Mental Health Professionals' Perceptions of Their Therapeutic Role with Survivors of Sexual Trafficking

by

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ABSTRACT

Sexual trafficking, the commercial sexual exploitation of individuals for profit, is reported to occur around the world. Tens of thousands of women and children are reported to be trafficked into the United States each year. Reports indicate a negative impact on an individual's physical, mental, and interpersonal health. Presently, therapeutic models have been proposed but not yet formalized. Current training programs are not focused on developing therapeutic skills. The primary researcher developed the present study to discern an understanding of the lived experience of mental health professionals who have provided therapy with this population. Moreover, the primary researcher sought to understand how these mental health professionals view current preparation programs.

The present study used qualitative inquiry to examine the experience of practitioners in this field. Constructivism was used to center upon each interviewees' description of their lived experience. Inductive thematic analysis was conducted to analyze the data generated within each interview. Thematic structures were intricately linked to the data generated by focusing on the internal elements of the interview rather than a pre-conceived structure. Validation was employed through analytic memo writing and audits.

Findings were consistent with core components of therapy; however, analysis yielded some themes specific to therapy with survivors of sexual trafficking. Interviewees shared a common practice of conceptualizing each client and a motivation to build a safe and collaborative relationship, provide focused therapeutic structure, and support their

clients beyond the average boundaries of therapy. Interviewees reported a minimal amount of interaction with training programs due to scarcity.

The findings suggest an increased need for training programs to prepare professionals to provide therapy with this population. Interviewees described a need for sensitive and specific trauma therapy training, consistent with suggestions in the literature. Future research may include further investigation into training programs when more have been developed. Interdisciplinary teams were a common desire among interviewees. Future research may explore the efficacy of interdisciplinary teams with this population. Finally, interviewees indicated advocacy work as an intricate part of their role as a therapist with this population and future research could investigate how this may impact the therapeutic relationship.

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CHAPTER 1

BACKGROUND LITERATURE

Introduction

Human sex trafficking, the sexual exploitation of individuals for commercial profit, has been reported to occur around the world (International Labour Organization, 2012; "Trafficking in Persons", 2015; United Nations Office on Drugs & Crime, 2014). While global estimates remain uncertain (UNODC, 2014), the experience of being sex trafficked has been noted to have detrimental effects on the mental health of individuals, with reports of anxiety, depression, symptoms of Post-Traumatic Stress Disorder (PTSD), and suicidal ideation (Cecchet & Thoburn, 2014; Turner-Moss, 2014; Zimmerman, 2008). The need for proper mental health services is clear. However, concepts of what it means to be a competent therapist in working with this population have been suggested, but not yet been formalized. This is further complicated by a lack of broad understanding of the practitioner's experience in providing therapy with this population. Moreover, to provide adequate services, more therapists would need to be equipped with the tools to support this population. However, the majority of training and educational programs available do not generally incorporate the development of competencies within this area. The current study addresses these questions by interviewing mental health professionals who have therapeutic experience with this population and may have an understanding of effective training practices.

In the following review, I will define sexual trafficking and how it differs from other forms of exploitation to clarify the population in question. Second, I will present statistics on the scope and range of the issue. Third, I will present the risk factors

associated with becoming sexually trafficked. Fourth, I will detail the impact of being sexually trafficked on the mental health of the survivor. Fifth, I will address the current standards for therapeutic practice with this population. Finally, I will discuss the current standards for training mental health professionals to provide therapy with sexually trafficked individuals. The purpose of the present study is to discern an understanding of how mental health professionals describe their experiences providing therapeutic services to sexually trafficked individuals.

Defining Sexual Trafficking

Sexual trafficking is the process of coercing, moving, exploiting, and profiting off of the sexual exploitation of vulnerable individuals (UNODC, 2014). Further elaborated, the United Nations Office on Drugs and Crime (UNODC) (2014) defined "trafficking in persons" as:

The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. (p. 42).

The forced movement of individuals is a primary factor of trafficking that differentiates it from other forms of exploitation (Ollus, 2015). However, Ollus (2015) noted that trafficking can co-occur with other exploitative acts such as forced labor as they "both exist within a broader category of exploitation" (p. 238). While some overlap with other populations may have occurred, the broader categories of sexual exploitation and forced sexual labor without trafficking were outside the scope of the present study.

Prevalence Rates

The U.S. serves as one of the most prominent destinations for trafficked persons, with tens of thousands of individuals trafficked each year, nearly half women (Hepburn, 2010; UNODC, 2014). Individuals trafficked to the U.S. were reported to originate from Mexico, Central America, East Asia, South Asia, Africa, and Europe (Hepburn, 2010). In the Americas, sexual exploitation accounts for 48% of trafficking occurrences within its' borders (UNODC, 2014).

Women accounted for 97% of detected sexually trafficked victims (2014). When women are trafficked, 79% of cases are for the purpose of sexual exploitation (UNODC, 2014). UNODC reported a 25% decrease in the number of adult women accounted for between the years of 2004 and 2011, however, it is offset by an 11% increase in the detection of girls. Jordan, Patel, and Rapp (2013) noted that actual estimates of victims are difficult to achieve due to general misunderstanding of the presenting signs of trafficking in identifying victims, misunderstanding of the prevalence and dynamics of sex trafficking, and conflicts between state and federal laws on consent and other legalities.

Risk Factors for Sexual Trafficking

Individual, interpersonal, and structural factors all contribute to a person's vulnerability for sexual trafficking. Women are at high risk for commercial sexual exploitation; women of color and women of indigenous heritage are more likely to become sexually trafficked than white women (Deer, 2010; Medrano, 2003; UNODC, 2014). Younger individuals are at risk as well, as demand for younger boys and girls has increased (Kotrla, 2010; UNODC, 2014). Poverty is an oft-cited risk factor to becoming

sexually trafficked (Acharya, 2009, 2010; Bales, 2007; Deer, 2010). Reid (2011) reported individuals without a steady access to food were more susceptible to sexually exploitative situations. Estes and Weiner (2001) found that minors experiencing homelessness in the Americas were vulnerable to sexual exploitation while living on the streets. Individuals who ran away from home are at an increased likelihood for utilizing "survival sex", the act of trading sex to meet basic needs (Reid, 2011; Smith, et al, 2009). Children who ran away from home are at increased risk of early first drug use, which is another risk factor for future sexual exploitation (Reid, 2011). Negative self-perception is also associated with later sexual trafficking; Reid (2011) reported individuals who verbally abused themselves were more vulnerable to becoming sexual trafficked later in life.

Negative interpersonal experiences, such as feeling unloved, abused, or being attacked are also significant vulnerabilities (Clawson, 2009; Reid, 2011). Survivors reported feelings of isolation or separation from others prior to becoming trafficked (Clawson, 2009). Individuals who experienced domestic violence, chronic abuse, or sexual abuse had an increased vulnerability to trafficking (Clawson, 2009; Reid, 2011, 2012). Reid (2012) reported that family dysfunction or crisis were both risk factors to future sexual trafficking by contributing to an unstable environment. At times, victims may also be introduced to sexually exploitative environments by individuals that victims may view as "friends". Curtis, Terry, Dank, Dombrowski, and Khan (2008) found nearly half of survivors of commercial sexual exploitation as children (CSEC) in New York City reported friends introduced them to CSEC markets. Transgender youth are particularly at risk, as 68% of sexually trafficked Transgender youth reported introductions to CSEC markets by friends (2008).

Structural factors surrounding an individual may contribute to their vulnerability to becoming sexually trafficked (Acharya, 2009, 2010; Reid, 2012). Political instability, government corruption, ethnic conflict, and social unrest were associated with an increased likelihood of trafficking (Acharya, 2009, 2010; Bales, 2007; Reid, 2012). Lack of economic opportunity, gang presence, and organized crime were also contributing factors to possible trafficking (Acharya, 2009, 2010; Bales, 2007). Cultural factors may contribute to an individual's susceptibility of becoming trafficked as well. Acharya (2010) reported that the devaluation of women in a given culture may result in the abandonment of girls by their caregivers with the possibility of selling them for profit (as cited by Reid, 2012). Such experiences can result in long-term negative mental health effects.

