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### Promote Healing and Restore Lives: Clinicians' Reflections on their Experiences in Working with Survivors of Trafficking

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**Promote Healing and Restore Lives: Clinicians' Reflections on their  
Experiences in Working with Survivors of Trafficking**

Brittany A. Burch

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### **Abstract**

Humans are shaped by their personal beliefs, values, and individual philosophies of life. Personal ideologies of humanitarian aid can root a deep desire to provide help and assistance to the vulnerable within our community. This desire often manifests itself specifically in clinicians seeking to provide healing, hope, and restoration in the lives of women and men. (Thullesen, 2019). Human trafficking is a prominent human rights and social justice issue that is embedded within our society. This study focused on clinicians' experiences and perspectives in working with victims of human trafficking.

The data was collected through interviews of clinicians working directly with victims of trafficking across the United States. The clinicians' motivation, rewards, challenges, personal impacts, educational needs, self-care, and vicarious trauma were explored.

Keywords: human trafficking, sex trafficking, social work, clinician, advocate, educational training, vicarious trauma

**Promote Healing and Restore Lives: Clinicians' Reflections on their Experiences  
in Working with Survivors of Trafficking**

Trafficking, a form of slavery, is a phenomenon occurring with little recognition by the public at large, including many human service agencies. Organizations across the world are established to fight for survivors of trafficking, employing clinicians who put their emotional and physical well-being on the line continuously. "Health care providers play a pivotal role in identifying and supporting victims of human trafficking. However, many providers lack the knowledge and skills needed to identify, treat, and support victims, (Kovacic, 2018, p. 328). The importance of working with victims of trafficking cannot be overstated.

Health care practitioners draw several positive outcomes from working with this vulnerable population. Baranowski, Moses, and Sundri (2018), Mishori, Hannaford, Mujawar, Ferdowsian and Kureshi (2016) and Thullesen (2019) describe their dedication to moral values and their ethical duty to be an advocate for those who need it most. Individuals found within agency settings often feel compelled to work with at-risk populations, not only for the benefit of the client but themselves as well. Baranowski et al. (2018) explain how the clients' personal identity and experiences assist them in their practice, eliciting positive responses and (Baird & Jenkins, 2003; Mishori, Mujawar & Ravi, 2014) social support. As a result, the clinician may experience growth, change, and healing (Pearlman & Ian, 1995). Living through abuse in childhood or trauma provides a framework for the clinician to understand where the victim is coming from. In many ways, advocacy workers walk beside the clients, until they are no longer seen as victims, but as survivors.

Clinicians who watch someone begin the journey on the road of recovery is a powerful experience. Empowering the client through the strengths perspective, an approach to promote the

positive (Marburger & Pickover, 2020), and walking alongside them is a unique role of healing and wholeness (Johnson, 2012; Litam, 2017). Johnson (2012) shares the joy of restoring human dignity and (Litam, 2017) tells of the gratification in providing a healthier sense of safety for the survivor. Choosing to focus on client strengths and providing a new and healthier life for the survivor promotes immense satisfaction in the clinician. Mishori et al. (2016) describe the motivations of healthcare workers such as “giving back to the world” and seeing vulnerable populations get back on their feet, (p. 210). The motivation of clinicians choosing to spend their lives in humanitarian aid echoes the heart and desire they carry to influence every client. Despite the monumental joys of walking alongside a survivor as they rediscover themselves, challenges and barriers reside in the life of an advocate.

Multidisciplinary employment provides opportunities for the growth of each professional. Working with victims of abuse provides professional skills as an opportunity to learn and educate the clinician (Mishori et al., 2016). Pearlman and Ian (1995) states, “the more experienced the clinician, the less general distress, and the higher the competency.” Working in an area of abuse, trauma, and trafficking influence the clinicians’ perception of the world and grow their capability of working with survivors of abuse. Placing yourself in the shoes of a victim broadens your understanding of vulnerable populations (Litam, 2017), as well as empathizing with your clients (Litam, 2019). Self-awareness is key in working with survivors of trafficking as it enables self-awareness in choosing vocabulary (e.g. survivor vs. victim, prostitute vs. slave or rape victim) (Litam, 2019; Nichols, Gerassi & Snider, 2018). Empathizing with and ensuring the client is heard is of utmost importance. In addition to empathy, sensitivity is essential when choosing vocabulary specific to the client. Creating an environment of active listening, empathy, and appropriate vocabulary help in establishing rapport.

