

# Traumatology

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# Beyond Survival: The Lived Experiences of Care Professionals in a Sex Trafficking Recovery Home

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This phenomenological study explores the lived experiences of 10 care professionals who work with sex trafficking survivors in a transitional home setting. Guided by Moustakas' Transcendental Phenomenological Analysis, the research seeks to uncover the essential meanings and shared structures underlying their professional experiences. Semistructured interviews with 10 participants yielded four themes and 13 subthemes, providing valuable insights into the lived experiences associated with caring for sex trafficking survivors. The themes include (a) the evolution of burnout and vicarious trauma in care professionals; (b) navigating cultural differences; (c) utilization of coping strategies; and (d) deriving meaning and hope. These findings shed light on the unique difficulties and triumphs of providing support to survivors of sex trafficking and highlight the need for self-care, resiliency, meaning, and hope among those working in this demanding field. Implications for care professionals and organizations are provided.

*Keywords:* sex trafficking survivors, compassion fatigue, vicarious trauma, care professionals, phenomenological

Sex trafficking survivors are among the most traumatized populations, and providing treatment for their well-being poses significant challenges for their respective care professionals (Wang & Park-Taylor, 2021). These challenges include, but are not limited to, cultural differences, burnout, vicarious trauma, and secondary stress (Kenny et al., 2023; Leung et al., 2023; Sutton et al., 2022). Self-care is essential to manage these challenges, including addressing physical, spiritual, and emotional needs while upholding professional responsibilities (Webb, 2011). Despite this understanding, there is a dearth of qualitative research exploring the unique and personal experiences of care professionals working with sex trafficking survivors. This deficiency highlights the urgent need for in-depth studies that explore how these professionals navigate their roles, maintain personal well-being, and implement effective strategies.

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## Challenges for Professionals in Trauma Recovery Roles

One primary challenge is navigating cultural differences, as even limited research indicates that such factors complicate treatment (Interiano-Shiverdecker et al., 2023; Ratts et al., 2016; Wang & Park-Taylor, 2021). Ratts et al. (2016) noted that counselors' socioeconomic status, education, or citizenship can unintentionally replicate dynamics of exploitation for marginalized clients. Interiano-Shiverdecker et al. (2023) stressed that cross-cultural differences in trauma experiences necessitate ongoing multicultural training, while Wang and Park-Taylor (2021) found that understanding power dynamics within therapeutic relationships enhances compassion and effectiveness, provided these dynamics are managed carefully. Navigating sociocultural differences can serve as both barriers and bridges, influencing counselors' worldviews and strengthening their commitment to social justice (Wang & Park-Taylor, 2021). Although prior studies have emphasized socioeconomic status, education, and competencies (Interiano-Shiverdecker et al., 2023; Ratts et al., 2016; Wang & Park-Taylor, 2021), more research is needed to explore intersectional factors, such as age, sex, gender, and personality, among care professionals and survivors.

In addition to cultural challenges, prolonged exposure to survivors' trauma leads to psychological strain, diminishing the quality and longevity of services (Kenny et al., 2023). Regardless of training or skill, these professionals face emotional, physical, and mental exhaustion (Wang & Park-Taylor, 2021). Limited research, training, and best practice guidelines complicate their work (Corbett-Hone & Johnson, 2022). High staff turnover, limited resources, and inadequate training further contribute to burnout, underscoring the need for effective coping strategies (Kenny et al., 2023).

## Experience of Burnout, Compassion Fatigue (CF), and Vicarious Trauma

Burnout, a significant occupational hazard in helping professions, involves emotional overextension, detachment, and declining

competence (Maslach, 1993; Stosic et al., 2022). Beyond burnout, vicarious trauma, CF, and secondary traumatic stress (STS) reflect deeper psychological impacts from working closely with trauma survivors (Adams et al., 2006). Vicarious trauma occurs as care professionals repeatedly encounter clients' trauma stories, bearing emotional residue that can alter their worldview, emotions, and functioning (McCann & Pearlman, 1990; Molnar et al., 2017; Policy Research Associates, Inc., 2021). This impact varies with workplace and personal factors (Kenny et al., 2023; Sutton et al., 2022). CF and STS similarly burden care professionals. CF encompasses the toll of empathetic engagement (Figley, 1995), while STS reflects the emotional fallout from hearing trauma firsthand (Cieslak et al., 2014). Studies often use these terms interchangeably (Hensel et al., 2015; Sprang et al., 2023). Although limited research focuses on care professionals of sex-trafficked women, similar risks appear in other trauma contexts (Adams et al., 2006; De La Rue et al., 2024; Kenny et al., 2023). Exposure to severe trauma disrupts foundational beliefs about safety and the world (Hernandez-Wolfe, 2018).

Vicarious trauma can manifest as anxiety, hypervigilance, flashbacks, and depression, as well as physical symptoms like fatigue and sleep disturbances (Helpingstine et al., 2021; Hernandez-Wolfe et al., 2015). Care professionals supporting sex trafficking survivors report heightened stress and adverse effects (Ramirez et al., 2024; Sprang et al., 2023). Some protective factors—such as faith and spirituality—have been identified (Ozcan et al., 2021), but questions remain about the roles of personality, personal trauma histories, and other factors. More research is needed to understand why some care professionals experience these psychological costs more acutely or persistently than others.