Health Impact

Sexually trafficked individuals reported detrimental effects of trafficking on their physical, mental, and interpersonal health (Turner-Moss, 2014; Wilson & Butler, 2014; Zimmerman, 2008). Zimmerman (2008) reported nearly two-thirds of women entering post-trafficking programs experienced 10 or more concurrent physical health symptoms in the two weeks prior to the study, including headaches, tiring easily, dizzy spells, back pain, and memory difficulty. Regarding mental health, survivors have reported symptoms of PTSD, depression, anxiety, and panic attacks (Cecchet & Thoburn, 2014; Hossain, Zimmerman, Abas, Lights, & Watts, 2010; Turner-Moss, 2014). Survivors of sexual trafficking reported symptoms of complex trauma, a profound sense of sadness, loss of hope for the future, and suicidal ideation (Cecchet & Thoburn, 2014; Zimmerman & Pocock, 2013). Zimmerman (2008) reported over one-third of survivors had experienced

suicidal ideation in the seven days prior to the study. Victims stated they were motivated to exit the sex trade largely due to mental health concerns, including severe traumatic symptoms and feelings of numbness (Cecchet & Thoburn, 2014). One survivor stated that to cope, she had to "mentally separate" herself from her exploitative environment (Cecchet &Thoburn, 2014, p. 489).

Zimmerman (2008) found that 95% of victims had experienced physical and sexual violence while being trafficked. Adult survivors of child or adolescent sex trafficking reported pimps and johns threatened their lives (Cecchet & Thoburn, 2014). One victim described her experience:

> I got in the car and told him just go around the corner, but he ignored me. I went to reach for the door, and he reached back and pulled out a nickel plated .45 and put it to my head… [H]e had the gun to my head, and he made me perform oral sex. I vomited. I just wanted to live, let me live. (pp. 487-488).

Survivors reported a mistrust of and hostility toward others during and following their experience of being trafficked (Cecchet & Thoburn, 2014; Zimmerman, 2008). One survivor reported feeling unsafe sharing with and relating to others due to a desire to not feel vulnerable again (Cecchet & Thoburn, 2014). Cecchet and Thoburn (2014) found survivors often lacked a support network and felt isolated or alienated from family and others.

The health impact of sexual trafficking on the individual is large and complex. However, some individuals reported infrequent access to healthcare to receive treatment as many described a fear that they may need to possess identification and risk becoming reported to authorities (Zimmerman, Hossain, & Watts, 2011). A need for comprehensive

support services is clear. However, a therapeutic model has yet to be formalized and evaluated (Jordan, Patel, & Rapp, 2013).

Current Models for Therapy

Current models of therapy have been formulated based on what is currently understood about traumatic experiences victims may have experienced (Clawson, Salomon, & Grace, 2008). Clawson, Salomon, and Grace (2008) suggested that counselors utilize a trauma-informed therapeutic model to provide services that are both sensitive and appropriate to the individual needs of clients (Clawson, Salomon, & Grace, 2008). Core components of a trauma-informed model consist of identifying trauma as a defining life event, recognizing client's symptoms as coping mechanisms, noting the client's behaviors and complaints, keeping the relationship as collaborative as possible, and recognizing the primary goal of services as empowerment and recovery (Clawson, Salomon, & Grace, 2008). Kotrla (2010) suggested therapy models that include interventions like dialectic behavioral therapy (DBT), cognitive behavioral therapy (CBT), and eye movement desensitization and reprocessing (EMDR).

Given the complex needs of survivors, Macy and Johns (2011) suggested a comprehensive system of treatment that include mental health care, physical health care, life skill training, job training, as well as support in meeting basic needs and housing. Services and organizations for victims of sex trafficking have increased in prevalence to meet the needs of the population. Some of these organizations were built solely for this population to direct services toward their needs. Pre-existing and related organizations such as refugee or domestic violence shelters have also expanded their services to encompass work with trafficking victims. However, Shigekane (2007) noted that while

the extension in services offered is needed, victims of trafficking may have greater needs than either of these types of multi-modal organizations can offer.

According to Clawson, Small, Go, and Mules (2003), barriers to effective services include:

- Lack of adequate resources, funding, and training,
- Ineffective coordination with local & federal agencies,
- Language and safety concerns,
- Lack of knowledge of victim's rights,
- Lack of formal rules and regulations,
- Victim's legal status,
- Victim's feelings of no support and isolation,
- Lack of in-house procedures.

Furthermore, current models of training do not meet the specific therapeutic needs of this population.

Current Models of Training

Currently, training programs are not specific enough to prepare therapists with the tools needed to effectively provide therapy with sexually trafficked individuals. The majority of training programs are general in nature and prepare professionals with the skills to identify when trafficking has occurred ("Anti-human trafficking certificate," n.d.; "Human Trafficking Training", n.d.). Training programs for therapists are complicated by a lack of a formalized concept of what it means to be a competent therapist for survivors of sexual trafficking. Several authors in the literature have made

suggestions on how mental health professionals may prepare to provide therapeutic services to this population (Hardy, Compton, and McPhatter, 2013; Yakushko, 2009).

Hardy, Compton, and McPhatter (2013) recommended that mental health professionals build their understanding of the health impact of trafficking on the individual prior to working with this population. Yakushko (2009) recommended four areas of professional development mental health professionals should engage in to support this population:

- Gain training through both education and experience in working with clients who have experienced trauma with an emphasis on sexual and interpersonal factors.
- Work in multidisciplinary teams that include law enforcement officers to complement the many facets of sexual exploitation.
- Raise awareness of immigration policies and access to immigration-based assistance.
- Collaborate with organizations that can assist clients in accessing financial, legal, and other services (Yakushko, 2009).

Sexual trafficking, the commercial sexual exploitation of vulnerable individuals for the profit of those exploiting them, is reported to occur around the world (UNODC, 2014). Tens of thousands of women and children are estimated to be trafficked into the U.S. each year (UNODC, 2014). Individual, interpersonal, and structural factors all contribute to the susceptibility of any individual becoming sexually trafficked (Reid, 2012). Survivors of sexual trafficking have reported a detrimental impact to their physical, mental, and interpersonal health (Cecchet & Thoburn, 2014; Turner-Moss, et al., 2014; Zimmerman, 2008). It is possible that therapists may encounter this population

at some point in their practice. At present, little research has been conducted on therapy with sexually trafficked individuals. Nor have adequate training programs become readily available to foster specific therapeutic skills for work with this population. In order to better serve this population, we must first know how therapists are currently providing therapy. We must also understand how therapists who have direct experience advise others to prepare themselves to work with this population. The present study was constructed to address these issues by interviewing therapists with direct therapeutic experience with sexually trafficked individuals.

Research Questions

The present study addresses two primary research questions:

1) How do mental health professionals describe their role in working with sexually trafficked individuals?
2) How do mental health professionals perceive current preparation programs training professionals to provide therapy with this population and what are their recommendations for future training programs?

Current research indicated the act of being sexual trafficked may have a harmful impact on a survivor's overall health (Cecchet & Thoburn, 2014; Zimmerman, 2008). Few studies explore the process of facilitating recovery and empowerment in psychotherapy with this population. When studies have focused on psychotherapy, they have been focused on techniques and modalities (Clawson, Salomon, & Grace, 2008; Kotrla, 2010). Valuable components of therapy are the subjective experience and the therapeutic relationship (Lambert, M. J. & Barley, D. E., 2001). I focused the present

study on how mental health professionals describe their experience with this population to illuminate the lived experience of practitioners and how they view training needs.

The second research question was chosen as very little is currently developed to prepare professionals to provide therapy with this population. Rather than developing training programs with the given literature, I found it pertinent to first ascertain an understanding of how current practitioners view preparation programs. Moreover, I believe that training programs should include the perspectives of professionals who have direct experience with the population in question. Future training programs may benefit from the recommendations of the interviewees of the present study.

CHAPTER 2

METHODOLOGY

Qualitative Inquiry

I created the present study to explore how mental health professionals describe their experience providing therapy and how they perceive current preparation practices. Research in psychology is traditionally quantitative in nature. However, quantitative research employs a positivist epistemology that focuses upon objective knowledge that is impartial, unbiased, and without personal involvement of the researcher (Willig, 2013). Given the subjective nature of describing lived experiences, quantitative analysis could not be used. Therefore, qualitative inquiry was chosen for the present study as it allows an approach to explore the lived experience of professionals in this field (Fossey, Harvey, Mcdermott, & Davidson, 2002). In qualitative inquiry, researchers take the position of the listener, as the goal is to build an understanding of what interviewees share about their experience (Creswell & Creswell, 2012).

A primary goal of the present study was to inform training pedagogies on the needs of practitioners in the field and what they believe training programs could address to build a specific therapeutic skill set. The present study offered a representation of how therapy may be currently practiced and how those with direct practice view current models of preparation.

Epistemology and Theoretical Orientation

Data for the present study was viewed through an epistemology of constructionism, wherein meaning is constructed through human beings' conscious engagement with the world around them (Crotty, 1998; Papert & Harel, 1991). A primary goal of the present study was to understand how mental health professionals describe their experience. This process included understanding how interviewees attributed meaning to their experience. Constructionism offered a lens through which I may view subjective meaning creation through the interview process.

