

Therapists' Experiences of Counseling Foreign-National Sex-Trafficking Survivors in the U.S. and the Impact of COVID-19

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This phenomenological study examines therapists' experiences working with foreign-national survivors of sex-trafficking in the United States. Data collection started before the COVID-19 pandemic and additional questions, regarding the impact of the pandemic, were added to the protocol at interview no. 6. Based on in-depth semistructured interviews with 11 therapists, the impact that this work had on clinicians followed a U-shaped curve through which 6 predominant themes were identified including (a) the clinical experience of working with sex-trafficking survivors; (b) vicarious experiences; (c) connection between spirituality/religiosity and counseling; (d) the role of sociocultural identities; (e) identification of needs; and (f) the pandemic's influence on counseling and clients' lives. Findings suggest both challenges, such as vicarious traumatization, and opportunities for growth, such as vicarious resilience, for therapists in their work with sex-trafficking survivors. Suggestions for therapists to improve professional longevity were generated directly from the interviews and include an emphasis on continuing education and self-care. Implications for future research and service organizations are discussed.

Keywords: trauma therapists, foreign-national sex-trafficking survivors, vicarious resilience, professional longevity, phenomenological

Providing counseling to survivors of sex-trafficking is incredibly difficult. Therapists may start working with survivors when they are still trapped or after they have escaped from the trafficking situation. Many sex-trafficking victims are foreign nationals who, in addition to facing cultural, linguistic, political, financial, and interpersonal challenges related to adjusting to a new country, must also contend with the physical and psychological consequences of trauma related to their sex-trafficking experiences. Working with these survivors significantly impacts therapists' mental health regardless of the training and skill level (Craig & Sprang, 2010; Herman, 1992). However, there is a paucity of research regarding therapists' experiences providing psychological care for sex-trafficking survivors and their perspectives on critical trainings, resources, and competencies they need for the work.

Limited guidance exists for therapists specifically around working with victims who have been trafficked (Hemmings et al., 2016). One useful resource is the stage-specific model of trauma recovery (Herman, 1992). The model suggested that therapists work with clients through the three stages of (a) establishing safety, (b) remembrance and mourning, and (c) reconnection. In the first stage, therapists aim to establish a trustful and safe therapeutic relationship and give more autonomy to the client in the therapeutic setting. The second stage focuses on processing the traumatic experience. Thus, the therapist acts as a witness and ally to support clients in revisiting and retelling their traumatic

experiences. The third stage aims to increase the capacity for clients to trust others and to enhance a sense of self-control. Herman (1992) pointed out that the treatment is stage-adaptive, meaning that one form of therapy that is appropriate and supportive at one stage may not apply to the same client at another stage. Herman's model (1992) has been widely adopted in trauma psychology, in the antitrafficking service field (Hemmings et al., 2016), and in clinical writings of sex-trafficking work (Contreras et al., 2017; Herrington & McEachern, 2018). The model guides intervention planning for survivors and illuminates major psychological processes salient for trafficking survivors, such as experiences of shame and loss of agency. Although Herman's model has provided substantial support in trauma conceptualization, service evaluation, and program design (Doychak & Raghavan, 2020; Litam, 2017). However, little is known regarding therapists' clinical application of Herman's model, especially regarding how conceptualizations and interventions may be shifted, grounded, or confined by the stage-specific model.

Being "trauma-informed" is another foundational and essential philosophy guiding health service providers working with survivors of trauma. Trauma-informed clinicians acknowledge the importance of safety, connections, and managing emotions (Bath, 2008) and are also culturally competent. Cultural competence refers to one's sensitivity to cultural experience and one's understanding of how culture affects perception and skill to intervene effectively (Sue et al., 1992) and is a key aspect in training trauma therapists (Thompson & Haley, 2018). Culturally competent therapists actively increase their awareness of their assumptions, actively seek to understand the client's worldview without judgments, and actively develop cross-cultural counseling skills (Sue & Sue, 1999). Therapists, who work with sex-

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trafficking survivors, who also may be asylum seekers, refugees, or undocumented immigrants, require awareness, skills, and specific knowledge to provide culturally competent therapy to this population. Hernández et al. (2010) noted the meaningful interaction between the therapists' and clients' sociocultural identities and how it influenced clients' trauma processing and meaning-making. Currently, there has been no empirical work exploring the above interaction's impact on therapists.

Vicarious Traumatization and Compassion Fatigue

The significant negative impact of working with trauma survivors has been well documented by quantitative and qualitative studies (Canfield, 2005). Working with traumatized populations may lead therapists to experience PTSD symptoms and higher levels of stress, even if they were not directly exposed to the traumatic event, which compromises clinician's capacity to provide treatment (Bride, 2004). Indeed, Robinson-Keilig (2014) found that higher secondary traumatic stress was associated with higher interpersonal disruptions. For instance, it was found that, when working with trauma patients, therapists were particularly vulnerable to a negative impact on their spirituality resulting in their questioning their worldviews and the purpose of life (Siegel, 2010). Given the extreme nature of sex-trafficking and the extended treatment period, therapists working with these survivors may be at heightened risk of negative outcomes (Kliner & Stroud, 2012).

According to Figley (1995), compassion fatigue, which is sometimes referred to as secondary traumatic stress, happens when a therapist is "infected" by the survivor's trauma and experiences similar stress symptoms of the client, which results in a decreased level of interest, empathy, and ability to help. Compassion fatigue is differentiated from burnout, which emphasizes how excessive and prolonged stress leads to experiences of emotional, physical and mental exhaustion (Figley, 1995). Vicarious traumatization refers to the responses to the indirect or vicarious trauma exposure (Baird & Kracen, 2006; McCann & Pearlman, 1990). It extends beyond the external, observable stress symptoms and is focused more on the deeper, internal experiences and changes within therapists after indirect trauma exposure, which lead to experiences of tension and preoccupation related to the traumatic experiences described by clients. Some examples include, negative internal changes can occur in one's worldview, blurred identity, shifts in spirituality, and a decreased sense of self-capacities as a result of indirect trauma exposure (Pearlman & Saakvitne, 1995).

