selected, the researcher was able to build rapport with participants by creating a safe environment (Creswell & Poth, 2018) as they were sharing about their experience of working with victims and survivors of DMST and CSEC. The researcher provided an informed consent form to ensure confidentiality and to describe the purpose of the research study (see Appendix B). Data was collected from multiple sources via audio-video recorded interviews for participants through Zoom.

The Researcher's Role

I worked as a Registered Mental Health Counselor Intern in Florida for several years at the beginning of this study, but later earned full licensure toward the end of it. Participants were interviewed and their responses recorded. As a Registered Mental Health Counselor Intern and now as a Licensed Mental Health Counselor, I have the potential of working with clients, such as nurses, teachers, and law enforcement officers who are trying to cope with their experience of working with survivors or suspected victims of sex trafficking. I gathered data through individual face-to-face, Zoom interviews.

Data Collection

Instrumentation

Although the DASS-21 (Anthony et al., 1998) and the PSS-I-5 (Foa & Capaldi, 2013) were used in this study, the results were not used as quantitative analysis, but solely for the purpose of selecting participants for the study. Results from the two following scales were used for determining inclusion and exclusion criteria: having scores that do not signify more than mild depression, anxiety, and stress symptoms (inclusion) or indicating that the individual is struggling to cope with significant trauma of their own, scoring greater than a mild (exclusion). The researcher secured permission (see Appendix E) via email from the authors or owners of the PSS-I-5 scale to administer them. The DASS-21 is on a public domain and could be used without written permission (see Appendix F).

Demographic Questionnaire

The researcher developed a demographic questionnaire (see Appendix A) that was administered for the initial screening process. It included demographic information, such as age, gender, cultural background, job, and experience working with sex-trafficked youth, and asked questions about if participants have experienced any type of trauma that led to them being diagnosed with MDD or PTSD in the past or currently. Responses to the questionnaire, along with scale scores from the DASS-21 (Anthony et al., 1998) and the PSS-I-5 (Foa & Capaldi, 2013), helped to exclude individuals during the screening process for participation in the study.

Depression Anxiety Stress Scale 21

Scores from the DASS-21 (Anthony et al., 1998), which measures the levels of stress, depression, hyperarousal, and anxiety for participants, were used to determine if they met the criteria for participation in this study to ensure they do not experience their own trauma and are

not triggered as a participant in the study. According to Anthony, Bieling, Cox, Enns, and Swinson (1998), this 21-item instrument, which is the short form of the 42-item instrument, DASS, developed by Lovibond and Lovibond (1995), is more advantageous for use when there is no need for additional clinical information about depression, anxiety, and stress for determining proper treatment protocols. It was used for the participants who responded "No" to having a previous or current diagnosis of MDD and PTSD on the demographic questionnaire. The researcher circled the number that corresponded to participants' response for questions on this scale based on how they applied to their lived experiences over the past week, using a 4-point Likert rating scale: 0: Never (N), 1: Sometimes (S), 2: Often (O), and 3: Almost Always (AA; Anthony et al., 1998). For potential participants who received symptom severity scores that were greater than mild (5 to 6 for depression; 4 to 5 for anxiety; and 8 to 9 for stress) excluded from the study. The DASS-21 is a reliable and credible source that has been found to have both internal consistency and validity for measuring depression, anxiety, and stress across cultures (Anthony et al., 1998; Bottesi et al, 2015; Coker et al., 2018; Le et al., 2017; Moya et al., 2022; Pezirkiandis et al., 2018).

PTSD Symptom Scale Interview for DSM 5

The researcher used the PSS-I-5 scale developed by (Foa & Capaldi, 2013) to conduct a semi-structured interview that was used to ascertain if participants were experiencing trauma symptoms that could preclude them from participating in the study as well as to determine their level of severity (Foa & Capaldi, 2013). The PSS-I-5 is a scale that is used to assess the level of severity of symptoms in individuals who could potentially have a diagnosis of PTSD (Foa et al., 2016), which would indicate a need for further assessment. Nevertheless, the use of the scale in this study was not for the purposes of determining whether participants had a diagnosis of this

disorder; it was solely used for the purposes of devising exclusion and inclusion criteria. If potential participants scored greater than mild, between 9 and 18 points, on this scale, they were excluded from the study since there was a possibility of triggering posttraumatic stress symptoms when discussing their lived experiences while working with sex-trafficked victims and survivors.

The PSS-I-5 is broken up into two parts. The first section has a trauma screen comprised of open-ended and dichotomous questions that required a response of "Yes" or "No" with a section for elaborating on the response. The second section included 24 items with questions related to the most current distressing experience and how often individuals experienced symptoms; it required responses based on a 5-point Likert scale: 0: not at all; 1: once a week/a little; 2: 2–3 times a week/somewhat; 3: 4–5 times a week/very much; and 4: 4–6 more times a week/severe (Foa & Capaldi, 2013). According to Foa, McLean, Zang, Zhong, Rauch, Porter, Knowles, Powers, and Kauffman (2016), the PSS-I-5 was revised to meet updated criteria for PTSD in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), which aligns with the most current iteration, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision* (DSM-5-TR). It has proven to be both reliable and valid as compared to the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), which is considered the gold standard in assessing for PTSD (Weathers et al., 2018), and the Post-traumatic Diagnostic Scale for DSM-5 (PDS-5), which indicated a high correlation and agreement in diagnostic requirements, providing the evidence needed to affirm its reliability (Foa et al., 2016). This PSS-I-5 was also found to have high internal consistency with the first iteration of the PSSI based on the fourth edition of the DSM in a study conducted by Foa, Riggs, Dancu, and Rothbaum (1993).

Interviews

The primary mode of collecting data for this qualitative study was through semi-structured interviews that were conversational (Creswell & Poth, 2018). These semi-structured interviews were conducted using open-ended interview questions (see Appendix C), which gave participants a chance to share their stories without constraint. The preference was to conduct one-on-one, face-to-face interviews, to gather data through metacommunications (nonverbal cues). With the delta variant of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) also called COVID-19, being so widespread, online interview options were the preferred method of participants. The researcher followed an interview protocol (see Appendix C) that was used for all interviews that were conducted via Zoom, and they were recorded with the participant's consent.

Having a good rapport facilitated this aspect of data collection. Participants answered open-ended questions following an interview protocol (see Appendix C), so they could share their stories without worry, adding color, detail, and rich descriptions of their experiences (Moser & Korstjens, 2018). The interviews were about one hour each, and they were recorded via audio tape, coded, and transcribed for analysis. The researcher used the Zoom transcription system to transcribe recorded interviews, initially, then NVivo transcription services as an additional measure for transcribing responses. For their time, participants were given a $25 Visa gift card as a token of appreciation at the end of the study. Once they met the criteria, participants were given an information sheet about the study (see Appendix B), and they signed an Informed Consent form when they agreed to be involved in the study (see Appendix B).

General Questions (One-on-one Interviews)

1. What has been your role at your current place of employment?

2. How long have you been working at this location?

Interview Questions

1. Describe how your understanding of sex-trafficked youth influences your approach when treating them.
2. How important do you think it is for healthcare professionals and other service providers to be knowledgeable about treatment options for working with child sex-trafficked victims and survivors?
3. Describe your typical routine when working with sex-trafficked youth victims and survivors.
4. What has been your experience with child sex-trafficked victims and survivors in Florida?
5. How do you deal with the impact of working with child sex-trafficked victims and survivors?
6. How has your experience working with victims and survivors of child sex trafficking impacted your current role as a service provider?
7. How can you describe the impact of working with child sex-trafficked victims and survivors on your physical and psychological well-being?
8. In what ways have your experiences working with child sex-trafficked victims and survivors influenced your work with those who have experienced trauma?
9. Please describe how your beliefs about sex trafficking in Florida influence your decision-making when working with suspected victims and survivors of child sex trafficking.

10. Which coping mechanisms do you use when you feel the negative effects of working with sex-trafficked youth victims and survivors? (Negative effects are those that cause you to feel depressed, have difficulty concentrating, feel anxious, or serve as triggers for you.)
11. What mechanisms do you use to maintain a sense of compassion, purpose, and resilience as you work with victims and survivors of youth sex trafficking?
12. In what ways has your experience working with sex-trafficked youth victims and survivors impacted your ability to do your current job?

The questions in the study were designed to flow from the least sensitive to more in-depth and introspective as the interview continued since the researcher wanted participants to feel comfortable and to build a sense of trust (Creswell & Poth, 2018; Ranney et al., 2015). The general questions were designed to break the ice, to build rapport, and to help participants feel more at ease about the prospect about being interviewed for a study (Cypress, 2018; Ranney et al., 2015). The researcher wanted to set the stage for purposeful conversation (Cypress, 2018) with participants, easing any anxiety they might feel from the outset. These two questions also served as a beginning of extended conversations (Ranney et al., 2015) as the interview continued with each participant.

Questions one and two are intended to be straightforward and relatively broad, so participants had a chance to share their knowledge about sex-trafficked youth and how they worked with them. The researcher hoped to discover as much information as possible with the use of open-ended questions rather than closed questioning (Creswell & Poth, 2018; Ranney et al., 2015), giving participants an opportunity to share their stories in their own words (Cypress,

2018). These first two questions also established the tone of the interview process in the research study, enabling them to adjust to the narrative style of inquiry (Ranney et al., 2015) the researcher wanted to employ.

The researcher designed questions three and four to transition into a more in-depth look at participants' experiences, getting some real-time feedback. These questions helped the researcher gain more insight (Howarth et al., 2017) into what each participant of the study faced when working with victims and survivors of youth sex trafficking. These questions were intended to be non-sensitive and non-threatening, and they gave participants more of an idea about the direction of questioning and prepared them for deeper levels of questioning in subsequent questions (Ranney et al., 2015).

Questions five through twelve are meant to help the researcher gather information about participants' experiences of working with victims and survivors of DMST and CSEC. Responses were intended to give some insight into how working with this group impacted their physical and psychological well-being and learn more about how they cope with the effects. These questions aim to help uncover the meaning participants give to their experiences (Creswell & Poth, 2018; Cypress, 2018). With the questions in this study, the researcher wanted to use phenomenological style of interviewing to elicit rich, detailed information that provides a myriad of perspectives from participants about their lived experiences rather than their opinions or feelings about the topic of DMST and CSEC (Adams & van Anders, 2017; Creswell & Poth, 2018).

Data Analysis

Open coding was used to organize data into types of responses based on whether they were face-to-face or online, in order to aggregate the data into smaller categories and assign labels (Creswell & Poth, 2018). The researcher took notes on the transcripts of oral and video

responses, which made it easier to find developing themes among participants' lived experiences and assign labels. From the smaller coded data, the researcher reduced them to several emerging, common themes or patterns (Cypress, 2018) to make it easier to make judgements about the experiences of participants in working with victims and survivors of CSEC. Initially, the researcher's analysis of the collected data was based on observations of participants as they responded to interview questions, listening to recorded sessions and *memoing* initial thoughts and impressions during the interview (Creswell & Poth, 2018; Heppner et al., 2016). The researcher then used inductive reasoning to make judgements about participants' experiences and to identify meaningful patterns and potential emergent themes (Cypress, 2018) from their responses about working with sex-trafficked children and adolescents.

It was a continuous process of listening to, watching and rewatching video interviews, and listening to the audio several times in order to transcribe information. After transcribing, initially by hand, then using the Zoom and NVivo software to get a more accurate transcript, the researcher re-read the transcripts and had participants read them to ensure they were truthful. It was important to have the participants check the transcript to ensure the accuracy of the data as well as the trustworthiness of the study.

Afterward, certain words, phrases, and sentences were color-coded and highlighted according to patterns and themes.

Trustworthiness

Trustworthiness in research is essential in ensuring that the data gathered is accurate. It is the rigor or degree of confidence researchers have in the data, their interpretations, and the methods (Connelly, 2016) used in the study. Confidence in the methods used to gather, analyze, and interpret data helps determine the study's validity, such that instruments are designed to

evaluate what they intend to (Heppner et al., 2016) and their credibility. Member checks and memoing were used to ensure trustworthiness.