As the meaning of experiences are subjective and individual in nature, the constructivist tradition was utilized to orient the present study toward the individual perspectives of interviewees (Willig, 2013). Constructivism emphasizes an individual creation of reality through subjective encounters with the world in which the individual exists (Crotty, 1998). Constructivism research utilizes a "transaction and subjectivist" framework to understand the lived experience of participants (Guba & Lincoln, 1994, p. 111; Schwandt, 1994). This highlights the participation of the researcher in the interview process. Meaning was constructed "between and among" researcher and participant as they interacted through the interview process (Guba & Lincoln, 1994, p. 111). The present study examined data that was derived from the meaning constructed within interviewee's responses and the interaction between researcher and interviewee.

Personal Background of the Researcher

Within the constructivist tradition, the participants of a study are positioned as the "knowers" and the researchers are seeking the knowledge participants possess (Crotty, 1998). In order to truly pursue the meaning constructed within an interview, researchers

engage in a self-reflexive process to explore and suspend personal biases to engage themselves in the knowledge provided. To allow for accurate dissemination of knowledge to take place, researchers must also provide their background and positionalities to readers so that all are made aware of the perspectives in which analyses were executed.

I am a 23-year-old, white, male graduate student pursuing a Master of Counseling degree at Arizona State University (ASU). I was born and raised in Arizona and received my undergraduate degrees in Psychology and a second in Family and Human Development at ASU. I have experience providing therapy, but no direct experience with survivors of sexual trafficking. I became interested in working with survivors of sexual trafficking after becoming involved with an organization that provided life skill development groups for young women who have been sexually trafficked or were at-risk for sexual trafficking. I am passionate about supporting this population because when I read survivor's stories, I am struck by how resilient survivors are. Historically, this group of individuals have not received adequate supportive services to make the exit from trafficking process any easier. I noticed that if I were to pursue work as a counselor with this population, I would need to teach myself with very few resources. Therefore, I designed the present study not only to benefit my own understanding, but to present the field at large with the perspectives of mental health professionals who have direct experience providing therapy with survivors of sexual trafficking.

I believe therapists can engage in advocacy and create change in how society supports survivors of sexual trafficking. I designed the present study to advocate for further professional development of therapists to support this population. I have no relationship with study participants but share mutual contacts within the field.

Study Context

The present study was situated among several factors; though the U.S. has increasingly taken action to prevent and intervene in cases of human sex trafficking in the past two decades, the sex trade is much older. The TVPA of 2000 and subsequent reactivation acts have increased funding for research and services to simultaneously support survivors of sexual trafficking and prevent further trafficking from occurring. Studies have increased in prevalence as awareness of the issue has increased and grants and have become available. A number of books have investigated the lived experience of becoming sexually trafficked (Kristoff & Wudunn, 2009). However, the mental health impact of being sexually trafficked has only just begun to be investigated (Cecchet & Thoburn, 2014; Turner-Moss, 2014). Currently, little is known on how professionals facilitate change in therapy with this population. While training programs do exist to support professionals, few exist to support therapeutic skill development. At the time of the present study, therapeutic training programs were not present in the state of Arizona.

In recent, Arizona has supported measures to reduce trafficking inside the state borders, with the Phoenix City Council approving a five-year plan to combat trafficking within the city (Cassidy, 2014). The Office on Sex Trafficking Intervention Research is housed in the Social Work Department at Arizona State University and has contributed a number of studies on the issue to the literature (Hickle & Roe-Sepowitz, 2013; Roe-Sepowitz, Gallagher, Hickle, Loubert, & Tutelman, 2014).

Recruitment

Interested professionals were recruited if they held a license to practice therapy and at least one year of experience providing therapy with survivors of sexual trafficking.

Eligible professionals included but were not limited to: Counselors, Psychologists, Marriage and Family Therapists, or Social Workers. I chose this sampling frame to listen to practitioners with direct experience providing therapy with this population. I believe therapists with direct experience may be able to speak to the needs of training programs preparing therapists to serve this population. Therefore, only professionals with at least one year of experience were included as professionals with less than a year may not be able to discuss the subject at length. As this field of work is fairly new, the frame was not limited to any single profession.

Professionals were contacted via email through personal contacts and their respective agencies, organizations, coalitions, or practices based on their level of involvement with the population and qualifications to participate in the present study (Appendix C). Lists of potential organizations were compiled from online searches and correspondence with personal contacts. Personal contacts referred the primary researcher to their colleagues given their involvement with the population. The interviewees, Angela the Psychologist, Beth the Counselor, and Nicole the MFT were recruited through a series of referrals from shared colleagues in the field. Angela the Psychologist referred Nicole the MFT to the present study as they shared a prior supervisory relationship.

Interviewees

Three mental health professionals participated in the present study. Pseudonyms were created by the researcher to protect the identity of each interviewee.

Angela, a Caucasian woman, was a Clinical Psychologist who had worked with this population for an unspecified number of years. At the time of the interview, she worked in a private outpatient setting but had worked with survivors of trafficking across

the post-trafficking spectrum. Prior to working with this population, she worked primarily with trauma, PTSD, and survivors of abuse.

Beth, a Caucasian woman, was a Licensed Professional Counselor (LPC) who had practiced in this field for a year and a half at the time of the interview. She disclosed that her primary experience with this population was with clients who had recently exited a sexual trafficking situation or were concurrently being trafficked at the time of intervention. Prior to her role as a therapist for this population, she was a therapist for an unrelated population.

Nicole, a Caucasian woman, was a Marriage and Family Therapist (MFT) who had worked with this population for a little over a year. She practiced in a private outpatient setting and stated that a majority of her clients were months or years out from trafficking. Prior work included providing therapy with abuse survivors in addition to co-leading abuse therapy groups as a community member.

Interview

Interviewees provided written and verbal consent prior to the interview (Appendix D). A semi-structured interview was utilized to guide the interaction through identified topics in which interviewees could share their experience working with this population in an open format (Qu & Dumay, 2011). Nine questions formed the basis of the interview, however, I varied from the structure at times when further exploration of topics was necessary. The nine questions can be found in Appendix A. An independent one-on-one interview format with each participant was used to understand the meaning of themes within interviewee's lived world (Kvale, 2007). Interviews took place in each interviewee's respective office.

I guided the conversation through focused questions on each interviewees' experience as a therapist for survivors of sexual trafficking and their perspective on preparation programs. Interviewees responded to each question, elaborating on their experience and opinions. During this process, I actively listened, utilized encouraging statements, and posed open-ended questions when interviewees touched upon topics relevant to the present study. Additional questions were used with the intention of ascertaining a greater depth of understanding of the particular topic at hand.

The researcher obtained consent for recording and recorded the interview using two independent recording devices and secured the recording electronically on an ASU secure server in accordance with ASU IRB requirements.

Transcription

I transcribed each interview with the goal of maintaining the full extent of interviewee interaction with the topic by emphasizing both verbal and prominent nonverbal communication. Moments of silence and changes in pitch or tone were all noted as they appeared. The present study utilized the rules for transcription put by forth by Sacks, Schegloff, and Jefferson (1974) to accurately represent the responses given by participants.

Analysis

As constructivism posits, one cannot look beyond one's own personal reality (Hansen, 2004). Therefore, data was interpreted through an inductive thematic analysis wherein categories were generated with an emic view in mind (Braun & Clark, 2006; Yin, 2010). Inductive thematic analysis was chosen as the approach emphasized analysis

of the data generated rather than the questions asked to elicit responses. The goal of analysis was not to discover patterns across data, but to engage with thematic structures within a particular datum or interview (Braun & Clark, 2006). This decision coincided with the choice for an emic view of data; thematic structures were intricately linked to the data of the present study and therefore should viewed in light of the internal elements of the interview rather than a pre-conceived structure (Yin, 2010).

Familiarization with interviewee responses was achieved through the initial interaction with interviewees during the interview, through the transcription phase, and through multiple re-readings of the transcripts. In the creation and initial readings of each transcript, notes were taken on possible coding schemes. Identification of themes proceeded with the purpose of distinguishing semantic and latent themes presented within participant's responses. I strived to understand how therapeutic experience had influenced interviewee's perception of her role with this population. The choice to explore latent themes was made to understand the underlying concept of what had been communicated in the interviews (Braun & Clark, 2006). Semantic themes have also been acknowledged as the result of latent themes. The notes created in the initial readings of the transcripts were used, when appropriate, for subsequent coding.

Coding of latent themes was conducted inductively to reflect the choice of interviewee driven understanding of the topic (Braun & Clark, 2006). If any datum fit into one or more codes, re-coding occurred as coding is seen as an "ongoing organic process" (p. 21). Coding schemes evolved throughout analysis as I became familiar with the data. Samples of codes generated can be found in Appendix E.