Vicarious Resilience and Compassion Satisfaction

In terms of positively valenced outcomes related to trauma work, trauma therapists may experience compassion satisfaction, which is a concept highlighting the positive effects of trauma work (Stamm, 2013). Compassion satisfaction occurs when therapists experience a sense of pleasure or fulfillment from witnessing clients' growth and recovery (Craig & Sprang, 2010; Sodeke-Gregson et al., 2013; Stamm, 2013). Vicarious resilience is a distinct but associated concept that emphasizes the positive transformations within therapists through bearing witness to clients' recovery and resiliency. Vicarious resilience is hypothesized to coexist with vicarious traumatization, yet they are not assumed to be parallel processes (Hernandez-Wolfe et al., 2015). Qualitative

inquiry of vicarious resilience has been conducted among several specific populations, including mental health professionals working with survivors of torture (Engstrom et al., 2008; Hernandez-Wolfe et al., 2015), therapists working with victims of political violence and kidnapping (Hernández et al., 2007), counselors of young victims of interpersonal trauma (Silveira & Boyer, 2015), and service providers working with refugees and asylum seekers (Puvimanasinghe et al., 2015). The currently available qualitative studies have presented a more comprehensive picture that have highlighted both struggles and reward experienced by therapists working with trauma survivors. Aside from the negative impact, such as vicarious traumatization and compassion fatigue, therapists are sometimes inspired and encouraged both personally and professionally through their work with survivors. This occurs when therapists experience increased awareness and appreciation of the client's ability to thrive. Some therapists were inspired to reassess their own personal problems, some reported spiritual growth and strengthened faith, and some chose to take actions to advocate for social justice and human rights on a macrolevel (Hernández et al., 2007; Newmeyer et al., 2016; Puvimanasinghe et al., 2015).

Providing trauma therapy has wide-ranging impacts on therapists' professional, interpersonal, psychological, and spiritual life (Brady et al., 1999; Sodeke-Gregson et al., 2013; Sprang et al., 2007). However, several aspects of the work are still largely missing from the existing literature. First, compared to increasing evidence regarding the negative impact of trauma work, significantly less is known about therapists' positive experiences associated with trauma work and their experiences as a whole. Second, therapists' perspectives regarding critical training, resources, and competencies are still mostly absent from the scholarship. Furthermore, as cultural competence emerges as an essential component in the training of therapists (Rollins et al., 2017; Thompson & Haley, 2018), research that describes how therapists' and clients' sociocultural identities influence the treatment process and the therapeutic relationship is needed. Research that identifies what contributes to therapists' growth experiences when working with survivors will yield important clinical and training implications.

The COVID-19 pandemic resulted in complex and multilayered challenges for survivors and their therapists. Psychological, physical, and financial consequences of the pandemic was quickly felt among foreign-national survivors of sex-trafficking, who represent a psychologically vulnerable population to retraumatization. Therapists suddenly were required to adjust to a telepsychotherapy modality and to keep up with the latest technologies and regulations while managing their own stressors. Therapists are more vulnerable to experiencing vicarious traumatization and compassion fatigue during a collective trauma such as is the case in terrorist attacks, natural disasters, and times of war (Boscarino et al., 2004; Culver et al., 2011; Tyson, 2007). The latest scholarship has provided quantitative evidence on the increased experience of vicarious traumatization among therapists working with the general population during the Covid-19 pandemic (Aafjes-van Doorn et al., 2020). Our current investigation will contribute to the emerging literature on how catastrophic events, such as the current COVID-19 pandemic, may impact therapists' work with sex-trafficking survivors and shed light on trauma therapy during times of collective crises.

The primary purpose of this phenomenological study was to explore the holistic lived experiences of therapists providing trauma therapy to foreign-national sex-trafficking survivors in the United States. The following research questions were posed: (a) What are therapists' experiences of working with sex-trafficking survivors at different stages of therapy? (b) How are therapists impacted by the work professionally, interpersonally, psychologically, and spiritually? (c) What are therapists' perspectives regarding training, resources, and competency areas that support them doing this work? (d) How has the pandemic shifted therapists' work with foreign-national sex-trafficking survivors?

Method

Research Design

The current study utilized a phenomenological methodology (Moustakas, 1994) to uncover therapists' unique experiences working with foreign-national sex-trafficking survivors in the United States and to deeply explore the holistic impact of the work. Given the dearth of research on the current study population, a phenomenological approach is ideal as the interpersonal connections between the study participants and the researchers facilitate the in-depth examination and detailed inquiry required of such an approach. The researchers strived for a genuine curiosity and openness toward the study participants and interview materials throughout the study, which has further supported the identification of the phenomena.

Researcher as Instrument

Xinyi Wang is a female-identified Chinese international doctoral student of counseling psychology, who worked as a counselor of foreign-national survivors of sex-trafficking. Jennie Park-Taylor is a female-identified Korean American associate professor of counseling psychology. Although the connection between the phenomenon and the researchers' experiences and values cannot be removed from the research process, it should be studied through the researchers "bracketing" of their own lived experiences, belief system, biases, and assumptions (Ponterotto, 2005). Following this fundamental notion, the author identified relevant experiences and their social locations. Throughout the research process, they kept a reflective journal to record and monitor reflections, learnings, and reactions after each interview.

To minimize the distance between researchers and participants, it is critical and ethical to visit the primary author's role as both an insider and outsider to the participants (Creswell, 2013). Being a former therapist colleague might be beneficial to establishing alliance, however, it can also lead to compromised dynamics when they are biased by their own experiences and blind to see the rest. Despite the shared experience, the author was not working as a therapist colleague with the participants during data collection and strived to be sensitive to the potential power relations arising from being former colleagues which may lead to overidentification and inappropriate self-disclosure with some participants (Miller et al., 2012).

Participants

Approval from the affiliated university's institutional review board was received before participants were recruited and data collection took place. Participants were recruited through Xinyi Wang's professional network and through snowball sampling.

Participants were 11 cisgender female therapists, who met the study's inclusion criteria: (a) English-speaking adults above age 21, (b) currently working as a therapist with foreign-national survivors of sex-trafficking, and (c) not identifying as a sex-trafficking survivor. Four participants identified as Asian, three as White, three as Latino, and two participants identified as foreign nationals. The number of years working with survivors ranged from 2 to 10 with a mean of 4.6. All participants had obtained a graduate-level professional degree in Social Work or Mental Health Counseling. Ten of the 11 participants were practicing under professional license, and one participant was preparing for the licensing exam at the time of interview.

