A study of the relationship between secondary trauma experienced by social workers and commercially sexually exploited children in Georgia

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This study examined the relationship between secondary trauma experienced by social workers and commercially sexually exploited children in Georgia. The study was designed to examine the secondary trauma experienced by social workers who worked with commercially sexually exploited children in areas that included emotional, physical, and psychological stressors affecting the social worker. The target population for the research was composed of current and former social workers in Georgia who worked with commercially sexually exploited children. Seventy-four respondents working with this population completed a questionnaire survey, utilizing quantitative probability criterion sampling and snowball sampling. There are social workers who experience secondary trauma when working with commercially sexually exploited children in Georgia.
Georgia; however, the findings of this study indicate that there is no statistically significant relationship between social workers experiencing situations that remind them of commercially sexually exploited children and social workers’ feelings of distress that interfere with work. In addition, the study results indicate that there is no statistically significant relationship between: social workers’ gender and distress that interfere with work; social workers experiencing nightmares and situations that remind them of commercially sexually exploited children; nor social workers’ experiences that remind them of commercially sexually exploited children and employment type. Nonetheless, the findings of this study indicate that there is a significant relationship between social workers’ feelings of distress that interfere with their work and feelings of anger, as well as social workers’ feelings of distress in their social life and their highest level of education.
A STUDY OF THE RELATIONSHIP BETWEEN SECONDARY TRAUMA EXPERIENCED BY SOCIAL WORKERS AND COMMERCIALLY SEXUALLY EXPLOITED CHILDREN IN GEORGIA

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
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ATLANTA, GEORGIA
MAY 2015
ACKNOWLEDGEMENTS

I give glory to God for my life, which has been a forever evolving journey that has been less traveled by most. There have been many twisting roads, some paved, some bumpy, and some dead ends, along the way. I am forever grateful and cannot express my gratitude enough to my family, friends, co-workers, cohort, and colleagues who have participated on my journey and in my life to love, teach, guide, support, coach, feed, and cheer me along the way. None of them will ever be forgotten, and I will always appreciate each of them. I also want to express gratitude to Dr. Lyle, Dr. Waymer, Dr. Elonge, Dr. Dye, Jr., and Dr. Alhassan for sharing their knowledge and expertise with me. Many thanks to Trina T. Granger, Natalie Jo Cunningham, Rashunda Tramble, Judith Crocker-Billingsley, and Dr. Makungu Akinyela. I love and admire my family dearly, as they started me on my journey of who I am today. My family, both maternal and paternal, are from humble beginnings and only two generations ago were working as sharecroppers and laborers in factories. I want my family, especially my parents, Mae O. Norvell and Tyrone A. Bishop, to know that I am standing on their shoulders, in their reflection as the first one to reach our educational dreams. I stand before them as their accomplishment, their success, and the inspiration for our family members to do the same and more. I am the first, but not the last. My love goes out to my family.
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CHAPTER 1
INTRODUCTION

Commercial sexual trafficking of children is a serious offense against a child’s emotional, physical, and psychological well-being. This crime against children damages their human dignity and often destroys their ability to thrive because the children are exposed to deplorable conditions, situations, and crimes. Social workers dedicated to working with commercially sexually exploited children are vicariously exposed to the trauma experienced by these children. Because of social workers’ exposure to the children’s trauma, research suggests that social workers experience trauma as well because of listening to the trauma stories, empathizing with the children, and, in some cases, rescuing the children from harmful situations.

According to President Barack Obama, human trafficking ought to concern every person, because it is a debasement of our common humanity. It ought to concern every community, because it tears at our social fabric. It ought to concern every business, because it distorts markets. It ought to concern every nation, because it endangers public health and fuels violence and organized crime. I’m talking about the injustice, the outrage, of human trafficking, which must be called by its
true name - modern slavery. (U.S. Department of State: Diplomacy in Action, 2013, p. 1)

Rafferty (2008) further defines child trafficking as an “egregious” crime that includes “extreme forms of child maltreatment, and major violations of children’s human rights” (p. 13). She suggests that commercial sexual exploitation of children “presents grave risks to the physical, psychological, spiritual, and social-emotional development of young victims” (Rafferty, 2008, p. 13).

Human trafficking, or modern day slavery, is an epidemic in many economically disadvantaged and wealthy countries alike. In 2012, it was estimated that 12.3 million people are trafficked worldwide with more than one million of those victims being children. One hundred sixty-one countries, including the U.S., were involved in this $32 billion industry. According to the Federal Bureau of Investigation (FBI) (2011), sex trafficking is ranked third in the world among all illegal businesses. However, on average globally, only one person in every eight hundred (800) charged was convicted for trafficking people worldwide (Catholic Relief Services, n.d.).

Although Catholic Relief Services’ estimate of people being trafficked worldwide is conservative, the Coalition to Abolish Slavery and Trafficking of Los Angeles estimates that 27 million people are enslaved worldwide (Miranda, 2011). The Central Intelligence Agency (CIA) estimated that at least 80% of human trafficking victims are female, with up to 50% of all trafficking victims being children; Jordan, Patel, and Rapp (2013) confirm that 50% of all trafficking victims are children. The CIA estimates that up to 75% of all victims are trafficked for sexual commercial exploitation (The World Factbook, 2009).
If the number of people being trafficked throughout the world is astounding, then
the number of individuals being trafficked within the U.S. is as well. According to Banks
and Kyckelhahn (2011), between January 2008 and June 2010, federally funded human
trafficking task forces experienced 2,515 suspected cases of human trafficking under
investigation of which 82% of the cases were considered sex trafficking. One thousand
or 40% of the sex trafficking cases were commercially sexually exploited children with
four-fifths or 83% of all victims identified were citizens of the U.S. (Banks &
Kyckelhahn, 2011).