However, the literature also acknowledges a number of challenges that clinicians encounter in working with victims of trafficking. Clinical healthcare workers often do not have personal experience with abuse or forced control. Grote, Zuckoff, Swartz, Bledsoe, & Geibel (2007), Litam (2017), and Thullesen (2019) noted the difficulties and barriers in rapport building between the clinician and survivor, creating a difficult engagement with the client. Because of the stripping of trust during the trafficking experience, practitioners must work harder to obtain rapport and trust with the client. The victim is most often experiencing trauma from their childhood, directly related to the abuse of the trafficker (Litam, 2017; Thullesen, 2019). Because of the trauma, health professionals express difficulty when working with a survivor of trafficking, noting a similarity of distrust between the trafficker and the health professional. As practitioners face the struggle of obtaining trust with the client, they are further burdened with challenges in treatment.

Practitioners often face several barriers in treatment care when working within a safe home for survivors of trafficking. Barriers such as costs of treatments, the location of the treatment, and treatment times can become areas of stress for the clinician (Grote et al., 2007). The stress of pairing the survivor with the agency that best fits their needs does not stop there. Confidentiality and privacy are tremendous obstacles clinicians face when living with survivors (Jones, 2019). Because of this, advocates living with their clients must learn to cope with and handle a variety of challenges. Even when clinicians are not under the same roof as their clients, burdens actively remain present.

In a people-oriented profession, many advocates put others' needs before their own. Clinicians often carry strong feelings of burnout, due to work overload, emotionally exhausting situations (Baird & Jenkins, 2003; Mishori et. al, 2016), and challenging administrative tasks

(Powell, Dickins, Stoklosa, 2017). The role clinicians feel inclined to provide can result in a loss of personal accomplishment (Baird & Jenkins, 2003), and a challenge to meet the basic needs of the client. With this in mind, clinicians frequently feel as if they have failed in their role as the caretaker, leader, mentor, and co-worker, for both the survivor and the agency.

Even when self-care is attained, burnout, and feelings of inadequacy in professionalism leave the clinician feeling helpless. Post-Traumatic Stress Disorder and compassion fatigue can be a result of working with victims of trafficking (Baird & Jenkins, 2003; Pearlman & Ian, 1995). According to Baird and Jenkins (2003) and Mishori et al. (2014), clinicians working with survivors of abuse are more likely to experience vicarious trauma. While dilemmas arise when working with vulnerable populations, clinicians must stay in tune with their mental health to prevent such trauma. To emphasize, education on self-care and the ramifications of working with vulnerable populations would be highly beneficial.

It is imperative that clinicians are well educated and prepared to work in the arena of abuse and trafficking. Baranowski et al. (2018); Kovacic (2018); Litam (2017); Litam (2019); Thompson & Haley (2018); Thullesen (2019) all discuss the inevitable truth: limited training and resources are tailored specifically to trafficking. Trafficking survivors experience horrific adverse realities, which require trauma-specific training for the clinician (Thompson & Haley, 2018). A difficulty arises in empowering the survivor when their agency does not offer treatment specific to the at-risk population. Thompson and Haley (2018) found the knowledge level of the agency worker impacts the level of ease and self-efficacy when advocating for the survivor. Educating the clinician helps both their fieldwork and provides a wide array of treatment options for the survivor (Marburger & Pickover, 2020). In other words, empowering the clinician with a specialized education creates confidence to empower the survivor.

Training the worker advocating on behalf of the survivor gives them more confidence and competency to provide treatment. Current training and resources in trafficking include Physicians for Human Rights (PHR) and Health Right International (HRI) (Mishori et al., 2016). In addition, the initiatives: The Trafficking Awareness Training for Health Care Act of 2015, SOAR to Health and Wellness Act of 2015, and the National Human Trafficking Resource Center provide hope as well (Powell et al., 2017). Training and resources such as these provide the clinician with a framework to grasp the survivors' perspective. They also enable them to specialize in their treatment of trafficking. That is to say, clinicians must be informed with up-to-date and specific treatment techniques of trafficking within their agency.