Materials

In addition to the interview protocol, the current study materials included informed consent and a demographic questionnaire, both completed before the interview. A semistructured interview protocol with a digital voice recorder was used during each interview. The demographics questionnaire collected information relevant to the current inquiry regarding participants' age, gender identity, race, ethnicity, education background, licensing status, and length of work experience with foreign-national sex-trafficking survivors. The semistructured interview protocol contained nine main, open-ended questions (see Appendix). Informed by relevant literature and theory regarding trauma therapy, the protocol centered around (a) therapists' experiences at different stages of trauma therapy (Herman, 1992), (b) professional, interpersonal, psychological, and spiritual impact of the work, (c) how therapists' sociocultural identities influenced the treatment process, and (d) therapists' perspectives on critical skills and competency areas. Two additional questions related to the impact of Covid-19 were added in the later phase of data collection. Five interviews were conducted after the modification of the interview protocol. Two additional questions were emailed to previous participants as optional and two of the six participants responded to the additional, optional follow-up questions. In an ethical manner, participants were informed of the strategies to protect confidentiality including addressing the confidentiality issues during informed consent, assigning pseudonyms, using a secure device for data storage for five years (APA, 2010).

Procedure

Data Collection

Prospective participants were contacted by Xinyi Wang and were provided with the parameters of the study. Once the eligibility was confirmed, an in-person or video interview was scheduled at a mutually convenient time. Xinyi Wang conducted all interviews with an open-ended style and welcomed elaboration, maturation, and expansion of participants' responses and reactions. Interviews were all completed in one session and ranged from 45 to 75 min in length. All interviews were audio-recorded and later transcribed verbatim by Xinyi Wang. Pseudonyms were used to ensure anonymity. All participants were given a \$10 gift card as compensation upon completion of the interview. Xinyi Wang and Jennie Park-Taylor together reviewed the transcripts and the reflective journal after each interview and maintained an ongoing, reflexive conversation to inform the subsequent interviews. Thus,

adhering to an emergent research design (Morrow, 2005), the interview protocol changed slightly throughout the data collection phase to ensure the sensitivity of a growing body of data. Participants received a copy of their interview transcript and were invited to verify and provide feedback as desired.

Data Analysis

Data analysis was performed using the phenomenological reduction procedure (Creswell, 2013; Moustakas, 1994). First, Xinyi Wang bracketed after each transcription and prior to data analysis along with a reflective journal that detailed relevant thoughts, reactions, emotions, and past experiences with an ethic of honesty. Then, Xinyi Wang performed the initial coding of the data and Jennie Park-Taylor, serving as an auditor, performed theme analysis verification throughout the coding process. Both authors consulted with each other during the entire coding process. Saturation was reached at the 9th interview at which point no other primary or secondary themes were emerging from the interview and a 10th interview confirmed the saturation of existing themes providing a sense of trustworthiness of the themes (Creswell, 2013).

Data analysis began with Xinyi Wang's bracketing, or *epoché* after each interview. Next, through a process of horizontalization (Moustakas, 1994), Xinyi Wang compiled a list of relevant statements that were regarded as an equal value and removed repetitive and unrelated statements in the transcripts. Through summarizing the listed statements, one superordinate theme, six major themes, and 18 subthemes were extracted. Both authors reviewed the codebook on an ongoing basis to eliminate redundancy and clarify themes. Morrow's guideline (2005) was adopted to ensure the quality and trustworthiness of data analysis.

Additional constructivist criteria (Morrow, 2005) were adopted, such as reporting results through a *thick description* of participants' experiences using direct and lengthy quotes (Ponterotto, 2006). To promote a *thick interpretation* by building a sense of *verisimilitude* among readers,

a detailed record of quotes with abundant descriptions of participants' emotions, thoughts, and reactions were provided. We acknowledge the existence of multiple realities and the narrative coconstructed by the participants, authors, and readers.

Results

For our participants, working with sex trafficking survivors had a significant impact on them personally and professionally. Based on our thorough analysis of the data, six primary themes along with 18 subthemes emerged (See Table 1), which included: (a) the clinical experience of working with sex-trafficking survivors; (b) vicarious experiences; (c) connection between spirituality/religiosity and the counseling work; (d) the role of sociocultural identities; (e) identification of needs, and; (f) the pandemic's influence on clients' lives and counseling work. In addition to our themes, we also found that the impact of the work on therapists was felt differently among therapists at varying levels of experience and the pattern we observed seemed to follow a U-shaped curve.

The U-Shaped Curve of Impact

The experience of therapists working with sex-trafficking survivors seemed to follow a U-shaped curve in terms of the impact that the work had on them. Therapists moved along the U shape as they matured as therapists and as humans.

On one side of the "U" were novice clinicians. Although these therapists were composed and able to articulate their therapeutic experiences in a way that was calm, they also seemed slightly more detached from the experience as if they had not yet entered the encounters fully. These therapists had not, as of yet, fully entered the realm of the vicarious experience of the work with their clients. On the surface, they communicated passion for the work, some optimism and a covert anxiety toward entering the vicarious space, like a

Table 1
Summary of Themes

Superordinate theme	Theme	Subtheme
The U-shaped experience	1. The Clinical Experience of Working With Sex Trafficking Survivors	1.1 The focus of therapy at different stages of treatment
		1.2 Therapeutic challenges
	2. Vicarious Experience	1.3 Source of support
		2.1 Vicarious traumatization
		2.2 Vicarious resilience
	3. Connection Between Spirituality/Religiosity and the Counseling Work	2.3 Connection between vicarious experience and personal life outside of therapy
		3.1 Changes in faith
		3.2 Sense of purpose
	4. The Role of Socio-Cultural Identities	3.3 Spiritual/religious support
		4.1 Awareness and negotiation of privilege
		4.2 Extended and shifted worldview
	5. Identification of Needs	4.3 Developing a social justice-oriented professional identity
		5.1 Valuable training experiences
		5.2 Continuing education
	6. The Pandemic's Influence on Clients' Life and Counseling Work	5.3 Having a variety of caseload
		5.4 Having personal therapeutic space
		6.1 Working with clients who are triggered by the pandemic
		6.2 Preparing for remote counseling
	6.3 Providing remote counseling	

person dipping their toe into the cold water of a pool. Novice therapists tended to discuss their shifted impression of the population, to emphasize their developing a social justice lens, and to present more positive emotion and a positive self-regard associated with the work and an identity as a trauma therapist. Here, in answering how the work impacted her life outside of her role as a therapist, Sue talked about paying more attention to trafficking as a societal phenomenon and advocating for social justice awareness among her peers.