In Georgia, some victims have been as young as 12 years old. Every month, 200
to 500 girls are commercially sexually exploited by more than 28,000 men each year
(Attorney General of Georgia, n.d.). The FBI listed Atlanta as one of the top 14 cities in
the U.S. with the highest numbers of commercially sexually exploited children,
accounting for at least 12,400 men in Georgia purchasing sex from this population every
month (Redeeming Galvanizing Resources Against Child Exploitation, 2012). Walker-
Rodriguez (2011) reports that young boys and transgender youth are commercially
sexually exploited as well, but the statistics for males are not readily available. These
male children are trafficked as early as 11 years old (Walker-Rodriguez & Hill, 2011).

Social workers who work with sexually exploited children frequently experience
challenges associated with secondary or vicarious trauma due to their relationships with
victimized children. Social workers experience countertransference, during which their
reactions to the children’s trauma become enmeshed with their own emotions. This leads
to secondary trauma, burnout, and psychological and physical health problems (Kliner &
Cieslak, Shoji, Douglas, Melville, Luszynska, and Benight (2013) provide an empirical review of the relationship between job burnout and secondary traumatic stress (STS) of professionals working with traumatized victims. Cieslak et al. found 41 original studies that analyzed data associated with 8,256 workers. The meta-analysis conducted on these studies yield associations between job burnout and STS, suggesting higher levels of burnout and STS for those studies, for example, administered in the U.S. to primarily female populations. The studies indicate that relationships between STS and job burnout of professionals in contact with traumatized clients are significant. STS is more “likely to co-occur among professionals exposed indirectly to trauma through their work” (Cieslak et al., 2013, p. 83).

Statement of the Problem

The United Nations defines human tracking as:

The recruitment, transportation, transfer, harboring or receipt of person, by means of 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. Exploitation shall include, at a minimum, the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. (Jones, Engstrom, Hillard, & Diaz, 2007, p. 110)
On November 15, 2000, the United Nations Convention embraced the Protocol to “prevent, suppress, and punish trafficking in persons, especially women and children” (Miranda, 2011, p. 2). By December 25, 2003, 117 countries recognized and made provisions for the implementation of the Protocol by collaborating to “prevent trafficking, prosecute traffickers, and protect victims” (Miranda, p. 2). Miranda (2011) asserts that the member-state signatories, or collaborating countries, pledged to work toward a set of goals that include eradicating human trafficking in every form.

In the U.S., the Victims of Trafficking and Violence Protection Act (VTVPA) of 2000, better known as Trafficking Victims’ Protection Act (TVPA), defined human trafficking as:

(a) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or (b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection into involuntary servitude, peonage, debt peonage, or slavery. (Kotrla, 2010, p. 181)

The TVPA of 2000 provisions allowed for a three-pronged approach: prevention, protection, and prosecution. The prevention aspect involved creating an office within the U.S. State Department to monitor and combat trafficking, and giving the U.S. president power to impose sanctions on countries that are non-compliant with the minimum standards that eliminate trafficking. It also created a federal task force to help implement the TVPA and increase public awareness about the problem of human trafficking. The
protection aspect enabled the TVPA to offer not just protection, but assistance to qualifying victims from countries outside of the U.S. This allowed victims to qualify for the Federal Witness Protection Program. Other benefits include education, health care, job training benefits, access to social services programs, and temporary legal status (T Visa) that could lead up to permanent residence in qualifying cases. The prosecution aspect made human trafficking a federal crime with restitution paid to victims (Polaris Project, 2007).

Due to the significance of human trafficking, provisions for the TVPA were revised (TVPRA) in 2003, 2005, and 2011, and renamed the Trafficking Victims Protection Reauthorization Act (TVPRA). In 2003, the key provisions authorized over $200 million over two years to fight against human trafficking. Not only did the federal government increase spending on this issue, provisions also included that the U.S. Government terminate international contracts with any entity who used forced labor, sex trafficking, or commercial sex, and allowed victims to bring civil law suits against their traffickers. Additionally, the TVPRA allowed state and local law enforcement to identify trafficking victims who could become eligible for federal social benefits that would extend to their immediate family members as well (Polaris Project, 2007).

In 2005, the TVPRA authorized an additional $300 million over two additional years to fight against human trafficking. The TVPRA of 2005 expanded its protection and benefits to include U.S. citizens victimized in domestic trafficking. It also included a pilot project that provided shelter to minors, expanded federal criminal jurisdiction to include U.S. governmental personnel and contracts during their international presence, and required the U.S. Agency for International Development to conduct research on
prevention and protection of international trafficking victims. TVPRA of 2005 invested $5 million to develop a pilot treatment program (Polaris Project, 2007).

The TVPRA of 2011 bill included a morality clause, which forbids the U.S. Federal Government from discriminating against any organization because of its ethical or religious oppositions to providing specific services, such as abortion, concerning approval of federal funding or grants. The TVPRA of 2011 bill proposed moving victim assistance programs from the U.S. Department of Health and Human Services to the programs within the Department of Justice (International Justice Mission, n.d.).

Although human trafficking is a national and international problem, Georgia is among the nation’s top 14 cities in the commercial sexual exploitation of children with Atlanta, Georgia, serving as a “hub for this activity” (Lynch & Widner, 2008, p. 6). Victimized children have common risk factors that include “conflicts at home, parental neglect, physical or sexual abuse, homelessness, poverty, housing instability, educational failure, emotional problems, and running away from home” (Lynch & Widner, pp. 6-7). Children are often “psychologically manipulated and physically coerced...by pimps, drug dealers, or gangs” (Lynch & Widner, p. 7). Because of their victimization, these children are at greater risk to become pregnant, contract sexually transmitted diseases, HIV, develop psychiatric disorders, attempt suicide, and exhibit drug or alcohol addiction (Lynch & Widner).