In the final analysis, the experiences and perspectives of clinicians working in trafficking agencies are essential. Challenges and barriers exist within the professional realm of working with a vulnerable population, in addition to perceived benefits and rewards. As previously stated, it is very imperative that clinicians are educated with knowledge specific to trafficking. This study uncovers the experiences and perspectives of clinicians working directly with survivors of trafficking, including challenges, benefits, rewards, educational gaps, and imperative resources.

### **Methodology**

The goal of this qualitative study focused on examining the personal experience of clinicians' working with survivors of trafficking in an agency devoted to promoting healing and restoring lives. The study seeks to step into the life of an anti-trafficking advocate while seeing the global issue of trafficking through the lens of the clinician.

Many facets are included in the study such as the clinicians' motivation of choosing this line of work, benefits and rewards, challenges and obstacles, personal impact, clinical training received, desired training and better preparation, and self-care and vicarious trauma in working with this vulnerable population. The review of literature aided in forming the final research question, "What are the challenges, rewards, and educational needs of clinicians working with survivors of trafficking?"

### **Participants**

The research consisted of participants with job profiles within anti-trafficking agencies. The participants had diverse educational backgrounds, with degrees ranging from social work to business, to human resources, and various others. There were a total of 9 participants in the research study. The clinicians had various encounters with sex and/or labor trafficking. The years of experience in an anti-trafficking agency ranged from less than a year to seven years. Connection with the participants was obtained by researching anti-trafficking agencies in major cities that are considered a hub for trafficking throughout the United States. The majority of the participants were located by outreach via phone call to the agency, or by referral. At the introduction of the interview, self-disclosure was provided, and informed consent was obtained.

<b>Demographic Characteristics</b>
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<i>Clinician</i>	<i>Professional Title</i>	<i>Professional Degree of Study</i>	<i>Types of Trafficking Encountered</i>	<i>Years of Experience</i>
Respondent #1	Supervising Case Manager	Master of the Arts Degree in Family Studies	Sex and Labor Trafficking	Four and a Half Years
Respondent #2	Community Relations Director	Business	Human and Labor trafficking	Seven Years
Respondent #3	Community Education Director	Licensed Master Social Worker	Sex and Labor Trafficking	Three Years
Respondent #4	Agency Supervisor	Bachelor's of Social Work	Sex Trafficking	Six Years
Respondent #5	City Director	Business Management	Sex Trafficking	Four and a Half Years
Respondent #6	Human Trafficking Outreach Specialist and Case Manager	Bachelor's of Social Work	Sex Trafficking	Four Years
Respondent #7	Director of Programs	BSW and MSW, starting Ph.D. for Social Work	Sex and Labor Trafficking	Less than a Year
Respondent #8	Community Training Coordinator	Health and Physical Education	Sex Trafficking	Four and a Half Years
Respondent #9	Retired Vice President of Human Resources	Master's Degree in Criminal Justice, with a Minor in Psychology and Sociology	Sex Trafficking	Seven Years

**Instrumentation**

The interviews were conducted via phone call. Seven questions were asked to each participant to identify their experiences and to assess the impact of such work fighting the exploitation of humans. Refer to the appendix for interview questions.

**Procedure**

The interview was conducted as semi-structured, to build rapport and a relationship with both parties. During the course of the interview, participants were encouraged to answer questions as thoroughly as they desired, as well as answering the questions in their desired interest. Often, questions were asked as an inquiry of the participants' responses to various questions. The interviewing questions were given to the participants in advance, allowing the opportunity for the clinicians to reflect and examine the most appropriate and fulfilling answers to contribute to the study. Each interview was recorded as an audio file and later transcribed. The nine interviews were transcribed verbatim, with omissions of filler words, laughs, and pauses. Once each interview was transcribed, they were color-coded to separate and analyze various themes among the clinicians. Themes included: motivation to work in an anti-trafficking agency, benefits and rewards, challenges and obstacles, personal impact, clinical training, desired training/educational needs, and self-care and vicarious trauma.

## Results

The five major themes from this study emerged as anticipated. However, some of the clinicians' responses were different than as expected, whether it was from a predisposition to the subject, or prior research.

### Motivation and Personal Impact

Participants were asked to describe what motivated them to work with this vulnerable population and to describe the impact it has on them personally. Six of the nine respondents told their story of a personal experience firsthand with trafficking as their motivation to advocate for these men and women.