Credibility

To ensure the trustworthiness of this study, the researcher strived to use triangulation to corroborate information gleaned from diverse sources (Cypress, 2018), data, investigators, theories, and research methods (Creswell & Poth, 2018). For this study, triangulation will involve the corroboration of information from written responses and interviews: face-to-face Zoom interviews as well as audio and video recordings. This process helped increase the credibility of the study because it helps with cross-checking and comparing the data received to examine consistency (Cypress, 2018). Member checks, a foundational aspect of qualitative study, is another way to assess the trustworthiness and credibility of the study (Birt et al., 2016; Connelly, 2016; Creswell & Poth, 2018). To accomplish the use of member checks, the researcher had participants review a transcript of their interview and any notes that were taken to make sure they were accurate.

Additionally, the researcher used *memoing* by writing down first impressions and ideas that came to mind during the interviewing process to include responses to follow-up questions, as well as when analyzing the data (Creswell & Poth, 2018; Cypress, 2018). This process afforded the researcher an opportunity to note initial thoughts and observations as well as promoted reflection and meaning making of the data (Connelly, 2016; Saldaña, 2013), which are two important aspects of ensuring credibility. These notes served as a record of initial impressions about participants' lived experiences the researcher was able to use as a comparative tool for her own subjective experience of interacting with participants in this study (Creswell & Poth, 2018; Saldaña, 2013). *Memoing* also facilitated the researcher's ability to make

connections between patterns and common themes as they arose as well as served as a reminder of what actually happened rather than the researcher making assumptions about a particular interaction or response given by a participant.

Confirmability and Dependability

According to Connelly (2016), as participants experience a particular phenomenon the dependability of the study refers to the stability of data collected over the course of the study and the type of data gathered. When conducting research, it is important for study conditions to remain the same for all participants as to not influence their responses, perspectives, or behaviors in any way (Creswell & Poth, 2018) and that the process used for analyzing data remains consistent throughout, using audit trails or keeping logs (Birt et al., 2016; Creswell & Poth, 2018; Korstjens & Moser, 2018) as safeguarding measures. Therefore, it is imperative that the researcher maintains consistency in data collection and the types of questions used in interviews (Creswell & Poth, 2018; Korstjens & Moser, 2018). Going along with dependability, it is essential to keep accurate notes or logs about the procedures used during the study regarding decisions made, data gathering, and methods used to analyze and interpret data. (Creswell & Poth, 2018; Heppner et al., 2016). Confirmability is further supported by member checks used to ensure the study's trustworthiness (Korstjens & Moser, 2018).

Transferability

To ascertain the transferability of findings in this study, it is important that anyone who reads it can glean insight from it, as the lived experiences of the participants in this study could be that of another group. This researcher must support the transferability of this study by providing rich detail about the context of the study, participants, and transparency about data analysis and its trustworthiness.

Ethical Considerations

When conducting research, it is essential that it is done ethically to protect the rights of participants in the study and as a safeguard for the researcher's own protection (Birt et al., 2016; Creswell & Poth, 2018; Cypress, 2018) by getting approval from the IRB (Adams & van Manen, 2017; Cypress, 2018; McGinley et al., 2021). Several ethical considerations were followed to ensure fidelity, beneficence, and doing no harm to participants. The researcher used pseudonyms for participants to avoid creating a burden of anxiety or fear of repercussions with their jobs for them (McGinley et al., 2021) as they take part in the study. It is important to maintain client privacy and confidentiality, especially if their experiences have a negative impact on their overall well-being and ability to function normally at work. Participants who agree to do the study will fully understand the scope of the study and how it could affect them. The researcher was clear and up-front with participants by explaining what the study entailed and getting informed consent (see Appendix B) from each participant. This way, participants knew exactly what they were getting involved in, and they were more knowledgeable about the researcher's role. Finally, data was protected through different codes, using colors for participants and their experiences. The data was locked up in a safe until the end of the study to ensure no one could happen to come across them, as well.

Summary

This is a qualitative study using a phenomenological method to describe the experiences of those who work with survivors and victims of DMST and CSEC. The focus of study will be in the state of Florida. The participants were comprised of seven participants who were at least 18 years old and had at least one year of experience working in health services, law enforcement, education, mental health services, or other community organizations that provided social services

for at least one year. Interviews were conducted to gather data from various sources. This data was analyzed using open-coding, pseudonyms, and color coding for specific themes and patterns that arose. To ensure confidentiality of participants, this researcher acquired approval from the IRB and had participants sign a form giving informed consent for the study. Findings from this study helped shine a light on how HCPs and other SPs are impacted by working with members of this population, and they could inform future studies as to how they could mitigate negative effects and promote more positive and resilient ones.

Chapter Four: Findings

Overview

The purpose of this chapter is to present and discuss the findings of the study that was gleaned for the purpose of describing the lived experiences of individuals who worked with survivors of youth sex trafficking. The following research questions guided the study:

RQ1: How do healthcare professionals and other service providers describe their experiences of working with child and adolescent sex-trafficked survivors in Florida?

RQ2: How do healthcare professionals and other service providers describe the impact of working with youth survivors of sex trafficking?

RQ3: What coping mechanisms do healthcare professionals and other service providers describe using to help deal with the effects of working with this group of sex-trafficked survivors?

There were seven participants in this study, and this chapter describes their perceptions of their experiences. In this chapter, the researcher describes participant demographics (See Appendix G) followed by a discussion of the results of the study. Discussion of the results focused on primary overarching themes and highlighted emerging subthemes that arose through the analysis of the data gathered. The information presented in this chapter is a general narrative and concludes with a chapter summary.

Participants

Angel

Angel is an 18- to 27-year-old Caucasian female who has worked directly with survivors and victims of child sex trafficking for more than one year. She currently works full-time as a child advocate in a shelter where she counsels, teaches, and advises survivors and victims of this

group. She was very knowledgeable about sex-trafficked youth and was open about the impact her experience of working with this demographic had on her socially, emotionally, and professionally. Angel shared that in order to combat burnout, she is intentional about engaging in self-care by taking time for herself to decompress.

Genesis

Genesis is a Hispanic female between the ages of 34- to 47-years-old. She works directly with victims and survivors of child sex trafficking as a Victim's Advocate while working at a shelter. While there, she primarily worked with one family with a case that started out as domestic violence and was later determined to involve trafficking of the wife and her child. She also worked with a task force, for a year, to help combat the trafficking of minors. She currently works at a mental health center as a patient care manager after her time working with this demographic, and she does not interact as much with youth victims and survivors of child sex trafficking. Her work with this group had a significant effect on her psychologically, which enabled her to be more compassionate when working with children who experience other types of sexual trauma as well as to become more vigilant with her own child.

Kendall

Kendall is a 50+ African American female who worked as a teacher for over 10 years and has recently transitioned to her new role as a school counselor. During her time as a teacher, she worked with students who were victims and survivors of child sex trafficking and in her current role as a school counselor, she has been working with at least one victim with whom she is trying to convince to seek help. She has given this student information about where to seek help and checks in on a regular basis. At the time of this interview, the student she worked with had missed school for several consecutive months, and she expressed concern for the student.

Khandi

Khandi is a 50+ year old African American female who currently works in private practice as a licensed mental health counselor. She has been working with victims and survivors of child sex trafficking and childhood sexual trauma for several years. Khandi is an advocate for mental health, doing speaking engagements and talking on panels to educate others about the need to focus on what society can do to improve access and treatment. She mentioned that in her current role, she now works with perpetrators of child sexual abuse and sex trafficking to help rehabilitate them and help them process why they were engaged in these crimes. She is also trying to spread awareness about the fact that males also experience incidences of child sex trafficking and childhood sexual abuse.

Jayla

Jayla is an African American female in the 28- to 37-year-old range. She currently teaches high school students in a Title I school. Prior to teaching, she worked as a Behavior Technician, for four years, with children in the foster care system and speaks to her experience of working with victims and survivors of child sex trafficking in Florida. Recently, she transitioned from working with foster youth into teaching full-time. She has been teaching for the last three or four years, three of which while she was working part-time with victims and survivors of child sex trafficking and child sexual abuse.

Moppet

Moppet is a Caucasian female who falls in the age range of 50+. She currently works in real estate; however, she was an educator for twenty-five years prior to changing careers. She reported not working with survivors and victims of child sex trafficking at this time, but Moppet's interview focused on her years of experience while in Education. She is a married

mother of three grown sons and much of her interview focused on how she viewed potential victims and survivors through the lens of being a mother and what her preconceived notions were about the characteristics of a victim and or survivor of child sex trafficking.

Todd

Todd is a 38- to 47-year-old Caucasian male who has worked with survivors and victims of child sex trafficking for over ten years. He worked with law enforcement to rescue victims of child sex trafficking from a life of servitude from their pimps and transport them to safety. His dedication to this service took him overseas to Cambodia to help fight child sex trafficking for many years. He also ministered to survivors through pastoral counseling to help mitigate the effects of being immersed in that world, being rescued, and reassimilating back into their lives after rescue. Now he works in technology, but he continues his ministry in Florida whenever he crosses paths with victims and survivors of this industry.

Table 1: *Participant Demographics*

Pseudonym	**Age**	**Ethnicity**	**Gender**	**Work Industry**	**Work Experience**	**Job Title**
Angel	18-27	White	Female	Education	>1 year	Child Advocate
Genesis	38-47	Hispanic	Female	Mental Health	>1 year	Victims' Advocate
Kendall	50+	African American	Female	Education	>1 year	Teacher (13 yrs)/School Counselor (2 yrs)
Khandi	50+	African American	Female	Mental Health	>1 year	LMHC
Jayla	28-37	African American	Female	Education	>1 year	Behavior Tech (5 yrs)/Teacher (6 yrs)
Moppet	50+	Caucasian	Female	Education	>1 year	Teacher and Literacy Coach (20+ years)

Todd	38-47	Caucasian	Male	Education	>1 year	Pastoral Minister

Results

Data produced a list of codes for categorizing responses that were used to structure themes representing the lived experiences and beliefs of each participant. In the following section, the researcher provides a detailed account of the participants' lived experiences and their words, used to explain the phenomena of working with victims and survivors of child sex trafficking in Florida. The researcher also includes an explanation of how the themes answered the research questions for this study.

Table 2

Emerging Themes

From the analysis and review of the data, several emerging themes surfaced from the data based on each research question. Further analysis was conducted to pare themes down to two or three overarching themes for the study when looking at the experiences of those who work or worked with victims and survivors of child sex trafficking, how working with this population affected them, and their coping mechanisms. Below you will see a table under each research question and the themes that emerged from studying the data.

RQ1: How do healthcare professionals and other service providers describe their experiences with child and adolescent sex-trafficked survivors in Florida?

Themes	Codes
Varying roles	-worked with daily -teach life skills
Improving knowledge	-training -perpetrators +family members trafficking children -learned trauma-informed care
Changing perspectives	-what I learned

	-preconceived notions -change my approach in current job
Building relationships	-thinking about survivors and or victims helped -listen -get attached -build relationships -better understanding

For research question one, participant responses reflected the different roles each played in the lives of victims and survivors of child sex trafficking, the need for them to change their perspectives and gain knowledge of how to best meet their needs with them and build relationships with members of this demographic. Interview questions (IQs) 1-4, 8, 9, 12 contributed to creating these themes.

RQ2: How do healthcare professionals and other service providers describe the impact of working with youth survivors of sex trafficking?

Themes	**Codes**
Resulting psychological effects	-took a toll -saw own children in victims and survivors -over analyze things and situations -felt paranoid -cry -anxiety -anger
Bringing about change and awareness	-more overprotective -more aware of what could happen -community involvement -avoid taking it home
Being compassionate	-patience -more compassionate -humbling -empathy

Participant responses to IQs 5, 6, 7 about their lived experiences working with victims and survivors of child sex trafficking helped the researcher derive the themes represented in the

table above. A majority of their answers referenced the psychological effects of working with this group and highlighted the need for more compassion and bringing about change and awareness in how they work with victims and survivors.

RQ3: What coping mechanisms do healthcare professionals and other service providers describe using to help deal with the effects of working with this group of sex-trafficked survivors?

Themes	Codes
What I needed	-supervision -having resilience -go off by myself -boundaries
Coping with the impact	-talk about it -spiritual practices -shopping -play with pet - journaling -do something that makes them happy

Based on responses given to IQs 10 and 11, the researcher learned that participants found ways to cope effectively by engaging in activities that improved self-care. The commonalities in their responses led to the development of the main themes for research question three.