I pay more attention on the street to those massage parlors, if there is any trafficking situation. Also in the news or, um, even just TV shows, I think, Oh, it doesn't make sense, it looks like trafficking. I see more about, um, if there is any sign of trafficking or if there's anything related to trauma as well. . .Most of my friends are also social workers. We work in the same professional field as a counselor, therapist, or case manager, but not all are working with trafficking survivors. I feel that not everyone in our field has the sensitivity. (Pause) I'm glad to pass on the knowledge and thoughts. Because the more awareness of this situation, the more help and resources they can get.

Therapists who had been working in the field for several years and had more fully entered the vicarious experience seemed to struggle more. They were at the bottom of the "U," which was extremely challenging and emotionally draining at times. They described a stronger desire to pull themselves away from the client, focus on establishing boundaries and avoid overidentification with the client. Here, Lola talked about the countertransference she experienced with a client who was afraid of being deported.

It was very sad to sit with a client who was giving me a paper and telling me, can you help me write a letter just in case ICE comes to take me, so that my kid won't be alone. What do you do? What do you say? I tend to not show emotions in sessions. But empathy, it's there. They can see me, I could cry. It's not something I would do, but there was a time where I felt like I didn't know what to do. I didn't cry, per se with the client, but I did feel that anguish that she was feeling about her children and the potential of being deported. . .about her even planning to come back if she were to get deported. . .It's really difficult for us not to receive countertransference from that. So I think that was probably the hardest.

On the other side of the "U," were the three therapists, who had many more years of experience and were seasoned supervisors. These therapists were able to engage and enter the therapeutic relationship without the level of emotional lability as those less experienced. These therapists had emerged from the vicarious space intact and were able to distinguish between themselves and the vicarious experience. Here, Uma emphasized the importance of work-life balance after going through different phases and experienced various aspects of the impact.

Because I've been doing it for so long, there were different phases, I would say there were some parts of my life where I just worked all the time and I was really dedicated to my clients and issues. I realized, years later, I don't have much of a personal life because I'm in charge of so many clients and so many therapists that I'm making sure their programs are running smoothly, everything's going well with my clients that there was no work life balance. . .So it's impacted me in different ways and different stages of my career. And I've had to reassess and say, if I want to continue to do this work, how is it going to be sustainable? How do I take care of myself? I think I've been through

different aspects of it between working nonstop for years and then also learning how to balance.

The extent to which therapists can successfully enter and emerge from the vicarious space with clients seemed to be dependent on a number of factors, such as, their clinical experience working with sex-trafficking survivors, vicarious experiences, ability to find spiritual meaning associated with the work, multicultural competence and awareness of the intersectional identities, as well as identifying and fulfilling the needs for professional growth and longevity.

The Clinical Experience of Working With Sex-Trafficking Survivors

Participants described their clinical experiences working with sex-trafficking survivors at different stages of trauma treatment. They described the content of therapy sessions in terms of what topics were covered and described the nature of the therapeutic relationship. Working with sex-trafficking survivors, a highly traumatized and under-resourced population, they described the challenges in therapeutic work and what they found helpful in supporting them in clinical work.

The Focus of Therapy During the Different Stages of Treatment

Participants endorsed that the content of the therapy sessions shifted as clients moved through the stages of trauma recovery (Herman, 1992). They described how survivors could move back and forth throughout the three stages while most clients stayed in stage one for an extended period of treatment where psychoeducation and stabilization were the major features of therapy sessions. Here, Cara highlighted the challenges on building safety with foreign-national survivors, who typically do not have access to a strong support system in the United States.

Stage one can oftentimes be all that we get to and the time that we're together, that safety and stabilization period of creating rapport. For a lot of clients, that looks like recreating an attachment. A lot of them don't have maternal figures or parent figures or safe protective figures. We work a lot on the interpersonal feeling of safety and being able to trust, and the lack of being able to do that in the past. There's a lot of skill building on widening their window of tolerance and preparation for trauma processing. A lot of getting them back into their body. So, skills, noticing tension, get them to be aware of what their body is going through, and a lot of psychoeducation as the it goes along with normalizing.

Therapeutic Challenges

Participants described aspects of treatment they found particularly challenging. For instance, working under the political environment of the Trump Administration, having patience with clients in their treatment process, and maintaining a professional boundary were described as difficult for participants. Here, Emma described her frustration and compassion fatigue from working with a client who showed little progress. Based on our participants, patience and empathy were key when working with poly-victimized foreign-national sex-trafficking survivors in prolonged treatment.

It can be frustrating because sometimes you're like, why can't you just be stable? You're nine months in, and how is that taking this up? And

that's just a normal thought. Because poly-victimization happened in the onset of trauma. It makes sense that nine months in, she's still having the same type of triggers. But I think it takes a lot of patience and empathy for clinicians, and it is easy to lose empathy, especially in the long run.

Source of Support

Participants also described resources that they found supportive in their clinical work. For instance, having a healthy professional community and personal support network, self-care activities, and religious practice were described by participants as beneficial. Ella discussed the benefit of a healthy workplace culture and having access to a supportive team.

When I do feel hopeless, I know that I am working in an agency that shares my mission and values, and the purpose is so much higher than even my own being. Prayer is such a part of our culture, and I honestly think that it's such a big part of even how I cope. I couldn't imagine me doing this work. . . . When I'm able to do it corporately with my coworkers and know that we share that value, that is something of utmost value to me. The team can share the vicarious trauma and the growth with you as well.

Vicarious Experiences

Participants described the profound ways in which working with foreign-national sex-trafficking survivors impacted them in both negative, harmful ways and also in positive, life-affirming ways. These experiences were described and understood in the context of vicarious experiences. Participants described their recognition of these vicarious experiences, their reactions to these experiences, how vicarious experiences influenced their personal lives, and how they coped and accessed support.

Vicarious Traumatization

Participants described how trauma therapy impacted them in a negative and harmful way such as experiencing a deep sense of helplessness and sadness through indirect exposure from the work. Here, Cara shared her responses to the indirect trauma exposure.

I tend to experience periods of intense emotional grief in waves. Every two to three months, I just have a quick mini almost depression as if someone died and it's like I am processing and experiencing emotionally all the grief that I've seen or witnessed over the last few months collectively. And then I just kind of pull it back together and this is probably not the healthiest, but that is what it's always looked like for me. And I've worked on it with my supervisor, trying to integrate grief, loss, sadness and processing those feelings on a more consistent level. That's exhausting. It's really exhausting.