After initial coding was completed, I sorted the coded data into categories and finally into candidate themes. The quality of candidate themes was evaluated based on how they remained relevant to each code that comprises the category while remaining distinct from other themes generated (Patton, 1990). The resulting candidate thematic map was reviewed based on how accurately it embodied the meaning of the data set as a whole. If any contradictions in meaning arose, their existence was addressed in the discussion chapter of this thesis. As each interviewee possessed a different experience, contradictions arose naturally. Contradictions were brought forth as a finding.

After each thematic map was evaluated as accurate, naming of themes and a detailed analysis of each category took place. Sub-themes were generated if they would benefit or compound the original theme's effectiveness in describing the consensus of the data.

Validity & Validation Strategies

Validity in qualitative research may be defined by the extent the research accurately describes the experience being studied (Willig, 2013). Validation of findings may be determined by their connection to reality and how they may remain connected with the interviewee's experience (Koro-Ljungberg, 2008). Qualitative research is more concerned with the accuracy of findings than the generalizability of findings. Therefore, qualitative researchers are "under considerable constraint to keep our thinking clear by calling things by their right names." (Kirk & Miller, 1986, p. 24**).** Validity of findings in the present study was defined by the accuracy in the representation of each interviewees' description of their experience and their perspective of preparation programs. A number of validation strategies were utilized to ensure accuracy of analysis.

I engaged in the process of "memo writing" to deepen my understanding of the data. Memos served the dual purpose of providing a written record of the decisions made. A sample of the writing may be viewed in Appendix F.

A second researcher was recruited to audit the analytic choices. The auditor was a qualitative researcher at Arizona State University with a number of years' experience in the field. Samples may be viewed in Appendix G.

I asked interviewees review the findings of this study to establish democratic validation of the findings (Anderson & Herr, 1999; Patton, 1990). All three interviewees reviewed and validated the findings for the present study.

A peer-review of the findings may also be conducted to ensure the appropriateness of claims derived from the data and analyses. This will be achieved through multiple readings of findings conducted by fellow researchers in the journal peer review process if I submit a manuscript of this thesis for publication.

The present study also sought catalytic validation, wherein validation is measured within the study's ability to create change. Therefore, validation will also depend on the impact the present study has upon the field. Two goals are hoped to be achieved through the present study: findings will contribute to a larger understanding of providing therapy with this population, and findings will contribute to the improvement of preparation programs for professionals. Therefore, its validation must also be judged by its ability to make change in the two areas presented. As a result, validation of this sort may not be established until after the study's findings have been shared and disseminated.

CHAPTER 3

RESULTS

Interviewees described their experience through the conceptualization of each of their clients, their relationship with each client, focus of therapy, and how they provide support. Some themes expressed in each interview were common to basic principles across therapeutic foci: understanding the current context of each client, meeting the client where they're at, building therapeutic relationships, maintaining a present-focused therapeutic practice, and providing clients with tools for insight. It should be noted that the second research question on the perceptions of current training practices was limited in analysis, as participants did not have a significant amount of experience with training programs. Thematic findings to the second question are presented in this chapter but are limited given the scarcity of preparation programs. This will be discussed further in the discussion chapter. Findings of the present study respond directly to the question on interviewee's description of their experience. Findings may also be found in Table 1. The following findings focus on themes unique to providing therapy with sexually trafficked individuals, as described by therapists with direct experience. Quotes have been included to provide some evidence of the structure's existence within the descriptions.

How do Mental Health Professionals Describe Their Experience Providing Therapy with This Population?

Understanding and Meeting Therapeutic Needs. This consists of conceptualizing each client's life context, conceptualizing each client's current instability, understanding each client's coping strategies, building therapeutic security, and supporting beyond therapy.

Conceptualizing each client's life context. All Interviewees described a process of building a conceptual model for each client's life context. This included risk factors in each clients' childhood that may have contributed to clients becoming sexually trafficked later in life. Additionally, these risk factors may continue to be a destabilizing force in their lives. Angela the Psychologist, who has had years of experience across the posttrafficking spectrum, shared how for some of her clients, being sexually abused as a child may have created a set-up to becoming sexually trafficked.

> …early childhood sexual abuse survivors are often set up in these ways that are very vulnerable (Angela the Psychologist, p. 15).

For Angela the Psychologist understanding the layers of trauma each client has experienced was a key component in the development of conceptual model of each clients' life context. Nicole the MFT, who worked with survivors years after their exit from the trade, appeared to agree, as she conceptualized an increased vulnerability due to childhood trauma clients may have experienced.

Nicole the MFT described a need to acknowledge and understand the complexities of the story each client shares in therapy, for each client may have varying contexts that will impact the needs of therapy. Beth the Counselor, who worked primarily with survivors who had recently exited the sex trade, included the quality of current support systems and potential therapeutic barriers in her conceptualization of each of her clients. For her, this was a major facet of each clients' current life context and may influence their ability to create change in their lives.

Conceptualizing each client's current instability. Each interviewee included the environment as a source of potential instability for their clients. Family dynamics,

housing situations, and the everyday life of their clients were factors within this construct. Each described experiences where they were interacting with clients with minimal support systems. Angela the Psychologist described how clients may struggle while making changes in therapy as their support system may not be safe or stable.

> …sometimes it's still so chaotic they still don't feel empowered 'I'm trying to do all the right things but everything is still falling apart, why?' …. everywhere you look there's addiction and abuse and there's very few safe people (Angela the Psychologist, p. 18).

Without a stable foundation, therapeutic progress has been challenging. Nicole the MFT described how difficult therapeutic progress can be when clients may not have outside support systems in place while in therapy.

Understanding each client's coping strategies. Angela the Psychologist, Beth the Counselor, and Nicole the MFT reported understanding the purpose of their clients' coping strategies as a prominent aspect of their experience. Each interviewee noted moments where clients coped with the intensity of traumatic experiences by distancing themselves from the experience. Nicole the MFT elaborated on the emotional distancing she has witnessed in therapeutic interactions with this population:

> … [some clients] will sort of rattle it off as if they're reading a newspaper article super matter of factly-so you hear the facts and the figures of it… but not the emotion. (Nicole the MFT, p. 20)

Angela the Psychologist described instances where clients coped with traumatic experiences by disconnecting from their body. In these moments, clients denied any personal needs. By disconnecting from personal needs and sensations, Angela the

Psychologist described how clients may continue to "just keep functioning" and persevere through the moment. This may contribute to the felt sense of numbing clients have described to her.

Sometimes clients may utilize this coping strategy while in therapy; Beth the Counselor described how she had felt clients distance themselves from processing trauma experiences within therapy. Beth the Counselor stated that sometimes the trauma was just too intense to process in the moment.

Building therapeutic security. All Interviewees established therapeutic safety in two ways: creating safety in the therapeutic relationship and creating safety through the therapeutic space. Beth the Counselor and Nicole the MFT described building relational safety by building the clients' trust in them. When relational safety is built, Nicole the MFT utilized that safety to foster healing in other relationships.

… a lot of the healing happens in the relationship (Nicole the MFT, p. 7).

Nicole the MFT described her therapeutic relationship with her clients as a means of fostering a "template" for relationships outside of the therapeutic environment.

Safety in the therapeutic space was created by transforming a traditionally clinical space into a warm and inviting space. Angela the Psychologist disclosed her perspective that each client's history within different environments factor into their felt safety as well. In her experience, Angela the Psychologist has worked with clients who felt that clinical spaces were sometimes "too medical" or punitive, both environments that may be triggering to clients. Angela the Psychologist worked to change the environment to create that felt safety.

> … it's interesting what people will say they'll say that the space actually feels collaborative um so even coming in, it feels safer than maybe a clinic or a space that feels scary or more threatening (Angela the Psychologist, p. 5).

Supporting beyond therapy. Beth the Counselor, Nicole the MFT, and Angela the Psychologist each expressed a motivation to support clients within this population beyond the ordinary means of therapy. For instance, interviewees shared moments where they connected clients to resources, traditionally a social work or case management task.

Nicole the MFT highlighted the need to prioritize her clients' physical safety. She described her assessment of a pimp's access to her client, her client's interpretation of that access, and creating safeguards with her client if they desired these precautions.

> …does the pimp still have access to [you]…do they know where you're at- do you want them to know where you're at-do you not want them to know where you're at how do we go about helping that to happen… if you need to be safer and set up some safeguards (Nicole the MFT, pp. 9-10).

Angela the Psychologist emphasized advocacy in both the therapeutic relationship and within broader society. Angela the Psychologist spoke of fostering her clients' economic empowerment; she would support clients in navigating career and socio-economic barriers to break cycles that keep them trapped in their current situation and re-enter the work force.