Theme Development

In developing the themes for this study, the researcher rewatched the video interviews to reevaluate nonverbal communication as well as listened to the audio interviews and transcribed them using NVivo. Once the transcription was completed, the researcher read them again and noted which interview questions pertained to each research question on the transcript itself. The researcher also changed names and other identifying information to pseudonyms on the transcriptions. This preparation enabled the researcher to reacquaint herself with each participant's responses and to process how they will help in further analysis, as to aid in

organizing their experiences to find repetitive patterns and consistency (Saldaña, 2013). Afterward, the researcher uploaded each transcript into NVivo to aid in coding, as another mode of qualitative data analysis (Saldaña, 2013). After coding process, the researcher downloaded the coded responses to a word document and formed clusters or groups for each research question as a form of axial or analytical coding (Merriam & Tisdell, 2016), which helped with determining emerging sub-themes and the three overarching themes for the research study. Appendix H has a breakdown of emerging themes beneath each research question and number of references that helped the researcher derive the three overarching themes of the study. The researcher conducted a second round of coding after realizing there was not enough information and to reorganize participant response codes to the appropriate research question as a way of ensuring themes found were appropriate (Saldaña, 2013). On this document, the researcher recorded reflections and impressions (Creswell & Poth, 2018) while making sure to monitor any biases, preconceived notions, and personal reactions.

Overarching Themes

Further analysis of the data produced three overarching themes that emerged from responses given by each participant. Their lived experiences showed varied psychological effects of working with child sex-trafficked victims and survivors; the need for bringing about change and awareness, building relationships, and improving knowledge; as well as ways of coping with impact when working with victims and survivors or child sex trafficking as shown in Table 3, followed by a discussion of each theme and samples of individual participant responses were included.

Table 3: *Overarching Themes*

Themes	Codes

Need to bring about change and awareness, build relationships, and improve knowledge	Location Build relationships Better understanding Perpetrators
Varied Psychological Effects	More compassion Patience Empathy More aware of what could happen Change perspective in current job Listen Overanalyze things and situations/overthink Psychological toll
Coping With the impact	Boundaries Talk about it Spiritual practices Having resilience Go off by myself Supervision

Theme One: Need to Bring About Change and Awareness, Build Relationships, and Improve Knowledge

Theme one arose from the analysis of responses to research question 1, " How do healthcare professionals and other service providers describe their experiences working with child and adolescent sex-trafficked survivors in Florida?" From their lived experiences, participants felt they learned a lot about who the perpetrators of sex trafficking were, how close it was to them and the area they lived, and that there was a need to build relationships and improve their knowledge and understanding of what youth sex-trafficked victims and survivors experience.

Location:

Angel: "The girls were from all over Florida. A lot of them were from Jacksonville...Tampa. There was a couple of them from like Jupiter area, so it's like literally right in your backyard. It was just really mostly north, and they would try to relocate them

further outside of their zone to not have anyone follow them, not have any other ties with them, kind of like start them fresh again."

Genesis: "It's here. It's in our backyard. It's happening here. We have kids in our community. We should all be working together to be vigilant and to provide education not only just for ourselves, but also to the community, letting them know...this is happening here and how can we be vigilant on that aspect of things."

Kendall: "She ended up meeting a 30-year-old, and he is the person that trafficked her. They had been all through Port St. Lucie, Fort Lauderdale, Miami, West Palm, and Jacksonville." She discussed another situation with twin girls, who were being trafficked for sex, that were in her class and finding out that they were 10 minutes away at one of the hotels in the area near a truck stop. That's where they found them. So, basically, they were 10 minutes from the house, the whole time they were missing."

Khandi: "I'm going to say it's pretty local. Where I live, we were considered the hub and the well-known area for prostitution and pimping and things like that. So, we are a central place where it all got started."

***Build relationships*:**

Genesis: It's like really exploring and digging a little deeper and building that rapport, that trust."

Jayla: "I'm just there to be a positive influence on them, so my goal is to build that relationship with them, to try to advise them to make better choices. I think that's more important, just establishing that rapport, try to build trust and have a trustful relationship."

Khandi: "Get to know that person first before you go and do all this digging and diagnosing."

Kendall: "There was one kid who came for help, and I got her grandmother involved. Instead of the grandparent utilizing all resources, such as counseling, therapy, she went the religious way, and she basically put the child's business out there because she was in fact trafficked, and she put her business out there in the church. Unfortunately we lost that kid. She went back to the lifestyle that she was in."

Moppet: "You make them aware that you're there."

***Better understanding*:**

Angel: "When I was working with them, a lot of them were still in the age of whenever it happened, so I treat them like a child, even though it's like a 16-year-old."

Kendall said, "It basically gives you a better understanding of the world in general. Before long, we kind of think everything is perfect and that you won't experience or come across those types of students. You never know until it has been exposed."

Khandi: "To be more cautious on definitely how I addressed the trauma and realizing and definitely digging in. As a mental health provider, one of the best things that we can ever do is really be trained on our strengths and weaknesses, what we're capable of working with, and really being transparent. So, with understanding or having that background knowledge...I think I was given this gift to hold some of that trauma for them [and] to be able to hold them by the hand and walk them through that as well."

***Perpetrators*:**

Angel: "A lot of the times it was the parents that got their children into trafficking. There are some who had grooming from a boyfriend at a very young age."

Genesis: "She just came in allegedly for domestic violence, but once you open our discussion a few other layers then it was like, 'Oh, this is more than just an intimate partner.

That's what it was initially, but I found out that she's actually a victim of human sex trafficking. It's not always some random person."

Kendall: "There was one kid who came to me for help, and I got her grandmother involved. Instead of the grandparent utilizing all resources, such as counseling, therapy, she went the religious way, and she basically put the child's business out there because she was in fact trafficked, and she put her business out there in the church. Unfortunately we lost that kid. She went back to the lifestyle that she was in. The situation with the twins. This one was totally disheartening. This was next door neighbors, and he was under the guise of a pastor. The mother was at work, and she was thinking the children have found a mentor because it was a husband and a wife. She thought that they were mentoring the kids."

Todd: "Parents themselves were selling most of their kids into sex slavery."

Theme Two: Varied Psychological Effects

Participant responses indicated that the effects of working with victims and survivors varied among them for research question two, "How do healthcare professionals and other service providers describe the impact of working with youth survivors of sex trafficking?" Some participants had negative effects while others experienced a change in perspective and realized that their personal biases affected their interactions with victims and survivors.

Three of the seven participants stated that they either *overanalyzed or overthought* things and situations:

Angel said, "It definitely took a toll, like psychologically. I would come home, and I would just cry. I overthink things...Maybe this is possible with my kids. They're going to grow up, and it's going to happen, or they're going to be in a situation they don't know how to deal with. I think maybe sometimes I overanalyze some things, like Oh maybe this could turn into

that, but it could also turn into something positive...I ask myself so are these signs or are they not...a lot of times it made me overthink things that could be very simple."

Kendall stated, "I guess I was kind of paranoid because what if these two young ladies were sitting in my room? How many others are there? I wonder, how on earth did I miss it? Were there signs? What could I have done differently in establishing better rapport with my students? I wonder if this has happened to this kid or that kid, and I have to tell myself, 'You can't do that.'"

Khandi responded, "I'm looking at the young victims that I work with, male or female, because I have grandsons and sons and daughters, and I have to learn to keep that in check. I made sure I became a parent, nor overly protective, but I became more of a parent that was more involved in making sure my children were educated and learning about sex trafficking."

All seven participants shared that they were *more aware* of what was happening with youth in their area and of what they needed, which enabled them to be *more compassionate* when working with suspected and actual victims and survivors of child sex trafficking. They developed more *empathy* and *patience* when working with victims and survivors as well as *listened* more to the youth they worked with.

Angel said, "It made me more compassionate. You know something happened. It's made me just more aware. Not just thinking like it's happening somewhere else when it's happening in your backyard. I just take it very cautiously because I don't know what stage they're at and if they're still in it or out of it."

Genesis stated, "I learned some awareness in how people read it taught me how people react to things are very different. I had a sense of compassion because some people could be numb to it and some people can act with a lot of chaos in their life."

Jayla expressed that she developed a more “patient manner” and “didn’t always take things personally” when working with victims and survivors. She added, “It helps me to be able to think I’m able to relate more to them. Sometimes, when I was working my old job, it can be a bit overwhelming with emotions, seeing these children go through what they go through and how it’s impacted them in a negative way. It just makes me more aware of what I say and how I act with them. I’m a little more careful and cautious because I don’t want to trigger them.”

Kendall stated, “The first time I learned about sex trafficking, I had a very generalized opinion. I kind of thought maybe it was older people that was probably between the ages of 18 to 25. It wasn’t until I had that one experience where it actually happened to be a set of twins that was in my classroom. It floored me because to know that I was that close to them, and I didn’t see the signs. They acted normal and did not seek help originally. I became anxious when they disappeared, and I didn’t know where they were.” She added, “It had a significant impact upon me to know that this is something that is happening. I think that experience really made me become more empathetic in my profession to understand that our students, they go through so many things, and you really have to look at your students and try to look for those signs of trauma.” In her role as a school counselor, she added, “I just talk to them...just reassuring them that I am here for them as a trusted adult. I just tried to be more patient and listen, not being judgmental and not trying to get them to talk about the trauma until they feel comfortable talking about it.”

Khandi discussed having more compassion for herself and giving herself grace when working with clients who come in to deal with the effects of sex trafficking. She said, “I give myself time...transitional time. One thing I learned is that looking at my client, if they’re coming in for sex trafficking, I make sure that I give my time to myself, time before seeing them, and I

give myself time after seeing them...maybe a 15-20-minute window just for me to take a breather, just for me to process." As a result, she had space to work with victims and survivors as well as perpetrators, male and female. She said, "I work with perpetrators now, and I'm still there to listen to them because they too have been hurt. You still have to treat their trauma. It's really just listening to understand where that person is; it's very critical for helping [clients]."

Moppet stated, "If I know I'm working with a teenage survivor, I'm going to be pretty gentle, hands off, quiet. I have them lead the conversation, provide a shoulder or ear or a hug, but I'm not going to force my beliefs on them." She discussed not having enough awareness and shared her thoughts. Moppet said, "If somebody's showing up on a pretty consistent basis, then I don't think they are being trafficked. In her explanation, she said, "There were no signs. They were clean...their hair was done...they weren't acting crazy or there wasn't really any signs that their parents were abusing them. You figure because my kids were home every night, but they'd be up late playing their video games...they were exhausted when they got up, or they were in sports. So, they did all their sports activities and then came home and gaming all night. Teenagers are tough to read." She added, "I feel like it's the quiet ones; the ones who wear the oversize hoodies and kind of shrink into themselves. I know of two girls that were beat by their boyfriends, and I don't know if they were passed around or not because they were notorious gang members."

Todd shared that when working with victims and survivors he was "trying to be as gentle and patient as [he could]" with them. He added, "When I see the signs, the impact on me is like when I see the flavors and tones or the aroma of abuse in someone, knowing some of the behaviors and stuff, I try to just be sensitive to that. People that want to talk about it, listening to their story, how they perceive it...how they have their own thoughts about it. It gave me a lot of

compassion for the holistic life of the kid. It just opened my eyes on the broad nature of you're thinking inside of just my bubble that there's so much need and there's so much. Pastoring someone through it or talking through it with a little girl or boy, you're sensitive to kind of all aspects of it and not just what happened to them."

Theme Three: Coping With the Impact

This third theme developed as a result of the comments made by participants about their individual lived experiences with several references throughout the data for the third research question, "What coping mechanisms do healthcare professionals and other service providers describe using to help deal with the effects of working with this group of sex-trafficked survivors?" In discussing their work with victims and survivors of child sex trafficking and how they cope, participants talked about the importance of setting boundaries, discussing what they are going through, engaging in spiritual practices, having resilience, and going off by themselves as a way for them to cope effectively with how working with youth victims and survivors affected them.

Three of the seven participants discussed the need for *setting boundaries* and *taking time for themselves* as a way to avoid burnout.