Georgia’s laws and penalties are among the most stringent in the U.S. with regard to commercial sexual exploitation of children. According to the Senate Research Office (2008),
Georgia’s prosecutors currently have fairly strong laws at their disposal in making cases against pimps and johns who exploit minors. In 2001, the General Assembly enacted the Child Sexual Commerce Prevention Act, which increased the penalties for commercial sexual exploitation. Although the offenses of pimping, pandering, and keeping a place of prostitution are normally aggravated misdemeanors, these offenses are felonies punishable by a five to 20 years imprisonment and fines of $2,500 to $10,000 when involving the prostitution of a person under the age of 18, even though the age of consent in Georgia is 16. (p. 4)

Georgia Code 19-7-5 addresses mandated reporting of child abuse to include a list of professionals who must report any suspicion of child abuse or neglect. Georgia Code 16-6-3 addresses statutory rape to include any minor under the age of 16 despite consent. Georgia Code 39-2-2 addresses the employment of minors by a parent or caregiver in the absence of a parent. Georgia Code 16-6-9 addresses position and defines the act as “a person commits the offense of prostitution when he or she performs or offers or consents to perform a sexual act, including but not limited to sexual intercourse or sodomy, for money or other items of value” (O.C.G.A. § 16-6-9, 2007).

Often times, social workers are the first responders interfacing with children who have been victimized by commercial sex trafficking through their involvement in child welfare, educational, medical, mental health, juvenile, and law enforcement systems. They are also often the initial point of contact when children impacted by human trafficking crimes have been discovered. Typically, law enforcement will make contact
with social workers in an attempt to secure placement and treatment for the children who
have been victimized.

Zhang (2009) presents a review of the literature published in scholarly journals
since 2000 on sex trafficking. He indicates that few articles are grounded on “systematic
primary data collection” (p. 178), reporting that much of today’s knowledge, including
statistical data, about trafficking is gathered from a limited number of government and
non-government agency reports. Zhang further suggests, because there are limited
empirical findings available, “imagination seems to have filled the gaps of our
knowledge” (p. 178). This researcher reports authors becoming increasingly more
critical and challenging of empirical premises disseminated by these governmental and
non-governmental reports resulting in accusations that published empirical data is driven
by myths instead of valid research. Zhang concludes that sex trafficking data will
become reliable with credible empirical research.

Rafferty (2008) presents a similar notion as Zhang (2009) by reports that
“empirical research is sorely lacking on the impact of such crimes on children’s
developmental well-being” (Rafferty, 2008, p. 13). Similar to Zhang and Rafferty,
Brunovkis and Surtees (2010) indicate that trafficking literature is often representative of
samples and data that do not actively reflect the population. Brunovkis and Surtees
suggest that research should consider limitations and ethical controls when engaging in
research with commercially sexually exploited people.

Farrell and Fahy (2009) studied the framing of human trafficking nine years after
the VTVPA passed in 2000 in the United States. These researchers suggest that the
number of trafficking incidents decreased after passing the federal trafficking-legislation
because public framing of the issue was an attempt to satisfy certain agendas. Although some academics and critics made these claims, no studies, at the time, had provided empirical data to support the allegations. Farrell and Fahy's research indicates that public framing associated with human trafficking incrementally changed over time in unison with the passing of policies concentrating on national security and the prosecution of perpetrators of human trafficking.

Human trafficking, especially commercial sexual exploitation of children, is a grievous crime that involves the violation of an individual, primarily women and children who have been raped and/or tortured. These victims have contracted or are at risk of contracting “HIV/AIDS and other sexually transmitted and infectious diseases” because of their circumstances (Medina, 2009, p. 35). Due to the heinous complexity of these crimes, the victims of human trafficking have been affected in many ways, including separation from their families, detachment from community of origin, extensive abuse, lack of exposure to education, and poor health care. Incremental policies such as TVPA and TVPRA have been slow to influence change to prevent human trafficking, provide services to victims of human trafficking, and enforce stiffer penalties for perpetrators (Medina, 2009).

There is a need for outreach efforts to educate the public about human trafficking so that more people will be more knowledgeable about this problem. If more people are knowledgeable about human trafficking (e.g., warning signs of victims and perpetrators), then the likelihood exists that increased numbers of people will report the crime, decreasing the numbers of victims. Effective intervention would also provide therapeutic services and resources to victims (Michael, 2009).
Issues regarding social workers' burn out rates, countertransference, and post-traumatic stress associated with the field of social work have been researched. However, there is limited research available regarding the secondary trauma experienced by social workers who work with commercially sexually trafficked children. This research is of importance because it brings awareness to and makes recommendations concerning the needs of social workers' in addressing occupational hazards when working with children who have been commercially sexually exploited. These workers must be able to present themselves appropriately and professionally when meeting the psychological and physical needs of this population.

**Purpose of the Study**

The purpose of the study was to examine the relationship between secondary trauma experienced by social workers who worked with commercially sexually exploited children. The study was designed to examine the secondary trauma experienced by social workers who worked with commercially sexually exploited children in three areas: psychological stressors; occupational hazards; and burn out impacting the social worker. The participants of the study were current and former social workers in Georgia, who have worked with commercially sexually exploited children within, at least, the past five years.

**Research Questions**

The research questions of the study were as follows:

1. Is secondary trauma experienced by social workers who work with commercially sexually exploited children in Georgia?
2. Is there a statistically significant relationship between social workers experiencing situations that remind them of commercially sexually exploited children and social workers’ feelings of distress that interfere with work?

3. Is there a statistically significant relationship between social workers who work with commercially sexually exploited children, gender, and distress that interferes with work?

4. Is there a statistically significant relationship between social workers who work with commercially sexually exploited children, and experiencing nightmares and situations that remind them of commercially sexually exploited children?

5. Is there a statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress that interfere with their work, and their emotions?

6. Is there a statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress in their social life, and their highest level of education?