### The Ethical Imperative of Self-Care

Working with sex trafficking survivors poses unique challenges and a significant emotional toll on care providers (Kenny et al., 2023; Klinier & Stroud, 2012; Pascual-Leone et al., 2017; Webb, 2011). This bidirectional impact of psychotherapy, in which clients and therapists mutually influence each other, emphasizes the ethical necessity of self-care in this field (Webb, 2011). Given the severity of survivors' mental health issues and high comorbidities, self-care is not merely beneficial but ethically required (American Counseling Association, 2014; American Psychological Association, 2017; Barnett & Cooper, 2009; Barnett et al., 2007; Corbett-Hone & Johnson, 2022; National Association of Social Workers, 2021).

Self-care involves intentional engagement in activities that support physical, emotional, cognitive, and spiritual well-being (Myers et al., 2012). Empirical evidence links effective self-care with stress management, burnout prevention, and enhanced coping skills (Kenny et al., 2023; Miller, 2022; Myers et al., 2012; Webb, 2011). Strategies such as boundary-setting, counseling, supervision, peer support, social connectedness, exercise, and mindfulness all contribute to resilience. Ultimately, self-care functions as both a coping mechanism and an ethical obligation, ensuring the longevity and efficacy of professionals working with survivors of sex trafficking (Barnett & Cooper, 2009).

### Resilience in Caregiving Roles

Resilience, the ability to adapt and recover from adversity, is crucial for care professionals of trauma survivors, including sex-trafficked women (Flick, 2022; Johnson, 2021; Mento et al., 2020).

Researchers described resilience as thriving amidst challenges, involving an internal locus of control, effective self-care, boundaries, support-seeking, and patience and compassion (Hunter, 2021; Masson, 2019; Smith, 2016). Resilience helps manage emotional demands and prevent burnout, CF, and vicarious trauma. Mento et al. (2020) emphasized that resilience preserves emotional strength, while Mays (2021) highlighted its role in mitigating secondary trauma and stress.

Resilience depends on individual experiences and systemic support (Edelkott et al., 2016; Flick, 2022). Vicarious resilience allows care professionals to gain personal growth, empathy, and renewed purpose from witnessing clients' resilience (Edelkott et al., 2016; Foster, 2016; Johnson, 2021). Protective factors like social support and mindfulness guard against secondary traumatization and alleviate primary trauma impacts (Greinacher et al., 2019), while trauma-informed training and supportive leadership enhance self-efficacy and compassion satisfaction (Bassett, 2023; Berberena, 2023).

Professionals working with sex trafficking survivors face emotional, psychological, and logistical challenges in both workplace and personal contexts. Despite available data, gaps remain in qualitative research exploring factors like faith, spirituality, personality, age, gender, and longevity. Quantitative approaches cannot fully capture these nuanced realities. This study explores care professionals' lived experiences to shed light on often-overlooked complexities, such as ethical dilemmas, cultural contexts, and emotional strain, and it emphasizes the need for trauma-informed training, supportive organizational practices, and culturally responsive approaches that strengthen care, guide care professionals support, and improve outcomes for survivors.

## Method

### Research Design

This study employed Moustakas' Transcendental Phenomenological Analysis to explore the lived experiences of care professionals working with survivors of sex trafficking in a faith-based group home setting. Moustakas' (1994) approach centered on capturing the essence of participants' experiences by focusing on their personal perceptions without researcher biases influencing the findings. We, the research team, started the study by practicing *epoché*, or bracketing, a process of setting aside our preconceptions and judgments. This allowed us to fully engage with participants' descriptions of their challenges, insights, and coping mechanisms. The research question guiding this qualitative study was, "What are the lived experiences of care professionals working in a group home with recovering sex-trafficked women?" Subquestions consisted of eight scripted questions for an in-depth exploration of the main questions to understand the lived experience of care professionals.

### Participant Selection

Using a purposive sampling technique, 10 participants were recruited via email through a liaison between a group home for sex trafficking survivors and the research team's institution. Of these, eight provided complete demographic information. The remaining two participants disclosed only their gender as female and confirmed their employment at the organization. The demographic spread of the eight fully reporting participants ranged across various ages: two were aged 18–24, two were 25–34, two were 35–44, and one was 45–54, with one opting not to disclose her age. For racial dynamics, five participants identified as White, one as Hispanic or Latina, one as Black

or African American/Hispanic or Latina, and one as unspecified. Their roles varied from case managers and care coordinators to home coordinators and youth engagement specialists. Their tenure ranged: two had been employed for 0–3 months, one for 3–6 months, two for 6–12 months, two for 1–2 years, and one for 2–5 years. This range of professional experience contributed to a diverse set of perspectives, which enriched the study's findings.

## Data Collection

Prior to the study, ethical approval was obtained from the research team's Institutional Review Board. Semistructured interviews were conducted to explore participants' lived experiences, each lasting 45–60 min and completed in a single session via a HIPAA-compliant Zoom platform. The interviews were audio-recorded and transcribed. Participants received the transcripts to verify and provide any additional feedback. Before the interviews, participants signed informed consent forms, were informed that they could withdraw or pause the interview at any time, and could choose not to answer questions. They were also briefed on a grounding exercise for any emotional triggers. To protect privacy, participants were assigned random pseudonyms.

## Data Analysis

This study followed Moustakas' modification of the Stevick–Colaizzi–Keen method of phenomenological data analysis, which includes bracketing, horizontalization, theme development, textural description, structural description, and textural–structural synthesis (Hays & Singh, 2023). During data analysis, we, the research team members, continued to bracket our biases and assumptions by engaging in self-reflection regarding our understanding of caring for traumatized populations, to present participants' lived experiences afresh. After each interview and transcription, we familiarized ourselves with the data and completed independent coding to identify potential themes. Each team member identified significant nonrepetitive and nonoverlapping statements from participants' transcripts. These statements were organized and coded in a shared Excel sheet, adhering to Moustakas' method of horizontalization, where each statement was treated with equal value.