Angel stated, "It definitely took a toll psychologically. I would come home, and I would just cry. I overthink things...Maybe this is possible with my kids. They're going to grow up, and it's going to happen, or they're going to be in a situation they don't know how to deal with. I had to take some breaks off in dealing with them (victims and survivors), like hearing some of their stories. I would go on a trip, and I would go by myself."

Genesis shared, "I'm not trying to take it home. When working with the trafficking cases, I did because one was a really young little girl, and I have a little girl. I have to step back and

take some time, so I don't burn out." She explained, "I would do something that makes me happy, whether it's going to the beach or just like unwinding because I don't want to get burned out and not have to learn how to do some unwinding, whatever that is.

Khandi said, "Being a mental health provider that can identify where you are now and reaching a point that is becoming too traumatic for you or you're going to be a disservice to the client, I learn to bracket myself out because it's really not about me."

All seven participants discussed other ways of coping to include getting supervision, talking about it with colleagues, engaging in spiritual practices, and having resilience.

Three discussed engaging in *spiritual practices*:

When discussing how she coped with the impact of working with victims and survivors, Jayla stated, "My faith in God...praying or reading the Word."

Khandi said, "My transition time, is the time to say, 'Okay. Where do I go from here now?' I pray. And to pray, I say, 'Lord. You got to help us.'"

Todd expressed how his "spiritual life" and his "faith" were his main mechanisms for coping. He said, "It always comes back to the gospel of Jesus." He talked about how being reminded of his "own frailty...sinfulness...weakness...and the love God" has for him it "helps [him] realize when you see someone else, you can get re-energized into feeling love even when you've dealt with the situation a hundred times." He said, "If there is no God, I couldn't" when discussing his ability to work with victims and survivors.

Three of the seven *talked about* what they were experiencing with others, or they sought *supervision*:

Genesis shared that "talking to colleagues that either have experienced or had those types of clients as well" helped her cope. She explained that "being able to talk to colleagues about it

and venting, I think that helped a lot to navigate those feelings" when talking about dealing with negative emotions.

Khandi said, "A lot of us get into this mental health field, and we feel that we're going to be the savior and this hero, and then some of us collapse, and we fall behind, or we do this disservice, or we wonder why we're not connecting to the client. You have to be able to be in collaboration with other people, so I talked about it." She discussed getting overwhelmed by emotions the first time she heard the trauma story of a survivor of an adult survivor of child sex trafficking from the ages of 8 to 18 years old. She talked about that experience and how her facial expressions reflected horror. After that incident, Khandi said, "I had to meet with my supervisor."

Todd said, "When I talk about it, it's not from sadness...almost from a joy that these kids, there's people going after them, that there's restoration possible....that there's no lost cause."

Three participants mentioned that *having resilience* helped them cope with the impact of working with victims and survivors of child sex trafficking.

Angel stated, "I try to have, like a bracelet. It has to be bright and colorful. And I look at it, and it just reminds me to go back" when she gets overwhelmed by negative emotions. She added, "Sometimes, I get locked in, and I'll be in and out of things...I just look at a bright thing" like the bracelet, "and I'm like, 'I'm here...more like in the moment."

Genesis shared, "I do something that makes me happy, whether it's going to the beach or just unwinding."

Kendall said, "Knowing that this is what this student is going through, I can cope with this if they're here (at school). If they're here, then it means they want to be here, and I need to

be here for them. I guess that mental resilience is what I keep going to" when talking about some of her coping mechanisms.

Research Questions Responses

After the gathering of data, the researcher analyzed and coded participant responses about their lived experience of working with victims and survivors of child sex trafficking. After initial analysis of participants' responses several themes developed related to each research question. For research question one (RQ1), the emerging themes of varying roles, improving knowledge, changing perspectives, and building relationships were derived based on the consistency in responses. Out of responses to research question two (RQ2), the emerging themes were related to psychological effects, bringing about change and awareness about child sex trafficking, and being compassionate. For the final research question (RQ3), emergent themes related to what participants needed as they worked with youth sex-trafficked victims and survivors and coping with the impact. The researcher looked for differences and similarities in the thoughts and perspectives of each of the seven participants to derive answers to the research questions, which led to the development of three overarching themes for the study: the need to bring about change and awareness, build relationships, and improve knowledge; varied psychological effects; and coping with the impact. An explanation of the findings from the data is in this section.

RQ1: ***How do healthcare professionals and other service providers describe their experiences of working with child and adolescent sex-trafficked survivors in Florida?***

Participant responses indicated that from their experiences, there was a need for bringing about change and awareness of child sex trafficking in Florida, a need to build relationships and improve their own knowledge about how to work with and relate to victims and survivors. The roles each participant played varied across the spectrum of professions. All participants felt their

experience opened their eyes to the fact that child sex trafficking was occurring in their local communities and neighborhood. Several participants discussed their thoughts. One participant, Angel, pointed out, “It’s like literally in your backyard.” Another, Genesis, stated, “It’s in our backyard. It’s happening here.”

They realized that it was necessary to make the community aware of its existence, so they could be vigilant, educate their children, and help fight against its continuation. Genesis shared, “We should all be working together to be vigilant and to provide education not only just for ourselves, but also to the community...letting them know.” The majority of the participants had significant experience working with suspected and actual victims and survivors of child sex trafficking, and it led to a desire for better understanding of this mode of enterprise as well as how crossing paths with them affect them in all aspects of their lives. After learning more about the industry, several participants were disheartened to learn that family members, primarily parents, were the ones to introduce their children to sex trafficking. Kendall discussed how one experience with victims was for her. She shared, “The situation with the twins...was totally disheartening.”

Two participants shared their assumptions about child sex trafficking and the characteristics of youth are victims and survivors of this industry. Moppet felt that “teenagers are hard to read,” and she made assumptions that students who came into school tired were probably “up late playing video games or were playing sports” since that is the way her children acted when they did those things. Kendall stated having a “generalized opinion...maybe it was older people...between the ages of 18 to 25.” She explained that she came to a realization after working with some students in her class. She said, “I didn’t see the signs, and they acted normally and did not seek help originally.”

The first overarching theme was that of bringing about change and awareness, building relationships, and improving knowledge. As a result of their interactions and what they learned from their experiences working with this demographic, some participants decided to learn more about how to help victims and survivors by learning how to care for them as well as have the tools needed to cope effectively with those their experiences for themselves. Other participants were better able to recognize their own assumptions about how children who were sex trafficked were supposed to act and what they should look like, which influenced how they worked with all the children in their care overall.

RQ2: ***How do healthcare professionals and other service providers describe the impact of working with youth survivors of sex trafficking?***

The impact of working with this demographic varied for participants, which gave rise to the second overarching theme of the study: Varied Psychological Effects. For some the impact had a psychological toll causing anxiety while others overanalyzed or overthought things and situations, which caused them to be more vigilant with their own children. Kendall shared that she felt "paranoid" often wondering "How many others (victims and survivors) are there?" in her classroom. Angel stated, "A lot of times it made me overthink things that could be very simple."

Nonetheless, there were some positive effects for most of the participants. They learned how to be more compassionate, patient, and empathetic when working with youth sex-trafficked victims and survivors. Angel said, "It made me more compassionate." Another, Genesis, shared, "I had a sense of compassion." Khandi talked about how showing compassion for the clients she worked with enabled her to learn how to also "have more compassion" for herself. A third participant, Jayla, discussed developing a "patient manner" and being "a little more careful and cautious" when working with victims and survivors.

Their approach to working with this demographic changed as they began to listen more to their students, patients, and clients. Due to their improved understanding of child sex trafficking, they became more aware of the situation and did their best to meet the needs of those with whom they crossed paths.

RQ3: ***What coping mechanisms do healthcare professionals and other service providers describe using to help deal with the effects of working with this group of sex-trafficked survivors?***

The third overarching theme of the study focused on coping with the effects. In order to deal with the impact of working with this group of sex-trafficked survivors, participants employed various coping mechanisms. Some sought supervision and talked about their experiences. Others turned to spiritual practices of reading the Bible and praying as well as having more compassion for themselves. Many participants took time to process by either going off by themselves, including transition time between clients, leaning on resilience, setting boundaries for themselves, and doing things that made them happy in order to avoid burnout and to cope effectively with negative effects of working with victims and survivors of child sex trafficking.

Coping mechanisms varied for participants as they dealt with the impact of working with this population. Angel discussed how she "had to take some breaks off in dealing with them" by going "on a trip" by herself. Genesis shared, "I have to step back and take some time...whether it's going to the beach." Khandi stated, "I learn to bracket myself out...I have transition time." She explained that with some clients she needed to have some "transition time...that looks like time before 15 minutes prior" to a session, so she can "breathe for a moment." Genesis, Khandi, and Todd shared how they would "talk about it" with colleagues or supervisors. Genesis' and

Khandi's reason for talking about it was to help cope with negative effects of their experiences. Todd, on the other hand, shared, "When I talk about it...it's not from sadness. It's almost from a joy...that restoration is possible...that there's no lost cause."

Summary

Working with individuals who were entrapped in the cycle of childhood sexual exploitation can pose a challenge for many. There are myriad effects that impact their experiences. Findings in this study demonstrated that their lived experiences of working with victims and survivors of child sex trafficking varied, as was the impact of working with this demographic, and they had a myriad of methods for coping with the effect it had on them. Several emerging themes from initial analysis of participant responses to the research questions from which, after further analysis, the researcher extrapolated three overarching themes. These major themes were the need to build and change awareness, varying psychological effects, and coping with the impact of working with this demographic. The participants' professional roles ranged from a teacher turned school counselor, a teacher turned realtor, a pastor, a victims' advocate, a behavior technician turned teacher, to a licensed mental health counselor. Several participants agreed that there needed to be more awareness about child sex trafficking in the local community. While working with this group of victims and survivors, participants learned they needed to be more compassionate, empathetic, and patient. They also changed their approach when helping a sex-trafficked youth by listening more intently and being more attentive to signs in the classroom as well as in the group homes where they worked. Some learned how to cope by using spiritual practices, setting boundaries, making time for themselves, as well as using resilience.

Chapter Five: Conclusion

Overview

The purpose of this phenomenological study was to describe the experiences of healthcare professionals and other service providers who work with children and adolescents who were survivors of sex trafficking in Florida. There is a lack of qualitative studies that describes the impact of working with survivors of child sex trafficking. In this chapter, the researcher provided a concise summary of the findings from the study. In light of existing literature, there was a discussion of theoretical and empirical literature connected to the research study as they related to the conceptual models that were foundational to the study. A section examining implications of the results, delimitations, limitations, and recommendations for future research was also included. Finally, a summary concludes the chapter.

Summary of Findings

A thorough analysis of the data in this phenomenological inquiry into the lived experiences of the phenomenon of working with survivors of child sex trafficking elicited three overarching themes: the need to build and change awareness, varying psychological effects, and coping with the impact. Three research questions provided the framework for understanding this phenomenon based on participants reflecting on their experiences as they are, may have been, or are currently (Adams & van Anders, 2017). According to Merriam and Tisdell (2016), data collection and analysis are synchronous processes, which helped the researcher examine participants' responses carefully. The gathering of data and its analysis provided detailed responses for each question resulting emerging themes that were developed further into the three overarching themes of the study.

Participants in the study worked in different professional fields. Of the seven, three worked in education: one as a teacher who decided to become a school counselor; one who worked as a teacher, then transitioned to a literacy coach, and ultimately left the profession and works as a realtor now; and one who worked a behavioral technician in a group home for foster children, then decided to become a teacher; she currently works in both arenas. The make-up of the other participants varied: one worked in pastoral counseling, one was a victim's advocate working in a shelter, one worked as licensed mental health counselor to help both victims and perpetrators, and another worked in a service organization that was directly connected to agencies and task forces that strived to combat sex trafficking; she is now working in a different capacity. Each of their lived experiences were similar and different in many ways, which will be explained in the discussion of the overarching themes and their relationship to the research questions of this study.