*“I am actually a victim of trafficking. I was trafficked at a very young age. So I know the loneliness. I know the, ‘why doesn’t anybody care.’ I know the feeling of, ‘when do I get to be loved.’” (Respondent #7)*

*“When I heard the missionary talking about human trafficking, and the connection to early childhood sexual abuse, the connection to foster care, the connection to all of those things that sort of interlace with human trafficking here in the U.S., it just hit home. I understood the game, I understood the manipulation and the abuse, and all of those things that play into it. I got home from the conference and I felt crazy not to do something! My past didn’t have to sit there and look ugly, it could be used for something good.” (Participant #4)*

67% of the respondents emphasized the need for advocating for vulnerable populations. The religious motivation was a common theme among the respondents, in addition to the core values of social justice, and advocating for those who feel they have no voice.

*“Assisting them with their goals, helping them through and unpacking their trauma is*

*especially important, so we can create and help to mold strong, aware adults of the future. Not only is social work effective, and deserves attention and advocacy, I especially believe that we need to advocate for policies that uplift our young people so that we can give them a fighting chance for the future.” (Respondent #7)*

The clinicians truly emphasized throughout the interviews a heightened awareness of their surroundings once they began working with victims of trafficking. Not only are they impacted by viewing the world in a different light, but they are also ignited with a passion and desire to raise awareness in others.

*“Taking an uber or lyft for safety precautions gives me the opportunity to share with the person that is next to me - do you know about human trafficking? Do you know the types? I use the opportunity to raise awareness 24/7.” (Respondent #6)*

Clinicians also discussed the importance and recognition of this topic in our society. Raising awareness of trafficking lies hand-in-hand with challenges and obstacles, as clinicians are motivated to alter the perception people often have of human trafficking.

*“This is not a taboo situation. This is not a taboo topic. At the end of the day, this affects everybody. This affects us as a community. This affects us as human beings. Because when we know these things are going on in the world and we are silenced about it, it becomes very difficult for the other person, the victim.” (Respondent #6)*

Note the following table:

<b>Motivation and Personal Impact:</b>	<b># of respondents:</b>	<b>% of respondents:</b>
Personal Experience of Trafficking	6	67%
Advocating for Vulnerable Populations	6	67%
Desire to Raise Awareness in Yourself and Others	5	56%

### Benefits and Rewards

Three major themes emerged from the clinicians' responses regarding the benefits and rewards of this work: promoting healing, restoring lives, and having a deepened empathy, compassion, and fulfillment, empowering the survivor, and the clinician/survivor relationship. The first theme proved that the biggest benefit of anti-trafficking efforts is restoring lives.

*"It's so great because you get to see their lives change, literally every day. I love when you get to see them go from having no hope to being full of hope, or thinking that nothing can ever change, to really starting to see change happen." (Respondent #5)*

*"Giving these girls soap, or even a little perfume or nail polish is so beneficial. Now to the normal person, that sounds like nothing. But when you don't have something, it is everything. I've had girls cry, and be like, thank you. Because, coming from an organization that cares, we see that you see us. We're not just standing here for people to look at. You see our hearts. You see our needs. And that's my gratification right there." (Respondent #6)*

Empowering victims of trafficking is essential to their self-perception and self-esteem. Using the strengths perspective, focusing on the possibility of a brighter future is crucial.

*"All they know is how to be controlled. So, we try to empower them, and try to make them understand they do have a voice. What happened in the past does not define who we are, we are not labeled as prostitutes, we are not labeled as victims of trafficking. Our future is in our hands." (Respondent #6)*

The clinician/survivor relationship is crucial in the restoration process of the survivor. Many of the clinicians spoke of the importance of having strong relationships of love and support throughout a lifetime.

*"As a victim of trafficking, I at least had people I knew who loved me. And that was enough. It is the biggest determining factor whether or not a foster care child ends up in*

*prison or college: is one supportive and healthy relationship throughout a lifetime.”*  
 (Respondent #4)

Note the following table:

<b>Benefits and Rewards:</b>	<b># of respondents:</b>	<b>% of respondents:</b>
Promote Healing and Restore Lives / Deepened Empathy, Compassion and Fulfillment	7	78%
Empowering the Survivor	4	44%
Clinician/Survivor Relationship	4	44%

*Challenges and Obstacles*

Several of the clinicians discussed the comorbidity in addressing mental health, addiction, and trauma. They discussed the difficulty in addressing a substance use addiction while they are in the life.