7. Is there a statistically significant relationship between social workers who have worked with commercially sexually exploited children, experiences that remind them of commercially sexually exploited children, and employment type?
Hypotheses

The null hypotheses of the study were as follows:

1. There is no secondary trauma experienced by social workers who work with commercially sexually exploited children in Georgia.

2. There is no statistically significant relationship between social workers experiencing situations that remind them of commercially sexually exploited children and social workers' feelings of distress that interfere with work.

3. There is no statistically significant relationship between social workers who work with commercially sexually exploited children, gender, and distress that interferes with work.

4. There is no statistically significant relationship between social workers who work with commercially sexually exploited children, and experiencing nightmares and situations that remind them of commercially sexually exploited children.

5. There is no statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress that interfere with their work, and their emotions.

6. There is no statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress in their social life, and their highest level of education.

7. There is no statistically significant relationship between social workers who have worked with commercially sexually exploited children,
experiences that remind them of commercially sexually exploited children, and employment type.

Significance of the Study

Human trafficking, especially commercial sexual exploitation of children, is a grievous crime that involves violating a child physically and psychologically. Due to the heinous nature of these crimes, it is believed the victims of these crimes affect the social workers who work with them. One would speculate that victims’ trauma would impact social workers that experience secondary trauma. Because social workers are often a vulnerable, overlooked population, it is imperative to identify and treat secondary trauma, and provide clinical supervision for social workers in order for them to be effective in service delivery to commercially sexually exploited children.

Michael (2009) described human trafficking as “one of the most egregious human rights violations that an individual can experience” (p. 1). This leads one to ponder about how social workers providing services to this population react, if they experience countertransference, or develop secondary trauma because of their interactions with this population.

This study proposes to uncover the significance of social workers’ secondary trauma triggered by working with commercially sexually exploited children. Having knowledge of this information is consequential to prevent secondary trauma in social workers, so they might engage in effective service delivery to those children who have been victimized by commercial sexual exploitation. Knowing this information is also important for the progress or lack of progress in the treatment, reintegration into society,
and stability of commercially sexually exploited children. Therefore, it is imperative to examine this data to indicate whether social workers experience secondary trauma when working with child victims of commercial sexual exploitation.
CHAPTER II
REVIEW OF LITERATURE

The purpose of presenting this review of the literature is to provide a scholarly account of the problems associated with the relationship between secondary trauma experienced by social workers and commercially sexually exploited children in Georgia as to instigate a foundational need for this research. Chapter II is a literature review based on current research about child sexual exploitation or trafficking and social workers’ experience of secondary trauma as a result of working with the commercially sexually exploited population. This literature review also explores policies related to the commercial sexual exploitation of children to establish an understanding of the nature of the problem impacting secondary trauma experienced by social workers who work with this population.

Commercially Sexually Exploited Children

Researchers Hardy, Compton, and McPhatter (2013) attribute “undervaluing and sexualization of females” as a primary indicator for 70% to 90% of all female victims of trafficking who were sexually abused prior to becoming a victim of sex trafficking (p. 3). These researchers also indicate that up to 79% of all female victims of trafficking have been forced into commercial sex trafficking. Hardy, Compton, and McPhatter indicate that female trafficking, especially sex trafficking, is a result of society’s ideations that
females are sexual objects, which also contributes to sexual harassment and child pornography. These perceptions foster sexual victimization, trafficking, and abuse of females, especially. This ideology leads to a 15-25% increase in incidents.

The lack of value for females, as well as viewing females as objects of desire and at one’s disposal, are risk factors for young female children’s victimization (Hardy, Compton, & McPhatter, 2013). Other risk factors include poverty or low socioeconomic status, physical or sexual abuse history, poor social skills, disobedient behavior, gang involvement, and poor academic performance. Hardy, Compton, and McPhatter (2013) maintain that additional risk factors include: ineffective federal, state, and local political involvement and policy regulation; attitudes that blame the victim; family dysfunction or discord; domestic violence; and substance abuse along with mental health problems pertaining to the victim, parent, or caregiver. In addition, family collaboration with traffickers is a factor along with lack of family support, geographical locations plagued with high crime, legal corruption, and poverty. Furthermore, children’s runaway or throwaway status represent a risk factor, where 75% of all female children with this status are controlled by johns or pimps (Hardy, Compton, & McPhatter, 2013).

According to the National Runaway Safeline (n.d.), between 1.6 and 2.8 million adolescent run away from home annually and those between the ages of 12 and 17 are at greater risks for becoming homeless than adults. Forty-seven percent of these adolescents ran away from home because of conflictual relationships with their parents or guardians. Over half of the youth’s parents or guardians demanded that the youth leave the home, or knew the youth was going to leave but were not concerned. Thirty-two percent of runaway youth who had also been victimized attempted suicide during their
lifetime. Fifty percent of youth ages 16 and older dropped out of, or were either expelled or suspended from school, affecting their educational outcomes and advancement. Lastly, 70% of youth living on the streets have been victims of commercial sexual exploitation while 30% residing in shelters were victimized as well.

Walts’ (2012) work, like Kotrla’s (2010), confirms that most child victims of trafficking are coerced into prostitution during adolescence. According to Walts, factors that make children susceptible to commercial sexual exploitation include illicit substance addiction, understated physical and sexual child abuse, and the victim’s perception that protective social or systemic resources are non-existent which “can have powerful, long term, negative impacts on children and adolescents throughout their lives... and there is an overwhelming lack of research focusing on children and youth” (pp. 5-6), making it challenging to understand how a child becomes a victim of commercial sexual exploitation much less developing prevention and treatment modalities.

A quantitative study was conducted in the U.S. to determine the correlation between survival sex engagement and homeless youth and adults. Twenty-eight states were represented. The sample was comprised of 1,625 homeless children, youth, and young adults ages 10 to 25. Terminology used interchangeably throughout this study included prostitution, sex work, and survival sex, which were defined as the exchange of sex, in most cases, for money (Walls & Bell, 2011).