> … you know, for-for a lot of, women it's difficult they've got a felony on their record or they've been in prison for all the things that were going on while they were being trafficked…. so you're trying to break socioeconomic barriers, you're trying to help and advocate somebody getting back into the work force. um

basically breaking all of the cycles that keep them trapped (Angela the Psychologist, p. 12).

Reducing Power Imbalance. This includes acknowledging each client's potential mistrust of therapist and fostering each client's empowerment.

Acknowledging each client's potential mistrust of therapist. Both Angela the Psychologist and Beth the Counselor incorporated an acknowledgement of clients' possible mistrust of therapists. Angela the Psychologist equated this to the perceived authority that her position holds. Beth the Counselor noted clients may be hesitant to engage in services with someone who they perceive as holding a position of power. Beth the Counselor shared an experience where a client was resistant to her as a therapist as the client may have perceived Beth the Counselor to be "too close to the authorities".

Angela the Psychologist stated this may be due to the lack of generally positive experience clients may have experienced with therapeutic services. Part of this, as she elaborated, was because interactions with mental health services may have been over-pathologizing. This "power up stance" can be aversive when considering the history of disempowerment Angela the Psychologist had described in her conceptualization of her clients.

> I think when you're working with women-or men for that matter, but who have experienced so much powerlessness in their lives- the last thing they need is somebody telling them what to do. Or making choices for them, or overdiagnosing or diagnosing and kind of pathologizing like "I have it all together and you don't (Angela the Psychologist, p. 4).

Fostering each client's empowerment. Angela the Psychologist and Beth the Counselor each described using empowerment-based practices in therapy. For Beth the Counselor, this included fostering agency and hope for the future. Beth the Counselor stated that she will sometimes take space in her sessions with clients to discuss each clients' goals to encourage them and elicit hope.

Angela the Psychologist emphasized re-building a sense of self and self-worth into therapy. Angela the Psychologist reported that sometimes clients may disengage from their own needs in order to cope with the life stressors in their lives. Sometimes, the life stressor is a relationship that is imbalanced and created a layer of disempowerment for some clients. Angela the Psychologist used the connection to felt sensations, such as hunger and discomfort, to re-establish a sense of personhood and individuality.

> …building that sense of self… 'Do you-do you know when you feel hungry?' for example 'well, do you have a stomach ache?'… So even just paying attention again to what the body feels (Angela the Psychologist, pp. 16-17).

Facilitating Relational Healing. This consists of conceptualizing each client's self-perception, doing your own work, and fostering healing in relationships.

Conceptualizing each client's self-perception. Nicole the MFT and Angela the Psychologist both highlighted the possibility of clients carrying shame due to their experience being trafficked. "Shame messages", as Nicole the MFT and Angela the Psychologist referred to them as, came from a stigma perpetuated by society.

> I think a lot of trafficking survivors have [experienced] an enormous amount of shame… So that shame is layered and layered and layered and layered. Trafficking just adds even more shame (Nicole the MFT, p. 4).

Nicole the MFT and Angela the Psychologist described the experience of being trafficked as not only a negative experience, but a stigmatized one as well. Interviewees viewed this perceived shame society places on survivors of sexual trafficking as a detriment to each of their clients' self-perception. Nicole the MFT emphasized the impact of shame on each clients' potential view of therapy. As therapy may be viewed as foreign to them, the shock of interacting with an agency or clinic may induce shame for some clients upon first interaction.

Doing your own work. Angela the Psychologist and Nicole the MFT each stated that prior to providing therapy for this population, they engaged in the process of "doing their own work." Angela the Psychologist described this as process of working through her own personal life experiences and examining her pre-conceived perceptions of this population. Nicole the MFT stated a primary goal of doing her own work was to become more present with her clients.

> … the number one thing we encourage is that people do their own healing and their own trauma work before you try to walk alongside someone else (Nicole the MFT, p. 2).

Nicole the MFT added that this process includes learning how to self-regulate her own experience of her clients' story. The purpose, she elaborated, was to ensure that her responses were appropriate and do not give any of her clients the impression that she cannot "handle" the story. Appropriate and accurate responses appeared to be intricately tied to Nicole the MFT's process of doing her own work, as the work informed how she could accurately respond to clients in distress.

Fostering healing in relationships. Both Angela the Psychologist and Nicole the MFT focused on identifying and educating on safe versus unsafe relationships with their clients. Angela the Psychologist described how she would assess current relationships for safety with her clients as clients may be vulnerable to further abuse in new relationships.

> … individuals are so vulnerable in some early years of healing to further abuse (Angela the Psychologist, p. 20).

After assessing for safety, Angela the Psychologist would provide psychoeducation on abusive relationships. This would include providing information on how to identify safe or unsafe people in addition to information on boundaries in relationships.

Nicole the MFT shared how she worked with her clients to assess current relationships for safety and, in turn, support her clients in creating boundaries when necessary. Additionally, she focused on the idea of assigning appropriate responsibility in relationships as a vehicle for healing.

> … where do we assign appropriate responsibility. "Do I need to own everything?" "Or do I need to give some stuff back to some people?"… starting to, not own everything as being all your fault but hand things back to the appropriate people (Nicole the MFT, pp. 31-32).

Nicole the MFT described this process of assigning responsibility as a means of negotiating and respecting boundaries. In Nicole the MFT's experience, clients may present in therapy blaming themselves for much of their negative life events. This process is meant to counter that belief.

Understanding Potential Barriers to Therapeutic Growth. This is comprised of understanding intensity of trauma therapy and barriers to success.

Understanding intensity of trauma therapy. Beth the Counselor and Nicole the MFT disclosed challenges they have experienced in providing trauma therapy with clients who have been sexually trafficked. Beth the Counselor described experiences where she felt clients were avoidant of processing trauma in therapy. As clients may be overwhelmed by processing trauma, each described techniques used to provide therapeutic distance for their clients.

> So timelines that's another thing that we do… Cause it maps it out right? It's so easy to say "oooohhh what happened to me might not have been that big of a deal"…but once you start writing it out and you see it all written down, from your earliest memory, to your present memory, most of the time, you take a-most clients will take a like at it and be like "wow, (2.0) I think what happened to me kind of was a big deal" (Nicole the MFT, p. 31).

By providing distance from the experience, the interviewees were able to process some trauma more effectively than direct methods of therapy. Other methods included sandtray therapy and art techniques.

Understanding barriers to success. Beth the Counselor and Nicole the MFT spoke of the barriers that clients may face when creating change in their lives while in therapy. Barriers discussed ranged from inadequate access to services, current systems in place underserving the population, and practical barriers such as transportation to and from appointments. Nicole the MFT shared that clients don't always know the mental health system well enough to know how to get into services.

Balancing Power to Facilitate Healing. This includes contextualizing each client's history of disempowerment and managing power dynamics.

***Contextualizing each client's history of disempowerment*.** Angela the Psychologist emphasized a need to understand each of her clients' experience with power dynamics in relationships to inform her own relationship with them. In the following quote, Angela the Psychologist referenced a "power up" dynamic. By this, Angela the Psychologist described a relationship where one person perceives themselves as superior to the other, often to the detriment of the other.

> …[Sexually trafficked clients have] experienced so many people in their lives- often from family of origin: mom, dad, others, um (1.0) with that "power up" dynamic (Angela the Psychologist, pp. 4-5).

For Angela the Psychologist, this history has not only impacted each of her clients in the moment but continues to perpetuate cycles of disempowerment. Abusive relationships, trauma bounds, exploitation, the sexual trafficking industry, and trauma itself perpetuate continued disempowerment for her clients by creating vulnerabilities to future disempowerment.

Managing power dynamics. From her perspective, Angela the Psychologist viewed the proper management of power dynamics as a therapeutic task. Given her clients' history of disempowerment, providing space for an equal distribution of power can be reparative.

> I think the collaborative piece is huge… it builds trust a lot more quickly it builds relationship or rapport and it's more reparative (Angela the Psychologist, pp. 4-5).

Angela the Psychologist described two methods for managing power dynamics within the relationship: reducing any perceived power differentials and fostering client empowerment. Angela the Psychologist provided several examples of reducing perceived power

differential, including having clients use her first name opposed to her title.

Angela the Psychologist described how she supports client empowerment in three ways: Providing empowerment through education, fostering agency, and fostering choice. By providing education that empowers her clients to make decisions for themselves, by building clients' reliance on themselves, and by building choice into her practice, she emphasized empowerment as a healing part of the therapeutic relationship.

Focusing brief therapy. Nicole the MFT reported that therapy with this population can be brief. Given this uncertainty in continued interaction, Nicole the MFT described a need to focus therapy and center on priorities in her clients' lives, such as stabilization or identifying safe people to rely on.