*“Probably the one thing we really, really fight against is the co-occurring disorders of mental health and substance abuse. And just how difficult it is when you’re trying to address trauma to also manage those disorders. When someone is a trafficking survivor, and they are processing the trauma that they experienced, they naturally want to resort to those coping skills they used before, which are substance abuse or co-dependency of their trafficker. Or they fall victim to their mental health disorders that prevent their ability to keep processing through their trauma.”* (Respondent #1).

Many clinicians discussed the cycle of abuse involved in the life of trafficking survivors, resulting in difficulty in building rapport.

*“When it comes to survivors, often we are dealing with Stockholm Syndrome (a feeling of trust and affection towards their trafficker), so they are really still attached in the relationship emotionally with their abuser. And that can be very difficult to tease out.”*  
 (Respondent #4)

The clinicians discussed major challenges within the organization itself. Resource allocation can be very difficult, whether discussing financial aspects, housing, or medical care. Respondent #4 spoke specifically of a woman desperate to escape the life, who ended up back in the life because of the difficulty in obtaining an I.D., a birth certificate, money, transportation, and a place to stay.

The clinicians also spoke about how often, the issue is never with the clients. The issues are within the organizations themselves. For example, Clinician #7 strongly emphasized the importance of keeping the mission of the organization insight.

*“Because things become so politically driven, especially when you have non-profits, you have to satisfy your funders, you have all these stakeholders, that all have a say, you have a board, and so, we can claim to be survivor-led. We can claim to be trauma-practice. But, if we aren’t actually implementing that in our everyday work with survivors or with victims of human trafficking, or whichever realm the agency works with, then all of that is nonsense.” (Participant #7)*

When working directly with survivors, clinicians feel a range of emotions throughout their healing process. Discouragement was a common theme throughout the study.

*“I would go to groups of people and talk to them about trafficking, and they would realize, this is my life, and this is happening. And then they would go back out on the street. I am thinking, we just armed them with all of this information about human trafficking, and they are going right back to their pimps!” (Respondent #4).*

Vulnerable populations such as the LGBTQ+ community and undocumented individuals are a huge issue found within anti-trafficking organizations. The clinicians describe the issue as the groups feel outcast from society.

In addition to educating society about the global issue of trafficking, clinicians seek to dispel the myths and misconceptions and expose the root issue: the sexualization of culture.

*“People tend to think that sex trafficking is underground, and it really isn’t, it’s right before our eyes. It’s out in the open, it’s just that people don’t know the signs! People don’t know what to look for, and people don’t know what to do. It comes down to a lot of our social media, it comes back to a lot of our tv programs, and a lot of what we see in music videos is very provocative.” (Respondent #6)*

*“Often, women do not choose to be prostitutes. Girls don’t wake up in the morning and say, when I grow up, I want to be a prostitute.” (Respondent #9)*

Reflecting on personal biases and attaining accountability with their client is absolutely essential, yet challenging. Clinicians must recognize that the victim makes their own decision to get out of the life, and altering their future is not their choice.

*“You cannot rescue a victim from a situation without their participation. They’ve gotta want it, and I know it’s very difficult given where they’ve come from, and what they’ve been through, but there is a part in all of us that is like, it’s either to the left or to the right, and you’ve got a choice. When it comes to victims of trafficking, whether they stay a victim or become a survivor, is totally up to them.” (Respondent #4)*

*“I have to encourage her to make a better decision, possibly to help her think about some alternative ways to make some money, but if she goes back into the life, I can’t judge her for that, and I can’t consider that a personal failure of mine.” (Respondent #7)*

Note the following table:

<b>Challenges and Obstacles:</b>	<b># of respondents:</b>	<b>% of respondents:</b>
The Comorbidity in Addressing Mental Health, Addiction and Trauma	5	56%
Discouragement	4	44%
Dispelling the Myths and the Root Issue: Sexualization of Culture	4	44%

*Clinical Training and Educational Needs*

An overwhelming number of clinicians said they gained the most wisdom and knowledge on the field.

*“The best kind of training anybody is going to get is from the girls that have been trafficked. I’ve learned that we can read things, we can come up with things, but until you’ve actually been in the mind of a person that has been trafficked, you’re not going to understand it. Because in order to understand it, you have to live it.” (Respondent #6)*

A variety of clinicians gained their training in academia, referring to their bachelor program, or a minor degree in college. Others honestly stated they did not receive any formal training whatsoever. These clinicians either gained their expertise through personal research or entirely learned on the job.