We held multiple meetings to review and discuss individual coding results related to the lived experiences of care professionals working with survivors of sex trafficking. During these team meetings, we clustered the invariant meaning units into themes and identified commonalities of participants' experiences. Through open dialogue and iterative analysis, we reached consensus on the overarching themes that most accurately represented how participants made sense of their caregiving roles in this unique context. The themes were refined by grouping related subthemes, reducing redundancies, and ensuring alignment with the essence of the data. Once themes were identified, we synthesized the invariant meaning units and themes into a description of the textures of the experience, incorporating verbatim quotes that vividly illustrated participants' perspectives. Reflecting on the textural description and applying imaginative variation, a description of the underlying structures of participants' experiences was constructed. We developed a textural–structural description that captured the meanings and essences of what it was like to care for sex trafficking survivors in a faith-based group home. This rigorous process ensured that the findings were both trustworthy and representative of participants' experiences.

## Ensuring Trustworthiness

To ensure the trustworthiness of the study, the research team followed Lincoln and Guba's (1985, as cited in Nassaji, 2020) criteria for judging the quality of qualitative research. Credibility, which centers on the believability and truthfulness of research findings, was established through member checking as participants' interviews were transcribed and reviewed for clarity to ensure accuracy. Transferability was ensured through the concept of thick description, providing illustrative examples and direct quotes that conveyed the depth of participants' caregiving experiences within this unique setting. Dependability was ensured through triangulation, including meetings with our internal auditor and consensus discussions as a research team to confirm findings, reduce bias, and confirm emerging themes through an audit trail consisting of detailed notes from all meetings, which were maintained in a shared folder for transparency and organization. To achieve confirmability, we engaged a peer debriefer experienced in qualitative research for feedback on the credibility of our interpretations and to maintain objectivity in data analysis and reporting results.

## Researcher Positionality

This study was conducted as part of a doctoral qualitative research course in a Counselor Education and Supervision program. The research team consisted of doctoral students and faculty with clinical counseling experience in trauma care. Collectively, we brought years of practice supporting trauma survivors, with particular emphasis on principles of safety, trust, empowerment, and cultural sensitivity. Although not experts in working specifically with survivors of sex trafficking, our professional backgrounds in trauma-informed counseling provided a critical and compassionate lens through which we approached the study. Faculty advisors with extensive trauma-focused counseling and qualitative research knowledge ensured methodological rigor and ethical integrity. Our motivation for conducting this study was both professional and personal. Professionally, we aimed to address a gap in the literature regarding the lived experiences of care professionals working with survivors of sex trafficking in group home settings. Personally, we were committed to amplifying care professionals' voices and contributing to trauma-informed scholarship that honors their challenges, insights, and resilience. We hoped the findings would inform training, policy, and support structures for care professionals in similar settings.

As a research team, we brought a range of clinical, cultural, and faith-based experiences to the study, including representation from diverse ethnic and spiritual backgrounds. We recognized that these personal and professional lenses could influence how we engaged with the data and understood participants' narratives. Acknowledging this, we took intentional steps to support reflexivity and transparency throughout the research process, including both data collection and analysis. These steps included maintaining an audit trail, engaging in memoing, and holding regular team discussions to critically examine our perspectives. We also consulted with our internal auditor and a peer debriefer, who is a counselor educator who was not involved in the study. These practices helped us remain attuned to the influence of our positionalities and supported our commitment to centering the voices and experiences of participants with integrity and respect.

## Results

Four major themes emerged from the open-ended responses: (a) the evolution of burnout and vicarious trauma among care professionals, (b) navigating cultural differences, (c) the utilization of coping strategies, and (d) deriving meaning and hope. Each theme is supported by illustrative verbatim quotations from participants. A detailed summary of the four themes, including 13 subthemes and their relevance to the overarching research question, is provided in Table 1.

### Evolution of Burnout and Vicarious Trauma in Care Professionals

The lived experience of care professionals supporting sex trafficking survivors emphasizes that constant exposure to difficult situations, unexpected emergencies, and emotionally charged events led to burnout and vicarious trauma. The core message reveals that the unrelenting emotional toll and uncertainty are defining aspects of their experience, often leaving them feeling overwhelmed, isolated, and pushed beyond their limits while performing their demanding roles.

### Working With Recovering Sex Trafficking Survivors

Participants described the nature of supporting survivors of sex trafficking and highlighted the emotional toll that coincides with their work. They expressed that the challenges were ceaseless and seldom allowed for a sense of completion or accomplishment. Tia described this experience as “just a never-ending, never-ending work.” Similarly, the unpredictability of each day added to the emotional strain, leaving care professionals in a constant state of hypervigilance. The uncertainty of whether a survivor might become triggered created a stressful environment as professionals had to be prepared for intense reactions, including panic attacks or self-harm. Laura explained,

“Every day, you really did not know what you were going to get. You didn’t know if someone was gonna freak out, have a lid flip ... get a trigger and then just quite literally just go and have a whole [episode].” These experiences left care professionals feeling particularly vulnerable. As Jenn noted, “Seeing them in their triggered moments is honestly more difficult to cope with than their stories.”

Similarly, the unpredictable nature of the work environment also posed safety concerns, with participants recalling instances of crises, such as self-harm attempts or aggressive outbursts from residents. Despite existing safety procedures, these episodes required staff to be in a constant state of hypervigilance, further intensifying the stressful nature of their work. Laura recounted, “There are instances where TVs would be pushed over ... or someone has a knife and they’re trying to commit suicide ... you just really didn’t know what you were going to get.”