Although Walls and Bell’s (2011) research does not address the definition of commercial sexual exploitation to include youth under the age of 18, it should be noted that Georgia’s progressive laws governing the protection of children, or any person under the age of 18, is a crime and is defined as commercial sex trafficking of a minor. It is not
deemed as prostitution - either willingly or unwillingly - since a minor is legally unable to consent to commercial sex trafficking.

Walls and Bell’s (2011) findings suggest that age, drug use, particularly methamphetamine, and alcohol use, along with mental health variables were significant factors in youth’s engagement in survival sex. African-American, gay, lesbian, and bisexual youth were at higher risk of engaging in survival sex than heterosexual Caucasian youth.

Due to the lack of empirical data investigating child and adolescent experiences with commercial sexual exploitation, Cecchet and Thoburn (2014) conducted a qualitative study whereby they interviewed six survivors of child sex trafficking. The six females in the study were actively commercially sex trafficked between the ages of three and 13. They chose to utilize this method of research, giving consideration to Gilgun’s (2009) perspective that states, “[a]lthough quantitative research provides a broad statistical overview of factors related to an issue, qualitative research provides a depth of analysis through a multilayered approach to data acquisition” (p. 484). Cecchet and Thoburn acknowledged that qualitative research is the “first step” to understanding sex trafficking in order to provide care for survivors (p. 491). Subsequently, they encourage quantitative research as a “natural follow up” to accompany qualitative data gathering to increase the understanding and care for child survivors of commercial sex trafficking (Cecchet & Thoburn, 2014, p. 491).

During these interviews, Cecchet and Thoburn (2014) analyzed factors that impacted the children’s survival skills, ability to flee the sex trafficking industry, and their ability to reconnect to their community of origin. Utilizing the ecological systems
model, the researchers placed the respondents’ trends according to microsystems, mesosystems, and macrosystems. In the microsystems, the respondents’ vulnerability led to their recruitment as victims of sex trafficking because they believed false promises of gainful employment, were kidnapped, or sold by their parents. In the microsystems, victims exited the sex trade because of pregnancy or failing mental health. In the mesosystems, the respondents’ having been involved in unsafe relationships heightened emotional insecurities which led to involvement in sex trafficking because of their need to feel safe in their relationships while increasing their self-esteem. In the macrosystems, respondents were raised in families and environments that desensitized them to sex trafficking (Cecchet & Thoburn, 2014).

Cecchet and Thoburn (2014) noted that many of the children were raised in environments where their friends and siblings were involved in the sex industry; the children viewed this behavior as normal. However, children were consistently exposed to “violence, rape, and the threat of death ” (Cecchet & Thoburn, 2014, p. 490). Once victims became survivors of commercial sexual exploitation, many engaged in processing their trauma through the mental health macro-level systems.

The U.S. Department of Justice requires the Office of Juvenile Justice and Delinquency Prevention to conduct intermittent national research to ascertain a definite account for reported missing and recovered children. The findings indicate that a significant percentage of missing children ran away from home due to physical, sexual, and psychological abuse. These children were considered vulnerable to being victimized and had low self-esteem. Within 48 hours of leaving home, children are coerced to engage in commercial sexual exploitation. These vulnerable children are a primary focus
for johns or pimps, sex offenders, traffickers, or pornographers for victimization. Minor victims are prostituted 10 to 15 times per day on average to 10 to 15 buyers, six days per week, keeping none of the cash they earn. Instead, the trafficker gains considerable profits. These minors are sold to as many as 45 johns per night during peak events such as sporting events, sex tourism, and conventions (Jordan, Patel, & Rapp, 2013).

Fong and Cardoso (2010) analyze problems associated with prostitution of children and human trafficking victims, and suggest that child sexual abuse and trafficking is different. They state that child abuse victims have been victimized by, typically, one perpetrator. On the other hand, these researchers imply that commercially sexually exploited children have been victimized by multiple perpetrators, which includes economic gain for the children’s trafficker. Because child trafficking victims are exposed to sex by force, fraud, coercion, debt bondage, servitude, or kidnapping, their therapeutic needs are different from children who have been sexually abused.

Traffickers use severe acts of violence and humiliation, force drug use, isolate children from their families and communities, and use threats to harm the children or their families to control the children and prolong sexual exploitation of those children. When child victims of trafficking are rescued by police or federal agents, the children “have acute physical and sexual trauma and adverse health effects including mental illness, substance abuse, sexually transmitted diseases, HIV infection, pregnancy and abortion-related complications” (Fong & Cardoso, 2010, p. 312).

Goatley (2012) describes commercial sexual exploitation of children as a sophisticated system of pimps, johns, and child victims involved in a secretive lifestyle. This research confirms that commercially sexually exploited children are often homeless,
throwaways, transient or migrant, and have not been reported missing by their guardians. The onset of criminalizing these children occurs between the ages of 12 to 13 years of age. Goatley further states that commercial sexual exploitation of children forces them from their families, communities, and deprives them of their childhoods. These children experience physical and emotional trauma while being repeatedly victimized, enslaved, and raped by strangers. This population of children are a “growing concern” within the U.S. and research about this population is often limited because of the secretive or underground nature of this crime.

Goatley’s (2012) research examines the impact of perceived individual and social stigmas and how social supports impact treatment seeking behavior among commercially sexually exploited child victims. This researcher utilizes a mixed method approach including quantitative, qualitative, and triangulation design methods allowing for comprehensive data analysis and voices of commercial sexual exploitation victims to be heard. Fifty participants were selected through snowball sampling to participate in the quantitative research questionnaire, while 10 of those participants engaged in in-depth interviews. The findings revealed that 48% of victims were seeking treatment while 76% had a strong support system. Goatley’s qualitative research indicates that commercially sexually exploited children will seek treatment with the assistance of a strong social support system.