Theme 1: Need to Build and Change Awareness, Build Relationships, and Improve Knowledge

The first overarching theme, "Need to Build and Change Awareness, Build Relationships, and Improve Knowledge" demonstrated that participants overwhelmingly felt that, based on their lived experiences, people should be educated about child sex trafficking in their community since children are at risk of this predatory industry. The researcher derived this theme from analyzing all data and subthemes from participant responses, which provided answers to RQ1, "How do healthcare professionals and other service providers describe their experiences working with child and adolescent sex-trafficked survivors in Florida?" In working with survivors, participants shared they had to work on building positive relationships and setting up an environment of safety and trust without being judgmental. Many individuals felt that having a

good connection with survivors was foundational to making progress with their charges. This approach aided in their ability to help them deal with the effects of being trafficked for sex since many experienced more psychologically and emotionally abusive as well as manipulative relationships, lacking trust (Barnert et al., 2020; Frayley et al., 2018; Litam, 2017; Moore et al. 2020).

The information gleaned from the study regarding the perpetrators of child sex trafficking agreed with previous literature that many children and adolescents are sex trafficked by family members and other people they know (Browne-James et al., 2021; Fedina et al., 2019; Moore et al., 2020). Many participants were horrified by this discovery while working with victims and survivors in their classrooms, counseling offices, group homes, and shelters. Some participants became more self-reflective and began to recognize their own biases and assumptions about the types of children who were sex trafficked and the way they believed they would look. This introspection affected them by giving them pause and making them wonder how many children in their care might be involved in child sex trafficking and how they can be a trusted adult in their lives.

Theme 2: Varying Psychological Effects

This second overarching theme of "Varying Psychological Effects" garnered varying pieces of information from participants. Their responses provided insight into the myriad ways HCPs and other SPs are affected on a psychological level that influenced the way they parent their children and the way they approached working with victims and survivors of child sex trafficking. These answers provided the information necessary to answer RQ2, "How do healthcare professionals and other service providers describe the impact of working with youth survivors of sex trafficking?" apart from working directly with victims and survivors of child sex

trafficking. Responses indicated that some participants experienced burnout, compassion fatigue, and vicarious traumatization while others experienced some posttraumatic growth from their work with victims and survivors of youth sex trafficking.

For those participants who worked in schools, learning that some of their students were victims of this industry was anxiety provoking and caused them to question themselves and wonder how they could have missed the signs. Some were disheartened to learn that many of the victims in their classrooms were trafficked by their parents. Those participants who worked as a victim's advocate in the shelter and as a behavioral technician in the group homes shared that they had to learn how to change their approach when working with their charges. They learned to listen more attentively and to be more compassionate. They talked about spending time with them and teaching them basic life skills, so they could learn how to find success after being trafficked for sex. Participants discussed learning how to empower their charges and how to guide conversations about what they experienced. Empowering victims and survivors enabled participants to be more objective and more present, thereby causing less harm to them. Some talked about coming to realize that when working with sex-trafficked youth, they should not take things personally if a victim or survivor lashed out at them. Two participants discussed how working with survivors of youth sex trafficking affected the way they deal with children in their own families.

Theme 3: Coping with the Impact

The final overarching theme of the study, "Coping With Impact" elicited comprehensive responses to answer RQ3, "What coping mechanisms do healthcare professionals and other service providers describe using to help deal with the effects of working with this group of sex-trafficked survivors?" Participants discussed their coping mechanisms for dealing with anxiety,

stress, burnout, vicarious trauma, compassion fatigue, and overwhelming feelings that resulted from working with this population. There were a plethora of modes for coping shared by participants. In order to deal effectively with compassion fatigue and burnout, a majority of the participants talked about taking time for themselves and not taking negative interactions with victims and survivors as a personal attack. Some individuals in the study said they talked about what they were thinking and feeling with colleagues or a supervisor. Other participants discussed taking time to do something they loved and that would make them happy.

Several participants expressed taking time to breathe so as to avoid burnout. For Khandi, the mental health counselor, she scheduled time on her schedule for a 10- to 15-minute break between sessions, so she could either prepare for a particular client whose trauma story had quite an impact on her or to decompress from a difficult session she had. Three of the participants, Todd, Jayla, and Khandi, mentioned leaning on their faith as a way of coping. They mentioned praying for guidance as to how to help a victim and survivor, as well as how to cope with the effect of what they hear from youth sex-trafficked victims and survivors.

Discussion

The purpose of this section is to discuss how the findings from this current study connects to the empirical and theoretical research presented in Chapter Two. This study examining the experiences of working with victims and survivors of the child sex trafficking industry in Florida added a different and unique perspective to the existing body of current literature by sharing the perspectives of HCPs and other SPs other than Emergency Room doctors and nurses, judges, and law enforcement personnel. It corroborated and added to existing literature related to how helping professionals were impacted by working with child sex-

trafficked victims and survivors. A discussion of both the empirical and theoretical relationship to previous studies follows.

Empirical Relationship

Previous research conducted on the impact of how working with trauma victims and survivors posed a threat to the emotional wellbeing of HCPs and other SPs due to the demands placed on them that could lead to burnout, compassion fatigue, vicarious traumatization, (Boyle et al., 2019; Brigham et al., 2018; Coleman et al., 2021; Eliacin et al., 2018). Much of the extant literature informed us about how child sex trafficking affects victims and survivors as well as some HCPs, like emergency room doctors and nurses, law enforcement, and judges (Avieli et al., 2016; Sprang et al., 2021; Wilks et al., 2021). However, not many studies have been done to examine how working with victims and survivors in this demographic impact the lives of school counselors, teachers and other educators, victims' advocates, as well as those who work in other fields that might cross paths with them (Avieli et al., 2016; Barnert et al., 2020; Burt, 2019; Casassa et al., 2021; Dols et al., 2019; Helpingstine et al., 2021; Pascual-Leone et al., 2017).

The findings of this study corroborated the fact that there were not enough empirical studies available about how working with victims and survivors of this industry are affected by their experiences (Boulanger, 2018; Cole, 2018; Sprang et al., 2021, Yaklin & Rolin, 2020). Thus, there is a need for more studies, such as the current one (Boulanger, 2018; Cole, 2018; Hemmings, et al., 2018; Litam, 2017; Sprang et al., 2021). It also highlighted the fact that some people are not knowledgeable enough about what the indicators are for suspected and actual victims of DMST and CSEC (Greenbaum et al., 2018; Peck, 2020; Powell et al., 2017), which could help mitigate the effects of finding out they are present in classrooms, group homes, and shelters. Of the seven participants, three were not as knowledgeable about the signs and

characteristics of sex-trafficked youth that would help them properly identify victims and survivors. This finding was surprising because these individuals worked in an educational setting, and the researcher assumed they would be trained fully on factors that could influence a student's ability to be successful academically.

The need for proper training was exemplified in the responses given by Kendall and Moppet who discussed not knowing signs that would help them identify children in the classrooms and school who were being trafficked for sex, thereby missing an opportunity to help them and meet their needs (Beck et al., 2015; Casassa et al., 2021; Litam & Lam, 2021; Peck & Meadows-Oliver, 2019; Preble et al., 2020). The information gleaned from the study regarding the perpetrators of child sex trafficking agreed with previous literature that many children and adolescents were sex trafficked by family members and other people they knew (Browne-James et al., 2021; Fedina et al., 2019; Moore et al., 2020). They also showed that child sex trafficking was not only an international problem, but also a domestic one (McDow & Dols, 2021; Peck & Meadows-Oliver, 2019; Yaklin & Rolin, 2020), and it is happening in communities throughout the Treasure Coast in Florida, right in people's "backyard."

Findings from this study added to current research about child sex trafficking in Florida. One novel contribution to the field is that individuals in less urban areas in Florida, like the Treasure Coast, are not as aware of the occurrence of youth sex trafficking in and around them, in their neighborhoods, as one would think since prevalence rates are not as accurate (Barnert et al., 2017, 2020; Burt 2019; Franchino-Olsen et al., 2020). For them, it seemed far removed as the current literature focused on bigger cities and states as well as its prevalence internationally (Ernewein & Nieves, 2015; McDow & Dols, 2021; Peck & Meadows-Oliver, 2019) since they had no specific knowledge or reports about child sex trafficking. Some participants assumed that

victims and survivors of sex trafficking were older and more mature adults rather than children. Another contribution is that there is a need for more studies to help people outside of the professions of ER doctors and nurses, law enforcement, and judges, about whom much of the current literature discusses (Avieli et al., 2016; Burt, 20219; Dols et al., 2019; Helpingstine et al., 2021). Findings also showed that well-being and resilience, along with incorporation of spiritual practices and engaging in self-care were mitigating factors for how participants coped effectively with the impact of working with child sex-trafficked victims and survivors (Brigham et a., 2018; Cooke et al., 2016; Gilliver, 2021; Mansfield et al., 2020; Ruggeri et al., 2020).

Theoretical Relationship

There were two foundational guides for this study: the National Academy of Medicine's (NAM) model of Well-Being and Resiliency (Brigham et al., 2018) and the Five Ways to Wellbeing Model (Gilliver, 2021). This section includes a brief summary of both models and a discussion about how these conceptual frameworks related to findings about participants' lived experiences working with sex-trafficked youth, as well as their psychological well-being and how they engaged in self-care (Boulanger, 2018; Greenbaum et al., 2018; Litam, 2018; Peck & Meadows-Oliver, 2019; Preble et al., 2020; Sprang et al., 2021).

The NAM's Conceptual Model for Well-Being and Resilience was developed to examine clinical burnout experienced by physicians and other HCPs (Brigham et al., 2018; MeInyk et al., 2020; Stewart et al., 2019). According to Boyle, Baernholdt, Adams, McBride, Harper, Poghosyan, and Manges (2019) as well as Brigham, Barden, Dopp, Hengerer, Kaplan, Malone, Martin, McHugh, and Nora (2018), this model has three foundational elements: clinician well-being, patient well-being, and clinician-patient relationship. All these elements are intrinsically

linked and are largely affected by both external and internal influences that affect clinician well-being and resiliency (Brigham et al., 2018; MeInyk et al., 2020; Stewart et al., 2019).

The Five Ways to Wellbeing (Gilliver, 2021) was the second model that guided this research study. It was based on a study conducted in the United Kingdom about well-being (Ng et al., 2015), and it had the premise that people who had a healthy well-being were likely to cope more effectively when experiencing highly stressful and adverse situations. This is a model comprising five essential actions people have to engage in to have a good well-being. These activities are forming connections, being active by engaging in things that promote a good physical and mental health, continually learning, taking notice of what is going on around you, and giving of yourself through volunteering or some other effort that improves your well-being (Gilliver, 2021; Mackey et al., 2019). The premise is that these five behaviors promote and support self-care (Gilliver, 2021), thereby mitigating negative effects of working in fields that have a traumatic impact on their mental and physical condition as well as promoting a positive well-being and resiliency.

In this study that investigated the experiences of those who work with victims and survivors of DMST and CSEC and its impact on their lives, participants talked about experiencing both the negative effects, such as compassion fatigue, experiencing vicarious trauma, and burnout (Avieli et al., 2016; Baqeas et al., 2021; Boyle et al., 2019; Coleman et al., 2021; Eliacin et al., 2018; Helpingstine et al., 2021; Wang & Park-Taylor, 2021), as well as some positive effects, such as vicarious posttraumatic growth, compassion satisfaction (Hernández et al., 2007; Hernández-Wolfe, 2018; Jaimes et al., 2019; Jun, 2020; Michalchuk & Martin, 2019; Wang & Park-Taylor, 2021). Participants in this study shared responses indicating they experienced some vicarious posttraumatic growth in being more compassionate with themselves

and seeing that there is hope for survivors, which in turn compelled them to be more forgiving of themselves. Participants also talked about how their lived experiences caused them to change how they approach working with this traumatized group of youth and how they developed an understanding of how to meet their needs in the most productive and positive way possible. This newfound understanding and changes in their techniques helped participants, resulting from their experiences working with sex-trafficked children and adolescents, helped diminish the possibility of their developing compassion fatigue, burnout, and vicarious trauma (Browne-James et al., 2019; Litam & Lam, 2021; Preble et al., 2020; Sprang et al., 2021).