Another significant challenge participants reported was witnessing survivors’ struggles to engage in their treatment and recovery, despite the available resources and support. Tia expressed frustration with this dynamic: “Some of them just aren’t ready to heal, and that’s really, really hard ... You have all the support ... but they’re just still not ready.” The complexity of survivor interactions could present unexpected emotional challenges, especially when survivors displayed behaviors that some staff initially misinterpreted as manipulation for self-preservation. This realization took a toll on some care professionals. Sasha stated, “It hits you like a gut punch of like oh you are lying to me all this time and I didn’t even know it ... manipulation is their survival skill.”

### Environmental Factors

Participants described various environmental factors within the organization that impacted their well-being. Many reported feeling high levels of isolation, emotional fatigue, and new mental health

**Table 1**  
*Summary of Themes, Subthemes, and Their Relevance to the Research Question*

Theme	Subtheme	Theme summary
The evolution of burnout and vicarious trauma in care professionals	Working with recovering sex trafficking survivors	Care professionals’ lived experiences involve a continuous emotional toll, hypervigilance, and feelings of isolation because of unpredictable crises, complex needs, and the emotional impact of witnessing survivors’ triggered states and stories, often leading to burnout and vicarious trauma.
	Environmental factors	
	Experience of CF	
Navigating cultural differences	Geographic dynamics	The lived experiences of care professionals are significantly shaped by navigating various cultural dynamics, including geographic differences, racial identities, age disparities between staff and survivors, and shifts in their personal religious worldviews when confronted with the complexities of survivors’ lives.
	Racial dynamics	
	Age differences	
	Religious worldview	
Utilization of coping strategies	Finding strength in faith	To manage the emotional and psychological strain of their work, care professionals’ lived experiences include proactively utilizing various coping strategies, such as finding strength and solace in their faith and church communities, prioritizing self-care through physical activity, nutrition, and counseling, relying on supportive connections with loved ones, and consistently implementing healthy personal and professional boundaries.
	The power of self-care in managing emotional strain when witnessing survivors’ trauma	
	Strength in connection with loved ones	
	Implementation of boundaries	
Deriving meaning and hope	Experiencing reward through social justice work	Despite the inherent challenges, care professionals’ lived experiences also encompass finding profound personal meaning and hope from their work, particularly through witnessing survivors’ healing and growing independence, contributing to broader social justice efforts by challenging public misconceptions, and forming deep human connections with the women they serve.
	Finding meaning and purpose in caregiving	

Note. CF = compassion fatigue.

concerns because of the high-stress nature of the work and limited team cohesion. Aaliyah shared, “I feel like I was doing a lot alone ... taking care of the survivors in my position. It was a lot ... there wasn’t enough of a team dynamic working together.” Although they upheld the ethical requirements of confidentiality, this often intensified their emotional burden. Several noted that they could not discuss their experiences with loved ones, which further compounded their feelings of loneliness and emotional fatigue. Tia reflected on this isolation, stating: “It can feel very lonely ... very isolating.”

A number of care professionals reported a high-stress work culture that contributed to physical and emotional exhaustion. Aaliyah stated, “I started losing sleep ... having panic attacks ... I never had panic attacks in my life and I’m not the only one ... because of that work culture.” Inconsistencies in boundary expectations added stress, with unspoken pressures to complete tasks after hours. Aaliyah explained, “We were told to set boundaries ... but [the group home] also expected everything to be done. So, everyone was working from home off the clock.”

Participants also fulfilled multifaceted caregiving roles, often serving as confidants, logistical support, and surrogate family members in addition to their caregiving role. Laura remarked, “We were like their mom, sister, friend ... their Uber driver, their cook ... anything they needed.” The emotional weight of these roles led some to feel constantly overstretched. Suzy stated, “It was a one staff to four resident ratio ... and I just felt like I was always on a high because if it wasn’t one resident, it was another.”

Amid these challenges, participants highlighted organizational and peer support systems that eased emotional strain, such as counseling, paid self-care hours, and supportive supervision. Laura noted, “They were great about giving us support ... counseling ... even when there was a very traumatic situation.” Peer and supervisor support also created space for emotional reflection. Bailey shared, “I have a really good supervisor ... sometimes you just need that space to ... work through some emotions.” These resources helped participants prioritize their mental health. As Jenn stated, “They give us a space that we are able to take the time that we need ... they do a really good job of ... putting our mental health and our needs as a high priority.”

Participants noted that the team provides space to process the challenges of caregiving. Given the complexity of the work, they valued opportunities to discuss their experiences, explore countertransference, and build compassion. Jenn reflected:

There’s been moments where I’ve been frustrated. ... And that usually comes out of my own struggle for some reason ... Talking it through with my coworkers, with my team, even with the survivors, we talk it out and like, oh that makes sense this is not black and white.

### **Experience of CF**

Participants’ narratives revealed how the emotional toll of caregiving often extended beyond the workplace, contributing to CF and intruding on their personal lives. Sasha described the personal impact of unprocessed vicarious trauma,

I have not processed a lot of my big vicarious trauma through my time working there, because I had so much compassion fatigue. It definitely comes out ... like me deciding on a daycare for my son was excruciating because I think ... two girls out of the eight that I worked closely with

were trafficked in that kind of scenario of daycare in the hands of somebody who is caring for them. And so, for me it was really hard for me to like come to terms with trusting anyone with that.