Vicarious Resilience

Participants also described how the work impacted them in positive and life-affirming ways. Many described their clients as resilient. For instance, they described how they received a sense of encouragement, empowerment, and inspiration from the client's story and how that impacted them both personally and professionally. Here, as Emma reflected on the intensity of their particular traumas, she talked about the deep admiration she has for foreign-national sex-trafficking survivors.

I will never understand how difficult that is and how much courage and strength it takes for a woman to do that. It's an incredible thing to do that. They want to heal from this. It's also a beautiful and inspiring time as a clinician because you're holding, you're sitting in this darkness with them, but you're seeing their strength and courage which is so beautiful and it's often stronger than the trauma.

Connection Between Vicarious Experience and Personal Life Outside of Therapy

Interpersonally, nine participants described the frustration they felt in their relationships with their romantic partner, friends, and family members. Some described how the work triggered personal struggles. Here, Emma discussed how working with survivors of interpersonal and sexual violence has negatively impacted her intimate relationships outside of work.

I think the biggest area that it impacts personally, is oftentimes our relationships and our intimate relationships. So, vicarious trauma can show up in marriages and parenting, particularly in like, sexual relationships. . . . I think I tend to, umm, doubt men's intentions. . . . I think oftentimes it's more like guilty until proven innocent. So, my friend is dating someone new, I'm like, well you have to prove to me that you're not an abusive person versus why would I ever think that unless you're showing signs? . . . Um, even my husband will get the brunt of that, um, guilty until proven innocent type of feeling.

Connection Between Spirituality/Religiosity and the Work

Participants described the connection between their spirituality/religiosity and their work. They described how the work changed the strength of their faith, how their spiritual beliefs gave a sense of purpose in their work, and how they utilized spirituality/religiosity as an important support source. Although participants varied on levels of spirituality and religiosity, participants who endorsed more spiritual or religious practices seemed to report a greater amount of change in faith, a stronger sense of purpose, and identified spirituality/religiosity as a major source of support.

Changes in Faith

Participants described how their clinical work with sex-trafficking survivors impacted the strength of their faith. Some described developing a deeper connection with faith, some questioned their spiritual beliefs, and some mentioned how the internal conflicts contributed to their countertransference toward clients before they were reconciled. Lucy described her internal process of questioning her spiritual belief associated with working with foreign-national sex-trafficking survivors.

There are moments of doubt when I see people live in a very difficult situation, even for their whole life and not only due to trafficking. I wonder where restorative justice and where God's compassion is, where the empathy is. You feel like that you don't see the God's love presented in their lives.

Sense of Purpose

Participants described how their spiritual beliefs gave them a sense of purpose in their work. For instance, they described how

the work fueled them and sustained their professional longevity. For Ella, learning about vulnerability and marginalization have given rise to a sense of calling or purpose, fueling her work with foreign-national sex-trafficking survivors.

...more recently in my twenties and just this sense of calling from God to work with...not necessarily sex-trafficking survivors in the beginning, but women. And as time went on, women became vulnerable women. As I learned more about what vulnerability means, it means people who society has made vulnerable, people of color, foreign nationals, people who have been exploited in work situation, so whether that's sex-trafficking or labor-trafficking and DV and IPV situations. The calling progressed to help people who've had experiences that have broken them in a lot of ways and to be used as kind of a vessel for healing. Not that I'm doing the healing, but helping someone go through a process to get to that healing place. It's been a progression over the years. I feel very strongly that this is my purpose in life: to help people.

Spiritual/Religious Support

Participants described how they utilized their spirituality/religiosity as a vital source of support. For instance, some described increased compassion associated with the spiritual practice, some were given a sense of hope while facing the darkness associated with the sex-trafficking industry, and some identified the workplace spiritual/religious expression as amplifying their perceived spiritual/religious support. For Cara, she described having a "futuristic hope" for each client and allowed herself to lean on her faith during challenging times of the work.

There are times when I lose hope and feel burnout and all these kinds of things and I very quickly swing back to, Oh, it's just that I won't get to see it. I have this fantasy in my head that every client will have a happy ending even if I don't get to see it. And I think part of that is because of my faith. Whether it's a happy ending in this world or in the next, I tend to rely on that futuristic hope for each client.

The Role of Socio-Cultural Identities

Participants described the role of their and their clients' socio-cultural identities in therapy. The significant differences in power, privilege and culture between therapists and foreign-national sex-trafficking survivors were acknowledged by participants who highlighted the need for a great deal of cultural awareness from therapists. Although this learning occurred in the context of treatment, it extended and shifted participants' worldviews, and in some cases, led to identity negotiations.

Awareness and Negotiation of Power and Privilege

Participants described their awareness and negotiation of differences in power and privilege between them and their clients and how power dynamics were formed in the therapeutic relationship. For instance, some described how the power dynamics challenged the clinical work while some experienced increased passion and capacity from shared social-cultural identities. Participants also described experiencing frustration with having more power and privilege, and some decided to use power and privilege for clients' benefit. Here, Nora described her shared identities with her clients as "bridges."

On some of those things, I feel they are my bridges to the clients in helping our treatment process go smoothly, to build rapport, then trusting me, and also me being able to understand them as well. For example, factors such as, I'm Asian, I'm a woman, we speak the same language and the fact that probably we are all minorities. Those factors really help bridge us and the treatment process. But other factors, such as me being a citizen of the country where I'm not at the same level of understanding of what they're feeling with our current administration. Other factors, such as me having a master's degree and a different socio-economic background. I also have this job, this role as their psychotherapist. These also play into a power dynamic there. Those are a little bit of a hindrance in our treatment process. I like to hold both of those things in different hands. Sometimes the common factors are a little bit more powerful than the other ones. I find that the clients also find that our differences, umm, are also leading them to trust me or lean on me.

Extended and Shifted Worldview

Participants described how the work has extended and shifted their worldview. Some discussed a shift of impression of sex-trafficking as a social justice issue before and after. Some described an enriching personal experience and how the work expanded the lens with which they view the world. For Lucy, the work prompted her to reflect more on feminism and women's image in society and the meaning of women's bodies.

It helps me to understand more about feminism and women's position in society. It gave me a lot of reflection on the independence of women, how society views women, and how people constantly think contradictorily to what I believe. Our body is a body, not a commodity, but you always see that victimization happening. It's striking to see those things happening in reality.