Some of the participants in this study shared feeling some levels of mild depression, sadness, and anxiety while working with sex-trafficked victims and survivors, which corroborated previous studies that found HCPs and other SPs could experience emotional symptoms when working with traumatized populations (Kometiani & Farmer, 2020). Findings from this study about those who work or worked with sex-trafficked victims and survivors in Florida shone a light on the fact that participants working with this group experienced varying degrees of compassion satisfaction and compassion fatigue agreeing with previous studies conducted by Sacco and Copel (2018), Stamm (2022), as well as Wang and (2020). As a result, they felt more motivated to help sex-trafficked youth in their care; became more empathetic and compassionate; and listened more attentively to the stories victims and survivors shared.

Furthermore, results from this study added to extant literature by shedding light on the need for HCPs and SPs who work with individuals being traumatized by DMST and CSEC to have more knowledge about sex-trafficked children and adolescents as well as have more training. The findings further corroborated the need for more research on how working with victims and survivors of child sex trafficking in Florida affects helping professionals (Boulanger,

2018; Cole, 2018; Sprang et al., 2021; Yaklin & Rolin, 2020), so they can have resources to help them deal with any negative effects they might experience while working with traumatized youth (Mansfield et al., 2020). This study addressed this gap in literature, and findings suggest that more needs to be done to find ways to help HCPs and other SPs who cross paths with victims and survivors. The lack of knowledge about how to meet the needs of their charges influenced participants' ability to meet their needs, which in turn had an impact on them personally, both emotionally and psychologically.

Implications

Findings in any research endeavor has theoretical, empirical, and practical implications about the topic or phenomenon of study. As such, the purpose of this section will be to explore such implications as they relate to this study. This section will discuss these implications and recommendations for educators, counselors, policy makers, parents, pastoral counselors, those who work in social service organizations, and law enforcement personnel, as well as some considerations for how the Christian worldview informed the researcher's interpretation of the results gleaned from the study.

Theoretical Implications

This study's findings showed that having a good well-being and resiliency, as purported by the conceptual models: the NAM Conceptual Model for Well-Being and Resiliency (Brigham et al., 2018) and the Five Ways to Wellbeing Model (Gilliver, 2021), played a key role in the participant's ability to cope effectively with the impact of working with sex-trafficked youth in their classrooms, group homes, shelters, and organizations that work to combat DMST and CSEC. Thorough analysis of the data from this study led to the development of the three overarching themes of need to bring about change and awareness, build relationships, and

improve knowledge; varied psychological effects; and coping with the impact. Each theme reinforced the conceptual frameworks related to well-being and resilience that were foundational and guided this study.

When participants described their experiences of working with youth sex-trafficked victims and survivors, many discussed, in depth, the impact it had on their lives. Some discussed how learning the identity of the traffickers affected them on an emotional level, leading to a need for them to take time out and bracket themselves out of the experience to avoid burnout. Other participants mentioned how they used adaptive coping mechanisms, such as relying on their faith to help them deal, doing something that made them happy, and for some transitioning into different roles or changing jobs as a result of their experiences. Furthermore, there were some participants who expressed that they developed more compassion and empathy for the individuals they worked with as well as changed the way they approached victims and survivors, but being more attentive when listening, so they could meet their needs. One participant shared about how working with this population enabled her to develop more compassion for herself.

Findings were reinforced by the fact that they had to engage in different activities, such as playing with a beloved pet, learning more about what is going on in their community, and making connections with others through talking to supervisors and others in their profession, that helped them manage negative effects of working with youth survivors of DMST and CSEC. The results also demonstrated that those who had a positive well-being in conjunction with four of the participants, strong in their faith, were able to cope more effectively when working with traumatized children and adolescents. Reliance on their faith and belief in God further supported their ability to develop VTPG (Jaimes et al., 2019; Michalchuk & Martin 2019; Muelhausen, 2021), which is an outgrowth of having a positive well-being and is associated with resilience

(Gilliver, 2021; Jaimes et al., 2019; Muelhausen, 2021). As a result of having a positive well-being and resiliency, participants were able to develop their skills, grow from their experience, and flourish in their professions (Cooke et al., 2016; Mansfield et al., 2020), for the most part.

Empirical Implications

The lived experiences of participants were consistent with findings in previous research about the impact of working with sex-trafficked youth and its impact on them professionally, personally, and psychologically. Many of the participants in this study worked in an educational setting, group home, or shelter, and this current study's empirical findings has implications for those who work in this field. They also have implications for those who work in pastoral care and mental health. These implications apply to individuals who teach in the classrooms and counsel in the schools as school counselors. Individuals working in schools can benefit from the results of this study because they are at risk of experiencing burnout, compassion fatigue, and vicarious trauma from working with the students who come into their classrooms who might be victims and survivors of DMST and CSEC (Eliacin et al., 2018). The well-being and resiliency of participants impact the children and adolescents they work with on a daily basis.

Findings in this study showed that many perpetrators of youth sex trafficking were parents, family members, or people known to the victims and survivors. Teachers and school counselors are in a unique position (Browne-James et al; 2021) for daily interaction, along with literacy coaches, school nurses who are the main source of healthcare in schools (Fraley et al., 2018), and others who work in the school need to be knowledgeable about identifying individuals traumatized by this industry, so they can feel equipped to meet their needs and manage the effects of working with this population. Like those who work in education, individuals who serve as victim's advocates and behavioral technicians will also benefit from the

results of this study as it provides primary source information about how those working with children who were victimized by DMST and CSEC can cope effectively with its impact on their lives.

The meaning participants ascribed to their lived experiences and their well-being (Creswell & Poth, 2018; Mansfield et al., 2020; Merriam & Tisdell, 2016) informed their perception of what children and adolescents should look like as victims and survivors of DMST and CSEC as well as how old sex-trafficked victims and survivors should be. The fields of education, mental health, and pastoral counseling will be reinforced by the findings from this study as it will improve their understanding of the importance of having a good well-being, resiliency, and add to their development of adaptive coping mechanisms when working with youth who were survived being trafficked for sex or are being trafficked.

Practical Implications

Practical implications of this study apply to various stakeholders, such as educators, pastors, mental health counselors, behavior technicians, school nurses, and victims' advocates. This study was conducted to develop a better understanding of the lived experiences of healthcare professionals and other service providers who work with victims and survivors of DMST and CSEC in Florida. The researcher's goal was that findings from this study could give more insight into how working with this population affected the lives of participants based on themes that arose from data analysis. The researcher anticipated that the information gleaned would help develop policies and procedures for well-being and resilience for anyone who crossed paths with those traumatized by the sex-trafficking industry, taking the lens off victims and survivors and focus more on others who are affected by the trauma of DMST and CSEC. Several themes were developed after data analysis and were further analyzed, culminating in

three overarching themes for the study: 1) need for bringing about change and awareness, building relationships, and improving knowledge; 2) varied psychological effects; and 3) coping with the impact.

The findings in this study demonstrated the need for individuals who work with victims and survivors of child sex trafficking to bring about change and awareness, build relationships with traumatized youth, and improve their knowledge about child sex trafficking in their local communities. Angel and Genesis as well as Kendall mentioned how they had to work with youth who were being trafficked for sex in nearby areas and in their "backyards," not too far from their homes and some participants discussed how those in their care were being trafficked by their parents. Learning more about child sex trafficking from their lived experiences had various psychological effects on participants. This knowledge about how parents were the traffickers had an impact on participants, leading to some feeling "disheartened" and "anxious." Kendall discussed, at length, how finding out that "twins" who were in her classroom were being trafficked no more than "10 minutes away from their house" made her feel and how it made her question how she did not see the signs and wonder if there were others present in the classroom. She added, "It floored me because to know that I was that close to them and didn't see the signs..." affected her deeply. Moppet discussed how she assumed those she worked with were exhibiting typical behaviors of teenagers, much like her own children did. This finding reinforced the fact that HCPs and other SPs still struggle between identifying victims and survivors of DMST and CSEC (Talbot & Suzuki, 2021) and those exhibiting typical adolescent behavior.

Most of the participants stressed that building rapport with these youth and having transparency, as they tried to develop a trusting relationship with victims and survivors, helped

them to have more compassion, be more empathetic, and become better listeners. Many created a safe space for victims and survivors so they could share without judgment. All participants discussed how they became more aware of what was happening with children in their neighborhoods, which enabled them to be more "empathetic and patient" when working with victims and survivors. Some started to "overthink and overanalyze" situations, while others became more focused on their own children, trying to talk with them more to help mitigate some of the worry and fears they had as a result of learning how close traffickers were to them.

Spiritual Implications

Based on the findings from this study, the researcher found that there are spiritual implications about the lived experiences of HCPs and SPs who work with youth sex-trafficked victims and survivors in Florida. Todd, Jayla, and Khandi all mentioned how their spirituality helped them cope more effectively with those in their care. According to Lee, Goedeke, and Krägeloh (2019), spirituality helps to mitigate the effects of negative life experiences. When individuals are grounded in their faith and trust in God, there is a likelihood that they would develop vicarious posttraumatic growth and vicarious resilience (Beck & Casavant, 2019; Doherty et al., 2020; Tedeschi & Calhoun, 2004) from listening to the stories of trauma victims and survivors. Other studies done by Jaime, Hassan, and Rousseau (2019), Lee, Goedeke, and Krägeloh (2019), and Vitorino, Lucchetti, Leão, Vallada, and Prieto Peres (2018) have shown that being religious can affect the well-being of individuals. Spirituality and religiosity both serve as important factors in protecting against burnout and the development of vicarious trauma for individuals working in high stress situations, such as working with victims and survivors (Muehlhausen, 2021), while spiritual practices such as prayer, reading the Bible, going to church, and fellowshipping with others serve as a way to engage in self-care (Helpingstine et al., 2021).

In order to cope effectively with the impact of working with youth sex-trafficked victims and survivors, responses from the three participants corroborated extant research about how spirituality serves as a mitigating factor. The Christian worldview of these participants influenced the way they were able to not only meet the needs of child sex-trafficked victims and survivors but also how well they coped with the impact of working with this group. Three participants mentioned how taking time to "separate" and talk to God through prayer and reading the Bible or focusing on their own breathing helped them cope effectively with some of the negative effects of working with sex-trafficked youth. Todd focused more on the fact that working with this demographic came back to God's love and the hope that his faith provided in helping them since he would not be able to do it without God in his life. He developed a stronger spiritual life (Yaakubov et al., 2020) as a result of his work with victims and survivors, as his lived experience forced him to re-examine his role in the world, his core beliefs, and his perspective about how the world works (Beck & Casavant, 2020; Tedeschi & Calhoun, 2004). Spiritual practices also enabled Khandi, Jayla, and Todd to experience some vicarious posttraumatic growth and be more resilient (Hernández-Wolfe, 2018; Jaimes et al., 2019; Muehlhausen, 2021; Wang & Park-Taylor, 2021).

Delimitations and Limitations

In order to establish credibility, accuracy, and trustworthiness of the study, it is important to discuss the delimitations and limitations of the study. It was essential for the researcher to understand the parameters the researcher set, purposefully, while investigating the phenomenon as well as those that developed more organically during the data gathering phase. This understanding would help solidify that the study results are dependable and reliable.

Delimitations

Delimitations are deliberate and purposeful decisions the researcher established to limit or define the boundaries for what will and will not work for the study. For this qualitative study, the researcher used a sample size of seven to 10 people, and participants were required to be at least 18 years old and have had experience working with victims and survivors of child sex trafficking, for at least one year in the area of law enforcement, social services, schools, hospitals, and other community organizations. The researcher used this delimitation because she thought these professional areas would afford participants an opportunity to cross paths with individuals who experienced child sex trafficking. Also, the researcher wanted to have a heterogeneous group of participants who had varied perspectives on this phenomenon. A small sample size, comprised of seven participants, was used since the researcher believed that the information gathered would be sufficient to reach saturation, a point where no new information can be gleaned about the phenomenon (Merriam & Tisdell, 2016; Moser & Korstjens, 2018; Vasileiou et al., 2018).