Sasha’s experience illustrates how unprocessed vicarious trauma can unexpectedly emerge in personal contexts, contributing to heightened anxiety and exacerbating CF. Laura highlighted the breakdown of personal boundaries and the physical toll of constant caregiving: “Everything I had was theirs ... if they had to come knock at two in the morning ... sometimes there was like four or five of them packed in my car.” This highlights how the blurring of professional and personal spheres can result in emotional depletion and physical overextension. Similarly, Suzy reflected on the persistent emotional impact of caregiving: “... whenever we’re talking or seeing things, I feel like I’m easily brought back to what residents have experienced,” demonstrating how the work can intrude upon personal relationships and psychological well-being.

An especially vivid account came from Moesha, who shared her experience of nearing burnout, capturing a critical moment of fatigue: “I noticed ... I was headed into burnout ... I was overwhelmed, emotionally drained, and ... not doing my job.” Moesha’s story reflects the intersection of self-awareness and emotional exhaustion. Moesha’s acknowledgment of burnout demonstrates the importance of recognizing one’s limitations and how neglecting these warning signs can negatively affect both the worker’s health and their capacity to support the survivors.

Collectively, these accounts demonstrate that CF is not a singular event but an ongoing and cumulative reality. It manifests in personal anxieties and systemic challenges that gradually shape the care professionals’ emotional states, daily decisions, and sense of identity. The lived experience of CF, as described by participants, reflects the complex intersection of organizational pressures, blurred boundaries, and the emotional weight of bearing witness to survivor trauma.

### **Navigating Cultural Differences**

The lived experiences of care professionals working in a group home with recovering sex-trafficked women include the phenomenon of navigating cultural differences or dynamics to some degree while employed at the group home. This theme highlights the cultural dynamics that care professionals frequently navigate while working with sex trafficking survivors. Three subthemes contribute to a deeper understanding of the participants’ experiences.

#### **Geographic Dynamics**

As care professionals at the group home worked with sex trafficking survivors, some participants described how their experiences varied depending on the geographic location within the state. For example, Jenn shared the difficulty of managing the temperaments of individuals from different parts of the state. She explained that the culture of conflict among survivors depended on “geographically where they come from or where they grew up.” Jenn further described her experience with one survivor:

We had a white female from way up North [at the group home]. She was extremely confrontational and very resistant to change. She was always very much on the defense, and it is kind of known [that] people from up North compared to [the] South are always a little bit more strong-willed, strongly opinionated, or not afraid to say what they think and are okay with conflict.

Jenn's observation of a "strong-willed" survivor from "up North" reflects the influence of regional cultural dynamics on interpersonal interactions. Participants noted that survivors from certain areas were perceived as more assertive or independent, which sometimes complicated rapport-building. These differences may reflect broader cultural patterns related to individualism, assertiveness, or conflict styles shaped by geographic context (Macnab et al., 2010). In the group home setting, such traits intersected with trauma histories, requiring care professionals to tailor their approaches when navigating trust and emotional safety.

Regional background also influenced how care professionals themselves experienced their roles. For example, Laura shared how relocating from a western state to a central state shaped her initial feelings of uncertainty. She shared, "Honestly ... Fear was one of them. I think that just my experience was pretty unique. So it probably has to take into consideration that I had just moved ..." from a different state. Laura's reflection illustrates how relocation and adjustment to a new cultural environment shaped her emotional state and potentially influenced her interactions with both colleagues and survivors. Her experiences highlight how geographic identity and regional cultural adjustment are not only relevant to survivors but also shape the experiences and perspectives of care professionals themselves. This suggests the importance of considering regional and cultural transitions as factors that may affect care professionals well-being, confidence, and rapport-building capacity.

### **Racial Dynamics**

Care professionals working with sex-trafficked survivors faced ongoing challenges navigating racial and cultural differences with the women of color in the group home. Most providers, identifying as White women, noted that race significantly impacted rapport-building and clinical work. Aaliyah shared she was often "made fun of being White," underscoring how race was openly acknowledged. Racial dynamics frequently shaped therapeutic interactions, even as care professionals sought to offer support. Tia observed that survivors seemed especially "excited" to work with African American staff, a sentiment Moesha, a care professional of color, confirmed.

Typically in these spaces there are a lot of White faces who only really know the White experience. And so I think that when working with survivors that can be kind of difficult ... even I am an African American, Hispanic and they're coming in with an idea that, like, because of the way I look, I might relate a little bit more, but I didn't technically grow up in the same space.

Racial differences between survivors and care professionals influenced their interactions, as shared racial identity was often seen as enhancing relatability and rapport.

### **Age Differences**

Many care professionals working at the group home were close in age to the survivors, which created complex interpersonal dynamics and, at times, made it difficult to establish professional boundaries and authority. "Older" care professionals reflected on these age-related challenges and the ways their own life experience shaped their work with the survivors. Aaliyah, for example, linked the high staff turnover at the group home to the prevalence of younger

employees who may have lacked the life experience needed to navigate the emotional demands of the role. She stated:

I feel like the impact that I have with survivors being older and having lived more life than the majority of the care coordinators ... I do think that my age really benefited them and coming from a different season of life. There was such a high [job] turnover and it was a lot of young staff in their early to mid-twenties.

Similarly, Laura emphasized how her age and life experience contributed to the respect she received from survivors, "I do feel like, because I was older than them and I have gone through some life experience and maybe because of my ethnicity ... I felt like they respected me, and they did listen to me." These accounts suggest that younger care professionals may face greater challenges in this work because of limited life experience and difficulties navigating the emotional and relational complexities of supporting survivors, whereas older care professionals may be better positioned to build trust and sustain their roles.