Developing a Social Justice-Oriented Professional Identity

Participants described injustices and seeking social justice in their narratives. Some shared how this orientation influenced their professional identities. Some shared how it fueled their passion for the work. For Ella, using her power and privilege for others' benefit has imprinted on her professional identity.

As I grew in the social justice field and learned more and more, I've realized that I have a lot of power and privilege that I can either use for my own benefit or for others' benefit. I've chosen in my work to use my power and privilege for others' benefit. I'm still learning what that means, and I definitely have not arrived, but I am open to learning more and, in the meantime, do as much as I can to really help in that space.

Identification of Needs

Participants identified training needs and core competencies that support them to work effectively. They commented on past training and identified future training areas. They provided suggestions to clinical trainees and starting clinicians who work with sex-trafficking survivors.

Valuable Training Experiences

Participants identified past training experiences that found to be supportive and valuable to current clinical work. Training on trauma-informed care, counseling foundation from graduate school, and a safe

supervisory relationship were described as valuable and essential for therapists. Cara, who graduated with a Master's degree in Social Work, highlighted the inadequacy of the core curriculum in MSW education and the importance of obtaining good quality field training when working with victims of violence.

Sometimes I see social work school field placement like a roulette. You could get a really lucky field placement and get a lot of great education, or you could not. The core curriculum of social work school would not have trained me to do the work that I'm doing now. . . I had great training at Sanctuary for Families and other gender-based violence organizations. I had a clinical placement that second year and my supervisor was just absolutely amazing and did a lot of psychodynamic training with me.

Continuing Education

Participants described training areas they wanted to strengthen. For example, cultural competency, various treatment modalities, and how to work with the law enforcement system were some of the most identified areas. Here, Ella expressed a need to receive training in various treatment modalities to optimize the treatment plan with different clients at different stages.

I'm always interested in learning different kinds of treatment modalities. What I've been trained in is a lot of CBT and EMDR. Those are the two things that I feel very competent in. But with other things, I do not, so I'm always very open and eager to learn new things because not every, not every client is going to respond to the same treatment modality. I want to be able to be dynamic in how I work with clients.

Having a Variety of Caseload and Clinical Experience

Participants described benefiting from working with foreign-national sex-trafficking survivors in different stages of trauma and recovery and in different clinical settings, which helped to prevent therapists from burning out. Jessica recommended a variety of caseloads, especially for starting clinicians, and discussed how the challenging, lengthy treatment process with foreign-national sex-trafficking survivors could impact one's early stages of career.

I am in favor of not having your entire caseload be only survivors of sex-trafficking. I know sometimes that's how it ends up working out with the way funding happens and with different organizations, but I don't think that's great for clinicians. I think it's better to work with a variety of people, even if everyone you're working with, in my context, are victims of some form of abuse. . . And I think it would be very hard if you're just starting out and all your clients are really hesitant to trust you ever at all. And they all miss appointments and cancel all the time and take months and months to start to even open up a tiny bit.

Having a Personal Therapeutic Space

Participants described the importance of having their own therapeutic space. For example, some discussed how receiving therapy had helped them make meaning of certain privileges, some gained clinical insight from personal therapy, and some sought spiritual guidance to unpack the anger and frustration from the work. Here, although Jessica processed her personal issues and doubts in her

ability to work with survivors in therapy, she found insight and applied it with her clients.

. . . you should have your own therapist when you're doing this kind of work. It's super common that those of us who go into the helping professions, we do it for some reason, we've been through our own stuff. . . In the beginning, it was a little bit scary because I would think I'm not 100% healed and processed everything for myself. I'm not perfect yet. Am I really in a good place to help this person? . . . Well, I can't do XYZ until I'm perfectly healed, or I need to be totally over everything that happened to me in order to feel good about myself or whatever it is. We talked about having more realistic standards for every area of your life, not just realistic standards professionally or financially or health-wise and psychologically. And we work through it, and we process it, but it doesn't mean that we've scrubbed out every little trace that this ever happened to us.

The Pandemic's Influence on Client's Life and Counseling Work

Participants described pandemic-related changes on foreign-national sex-trafficking survivors' lives and providing remote counseling. Participants noticed that the pandemic was triggering for many survivors of their trafficking experiences. Participants discussed how they prepared for remote counseling and how the pandemic shifted their therapeutic experiences.

Working With Clients Who Are Triggered by the Pandemic

Participants described their experiences providing counseling to foreign-national sex-trafficking survivors who were triggered by the pandemic. They discussed how the pandemic was triggering for survivors who were in all stages of trauma recovery. Certain characteristics of the pandemic can remind survivors of their trafficking experience, such as social isolation, being trapped in the city or indoors, loss of control, limited access to food and essential supplies, losing access to health care, and fear of the unknown. As a result of pandemic-related changes, all trauma reprocessing had been paused, and counseling sessions focused on stabilizing and providing emotional support. Here, Emma talked about a common theme among her clients, which was that the loss of control and their feelings of powerlessness reminded them of their trafficking experience.

I feel most of the remote counseling we've been doing is more emotional support around the pandemic as it's often a lot of it is re-triggering, there's a lot of what's happening now with the pandemic is very tied and reminds them of their trafficking experience of not having control or being able to know the outcome or have any power over their future.

Dannie pointed out the unique challenges foreign-national sex-trafficking survivors may face during the pandemic, including being triggered by social isolation, financial stress, increased child-caring responsibilities, and language barriers.

I've seen clients going back to where they were. Pandemic brings them down to flashbacks of the situation, just being at home and not being able to go out and go out for a walk. There are financial pressures and increased responsibilities to take care of their children.

Maybe some of them don't speak English and they don't know how to help their children. So, it's going backwards a little during the pandemic.

Preparing for Remote Counseling

Participants described their experiences of preparing for remote counseling at the beginning of the pandemic. Some talked about the training they completed to prepare themselves for remote counseling, and some discussed their process of adjusting to the new normality of remote work. For Dannie, she went through a period of anxiety in relation to remote work and gradually found her way to a new normality, supported by quality self-care and clear life-work boundaries.

I was terrified when the whole pandemic happened. I had to work from home. It was terrifying. How's this going to work? How am I going to do this? But then eventually, with time, I was able to kind of get used to the routine and kind of get used to the best way to approach my clients and know what was the best way for me to do it too. So, I got a quiet space at my home. I make my little office. I am doing meditation and setting myself boundaries and grounding myself.