Another delimitation was that participants have no more than mild depression, anxiety, and stress symptoms and are not currently dealing with posttraumatic symptoms of their own as pre-determined by the inclusion and exclusion criteria set from results based on the DASS-21 (Anthony et al., 1998) and the PSS-I-5 (Foa & Capaldi, 2013). This particular delimitation was used in the study because the researcher did not want to do harm or trigger any symptoms in participants as they discussed their lived experiences with this population. The researcher chose to use a hermeneutical phenomenological interpretive approach for this study because it was the most appropriate approach for gathering data and analyzing each participant's lived experience (Creswell & Poth, 2018; Merriam & Tisdell, 2016). It focused on the participants' understanding of the conscious experiences working with this group, and it afforded the researcher an

opportunity to do a comprehensive exploration of their lived experiences and gain a better understanding of how working with this population affects the lives HCPs and other SPs (Creswell & Poth, 2018; Heppner et al., 2016; Merriam & Tisdell, 2016). It also enabled the researcher to remain objective when interpreting and analyzing data and to avoid theorizing (Adams & van Anders, 2017; Creswell & Poth, 2018; Heppner et al., 2016; Merriam & Tisdell, 2016).

A third delimitation for the study was using open-ended interview questions, in person or via Zoom, to gather data. The researcher believed using interviews to gather data was the best way to give participants an opportunity to discuss their lived experiences in an in-depth way (Creswell & Poth, 2018; Heppner et al., 2016).

Limitations

This phenomenological approach posed some limitations. Limitations are linked to things that are outside of this researcher's control and reflect any shortcomings to what this researcher can conclude after analyzing data. Limitations can affect the generalizability of results, thereby influencing the credibility, reliability, and validity of a study (Merriam & Tisdell, 2016).

One limitation is that there could be a lack of trust between the participants and the researcher due to lacking a strong rapport upon first meeting (Creswell & Poth, 2018; Heppner et al., 2016). Trust is an important requirement for sharing personal stories, and since participants were meeting the researcher for the first time, they might not have been expansive in their responses, or perhaps they chose to share only select pieces of information when responding to interview questions. A second limitation is the sample size because there were only seven participants from which to garner a variety of viewpoints. As a result, it was a challenge to get results that could be more generalized for the public. The fact that participants were from

different professional fields could be considered a limitation as well since their experiences of the phenomenon were so different.

The lack of a preponderance of current literature about the impact of working with victims and or survivors of child sex trafficking in Florida is another limitation of the study. The majority of research done has been from the effect this industry has on victims and survivors and how to help them as well as how it affects Emergency Room personnel, judges, and a few from the perspective of school nurses (Dols et al., 2019; Fraley et al., 2018; Miller-Perrin & Wurkele, 2017; Sprang et al., 2021; Wilks et al., 2021; Yaakubov et al., 2020). Another limitation to consider is that the study might have been too localized to the Treasure Coast of Florida which encompasses only four counties in the state. Although Florida is one of the hot-spots for sex trafficking (Huff-Corine et al., 2017; Reid et al., 2017), there was no evidence of research studies about child sex trafficking in the area of focus for the study or its impact on HCPs and other SPs.

The method of recruitment for the study is another limitation for this study. The researcher used a handout with a QR code to gather demographic information, which might have hindered the ability to gather more participants for the study. Using a QR code might have posed a hindrance because some individuals might not have had the technological awareness when using a smart device to access the questionnaire, which could have caused them to not want to participate. The lack of follow through from potential participants is also a limitation. Nine individuals met the criteria for the study based on their responses to the demographic questionnaire, but two of them did not return emails or phone calls about the study. Yet another limitation for the study involved the interview questions. They might have been too broad or not clear enough for participants to understand. The researcher had to ask additional and supplemental questions during the interview process that arose as a result of analyzing data from

the first two participants, which was a good indication to the researcher that the questions needed more clarification for better understanding. A final limitation for this qualitative study is that the topic might have been too broad. Rather than looking at the broader topic of how their experiences impacted the lives of individuals who crossed paths with victims and survivors of child sex trafficking, maybe the focus could have been on the specific effects of well-being and resilience. This specificity might have enabled the researcher to glean a more focused study on a particular impact of their lived experiences, namely burnout, CF, VT, CS, VR, or VTPG.

Recommendations for Future Research

There are several recommendations for future research studies in light of the findings, delimitations, and limitations of this study. For future research about the impact of working with victims and survivors of child sex trafficking in Florida, one recommendation is to broaden the scope of the study outside of Florida to one that is more national or international. Conducting the study in a localized area made it a challenge to come across participants who had a lot of interaction with or crossed paths with victims and survivors. Using a wider geographic area would provide a wider participant pool for this study.

A second recommendation for future research is to have a more targeted group for investigation. Maybe examining the experiences of only educators, workers in community organizations, mental health, or social services organizations could provide additional information about how working with victims and survivors of child sex trafficking affects HCPs and other SPs besides those featured in most studies (Burt 2019; Dols et al., 2019; Gibbs et al., 2018; Gonzalez-Pons et al., 2020; Huff-Corzine et al., 2017; Humphreys et al., 2019; Litam & Lam, 2021; McDow & Dols, 2021; Quincey et al., 2020). Focusing on solely one group of professionals might also elicit more information about their thoughts and beliefs about child sex

trafficking, the impact of their experiences, and how to work with child victims and survivors who cross their paths. Results could also help organizations develop policies for professionals working with victims and survivors that are more generalized. Findings could also lead to standardized training programs for educators, non-classroom teachers, and school counselors to work cooperatively when a child or children in the school are identified as being involved in this industry. It is this researcher's opinion that such training programs be made mandatory, especially for those working in educational settings. It seemed to the researcher that these participants seemed less aware of child sex trafficking and would benefit from knowing more.

A third recommendation for further study of this phenomenon is to include artifacts, such as journals, letters, artwork, etc. from which to gather more data from participants. Having multiple sources of information could aid in a more thorough analysis of data as well as give more color to participants' lived experiences rather than trying to glean a better understanding solely from interviews. Another recommendation is to investigate a less broad scope, such as experience and impact to streamline the focus of study by selecting to study well-being and resiliency or burnout. Focusing on these aspects of the lived experience might elicit much more specific and practical results that could be employed by anyone who works with sex-trafficked youth. A final recommendation would be to incorporate focus groups as a way to elicit more information as well as give participants an opportunity to hear about lived experiences that differ from their own or ones that are similar when working with survivors or DMST and CSEC, which will enable them to learn from each other and provide a richer tapestry of information for the study (Creswell & Poth, 2018). An added benefit of using focus groups is that the researcher would have an opportunity to gather different types of data (Gill & Baillie, 2018) that would aid in increasing the credibility and trustworthiness of the study.

Summary

The purpose of this phenomenological study was to describe the experiences of health care professionals and other service providers who work with victims and survivors of youth sex trafficking in Florida. There was a gap in literature of previous studies that investigated how working with this population affects people who work with them (Hemmings et al., 2016; Litam, 2017, 2021; Sprang et al., 2021). Prior studies focused on emergency room physicians and nurses, judges, and law enforcement, but there was a paucity of research on other helping professionals and service providers. They addressed burnout, vicarious trauma, and compassion fatigue in these groups, with some focus on well-being and resiliency.

Considering the paucity of research studies that addressed the impact of working with sex-trafficked youth on the population of this study, it is important to note the need for more work to be done in the future. Three overarching themes arose from thorough analysis of the data: need to bring about change and awareness, build relationships, and improve knowledge; coping with the impact; and varying psychological effects. Results from this study enhanced findings from extant literature and filled some research gaps. Theoretical, practical, and empirical insights gleaned from this study could help those in education, such as teachers, school counselors, and school nurses; victims' advocates; behavioral technicians; pastoral counselors; and others in the helping profession who might cross paths with victims and survivors of child sex trafficking in Florida. By conducting this present study, the researcher was better able to understand the differences in the lived experiences of HCPs and SPs in how their experience impacted them and how they coped while working with victims and survivors of DMST and CSEC.

This chapter showed that the lived experiences of participants varied and that they

developed various strategies for coping, such as setting boundaries for themselves, engaging in activities that made them feel happy, and incorporating spiritual practices of praying and reading the Bible as a means of mitigating burnout, compassion fatigue, and vicarious traumatization (Helpingstine et al., 2021; Lee et al., 2019). Participants acknowledged the practice of talking to others in their fields and their supervisors when they felt overwhelmed and confused about why traffickers would use children. Some participants expressed feeling "disheartened" by the fact that parents were trafficking their children and the fact that DMST and CSEC were going on in their communities.

The results corroborated information gleaned in previous studies suggesting that well-being and resiliency, along with spirituality and engaging in activities that promoted a healthy well-being, were important factors to help mitigate the negative effects of working with victims and survivors of child sex trafficking (Brigham et al., 2018; Doherty et al., 2020; Gilliver, 2021; Mansfield et al., 2020) and promoting more positive effects of VR, CS, and VPTG (Baqeas et al., 2021; Chen et al., 2022; Doherty et al., 2020; Hernández-Wolfe, 2018; Hernández-Wolfe et al., 2015; Jun, 2020; Kase et al., 2019; Manning-Jones et al., 2015, 2017; Sacco & Copel, 2018; Stamm et al., 2022; Wang et al., 2020; Yaakubov et al., 2020). They also reinforced the need for proper training and education about how to identify children and adolescents who were traumatized by this industry, which will be a benefit to HCPs and other SPs who cross paths with them.

This study generated several theoretical, practical, empirical, and spiritual implications, which led to a few recommendations for future research. These implications and recommendations would benefit all stakeholders, such as educators, school counselors, school nurses, behavioral technicians, victims' advocates, mental health counselors, and pastoral

counselors. For this researcher, one of the most important takeaways from this study was the importance of educating people in all areas, large or small, rural, suburban, or urban, about how to properly identify potential and suspected victims and survivors of sex trafficking. It is especially needed in the Treasure Coast of Florida since there is a large migrant population and many areas where youth experience high instances of ACEs, which can affect them psychologically, behaviorally, and cognitively (Goddard, 2021; Ijadi-Maghsoodi et al., 2016; Oral et al., 2016).

As a teacher who worked in a small urban community, this researcher would have been able to make more informed decisions when children in the class "acted out," appeared angry, depressed, or overly anxious, and slept a lot in class. Armed with this knowledge, people like Kendall and Moppet would be more prepared to deal with finding out that they missed an opportunity to help a child being victimized by child sex trafficking. It might also help ward off negative effects of working with this demographic or promote positive effects, such as vicarious posttraumatic growth and compassion satisfaction, in knowing that they helped a child. Training and resources should be in place to guide them as to how to avoid using their own biases and assumptions to determine whether or not a child is being trafficked for sex.

The discussion of the different psychological effects and coping mechanisms aligned with the NAM Conceptual Model for Well-Being and Resilience (Brigham et al., 2018) and the Five Ways of Well-Being (Gilliver), the two conceptual models that guided this research. Findings demonstrated the intrinsic link between the well-being of HCPs and other SPs with the youth they work with and how it affects them on all levels of their lives. They also related to the these models because the data further corroborated the need for helping professionals that work with a traumatized population to make connections with others and talk about their experiences,

to be more aware of what is going on in their communities, to be active and engage in activities that support self-care, to engage in continuous learning, so they can get the skills needed to use trauma-informed care, and to give by focusing more to someone else. Participant responses exemplified the use of these key activities in their lives, which helped them cope more effectively in their jobs.

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Appendices

Appendix A: Initial Screening

Demographic Questionnaire

Name: _____ Age: _____ Race: _____

Contact information: _____ Gender identity: _____

1. Employment Status: Please choose one

full time part time unemployed retired student*

***Note**: If you are a student, please stop completing this screening.

2. Professional industry: Choose one and length of employment

Health	less than 1 year	More than 1 year
Education	less than 1 year	More than 1 year
Law Enforcement	less than 1 year	More than 1 year
Mental Health	less than 1 year	More than 1 year
Social Services	less than 1 year	More than 1 year

3. Please write the type of place where you work and your role. Do not state the name of where you work (indicate if it is a school and level, hospital, police station, counseling center, or another type of location) _____

4. Have you ever experienced trauma that led to a diagnosis of PTSD or Major Depressive Disorder (MDD)? Yes No

5. Do you have a current diagnosis of PTSD or MDD? Yes No

6. Have you ever heard of child sex trafficking? Yes* No

*If yes, do you have any experience working with survivors and victims of child sex trafficking?