### **Religious Worldview**

Participants' caregiving experiences were influenced in part by the values and context of the group home, which incorporated faith-based elements. Some participants noted that their personal belief systems informed them of their approach to caregiving and described moments they experienced as ethically complex, such as supporting survivors through decisions involving pregnancy and abortion, which prompted personal and professional reflection. Tia described how her experience at the group home influenced her caregiving perspective:

My stance on abortion has not changed since I worked with survivors ... I would never encourage an abortion. But what I will do is leave space to [understand], that's their decision. And I've never walked in their shoes ... I don't know what decision I would make.

Similarly, Maria shared how such situations prompted her to consider perspectives different from her own:

I consider myself a pretty strong Christian with a strong faith, and there are some things that come up, such as the topic of abortion. What if one of these women, who were sex trafficked, did become pregnant and decided, you know, that was a personal choice to have an abortion? It definitely has got me to think in a different perspective a little bit. Um, not to say that it's changed my personal views, but I've definitely had to look at things in a different light from a different lens.

Through their work, participants reported gaining a deeper awareness of the complexity surrounding survivors' decisions. These experiences fostered greater empathy and led some care professionals to emphasize nonjudgmental support and compassionate engagement, even when survivors' decisions differed from their own beliefs.

### **Utilization of Coping Strategies**

Participants working with sex trafficking survivors report utilizing various coping strategies to manage the emotional strain of their work. Participants described how their religious faith provides solace, how physical activity and self-care routines helped them process their emotions, how supportive relationships offered a sense of

safety and encouragement, and how implementing healthy boundaries served as a coping strategy.

### ***Finding Strength in Faith***

Individuals working with sex trafficking survivors found their religious faith as a source of solace to manage the emotional strain of their job. For instance, a participant described how her faith helped her cope. Laura stated, “I think my faith also really helped and I would just lean on God to help me through.” Similarly, Emma highlighted the reliance on prayer and church attendance to help her cope with the emotional strain of her work. Emma found that attending “church every Sunday,” even when she felt exhausted, provided her with solace and support. Likewise, Suzy described how reflective walks with coworkers provided a space for prayer and upliftment: “We go for a walk, and we just talk about what the Lord’s teaching us and we pray over each other ... it really uplifts me in a physical sense, but also in a spiritual and emotional sense too.”

The participants reported utilizing faith communities to find strength and rejuvenation when facing difficult situations. Laura described it as “suit[ing] up” mentally and spiritually to draw strength from her faith when interacting with survivors. These examples illustrate how spiritual or religious aspects can serve as a source of strength, guidance, and support for individuals working with sex trafficking survivors, providing them with coping mechanisms to navigate the emotional challenges of their work.

### ***The Power of Self-Care in Managing Emotional Strain When Witnessing Survivors’ Trauma***

The importance of self-care was significant for participants working with sex trafficking survivors. They emphasized recognizing limits and adopting healthy coping mechanisms, such as physical activity, proper nutrition, and counseling to manage emotional strain. Jenn highlighted the value of taking breaks, stating, “Recognizing when there was a time to take a step back and when to keep going ... we take 10 minutes, reassess, and come back to finish the conversation. I try to recognize whenever I’ve hit my limit.” Jenn’s suggestion of taking a 10-min break when feeling overwhelmed to reassess and continue later helped her cope with the challenges of her work.

Laura stressed the importance of fitness as a healthy coping mechanism, maintaining a workout schedule even during difficult times. Laura stated, “I made sure to have my self-care all the time,” adding that “fitness” was her “healthy coping skill.” She also emphasized nutrition, time outdoors, and professional support. Laura stated, “I made sure to eat well, find spots to go on walks, and keep up with my counseling.” Overall, recognizing one’s limit, eating well during challenging periods, taking breaks, and engaging in counseling were the self-care strategies employed by participants when working with sex trafficking survivors.

### ***Strength in Connection With Loved Ones***

Connections with loved ones served as a vital source of support, providing participants with normalcy outside their emotionally demanding work. Tia emphasized the value of a “safe support group” that understood the nature of her work without requiring confidential details. Tia stated, “You have to have a safe support group

... that they get the work that you do and they support you in it.” This type of support allowed Tia to process her emotions and experiences in a safe and understanding environment.

Spending quality time with family and friends also played a significant role in helping participants manage emotional strain. Emma stated that having “time with friends and family” served as a way to disconnect from work. Engaging in activities and conversations unrelated to their work provided a much-needed respite. It allowed them to reconnect with their loved ones, fostering a sense of balance and well-being. Likewise, Aaliyah shared that she felt supported by her family because they have a “heart to serve,” which encouraged her to do the work and gave her a sense of purpose.

Bailey also reflected on nurturing relationships. She stated, “The most important things for me are my family and going to church. I make sure I’m pouring into those cups so they can pour into me.” These connections offered participants emotional support, balance, and resilience when facing challenges. By investing time and energy into their relationships, participants ensured that these connections were a source of strength and resilience when facing challenges. These examples demonstrate how connections with loved ones provided participants with emotional support, a sense of belonging, and a respite from the demands of their work, ultimately contributing to their ability to manage the emotional strain of working with sex trafficking survivors.

### ***Implementation of Boundaries***

Implementing healthy boundaries emerged as crucial for managing the emotional and physical demands of caregiving. Participants described varying levels of setting and maintaining boundaries. Their experiences reflect both personal abilities and the influence of organizational structures and team support with boundary implementations. Laura described consistently maintaining clear boundaries. She stated, “I could really compartmentalize. What I’m doing, this is work. This is [not] personal.” This approach provided emotional protection and kept work from intruding into her personal life. Emma’s example of refusing a client’s request for a back massage further demonstrated the importance of adhering to boundaries in challenging situations. Emma shared, “I had a young lady ask if she can give me a back massage or I can give her a back massage. And I was like, I don’t think that’s a good idea.”