Once children have sought out treatment, they are often diagnosed, for example, with “dissociative disorders, substance abuse/misuse disorders, conduct disorders” (Jordan, Patel, & Rapp, 2013, p. 360), Attention Deficit Disorder, Obsessive Compulsive Disorder, and Post Traumatic Stress Disorder. Many of the children also experience
problems with their overall global functioning (Jordan, Patel, & Rapp, 2013; American Psychiatric Association, 2013). They may also present as suicidal, self-injurious, depressed, and experiencing adjustment disorders. In order to address clinical and physical needs of these children, intensive long-term treatment is required to reintegrate them successfully back into their families and communities. Treatment of this population is particularly challenging for practitioners because the children tend to respond in an angry manner and disengage. They are often viewed as unreliable when they testify against their trafficker because of their blunted affects, circumventing testimony about their traumatic experiences, and becoming arrested due to their fear of potentially seeing their offender (Jordan, Patel, & Rapp, 2013).

Traffickers, also known as pimps, are individuals, male or female, that solicit customers for a prostitute or, in this case, a commercially sexually exploited child. They can be “friends and family, organized crime, local gangs, smugglers, pimps/madams, husbands, boyfriends, [and/or] employers” (Jordan, Patel, & Rapp, 2013, p. 361). Recruitment of children for the purpose of commercial sexual exploitation occurs on the streets, schools, group or foster homes, playgrounds, shopping venues, social media, kidnapping, or purchase or trade from another trafficker. Traffickers will often tattoo or brand their victims to signify their set or property and are always on the prowl looking for their next most vulnerable, needy victim. While recruiting child victims, traffickers will appear friendly and groom children by appearing friendly and purchasing the victims items such as food, clothes, and gifts creating a “trauma bond” or “Stockholm Syndrome” (Jordan, Patel, & Rapp, p. 361), which produces a strong sense of loyalty to the trafficker. This has been referred to as brainwashing the victim whereby the
trafficker serves as the cult leader developing a relationship of control over the victim fueled by fear and intimidation (Jordan, Patel, & Rapp, 2013).

Buyers or johns are usually white males from developed countries who have engaged in prostitution and not necessarily pedophilia. Since HIV/AIDS is spreading rampantly and due to the buyer’s perception that virgin children are without disease, virgin children are preferred. There are three categories of buyers: 1) situational buyers purchase sexual favors utilizing young children because of the availability; 2) preferential buyers or pedophiles seek sexual services from young children; and 3) opportunistic buyers arbitrarily purchase sex regardless of age or willingness (Jordan, Patel, & Rapp, 2013).

Organized crime rings usually sexually exploit children 12 years of age or older because these children are more likely to be able to manage their daily living skills independently; therefore, they are easier to care for than a younger child who requires assistance. Again, runaways and homeless youth are targets for organized crime rings that use drugs and isolation to control them (Jordan, Patel, & Rapp, 2013).

Secondary Trauma Experienced by Social Workers

Since the Victims of Trafficking and Violence Protection Act in 2000 enactment by the Bush administration, researchers Fong and Cardoso (2010) recognize that local, state, and federal efforts to develop and provide service delivery to human trafficking victims have focused primarily on adults, not children, despite the growing number of sexually trafficked children in the United States. Few programs or agencies have experience, knowledge or skills to provide services to this unique, complex population.
Fong and Cardoso explore this population’s special needs by analyzing treatment modalities. They also summarize complications and accomplishments in serving child victims of trafficking.

Fong and Cardoso (2010), like other researchers and practitioners, recognize the rapidly growing numbers of children who have been commercially sexually exploited and that there are few programs or agencies equipped with knowledge or the skills to work with these children. There is limited therapeutic curricula that has been developed to provide service providers with a model to care for and treat these children. Although there are many clinically licensed therapists and other clinicians who treat child victims of sexual abuse, these therapeutic providers are not necessarily trained to work with child victims of commercial sexual exploitation.

Kliner and Stroud (2012) are among the few researchers who have conducted a study specifically addressing the psychological and health impact of social workers who work with sex trafficking victims. As a result of the United Kingdom being one of the major sexual trafficking destinations, Kliner and Stroud’s study sought to explore the “psychological and physical impact on health and social care staff working with identified sex-trafficked population” (p. 10). These researchers utilized mixed methods, qualitative and quantitative, that included twelve semi-structured interviews of health and social services employees as well as a survey called the Compassion Fatigue Questionnaire. Data collection techniques included the use of purposive sampling by conducting thematic analysis that sought to analyze themes or patterns of data. The researchers also used a quantitative scale that was consistent with the qualitative semi-structured questions (Kilner & Stroud, 2012).
According to Kliner and Stroud (2012), employees who worked with victims of sex trafficking believed that working with these victims was much more difficult than working with other marginalized populations. The researchers found five trends: 1) challenges working with sex-trafficked victims; 2) negatively impacted work; 3) negatively impacted life; 4) the need to develop coping skills; and 5) the need and importance of support from employers.

This research found that experienced social service and health care workers described their experiences with sex trafficking victims as “overwhelming and difficult to deal with” (Kilner & Stroud, 2012, p. 11), even more so than their experiences of having worked with other vulnerable populations such as asylum seekers and the homeless. Workers described the victims’ experiences as “evil” and “disturbing” leaving a negative impact on the workers’ work and personal lives (Kilner & Stroud, p. 12), whereby they felt emotionally and physically fatigued as well as having suffered from insomnia and other psychological stressors.