> … we didn't get a chance to dive into that trauma because that would come later and they stopped coming (Nicole the MFT, p. 5).

Nicole the MFT described how often she would need to conceptualize where her clients were at and what their most pertinent priorities were. As Nicole the MFT described, there may be a number of areas that therapy could address. However, given the brevity, Nicole the MFT stated that she will often have to focus on just the most pertinent therapeutic goals, often focusing on safety and stability.

How do Mental Health Professionals Perceive Current Preparation Programs Training Professionals to Provide Therapy with This Population and What are Their Recommendations for Future Training Programs?

Interviewees described an inability to respond to the efficacy of current training programs as training programs were not readily available. Interviewees described having to create their own training when preparing to work with this population. However, while the first portion of the question was not able to be responded to, interviewees did voice a number of recommendations for future training programs.

Building professionals' understanding of this population. Angela the Psychologist, Beth the Counselor, and Nicole the MFT each reported a desire for increased awareness within the mental health field. Beth the Counselor shared her desire for more discussions on sexual trafficking in the classroom. Nicole the MFT described a desire for training programs that build an understanding of the many layers of trauma that someone may experience while being sexually trafficked. Angela the Psychologist advocated for training programs that focused on building empathy and understanding of this population, something that was important in her preparation process. For example, Angela the Psychologist shared a moment of her conceptualization process where she began to build her understanding of the power dynamics in play while being sexually trafficked.

> There doesn't have to be actual handcuffs for somebody to feel powerless and feel that they are trapped (Angela the Psychologist, p. 24).

Specific Issue Training. This includes advanced training and doing your own work.

Advanced training. Angela the Psychologist and Nicole the MFT advocated for a greater understanding of the layers of trauma survivors of sexual trafficking may have experienced. Angela the Psychologist stated a desire for more advanced trauma training for those who wish to work with this population. Nicole the MFT described her desire for training programs to support varying paces of progression through therapy. In her experience, Nicole the MFT described that sometimes slow and steady is the most effective way to progress. With this population, Nicole the MFT stated that she has been the most successful when therapy has been at a slower pace.

Doing your own work. This theme was repeated for both research questions as there was a significant overlap. Angela the Psychologist and Nicole the MFT emphasized a desire for more professionals to engage in this process of "doing their own work" to better serve clients from this population. Angela the Psychologist emphasized the need to examine pre-conceived notions of the population prior to beginning work with survivors.

Nicole the MFT underlined the necessity for professionals to work on their own personal experiences of trauma before supporting this population. Consistent with this theme's presence in the prior research question, Nicole the MFT stated that engaging in this process will allow professionals to become more present with their clients.

Resource development. Nicole the MFT reported a desire for more training programs based on connecting clients to resources. This included a greater understanding of resources and services available within the community. Nicole the MFT stated that her primary concern was to develop practical support skills.

I think it would be awesome to have training too on the practical things… if they don't have somewhere to live where are the local resources?... if they need food stamps how do you help them to get that? (Nicole the MFT, p. 19).

CHAPTER 4

DISCUSSION

Summary of Findings

How do mental health professionals describe their experience providing therapy with sexually trafficked individuals? In general, interviewees description of their experience providing therapy with sexually trafficked individuals share some core therapeutic qualities with the broader field of therapy. Commonalities include the practice of "meeting the client", building the therapeutic alliance, and grounding therapy in the present moment. Moreover, interviewees described a therapeutic practice grounded in trauma-informed care, though only one interviewee explicitly stated it (Clawson, Salomon, & Grace, 2008). This was evidenced in the interviewees' shared pursuit to understand the purpose of client's coping strategies while simultaneously fostering client empowerment. Findings coincide with some of the recommendations for therapeutic practice in the literature (Clawson, Salomon, & Grace, 2008; Kotrla, 2010).

Interviewees shared a common practice of conceptualizing each client and a motivation to build a safe and collaborative relationship, provide focused therapeutic structure, and support their clients beyond the average boundaries of therapy. Interviewees' active approach to providing therapeutic support for this population appeared consistent with the calls to action voiced in the literature (Kotrla, 2010; Macy & Johns, 2011). Findings in the present study explore the experience of providing therapy and give a few possible content areas future training programs may include to prepare therapists for work with this population.

Client Conceptualization Process

Each interviewee described her own focus in her client conceptualization processes. Angela the Psychologist, for example, focused on the power dynamics of her clients' past or present relationships. This conceptualization informed her management of the therapeutic relationship, emphasizing a desire for the relationship to be a "reparative" experience. Beth the Counselor, on the other hand, emphasized the current life factors, such as stability and current support systems. The difference noted may be due to the differences in where they usually see clients along the posttrafficking spectrum.

Beth the Counselor and Nicole the MFT recognized the intensity of trauma experienced by clients and how processing this trauma may be difficult. The client's psychological distancing interviewees described expanded on Cecchet and Thoburn's (2014) findings, wherein participants reported numbing themselves to cope with the intensity of symptoms. Training programs could include a greater emphasis on the complex layers of trauma clients may have experienced and how to meet specific therapeutic needs.

Building Safety in Therapeutic Relationships

There was a consensus between interviewees on the importance of providing therapeutic safety with survivors of sexual trafficking. For Angela the Psychologist, this also meant managing the power dynamics of the therapeutic relationship. As Baldwin, Fehrenbacher and Eisenman (2015) noted, survivors of sexual trafficking may have experienced a severe level of coercive relationships while being trafficked. By balancing power in the relationship, Angela the Psychologist intended for the act to create a reparative experience to counteract any imbalanced power in relationships prior. Training

pedagogies could incorporate an analysis of the potential history of relationship dynamics to prepare therapists to process client's specific experiences while creating a therapeutic relationship with the client that is both appropriate and stable.

Part of this safety, for Angela the Psychologist and Nicole the MFT, included "doing their own work". Through this practice, therapists would examine their prejudice and attempt to resolve them prior to working with this population. Training programs may include exercises for therapists to examine any potential biases prior to therapy. By this, therapists may begin to build trust with clients, as many clients may feel unsafe when judgements are passed by persons in perceived authority.

Empowerment-Based Practices

Clawson, Salomon, and Grace (2008) suggested that counselors utilize a trauma-informed model when providing therapy with sexually trafficked individuals to ensure clients feel safe and supported within therapy. It appeared that interviewees agreed with this model as core components of trauma-informed care were present throughout each interview.

Interviewees utilized a variety of empowerment-based practices that centered on the re-establishment of agency and individuality. For example, Angela the Psychologist detailed the process of rebuilding a sense of connection to the felt sense with her client. Angela the Psychologist described how clients would disown any personal needs or sense of self as a coping mechanism. This may be viewed as a process of empowerment as the technique is being utilized to rebuild a connection that was diminished to cope with oppressive forces in the client's life. Techniques like Angela the Psychologist's could be included in training programs to give therapists tools to foster client empowerment.

Supporting Beyond Therapy

Macy and Johns (2011) recommended a comprehensive continuum of care, consisting of physical health care, mental health care, life skill training, job training, support in meeting basic needs, and housing. All interviewees agreed on the need to support clients beyond therapy. However, a team approach was not utilized by interviewees. Beth the Counselor encouraged clients to utilize support services not uncommon to a comprehensive case management system proposed by many in the literature (see Jordan, Patel, & Rapp, 2013). In this way, Beth the Counselor was able to direct her services toward a more comprehensive system of care.

Angela the Psychologist described her role in advocacy within both the therapeutic relationship as well as on the societal level. While not discussed in the findings, Angela the Psychologist expressed a desire to advocate on a political level to create a system that better supported her clients. Advocacy and comprehensive case management could be included in training programs as the needs of clients may extend beyond mental health and require other professional support, as others have noted in the literature (Zimmerman, 2008).

Recommendations for Preparation Practices

Angela the Psychologist, Beth the Counselor, and Nicole the MFT each expressed her own view of how to prepare mental health professionals to provide therapy with survivors of sexual trafficking. Common features include developing programs that prepare mental health professionals to connect their clients to effective services. This is consistent with suggestions in the literature for comprehensive case management (see Jordan, Patel, & Rapp, 2013). Another common suggestion was the need for

professionals to increase their understanding of this population. This appears to be currently addressed through general knowledge courses ("Anti-human trafficking certificate," n.d.; "Human Trafficking Training", n.d.). However, interviewees suggested programs such as these delve further into the issue to build an understanding of the layers of trauma clients may experience while being trafficked. Nicole the MFT stated programs that prepare therapists should also discuss modalities to address these layers. A final common suggestion was the desire for professionals to work through their own personal healing before supporting this population. This exercise is meant to increase the therapist's understanding of themselves and how they may react to issues that may come up in therapy. Current and future programs may include material that explore these issues. Deconstructing myths about this population and values clarification exercises may work towards achieving this effect.