Providing Remote Counseling

Participants described their experiences of providing remote counseling to survivors of sex-trafficking during the pandemic. They discussed how their counseling work had been impeded by clients having children in their therapeutic space, not having access to the Internet or other resources to support remote counseling, and losing access to clients' nonverbal language during sessions. Dannie described that she had not been able to conduct a "whole, complete counseling session" and highlighted the clients' needs for childcare and losing access to a private, safe space for a therapeutic moment.

A lot of my clients already have children, and the children were with them all the time. It's hard to conduct a whole counseling session with them. It's been more like checking in with them, helping them with resources, and just being there for support. And let them know that I'm here if you need support. But for a whole complete counseling session, I was not able to do that. Because I said most of my clients are mothers, it's very hard for them also to find time while they were also trying to homeschool their children.

Discussion

The current study yielded one superordinate theme and six main themes that captured therapists' holistic experiences of providing psychotherapy to foreign-national survivors of sex-trafficking. The results suggest that providing therapy to foreign-national survivors of sex-trafficking is emotionally complex and that the work carries over to therapists' interpersonal, psychological, and spiritual experiences.

The superordinate theme, the U-shaped experiences, suggested that therapists' years of practice and developmental level as major predicting factors of work-related impact. Prior quantitative research indicated that increase in clinical experience predicted decreased vicarious traumatization and burnout (Craig & Sprang, 2010; Kadambi & Truscott, 2004; Michalopoulos & Aparicio,

2012; Way et al., 2004). A previous qualitative study also revealed that level of clinical experience and life experience determined therapists' risks of experiencing vicarious traumatization (Parker & Henfield, 2012). Current findings build on existing literature with consistent results that therapists' level of experience may protect them in front of negative impact of working with trafficking survivors. However, there is a dearth of literature on novice and early career trauma therapists. Future work is needed to understand how trauma therapists move in the developmental stages and the impact of working with trafficking survivors on therapists' experiences at different stages of professional development. In the first emergent theme, all participants demonstrated a certain level of familiarity with Herman's model (1992), which served as a grounding theory for therapists to understand trauma exposure and clients' experiences in various posttrauma recovery stages. Therapists may experience the three stages (establishing safety, reprocessing of trauma, and reconnection with community; Herman, 1992) and clients' transitions in different ways. For instance, although some participants made comments around how clients can fluctuate back and forth the three stages, other participants expressed that clients stay in stage one for an extended time and that they may never get to see a client move forward to stage two or three in Herman's model. Furthermore, some participants developed a notion that stage three of trauma recovery typically happens in the clients' community and rarely in the therapeutic relationship. Future studies need to explore the application of Herman's model (1992) for therapist's case conceptualization and treatment approach.

The study's emergent themes and subthemes on the vicarious experiences of therapists complemented previous literature (Canfield, 2005; Engstrom et al., 2008; Hernández et al., 2007). The findings suggested that although the negative psychological impact of trauma work was pervasive and inevitable, therapists also experienced professional, individual, and for some, spiritual growth due to their deep engagement with survivors. The current qualitative findings highlighted the interpersonal impact of trauma work, which complemented existing quantitative literature suggesting the association between higher secondary traumatic stress and lower relationship satisfaction, lower social intimacy, along with a higher use of avoidance communicative style (Robinson-Keilig, 2014).

The current study joined the existing literature on vicarious resilience, supporting the notion that this experience may coexist with vicarious traumatization and transform therapists positively (Hernández et al., 2007). The current findings highlighted the complexities and variations of vicarious resilience experienced by professionals, including an appreciation of an individual's capacity to heal, insights related to personal issues, a stabilized sense of professional identity, increased awareness of equity issues, recognition of the spiritual dimensions of recovery, discovering the power of community, and increased level of hope in both professional and personal lives (Frey et al., 2017; Hernandez-Wolfe et al., 2015; Michalchuk & Martin, 2019; Silveira & Boyer, 2015). The current finding supported that experienced therapists learned to hold both sides of the impact, were more likely to experience vicarious resilience, and adapt to its coexistence with vicarious traumatization (Bloomquist et al., 2016). As a result, this experience transformed their lens to view the world, society, and their professional identity. Meanwhile, for therapists who have a higher self-awareness of the holistic impact of the work, they may discover

more opportunities to learn and grow as a therapist and a human being (Engstrom et al., 2008).

The current findings complemented the emerging literature that therapists who have a strong connection with their spirituality, religiosity, and faith are frequently asking questions about meaning of life and reflecting on their beliefs ongoingly (Siegel, 2010). Most participants endorsed that spirituality and faith may serve as a buffer against the negative impact as suggested by existing literature (Dombo & Gray, 2013; Flanigan, 2010; Newmeyer et al., 2016). Although participants' existing spiritual/religious beliefs influence their work experiences with foreign-national sex-trafficking survivors, the workplace spirituality/religiosity expression was relevant to the perceived support among therapists (King & Williamson, 2005). Furthermore, the subtheme of "sense of purpose" was relatively weaker than other spirituality-related subthemes, noted by six participants. It is likely that it takes therapists more years of practice with ongoing self-questioning and self-reflection to experience a "sense of purpose" which promotes their professional longevity.

The findings on the role of therapists' sociocultural identities in trauma work is another contribution of the current study. Therapist's awareness of both their and their clients' sociocultural identities is a critical component of cultural competence (Brown, 2007; Sue et al., 1992). Their attunement toward social locations subtly but immensely influenced the therapeutic dyad. The current inquiry targeting therapists' work with foreign-national survivors of sex-trafficking in the United States highlighted the social context where therapy takes place and the difference between therapists' and client's social locations. Therapists' professional identity was enhanced and developed toward a social-justice-oriented approach through their professional interaction with a traumatized, marginalized, exploited, and underresourced foreign-national population. Therapists' attunement of the social locations in each unique therapeutic relationship leads to their formation of trauma conceptualization and empowers them in facilitating the process of trauma recovery. Although existing scholarship emphasized that therapists' and client's sociocultural identities and the social context of the therapy shape trauma survivor's trauma experience and posttraumatic growth, which in turn, frame therapists' experiences of vicarious traumatization and vicarious resilience (Hernández Engstrom & Gangsei, 2010), the current finding did not demonstrate this interaction.