The semi-structured interviews and the Compassion Fatigue Questionnaire’s results were consistent with one another. Outcomes resulted in high scores for burnout, secondary trauma, feelings of hopelessness, and feeling trapped in their work. High incidents of physical and psychological health problems were also reported. These findings suggest that social service and health care workers experience forms of secondary trauma when working with victims of sex trafficking that could negatively impact the quality and sustainability of service delivery to this population. Additional findings of the study included: the need for social services and health care providers to develop coping skills; the importance of taking frequent breaks from working with sex-
trafficked victims; developing support systems and supervision; participation in counseling; and training to effectively manage the complexities of the compounded trauma experienced by the victims that often times leads to the worker experiencing secondary trauma and counter-transference (Kliner & Stround, 2012).

MacRitchie and Leibowitz (2010) indicated there is very little quantitative research that focuses on the trauma experienced by workers who work with victims of violent crimes, such as sex trafficking of children. MacRitchie and Leibowitz define trauma workers as professionals and non-professionals who work with victims of violent crimes. Psychologists, counselors, social workers, therapists, lay people providing help such as family and friends, for example, were considered trauma workers in the study conducted by MacRitchie and Leibowitz.

MacRitchie and Leibowitz (2010) conducted a quantitative study in South Africa to determine how trauma workers develop Secondary Traumatic Stress (STS), also known as Post Traumatic Stress Disorder (PTSD). These researchers administered 64 questionnaires to trauma workers in the Gauteng region of South Africa. The range of trauma work experience ranged from one to 15 years with a mean equal to that of 3.31 years’ experience. The responses were “voluntary and anonymous” (MacRitchie & Leibowitz, 2010, p. 152).

The study explored the “psychological impact on trauma workers who work with “victims” of violent crimes, specifically focusing on the level of exposure to traumatic material; level of empathy; and level of perceived social support and their relation to STS” (MacRitchie & Leibowitz, 2010, p. 149). Statistical tests utilized included simple statistics, correlations, a t test, and a moderate multiple regression. Research instruments
used in MacRitchie and Leibowitz's (2010) study included: a demographic questionnaire to obtain biographical information, such as gender, age, race, level of experience, exposure to violent crimes, number of years' experience as a trauma worker; Level of Exposure Checklist that determined which crimes, and the frequency of exposure to trauma, the worker experienced; Compassion Fatigue Self-Test, created by Stamm and Figley in 1996, which measured fatigue, burnout, and compassion satisfaction; Traumatic Institute Belief Scale (TSI-BSL) that measured Secondary Traumatic Stress; Crisis Support Questionnaire established by Joseph, Andrews, Williams, and Yule in 1992 to measure trauma workers' social support; and Interpersonal Reactivity Index created by Davis in 1980 to determine the cognitive and emotional ability to display empathy for those having experienced trauma.

Results of MacRitchie and Leibowitz's (2010) research concluded that trauma workers do experience some degree of Secondary Traumatic Stress symptomology. The research indicated that previous exposure to trauma in the workers' personal lives, level of empathy, and level of perceived social support had a significant correlation with Secondary Traumatic Stress. Additionally, social support did not have a significant relationship, but empathy did have a significant relationship between previous trauma experienced by the trauma worker and Secondary Traumatic Stress.

Bergeron (2010) conducted research to include social worker attitudes regarding domestic sex trafficking of children in the U.S., which included similar populations and issues related to trauma, and sex trafficking as previously noted researchers, MacRitchie and Leibowitz (2010), and Kliner and Stroud (2012). Bergeron quantitatively assessed
the attitudes of social workers towards child victims of domestic sex trafficking to examine personal biases that impact their work with this population.

Quantitative research methods utilized by Bergeron (2010) included snowball and convenience sampling, whereby a survey instrument was distributed to social workers in the U.S. state of Rhode Island and college professors in the northeast region of the country. Section one of the anonymous questionnaire gathered demographic data of the respondents. Section two utilized a Likert scale that included twelve statements that reflected social workers' attitudes toward child victims of domestic sex trafficking in the United States. Section three required a response to a series of close-ended statements pertaining to their experience working with children who had been sex trafficked. Finally, the last section included a series of open-ended questions that requested information about how the social workers obtained knowledge or learned about sex trafficking of children, if they desired to learn more about the population, and if they believed that becoming increasingly more knowledgeable about the population would increase effectiveness in their work. The Statistical Package for the Social Sciences (SPSS) and t test were utilized to analyze the data and statistically indicate the significance between variables.

Forty-two questionnaires were distributed to social workers. Findings of this research suggested that it was "nearly impossible" to assess social workers' knowledge about domestic sex trafficking of children. Therefore, the attention of the research focused on the attitudes of social workers toward domestic sex trafficking of children in the U.S. Bergeron (2010) indicates that child welfare social workers are less likely to strongly disagree that sex trafficked children select to engage in prostitution and strongly
agree that sex trafficked children are entitled to participate in therapeutic services than social workers working in fields of social worker other than working with children or child welfare. Furthermore, male social workers possessed less knowledge about domestic child sex trafficking than female social workers; however, males upheld a more positive attitude toward this population and a negative attitude toward the johns or pimps that victimized these children more so than female social workers. Master’s level social workers (33%) were more knowledgeable about sex trafficking of children than bachelor’s (21.4%) level social workers.

Hardy, Compton, and McPhatter’s (2013) research indicates that domestic sex trafficking of children in the United States “is a complex form of oppression and child maltreatment”(p. 1), affecting children as well as the mental health professionals working with them. It is noteworthy to interject that many of the mental health professionals discussed in this research include social workers. Hardy, Compton, and McPhatter acknowledge Kotrla’s (2010) findings that youth in the United States are most vulnerable for becoming victims of sex trafficking and most adult women who engage in prostitution entered this crime as youth. Approximately 70% to 90% of female sex trafficking victims have a history of sexual abuse trauma prior to being sex trafficked.

Many social workers are attracted to the field of child welfare because of their past experiences of trauma. Often times, social workers seek to heal themselves by engaging in work that helps others to overcome the challenges they have experienced with trauma. Because female youth are at greater risk of becoming victims of commercial sex trafficking, and because social workers are apt to work with victims that mirror their trauma, women working with child victims of commercial sex trafficking are
at a greater risk of experiencing countertransference and secondary trauma because of the female social workers' relatability to the victim.