Limitations

The present study should be evaluated in the light of several limitations. Due to a relatively low number of professionals with the necessary qualifications to participate in this study, only three interviews were obtained. While each interview was rich in data, more interviews would have strengthened an overall response to each research question.

Findings reflect the experience of participants with varying licensures and levels of experience. As each interviewee held a different license to practice therapy, differences in educational background and approaches may contribute to some of the heterogeneity in responses. The same may be true in regard to the varying amounts of experience.

The second research question was created to investigate perceptions of mental health professionals on current training practices. However, interviewees had minimal experience in preparation programs due to a limited number of training opportunities. Interviewees shared how they had to create their own training to provide therapy with survivors of sexual trafficking. This is a major limitation for the present study that ultimately weakened any response to the second research question.

The study is also limited in that a single researcher collected, transcribed, and analyzed the data. Several validation strategies were utilized to support the decisions made and directions taken.

Implications for Practice

Interviewees detailed a multi-faceted therapeutic interaction with clients. This extended from a basic understanding of the client, fostering a therapeutic relationship, and supporting clients beyond the means of traditional therapy. Practitioners who wish to work with this population may benefit from considering the suggestions made by the interviewees of this study. In my search, I found few facilities or practitioners that provided therapeutic services for this population. Interviewees' responses may be useful in generating additional services more sensitive to the needs of sexually trafficked individuals.

Future Research

First, an additional research question on the perceptions of training experience was developed for the present study but was not adequately addressed due to participants' relatively limited experience in such programs. This may be due to the lack of training

programs available or the topic's notable absence in educational facilities. Therefore, future research may explore therapist's perception of their training experience at a later date when further training programs have been developed. Findings of this study may serve to inform the development of future training programs.

Second, the use of comprehensive, interdisciplinary teams was a prominent idea mentioned in each interview, despite a generally minimal level of experience working within them. Models for a comprehensive continuum of care for this population have been suggested, but not yet formalized (Macy & Johns, 2011). Future research may examine the effectiveness of current models of interdisciplinary teams and how they may support survivors of sexual trafficking. This may provide insight into how professionals from numerous disciplines may improve their work together.

Finally, advocacy work was a notable facet of the therapeutic role for each interviewee. For some, advocacy took place within systematic growth and community engagement. For others, advocacy may be more political in nature. Future research may examine the implications of advocacy work as a therapist and how that may impact services for this population.

Conclusion

The experience of providing therapeutic services to survivors of sexual trafficking is challenging. However, it appears that providing therapy, at least for the interviewees of the present study, does not stray far from some of the core principles of humanistic therapy: genuineness, accurate empathy, and the emphasis on building relationship with each client (Rogers, 1987). Moreover, trauma-informed care was a foundational practice

for each therapist, expressing congruence with suggestions in the literature (Clawson, Salomon, & Grace, 2008). Future training programs could incorporate the suggestions made by interviewees in this study to improve the provision of services with this population. Further research is needed to build a better understanding of therapy with this population.

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APPENDIX A

INTERVIEW QUESTIONS

1. How did you start working with sexually trafficked individuals?

2. Tell me about your experience as a therapist working with sexually trafficked individuals.

3. In your work, how do you navigate your client's history of being sexual trafficked and how it relates to their present and future?

4. What challenges, if any, have you encountered in your work with this population?

5. How were you trained to work with this population?

6. How did participating in these training programs impact your ability to work with this population?

7. What facets of your work do you feel should have been better addressed in these training programs?

8. What recommendations do you have for improving training or educational programs focused on working with sexually trafficked individuals?

9. Is there anything else you would like to add?

APPENDIX B

INCLUSION/EXCLUSION CRITERIA

Eligible participants will have a minimum of two years' worth of experience in providing mental health services with sexually exploited individuals. Participants will have obtained licensure to practice therapy as a Counselor, Psychologist, Marriage and Family Therapist, or Social Worker.

Examples of licensure include: Licensed Associate Counselor (LAC), Licensed Professional Counselor (LPC), Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT). Licensed Psychologists will also be considered. This is not an exhaustive list of eligible licensure participants may possess.

Minors, adults who are unable to consent, pregnant women, prisoners, or undocumented individuals will not be considered for the present study.

Native Americans are not an intended population but may be considered for participation if they meet the criteria.

APPENDIX C

RECRUITMENT SCRIPT VIA EMAIL

Hello,

My name is Ryan Barclay and I am a graduate student under the direction of Dr. Pereira and Dr. Kinnier, the Primary Investigators, in the Department of Counseling and Counseling Psychology at Arizona State University. I am conducting a research study to discern the perspectives of mental health professionals on their experience working with sexually trafficked individuals and how they view current training models available in preparing mental health professionals to work with this population. Given your experience, I would like to ask if you would be interested in participating in a research interview. This interview will take approximately 60-90 minutes of your time.

Your participation in this study is voluntary. If you have any questions concerning the present study, please contact me at: rabarcla@asu.edu, (480) 213-4463.

Sincerely,

Ryan Barclay
Master's Student
Counseling and Counseling Psychology
College of Integrative Sciences and Arts
Arizona State University
446 Payne Hall
Tempe, AZ 85287-0811

APPENDIX D

INFORMED CONSENT

Mental Health Professional's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals

My name is Ryan Barclay and I am a graduate student under the direction of Dr. Pereira and Dr. Kinnier, the primary investigators, in the Department of Counseling and Counseling Psychology at Arizona State University. I am conducting a research study to discern the perspectives of mental health professionals on their experience working with sexually trafficked individuals and how they view current training models available in preparing mental health professionals to work with this population. Given your experience working with this population, we would like you to consider participating in the present study.

I am inviting you to participate in a 60-90 minute interview where the interviewer, Ryan Barclay, will ask you about your experience working with sexually trafficked individuals as well as your opinion about current training practices for mental health professionals to work with this population. Following the researcher's initial analyses of the interview data, you will be asked to read and assess the findings and report back to the researchers to confirm or deny whether the Findings are representative of your experience of the interview. If the initial findings are not representative of your experience, analyses will continue and you may be asked again to confirm or deny the finding's representativeness until the findings are reflective of your experience. You have the right not to answer any question, and to stop participation at any time. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. Participants must be 18 or older to participate in the present study.

Your participation in the present study will be valuable in generating a discussion within the literature on the implication, application, and necessity of training when it comes to working with sexually trafficked individuals. It will also be a chance for you to share your experience working with sexually trafficked individuals with the broader field.

There are no foreseeable risks or discomforts to your participation.

Efforts will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy. The findings of this study may be used in reports, presentations or publications but your name will not be used. The research team will collect basic personal information, including full name and contact information, so that we may follow up with you after the initial interview. This information will be stored in the department of Counseling and Counseling Psychology at Arizona State University for up to one year following the completion of the present study. The research team, Ryan Barclay, Dr. Pereira, and Dr. Kinnier, will be the only individuals who will have access to the information provided. Furthermore, if a quote is found within your responses that the researchers would like to share within possible future reports, presentations, or publications, you will be contacted to ask permission to use said quote. If you provide consent for the researcher's use of the quote, any identifying information will be removed from the quote prior its use within reports, presentations, or publications. All quotes utilized will be anonymous. Otherwise, responses will not be shared with researchers outside of the present study.

If you choose to participate, do not use the names of your clients within any of your responses to the open-ended questions of the interview. You may create a name to use when referring to others.

I would like to audio record this interview. The interview will not be recorded without your permission. Please let me know if you do not want the interview to be recorded; you may also request a recording be stopped at any point after providing consent. The tapes will be kept through the transcription and analysis phases of the present study and will be disposed of at the conclusion of research.

If you have any questions concerning the research study, please contact me at: rabarcla@asu.edu, (480) 213-4463. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the primary investigators, Dr. Pereira, (jkpereira@asu.edu) or Dr. Kinnier (Kinnier@asu.edu), or Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788. Please let me know if you wish to be part of the study.

Your signature documents your permission to take part in this research.

Signature of participant	Date
Printed name of participant	
Signature of person obtaining consent	Date
Printed name of person obtaining consent	

APPENDIX E

CODING SAMPLES

1. it's really [difficult to] get them into ya know trauma therapy per se… Right? "We're going to do trauma therapy" and then they ya know, get scared… and disengage because it's, they don't want to be retraumatized right?

it's really [difficult to] get them into ya know trauma therapy per se

trauma introduction difficult

"We're going to do trauma therapy" and then they ya know, get scared… and disengage because it's, they don't want to be retraumatized right?