The Covid-19 pandemic posed complex and multilayered challenges for survivors and their psychotherapists. Though emerging literature suggested that psychotherapists were more likely to experience vicarious traumatization and compassion fatigue during collective crisis (Boscarino et al., 2004; Culver et al., 2011; Rimé et al., 2010; Tyson, 2007). The above association was not captured as a subtheme from the current inquiry. Data collection ended approximately five months into the pandemic on the east coast, where most participants reside. At the time of the interview, most participants were still transitioning and adapting to the telepsychotherapy modality. Correspondingly, current findings highlighted self-care as a core initiative of therapists' well-being and a necessary professional competency that supports the existing literature (Dombo & Gray, 2013; Pyo & Choi, 2014). The current inquiry also revealed therapists' questioning the appropriateness to continue trauma therapy while going through a collective trauma. Correspondingly, most participants provided a modified treatment

plan to accommodate client's psychological capacity in trauma recovery and therapists' capacity in facilitating trauma recovery.

Foreign-national sex-trafficking survivors are an extremely vulnerable, marginalized, and poly-victimized population. Therapists encounter unique professional and personal challenges in working with these survivors. For example, the extreme nature of the trauma and the absence of social support among foreign-national survivors may lead to greater and more intense countertransferences. Furthermore, maternal countertransference, to be supportive and nurturing, may be activated for therapists working with such an isolated and vulnerable group of patients. The stark differences in social identities and social capital between the therapists and their clients challenge therapists to raise their cultural awareness and improve their multicultural counseling skills, and also gives rise to a social justice-oriented professional identity. Interpersonally, indirect exposure to the sexual and interpersonal violence of their patients may cause therapists to experience a disconnection or strain within their own personal intimate relationships. Current findings also revealed unique clinical challenges related to working with foreign-national sex-trafficking survivors during the Covid-19 pandemic. During this particular time, therapists shifted the focus of their treatment to stabilizing and providing emotional support as many survivors were extremely triggered by the pandemic causing them to reexperience some of their trafficking experiences. Counseling was further challenged by survivors' lack of resources during the pandemic.

Limitations

The study is subject to several methodological limitations. First, a sample size of eleven therapists working with foreign-national survivors of sex-trafficking was enough to reach saturation, but not enough to suggest generalizability. The current sample was relatively homogenous since all participants self-identified as female, master-level professionals, and located on the east coast. The study can be strengthened by a more diverse group of participants with various clinical experiences, geographic locations, gender identity, racial ethnicity, nationality, educational background, and the professional setting their work is situated. Future studies may also consider having participants with different educational levels as well as years in the field to further explore how therapists manage the impact of trauma work across the developmental levels. Another limitation is that the current study failed to include therapists with a personal trauma history related to sex-trafficking. Future opportunities should be provided to therapists who identify as trauma survivors to explore their unique lens and experiences.

Implications

This study has significant implications for therapists' clinical work and professional development, and organizations that create professional space for therapists. To honor the participants' experiences, the following suggestions are generated directly from the needs highlighted and suggestions that they named during the interviews. Though the current study targeted a unique population of therapists working with foreign-national survivors of sex-trafficking in the United States, the implications may apply to a broader therapist community recognizing the widespread and complex impact of trauma.

Participants emphasized the need for and importance of continuing education and training in the field. It is not uncommon for vicarious traumatization, compassion fatigue, and related concepts to be addressed in the curriculum and therapists' training. However, to combat the negative impact of providing trauma therapy, therapists may greatly benefit from ongoing education and training relevant to the population they work with. In the case of working with foreign-national survivors of sex-trafficking, a few common training topics mentioned by participants included trauma-informed approach and care, enhancing cultural competence with specific cultural groups, how to work with law enforcement, as well as intervention modalities that can be infused into their work with clients at different stages of trauma recovery. From a social justice lens, participants' endorsement of cultural competence as a core skill and awareness of the social locations in the clinical dyad has the power to shift the trauma psychology field toward a social-justice framework.

Promoting therapists' well-being is vital to develop professional longevity and maintain competency in clinical work. Participant suggestion related to self-care fell under four major categories: (a) increasing self-compassion and self-awareness of one's emotional and physical reactions related to indirect trauma exposure; (b) developing and maintaining healthy and supportive interpersonal relationships outside of their roles as therapists; (c) incorporating spiritual, religious or faith-based practice to enhance both professional and personal growth; and (d) engaging in personal therapy to explore personal issues that may manifest in and complicate the clinical work while fostering personal growth.

Although therapists advocate for survivor's well-being with a social-justice oriented approach, in parallel, the current study provides social justice implications for clinical settings and advocates for therapists' well-being. Therapists benefit from the organization endorsing a social-justice orientation and having trauma-informed care mirrored in the organization's value, mission, structure, and policies. A sustaining, healthy professional work space may protect therapists from the negative impact while fostering clinical and professional growth. Supervisors and consultants are valuable resources provided by the organization. They support therapists by fostering an open, honest, and safe space for therapists to grow in cultural competence, to practice their sociocultural attunement, to promote awareness around the holistic impact of providing trauma therapy and advocate for themselves if applicable. Furthermore, rather than submitting to the inevitability of the negative impact of trauma work, educators and administrators are expected to take an active approach in identifying strategies for prevention, protection, and intervention for therapists. It is equally important for the organizations to present their commitment to serve the traumatized population and support the therapists, who are among the first to bear witness to clients' suffering.

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Appendix

Interview Protocol

1. What drew you to this work?
2. What are your experiences of working with survivors of sex-trafficking at different stages of therapy?
 - a. during processing of trauma/building safety/developing rapport and trust;
 - b. during recovery/healing/mourning;
 - c. during growth/reconnection;
3. *During this pandemic, what has your work remote counseling been like in terms of the different stages of Trauma and Recovery?
4. How does work impact you
 - a. Professionally?
 - b. Personally?
 - c. Psychologically?
 - d. Spiritually?
5. *During this pandemic, how do you feel about your preparedness to work with sex-trafficking survivors remotely? What types of training, in your opinion, would support you the most?
6. *How has the personal impact of the pandemic impacted, if at all, your work with sex-trafficking survivors?
7. How does your socio-cultural identity (gender, ethnicity, country of origin, age, sexual orientation, SES level) interact with the treatment process?
8. What are your perspectives regarding skills and competency needed to effectively work with survivor of sex-trafficking?
 - a. What do you think of your own training?
 - b. What training and competency area you wish you had received at different stages of therapy?
9. What advice would you give to clinicians in training who want to work with survivors of sex-trafficking?

Question 3, 5, and 6 were added to the protocol since interview No. 6 and were e-mailed to participants who have completed the interview through e-mail.

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