*“There weren’t any workshops to attend to say, this is how you work with victims of trafficking. Most of what I did was research on my own.” (Respondent #4)*

Two clinicians responded by discussing the necessity of agency training, and the need for consistent training, even far into one’s work with victims of trafficking.

A significant number of clinicians talked about the necessity of different types of training they believe are crucial in working with this vulnerable population. The most common training they discussed are trauma-informed care, human trafficking-specific trauma, substance abuse, and mental health training.

*“I think substance abuse training is really important because you kind of have to understand the mind of someone who experienced substance use and abuse because it operates differently in the way of the chemicals in the brain.” (Participant #1)*

Training in cultural diversity is essential to understand their viewpoint and build rapport with diverse populations.

Note the following table:

<b>Clinical Training and Educational Needs</b>	<b># of respondents:</b>	<b>% of respondents:</b>
Learned on the Field	4	44%
Academia	4	44%
Human Trafficking - Specific Trauma	6	67%

Self-Care and Vicarious Trauma

Self-care is essential. The overwhelming majority of clinicians interviewed regarding their personal self-care said: develop a plan. Develop a plan that is best for you, and stick to it.

*“People are always asking for advice on what to do, and we say, you’ve got to figure out how you’re going to deal with it because if you deal with it too long without letting off the steam and the pressure that builds off of it, you will fold.” (Respondent #9)*

When working with victims of trafficking, it is incredibly important to work out your “stuff” first. A clinician who chooses to work with such a vulnerable population while not having unpacked their personal struggles and past circumstances will have a lot of trouble. They must learn to manage the stressors that accompany this line of work in addition to their personal lives.

*“If you’re not able to take really good care of yourself, you’re really not every day able to come in and take care of them and help them grow.” (Respondent #1)*

Note the following table:

<b>Self-Care and Vicarious Trauma</b>	<b># of respondents:</b>	<b>% of respondents:</b>
Develop a Plan Specific to Your Needs	7	78%

## **Discussion**

### **Findings**

This study explored the experiences, perspectives, and viewpoints of clinicians working with victims of human trafficking. Examining the motivations and personal impacts, benefits and rewards, challenges and obstacles, clinical training and educational needs, and self-care and vicarious trauma provided a new framework and perspective of the clinicians' experience. 50% of the clinicians work at the Master's level, with years of experience ranging from 1 - 7 years, with an average of 4.6 years. Clinicians responded with similar answers as to their experiences outlined in the charts above.

### **Limitations**

A major limitation of the study was the coronavirus, in that the interviews could not be done face-to-face, and restricted the ability to build rapport and establish comfort between the researcher and the clinician. Communication with each clinician was done by researching anti-trafficking agencies in major cities known as a hub for trafficking. Waiting for the clinician to reciprocate contact after a voicemail or message was given to the desk assistant was another limitation. Due to the large volume of anti-trafficking cases during the coronavirus, some clinicians were not able to make time for an interview.

### **Recommendations**

Ongoing research on the topic could further explore societal connections with human trafficking from the perception and experience of the clinician. This study could also dive more into the specifics within the challenges and obstacles clinicians face in their advocacy work such

as policy changes or dispelling the myths society is predisposed to, and how the specific myths and root issues involved in the issue of trafficking impact the clinicians' experience.

### **Conclusion**

This research study was created to explore and understand daily life in the shoes of a professional advocate working in the arena of human trafficking. Recognizing the importance of mental health not only in the victim, but the clinician caring for them is extremely imperative. Emphasizing the need for self-care of advocates within agencies of activism is crucial. Further research would be extremely beneficial to address the challenges in self-care and vicarious trauma, among other aspects of trauma work.

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## Appendix

### Interview Questions:

- 1.) What motivated you to choose this work?
- 2.) What are your perceived benefits and rewards of working with this population?
- 3.) Describe any challenges and obstacles you have faced in working with victims of trafficking.
- 4.) How do you feel working with survivors of trafficking has impacted you personally?
- 5.) How well did your clinical training prepare you for your work with survivors of trafficking?
- 6.) Based on your experience, what training might better prepare clinicians for professional aid in working with victims of abuse in trafficking?
- 7.) Can you speak on self-care and vicarious trauma in working with trafficking survivors?