Fear of retraumatization

Trauma Therapy destabilizing

2. it's deeply painful, and, I think a lot of trafficking survivors have an enormous amount of shame.

it's deeply painful

Painful to share

Empathizing with client

I think a lot of trafficking survivors have an enormous amount of shame

Layers of shame

3. So, my counseling um usually involves-well first we have to identify, um the trafficking victims. And that's been a challenge, um, within this system… Because it's really-even here even though we have this program it's kind of not at the forefront of people's minds. So people who first come in contact with these clients.

first we have to identify, um the trafficking victims.

Identification priority

that's been a challenge, um, within this system

Recognizing system deficits

Identification challenging

Because it's really-even here even though we have this program it's kind of not at the forefront of people's minds.

Helpers unaware identification

Systematic challenges: identification

System underserving clients

4. I don't recall… that anyone ever said the word sex trafficking at all when I was at school... ya know and this was a while and I think it was(n't) talked about much in our culture…

I don't recall… that anyone ever said the word sex trafficking at all when I was at school

No ST education

Educational foundation missing

this was a while and I think it was(n't) talked about much in our culture

Cultural is unaware

Contextualizing ed. Shortcomings

APPENDIX F

ANALYTIC MEMO SAMPLES

9.12.17 Depth of Response to RQ1 versus RQ2 in My Interview with Beth the Counselor

After re-reading my interview with Beth the Counselor for the 4th time, I have begun to create a coding scheme. There are a number of potential codes that pop out to me. All notes can be seen on the first document. A focal point for this interview was on the first RQ rather than the second. Partly, I believe, because they did not have much experience in training programs, given that training and education is scarce on this topic. However, their therapeutic experience is plentiful. There may be more to Beth the Counselor's response to RQ2 than what I'm seeing currently, I need more time to sit with it. I believe it has to do with developing competency in a hands-on manner opposed to academic training.

9.30.17 Are My Codes Capturing the Meaning?

I have begun creating meaning units and the initial stages of coding my interview with Beth the Counselor. Something I am wondering is if the labels I have assigned go deep enough into the meaning-making process for the participant, or if they are more semantically created. Sometimes they are one and the same, but there are a few that have come up that I believe could be deeper. I will reflect on this in future re-readings and try to deepen my understanding of the interviewee's experience.

10.6.17 Coding Diversely Instead of Broadly

I have finished my second round of open coding today and met with Dr. Koro-Ljungberg to discuss the process. We discussed a few of the first codes and talked about how we each viewed the codes differently. In this exercise, I was able to see how I had coded a bit too broadly, forgoing some of the diversity of the data. I will re-read the interviews and try to capture more of the diversity of responses.

2.24.18 Grouping Similar Themes Across Interviews

I am in the process of grouping similarities in experiences for interviewees. However, in my initial analysis, I only found three themes they all shared, and three a piece for themes shared by two interviewees. The rest of the themes diverge. Not by much, however. A lot of the same overarching themes exist but under different names. I'm wondering if it's just a difference in naming that I have encountered. I'll sift through the themes now and see if there are any more similar themes.

I'm also contemplating whether I should take the subthemes and re-organize based on new groupings. This will be time-consuming but may prove useful in further analysis.

****

After delving back into sorting, I was able to connect a number of the themes easily. I realized that the themes were far more similar than the names I had given them. For example,

Angela the Psychologist: Healing in The Moment

Beth the Counselor: Creating Present-Focused Therapy

Nicole the MFT: Stabilizing the Present

Each of these themes have very different names, however, they all revolve around the idea of tailoring therapy to what the present moment brings for the client.

I have also assigned a "meta-theme" to each of the groupings. I'm not sure if I will use these as the names themselves, but it gives me a clear idea of what the tying factor for these themes. For the above cluster, I gave the meta-theme: "Present Focused Therapy".

APPENDIX G

AUDIT SAMPLES

Audit Sample 1: 10/13/17

"A lot of times they don't like to admit that's what they do."
Code: Clients don't admit
Code: Clients mistrust therapist

Dr. Koro-Ljungberg Feedback: Looking good- just don't do too much interpretation at this point. Like the mistrust code--- it could be mistrust or something else.

Audit Sample 2: 1/30/18
Theme Structure: Power Balancing
Balancing Power
Power Balance Necessary
Honoring "being human"
Engaging collaboration
Collaborating
Collaborating as therapeutic
Maintain collaboration
Collaborating on past

Dr. Koro-Ljungberg Feedback: I am not convinced that power and collaboration go together. Maybe separate in two similar yet different themes

Audit Sample 3: 2/27/18
Theme Structure: Understanding Client's Self Preservation

Each of these subgroups focused upon the idea of the client maintaining their identity, self, and/or safety regardless of the behavior necessary to accomplish this goal. The first subgroup provides the conceptual groundwork for this theme as it discusses the goal of self-stabilizing. While sometimes short-lived, whatever strategy used provided some stability in the moment. The second subgroup focused on the behavior that was most apparent to the interviewee. Self-sabotage was used by clients to maintain certainty and control over their own lives. The final subgroup is about the internal process of interpreting and understanding the purpose behind these behaviors.

Thematic Structure: Understanding Client's Self Preservation
Subgroup: Client Self-Stabilizing
Client Personal focus
Client personally stabilizing
Client personally stabilizing
Short-live stabilization
Lost stabilization focus
Manage trauma themselves
Subgroup: Safety in Controlled Self-Sabotage
Client desire control
Failure over uncertainty

Control is safe
Client securing certainty
Client-self-sabotage
Afraid of failure
Controlled failure
Fear sabotages client
Control over failure

Subgroup: Understanding Client's Purpose of Behavior

Understanding client behavior
Understanding behavior purpose
Understanding client rationale
Identifying possible purposes
Engaging possible purposes

Dr. Koro-Ljungberg's Feedback: Looks good Ryan--- the only thing I am wondering is Beth the Counselor's interview the theme "understanding client's self-preservation"... since I am not sure what self-stabilizing is or self-sabotage I am not sure if the content matches the code. just double check and verify that you did not include too much diversity within one code. Otherwise great work!

Appendix H

IRB DOCUMENTS

EXEMPTION GRANTED

Jennifer Pereira
CISA: Counseling and Counseling Psychology
-
jkpereira@asu.edu

Dear Jennifer Pereira:

On 5/18/2017 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Social Worker's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals
Investigator:	Jennifer Pereira
IRB ID:	STUDY00006282
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• Social Worker's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals, Category: IRB Protocol; • Social Worker's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals Interview Questions, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Social Worker's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals Recruitment Email, Category: Recruitment Materials; • Social Worker's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals Informed Consent, Category: Consent Form;

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 5/18/2017.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Ryan Barclay
Ryan Barclay
Richard Kinnier
Jennifer Pereira

EXEMPTION GRANTED

Jennifer Pereira
CISA: Counseling and Counseling Psychology
-
jkpereira@asu.edu

Dear Jennifer Pereira:

On 6/21/2017 the ASU IRB reviewed the following protocol:

Type of Review:	Modification
Title:	Social Worker's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals
Investigator:	Jennifer Pereira
IRB ID:	STUDY00006282
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• Mental Health Professional's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals Recruitment Email, Category: Recruitment Materials; • Mental Health Professional's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals, Category: IRB Protocol; • Mental Health Professional's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals Informed Consent, Category: Consent Form; • Mental Health Professional's Perceptions of Their Experience and Effective Training Models for Counseling with Sexually Trafficked Individuals Interview Questions, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 6/21/2017.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Ryan Barclay
Ryan Barclay
Richard Kinnier
Jennifer Pereira

Table 1

Inductively Developed Themes

Thematic Grouping	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5
Q1. How do Mental Health Professionals Describe their Role with Sexually Trafficked Individuals?					
Understanding and Meeting Therapeutic Needs	Conceptualizing Each Client's Life Context	Conceptualizing Each Client's Current Instability	Understanding Each Client's Coping Strategies	Building Therapeutic Security	Supporting Beyond Therapy
Reducing Power Imbalance	Acknowledging Each Client's Potential Mistrust of Therapist	Fostering Each Client's Empowerment			
Facilitating Relational Healing	Conceptualizing Each Client's Self-Perception	Doing Your Own Work	Fostering Healing in Relationships		
Understanding Potential Barriers to Therapeutic Growth	Understanding Intensity of Trauma Therapy	Understanding Barriers to Success			
Balancing Power to Facilitate Healing	Contextualizing Each Client's History of Disempowerment	Managing Power Dynamics			
Focusing Brief Therapy	Focusing Brief Therapy				
Q2. How do Mental Health Professionals Perceive Current Preparation Programs Training Professionals to Provide Therapy with This Population and What are Their Recommendations for Future Training Programs?					
Building Professionals' Understanding of This Population	Building Professionals' Understanding of This Population				
Specific Issue Training	Advanced Training	Doing Your Own Work			
Resource Development	Resource Development				