Bailey emphasized team-based support in helping care professionals implement healthy boundaries. Bailey stated, “A way that we are able to hold strict boundaries is we’ll determine a rotation of who’s on call,” ensuring that personal time was respected through collective accountability. Tia stressed proactive self-care as a form of boundaries. Tia shared, “You’ve got to have boundaries ... take a break and go do something that brings you joy that has nothing to do with your work.” This mindset emphasized the importance of intentional breaks and self-care to prevent burnout. Setting healthy boundaries through personal effort, organizational support, or team backing helped participants manage the emotional strain of their work.

### ***Deriving Meaning and Hope***

Participants also described the personal meaning and hopefulness that they derived from working with recovering sex-trafficked

survivors. Although supporting survivors presented many therapeutic and social challenges, care professionals expressed a deep sense of purpose, both in witnessing survivors' journeys toward healing and in envisioning broader societal change through social justice. These sources of hope were often grounded in the depth of therapeutic relationships and the transformative potential of the work.

### *Experiencing Reward Through Social Justice Work*

Participants describe the profound impact their efforts have on survivors, fostering personal healing and societal integration. This process encompasses practical aspects such as educational and career advancements, alongside improved social relationships. Whether participants knew it or not, this was an excellent example of vicarious resilience in action (Edelkott et al., 2016). Participants highlighted how witnessing these positive changes, often surprising survivors themselves, exemplifies vicarious resilience, a phenomenon where helpers gain strength from the recovery of those they assist (Edelkott et al., 2016). To illustrate this, Jenn shared, "Whenever we've served a survivor who has some limitations and has a lot of beliefs that she will not be able to conquer things, overcome things, or be able to do certain things in her life," Jenn continues, "We've slowly had her start doing those things, like starting school or start looking at what a job could be. Even going someplace in public by herself. That has been a huge thing."

Being able to function as a healthy individual in society and correct faulty thinking or perceptions held by the public was rewarding and profound. Tia shared her perspective, "... people think these young ladies choose this, but while some choices may have led them there, it doesn't mean they deserve the abuse and manipulation. Education is so important ... we're all one decision away from a very different life." From these care professionals' perspective, their work is seen as crucial for correcting public misconceptions about survivors, emphasizing the importance of education and empathy.

### *Finding Purpose and Meaning in Caregiving*

Participants expressed personal meaning in caregiving, often finding perspective over time (Pharris et al., 2022). Maria reflected: "Seeing how much this program has helped these women gives me so much hope and optimism for anyone who's been through trauma." Moesha shared similar sentiments, emphasizing the human connections formed in these moments: "Just like hearing the things that they've gone through, and ... just experiencing that they're humans ... you are also present for those little moments where they're just excited to go eat an ice cream ... you realize, like, they're just people." Additionally, witnessing survivors heal and become more independent gave care professionals hope. Moesha reflected, "Seeing survivors on the path to healing and living the lives they want independently fills me with a lot of hope." Tia summed it up: "I saw their lives changing before my eyes. I felt hope."

## **Discussion**

This study explored the experiences of care professionals supporting survivors of sex trafficking, identifying four themes that emerged from the data: the evolution of burnout and vicarious trauma, navigating cultural differences, utilization of coping strategies, and deriving meaning and hope. These findings expand on existing

research by offering a nuanced understanding of the challenges and resilience of care professionals in this critical role.

Participants' experiences of constant emotional strain and physical fatigue reflect the toll of sustained trauma exposure. Their accounts align with STS (Figley, 1995) and burnout (Maslach, 1993), as care professionals described unpredictable survivor interactions and blurred boundaries. CF and vicarious trauma frequently overlapped, revealing the deep psychological impact of caregiving in high-intensity settings (Adams et al., 2006; Figley, 1995; McCann & Pearlman, 1990). Participants who lacked boundaries reported heightened stress, while those who compartmentalized experienced greater resilience, echoing Sprang et al. (2023) and Sutton et al. (2022). Organizational factors influenced burnout and vicarious trauma: supportive teams and trauma-informed supervision fostered resilience, whereas high-pressure conditions exacerbated stress. Contradictions in organizational values, such as encouraging boundaries but expecting off-hours work, undermined well-being and reflected Barnett and Cooper's (2009) emphasis on ethical alignment with care professionals' needs.

Navigating cultural differences was a significant challenge, as survivors' geographic, racial, and generational backgrounds influenced how care was received and how conflict was managed. Participants noted that regional cultural dynamics influenced communication and coping styles, adding complexity to the caregiving relationship. These observations align with existing research showing that cultural norms, such as individualism, collectivism, and uncertainty avoidance, can vary widely within the United States and affect interpersonal dynamics (Cockbain et al., 2022; Macnab et al., 2010; Sweileh, 2018). These findings suggest that care professionals adapt their approaches to account for diverse communication norms, backgrounds, and culturally shaped responses to trauma. Without such adaptation, efforts to build trust and rapport may be compromised, which would further complicate the healing process.

The study's participants were mostly young White care professionals working with sex-trafficked survivors, primarily women of color. Racial and cultural differences posed significant challenges, often hindering rapport and trust. Many providers felt that their White backgrounds created barriers, a perception supported by survivors' stronger engagement with African American staff. These dynamics emphasize the value of racial representation and culturally sensitive practices like culture matching to foster comfort and understanding (Ertl et al., 2019).

Age, along with race, influenced the caregiving relationship. Younger, less experienced professionals often struggled to earn survivors' respect, weakening therapeutic connections. Without shared identities or life experiences, care professionals felt less effective because some survivors perceived them as unable to fully understand or relate to their experiences. These findings highlight the need for culturally and developmentally responsive care that considers race, age, and lived experience.