Yes No

Appendix B: Informed Consent Form and Information Sheet

Informed Consent

Title of the Project: A Phenomenology of Working with Youth Sex-Trafficked Survivors in Florida

Principal Investigator: Paula Robinson, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be at least 18 years old, have worked as a healthcare professional or other service provider for at least one year, have experience working with victims and survivors of youth sex trafficking, do not have more than mild symptoms for both depression, anxiety, and posttraumatic symptoms, and are not trying to cope with significant trauma of their own during the time of the study. 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 describe the experiences of healthcare professionals and other service providers who work with victims and survivors of domestic minor sex trafficking (DMST) and the commercial sexual exploitation of children (CSEC). This study is being done because child sex trafficking is a recognized problem that has far-reaching impacts, and studies have shown that there is an increased awareness of its presence in the United States with Florida being one of the major stops on the sex-trafficking route. It is highly likely that victims and survivors may seek help as they cope with the effects of being trafficked, and a myriad of health care professionals and other service providers will come in contact with them.

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 things:

1. First, you will be asked to answer questions on two scales (DASS-21 and PSS-I-5) to ensure you are not experiencing symptoms or anxiety, depression, or posttraumatic stress that could become exacerbated while participating in the study (10-20 minutes).
2. If you are chosen to move to the next phase of the study, based on the results from the DASS-21 and the PSS-I-5, you will be asked to answer some questions about your experiences working with victims and survivors of DMST and CSEC. The interview will take about 45 minutes to 1 hour, and your responses will be audio recorded for all one-on-one, face-to-face meetings. If the interview is being conducted on Zoom, video recordings will be done to capture your responses.
3. Observations will be conducted, if possible, in an unobtrusive way at different times while you work. They will not be scheduled. No recordings will be made while gathering data.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study are referrals for therapeutic interventions to include the phone numbers for the warm line and national crisis hotline, so they can reach out for help in times of crisis. They could also receive resources for effective and adaptive coping mechanisms that could help prevent negative effects of working with survivors of youth sex trafficking. Participants will also receive an information packet with information to help them learn more about posttraumatic symptoms, anxiety, stress, and depression.

Benefits to society include learning about effective ways for approaching working with survivors and victims of youth sex trafficking. This knowledge could help healthcare professionals and other service providers decrease the likelihood of making medical errors that could have a high burden on society. Another benefit could be that results from this study will provide information on more current perspectives from helping professionals currently working with victims and survivors of DMST and CSEC.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. However, there could be some psychological risks, but not significant, if you have experienced past trauma and discussing your experience of working with victims and survivors trigger your own depression, anxiety, and posttraumatic symptoms. If they are significant, I will terminate your participation in the study and provide you with resources to get help.

I am a mandatory reporter and if I become privy to information that triggers mandatory requirements for child abuse, elder abuse, child neglect, and the intent to harm yourself or others, I will have to report it.

How will personal information be protected?

The records of this study will be kept private and will be stored securely. Only the researcher will have access to the records. Participant responses will be kept confidential through the use of pseudonyms. Recordings will be stored on a password locked computer for three years and then erased. Interviews will be conducted in a location where others will not easily overhear the conversation. Data will be stored in a password-coded locked computer and may be used in

future presentations. Hard copy data will be stored in a locked file cabinet. Three years after the completion of the study, all electronic records will be deleted, and hard copy data will be shredded. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared. Interviews will be recorded and transcribed. Only the researcher will have access to the research records and recordings.

Is study participation voluntary?

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

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/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

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

The researcher conducting this study is Paula Robinson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] or by phone at [redacted]. You may also contact the researcher's faculty sponsor, Dr. Mollie Boyd at [redacted].

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 Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at 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 audio-record/video-record me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date

Appendix C: Interview Questions/Protocol

Interview Protocol

Interviewee: _____ Interviewer: _____

Date: _____ Time: _____

Before Starting the Interview:

"Hello, my name is Paula Robinson. I am a Registered Clinical Mental Health Intern, and I am conducting a study about clinicians' experiences working with sex-trafficked survivors in Florida. Thank you for taking the time to participate in this study and being willing to be interviewed about your experiences. This study seeks to understand how clinicians who work with sex-trafficked youth survivors in Florida cope with its impact and how they provide treatment. Your responses will be recorded as discussed in the informed consent (see Appendix B), and I want to assure you that anything you say will be confidential. However, there are limits to confidentiality, which will be discussed when we go over the form for informed consent (see Appendix B). Your name will be codified to protect your identity. If at any point you feel uncomfortable, please let me know, and we can take a break then continue later. If at any point you want to stop the interview, please let me know, and we will terminate (see Appendix B). Before we start with the interview about your experiences, I will start with some general questions."

General Questions (One-on-one Interviews)

1. What has been your role at your current place of employment?
2. How long have you been working at this location?

Interview Questions

1. Describe how your understanding of sex-trafficked youth influences your approach when treating them.
2. How important do you think it is for healthcare professionals and other service providers to be knowledgeable about treatment options for working with child sex-trafficked victims and survivors?
3. Describe your typical routine when working with sex-trafficked youth victims and survivors.
4. What has been your experience with child sex-trafficked victims and survivors in Florida?
5. How do you deal with the impact of working with child sex-trafficked victims and survivors?
6. How has your experience working with victims and survivors of child sex trafficking impacted your current role as a service provider?
7. How can you describe the impact of working with child sex-trafficked victims and survivors on your physical and psychological well-being?
8. In what ways have your experiences working with child sex-trafficked victims and survivors influenced your work with those who have experienced trauma?
9. Please describe how your beliefs about sex trafficking in Florida influence your decision-making when working with suspected victims and survivors of child sex trafficking.
10. Which coping mechanisms do you use when you feel the negative effects of working with sex-trafficked youth victims and survivors? (Negative effects are those that cause

you to feel depressed, have difficulty concentrating, feel anxious, or serve as triggers for you.)

11. What mechanisms do you use to maintain a sense of compassion, purpose, and resilience as you work with victims and survivors of youth sex trafficking?
12. In what ways has your experience working with sex-trafficked youth victims and survivors impacted your ability to do your current job?

Appendix D: IRB Approval

IRB-FY22-23-1606 Review

IRB, IRB [redacted]
Tue 6/20/2023 10:02 AM

To:Robinson, Paula [redacted]
Cc:Boyd, Mollie Evans [redacted];IRB, IRB [redacted]

2 attachments (2 MB)
Robinson_1606RecruitmentPreliminaryReview.docx; Robinson_1606ConsentPreliminaryReview.docx;

Good Morning Paula,

The IRB has completed its review of your research application, and you will receive your approval notification shortly. Some minor edits were identified on the attached document(s), and we wanted to make you aware of the edits, but you do not need to return the documents to the IRB. Feel free to contact the IRB if you have any questions.

Best,

Catherine L. Kinney
[redacted]

Appendix E: PSS-I-5 Questionnaire Permission Approval

From: Lee, Jiwon [redacted]
Sent: Thursday, April 27, 2023 6:27 PM
To: Boyd, Mollie Evans [redacted]
Subject: Re: [External] PSS-I-5 measure & manual

> You don't often get email from jiwon.lee@pennmedicine.upenn.edu. Learn why this is important

Hello,

Thank you for reaching out! Yes, it is an approval to use the instrument.

Best,

Jamie Jiwon Lee
Clinical Research Coordinator
PI: Dr. Edna Foa
[redacted]
Phone: [redacted]
Email: [redacted]
Pronouns: [redacted]

From: Boyd, Mollie Evans [redacted]
Sent: Thursday, April 27, 2023 5:53 PM
To: Lee, Jiwon [redacted]
Subject: Re: [External] PSS-I-5 measure & manual

Good Evening,
I hope you are doing well.

Is this email considered an approval to use the instruments?

Thank you,
Mollie

Get Outlook for iOS
From: Boyd, Mollie Evans [redacted]
Sent: Monday, April 24, 2023 6:25:16 PM
To: Lee, Jiwon [redacted]
Subject: Re: [External] PSS-I-5 measure & manual

Hello Dr. Lee,

Thank you so much.

Is this considered an approval?

Mollie

Get Outlook for iOS
From: Lee, Jiwon [redacted]
Sent: Monday, April 24, 2023 1:29:58 PM
To: Boyd, Mollie Evans [redacted]
Subject: [External] PSS-I-5 measure & manual

> You don't often get email from jiwon.lee@pennmedicine.upenn.edu. Learn why this is important

---

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

Hello,

Attached are PSS-I-5 measure and manual.

Best,

Jamie Jiwon Lee
Clinical Research Coordinator
PI: Dr. Edna Foa
[redacted]
Phone: [redacted]
Email: [redacted]
Pronouns: [redacted]

The PSS-I-5 Scale was removed to comply with copyright.

Appendix F: DASS-21 Questionnaire and Permission Approval

DASS-21 Questionnaire

DASS21 *Name:* *Date:*

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

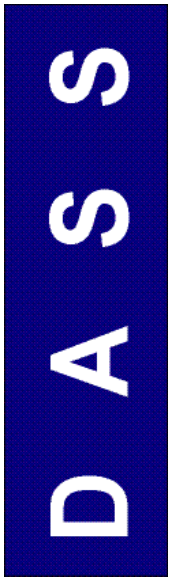
0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

DASS-21 Permission Approval

3. How do I get permission to use the DASS?

The DASS questionnaire is public domain, and so **permission is not needed to use it**. The DASS questionnaires and scoring key may be downloaded from the DASS website and copied without restriction (go to Download page).



Depression
Anxiety
Stress
Scales
(DASS)

Psychology Foundation of Australia

The DASS is a 42-item self-report instrument designed to measure the three related negative emotional states of depression, anxiety and tension/stress.
The DASS questionnaire is in the public domain, and may be downloaded from this website.
The DASS manual contains more detailed information about the DASS, and may be ordered for a nominal fee of $55.00.

- Overview of DASS
- Download DASS
- Download DASS-Y (Youth version) new
- Order DASS manual
- DASS translations
- DASS publications
- Frequently asked questions
- Further information

Last updated June 22, 2022

APPENDIX G: Participant Demographics

Characteristics	Male (n=1)	Female (n=6)	Total (n=7)
Age			
Less than 18			
18-27		1	1
28-37		1	1
38-47		3	3
50+		2	2
Race			
Black		3	3
White	1	2	3
Hispanic		1	1
Employment			
Full-time		6	6
Part-time		1	1
Professional Industry			
Education ≥1 year		4	4
Mental Health ≥1 year		2	2
Social Services ≥1 year		1	1
Experienced Trauma leading to PTSD or MDD			
Yes		2	2
No		5	5
Current diagnosis of PTSD or MDD			
Yes		1	1
No		6	6
Heard of Child Sex Trafficking			
Yes		7	7
No			
Experienced working with victims and survivors or DMST and or CSEC			
Yes		7	7
No			

APPENDIX H: Research Questions and Themes

Name	Files	References
Other Findings	4	8
location	4	8
(RQ3) Coping Mechanisms	6	28
(Theme) What I needed	4	13
supervision	1	1
having resilience	2	2
Go off by myself	3	6
boundaries	3	4
(Theme) Coping with impact	5	15
Talk about it	3	5
Spiritual practices	3	6
Shopping	1	1
play with pet	1	1
Journaling	1	1
Do something that makes them happy	1	1
(RQ2) Impact	6	42
(Theme) Resulting psychological effects	6	16
took a toll	3	4
Saw own children in victims and survivor	2	2
Overanalyze things and situations	3	4
felt paranoid	1	2
cry	2	2
anxiety	1	1

Anger	1	1
(Theme) Bringing about change and awareness	6	10
More overprotective	1	1
More aware of what could happen	6	7
community involvement	1	1
Avoid taking it home	1	1
(Theme) Being compassionate	5	14
patience	3	4
More compassionate	3	4
humbling	1	1
Empathy	3	5
(RQ1) Experiences	7	50
(Theme) Varying roles	3	7
Worked with daily	2	3
teach life skills	2	4
(Theme) Improving knowledge	6	13
training	1	1
perpetrators	5	10
Family members trafficking children	2	2
learned trauma informed care	2	2
(Theme) Changing perspectives	5	12
What I learned	2	4
preconceived notions	1	4
change my approach in current job	3	4
(Theme) Building relationships	7	18

think about survivors and or victims helped	2	2
Listen	3	4
Get attached	1	1
build relationships	4	6
Better understanding	3	5