Care professionals encountered ethically nuanced situations when their personal beliefs differed from the decisions made by survivors, for example, in cases involving abortion following sexual exploitation. Survivors' decisions were often influenced by the impacts of trauma and systemic inequities (Interiano-Shiverdecker et al., 2023). This aligns with existing literature on moral complexity in caregiving with vulnerable populations (Austin et al., 2005; Macias-Konstantopoulos, 2017; Rushton, 2017), and highlights how dynamic personal, cultural, and structural factors influence

decision-making processes. Providing trauma-informed and culturally responsive care involves ongoing self-reflection and cultural humility to support survivors' choices in ways that are sensitive to their experiences, values, and sociocultural contexts.

Coping strategies included faith, self-care, and connections with loved ones. Religious faith offered a spiritual framework, consistent with Poppa's (2019) concept of soul care. Self-care activities, like exercise, counseling, and time with family, aligned with established findings on managing stress and burnout prevention (Figley, 1995; Myers et al., 2012). While previous research highlights self-care's protective role (Bride et al., 2007; Maslach & Leiter, 2016), this study shows its heightened relevance in caring for sex trafficking survivors, addressing a critical gap in trauma-informed and survivor-centered care. Peer support and supervision were key in managing vicarious trauma (Killian, 2008; Knight, 2013), allowing participants to process experiences, navigate countertransference, and develop compassion (Bride et al., 2007; Killian, 2008; Knight, 2013).

Participants found meaning, hope, and fulfillment when witnessing survivors' progress such as achieving milestones like furthering their education or developing independence. These moments align with Edelkott et al.'s (2016) concept of vicarious resilience, where care professionals draw strength from clients' resilience. Participants also viewed these experiences through social justice lenses, consistent with Pyles and Adam (2016). Recognizing survivor-centered approaches reinforced the transformative potential documented by Substance Abuse and Mental Health Services Administration (2014). Although emotionally taxing, witnessing survivor growth supported a survivor-centric model of care and aligns with literature on resilience and sustained motivation (Killian, 2008; Knight, 2013).

## Implications

Our findings align with previous research on the organizational impact on employee well-being (Ahmadi & Vogel, 2023; Qin & Men, 2021; Sumlin et al., 2021), particularly in the mental health field (Dull, 2024; Sam et al., 2024). Organizations working with highly traumatized individuals in recovery-home settings would benefit from integrating weekly peer consultation sessions to provide staff with opportunities for debriefing and self-care (Woo et al., 2024). Given the cultural, racial, and geographic diversity among survivors, organizations must also provide training in cultural humility and trauma-informed care. Ongoing education in culturally responsive practices can strengthen care professional-survivor relationships and help staff navigate value differences with empathy and professionalism. Additionally, promoting and facilitating access to mental health resources, such as monthly counseling for care professionals, is invaluable for reducing stress and enhancing staff well-being.

The findings highlight the need to prioritize tailored self-care strategies specifically designed for care professionals of sex-trafficked women. Structured programs may include regular self-care assessments, peer support groups, trauma-informed supervision, and access to mental health resources. These initiatives can mitigate CF and vicarious trauma, improve resilience, and ensure long-term care professional effectiveness. Encouraging personal boundary-setting and proactive self-assessment can further enhance care professionals' ability to sustain their roles while maintaining their well-being.

Caring for sex trafficking survivors is particularly challenging because of the high prevalence of severe trauma and mental illnesses, such as schizophrenia and psychotic disorders (Altun et al., 2017;

Corbett-Hone & Johnson, 2022; Lorvinsky et al., 2023). This study highlights the need for advanced psychoeducation and specialized, trauma-informed training that may enhance care professionals' competency and self-efficacy (Thompson & Haley, 2018). Best practice guidelines may focus on the identification and management of severe mental illness, with practical, evidence-based approaches helping to bridge the gap between theoretical knowledge and real-world application. Strengthening clinical understanding may enable professionals to provide more effective, compassionate care—potentially improving survivor outcomes and reducing care professional burnout.

## Limitations and Recommendations for Future Research

This study's participant pool was limited in diversity, with five identifying as White, one as Hispanic, and one as African American; the ethnicities of the remaining three participants were unknown. All participants were affiliated with a single faith-based organization, which offers important context but also limits the transferability of the findings. While this distribution allowed for an initial exploration of cultural dynamics in caregiving for survivors of sex trafficking, the predominance of White participants and the singular organizational context highlight the need for future research to examine geographical, cultural, and institutional differences more deeply. The small sample size is typical and appropriate for phenomenological research, which prioritizes depth over breadth. Still, it places some limitations on the applicability of findings. Despite this, the themes identified align with prior research (Wang & Park-Taylor, 2021), supporting the relevance and potential resonance of the data.

As with all qualitative research, researcher bias is a consideration. To strengthen trustworthiness, the team employed multiple strategies, including maintaining an audit trail, memo writing, regular reflexive team discussions, and consultation with an internal auditor and a peer debriefer who were not involved in the study. Future research would benefit from more diverse samples and mixed-method approaches and might also compare caregiving experiences across spiritual or religious and nonspiritual/nonreligious organizations to explore how belief systems and context impact professional responses and coping mechanisms.

## Conclusion

This study offers a deeper understanding of the complex realities faced by care professionals supporting survivors of sex trafficking. Beyond documenting challenges, it points to the transformative potential of trauma-informed, culturally responsive, and relationally grounded care. The findings call for a more intentional investment in care professionals' well-being, both structurally and interpersonally, to sustain ethical, compassionate, and effective support for survivors.

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