A study conducted on symptoms of posttraumatic stress disorder (PTSD) experienced by women who fled prostitution and professionals who helped them utilized chi-square test and one-way ANOVA analysis to analyze the study's demographic data of its subjects. The study also utilized Pearson's correlation analysis to define the relationship between symptoms of PTSD and mental health problems of the ex-prostitutes, professionals that worked with the prostitutes, and a control group (Jung, Song, Chong, Seo, & Chae, 2008).

Jung, Song, Chong, Seo, and Chae (2008) assessed 113 former female prostitutes who resided in a rehabilitation shelter in Korea, 81 helping professionals or activists who worked with them, and 65 normal control participants. A self-reporting questionnaire was administered to these three groups of participants. The questionnaire collected data about the participants' demographics, PTSD symptoms, related stress, and other mental health issues. This data was collected for two months using the Davidson Trauma Scale (DTS), which assesses the frequency and severity of PTSD symptoms (i.e., emotional, somatic, cognitive, and behavioral responses), and the modified Impact of Event Scale-Revised (IES-R) instrument, which accesses stress reactions to access PTSD symptoms, distress, and mental health issues among the three groups. Other factors examined included sleep, personal and family history including psychiatric and physical illness, history of smoking cigarettes or alcohol use, sleep aids including alcohol or drugs, quality of sleep, premature awakening, and restoration of sleep.
The Jung et al. (2008) study indicates that professionals working with ex-prostitutes experienced higher rates of PTSD symptoms and more intense symptoms such as tension, sleep disturbance, intrusion of traumatic images, depression, frustration, reduced energy, increase of drug use, and smoking problems than the control group. The researchers suggest that workers are indirectly traumatized by working with ex-prostitutes. The study notes that there was no significant difference between the workers who had experienced previous trauma or lacked traumatic experiences. PTSD symptoms were significantly correlated to the amount of exposure to traumatic work experiences, the caseload size, and the number of hours spent working with traumatized ex-prostitutes (Jung et al., 2008).

After surveying 282 social workers, Bride (2007) had similar results to Jung et al.’s (2008) findings through his investigation pertaining to the prevalence of secondary traumatic stress experienced by social workers. Bride indicates that social workers are frequently requested to help people having experienced child abuse, violence, crimes, disasters, veterans, and terrorism. According to Bride, social workers are impacted by psychological stressors as a result of having worked with victims of trauma. Bride refers to the social workers’ vicarious trauma as secondary traumatic stress (STS) or as occupational hazards when providing services or help to traumatized victims.

Bride’s (2007) findings suggest that “social workers engaged in direct practice are highly likely to be secondarily exposed to traumatic events through their work with traumatized populations” (p. 68). The researcher further suggests that social workers are likely to experience at least some STS symptoms such as avoidance, intrusive thoughts, numbing, distressing dreams, and feelings of reliving their consumer’s trauma.
Additionally, a "significant minority (15.2%)" of social workers meet the criteria for PTSD diagnosis (p. 68).

Michael (2009) adds to the research by having conducted 10 qualitative interviews with service providers who worked with victims of slavery and trafficking. He suggests that service provision is impacted due to the lack of understanding workers have when dealing with this special population. During the interviews, Michael found that most professionals acknowledged lacking training essential for working with trafficking victims. The respondents believed that they lacked cultural competence, adequate treatment modules and resources, and proper funding to support services. In summary, social service providers believed they were inadequately prepared and lacked the human and financial resources to properly care for and treat trafficking victims.

In a study examining 154 social workers obtained through the National Association of Social Workers' membership list, organizational impacts on the secondary traumatic stress of social workers assisting family violence or sexual assault survivors were explored. Most of the participants were female (78.6%) and Caucasian (87.7%) with little variance in education levels yielding 93.5% of participants with a Master of Social Work degree. The mean years for social workers working with their organization was eight years, three months. More than 80% of the social workers experienced personal trauma and work with a caseload having clients who are victims of the following trauma: child abuse (74.7%); domestic violence (70.1%); sexual violence or rape (65.6%); and elderly abuse (20.8%) (Choi, 2011).

Choi's (2011) research discovered that social workers who were supported by their coworkers, supervisors, and work teams experienced lower levels of secondary
traumatic stress. In well-established organizations, social workers are more likely to
develop social networks and obtain necessary assistance from colleagues to prevent or
deal with secondary traumatic stress. Supportive work environments and co-workers
recognize that secondary traumatic stress is an expected outcome and could provide
additional resources to debrief their stress.

Choi’s (2011) research also found that there was a statistical relationship between
social workers access to organizations’ strategic information and lower levels of
secondary traumatic stress. By having a clear understanding of the nature of the work,
outcomes, impact, and outside stakeholders’ influence on the organizations, social
workers’ secondary traumatic stress levels could be prevented or decreased. Levels of
secondary traumatic stress is also prevented by giving social workers an opportunity to
understand the administration’s vision, goals, and strategies to achieve the mission or
other important aspects of the organization. Social workers’ stress levels also decrease
when they are more involved in strategic planning and participate in the decision making
for the organization.

Choi (2011) indicates that there might be a difference between gender and levels
of secondary traumatic stress. The coefficient for gender suggests that female social
workers experience higher levels of secondary traumatic stress than male social workers
do and might be a result of women having been exposed to sexual trauma more so than
men have. However, due to the small sample size involving male social workers, Choi,
supported by Kassam-Adams (1999), suggests the “marginal significant effect on
gender” (Choi, 2011).
In 2013, Cox and Steiner recognized the significance of social workers' self-care and management of their stress when dealing with clients' trauma. Specifically, the researchers investigated practitioners' coping skills that safeguard them from experiencing vicarious trauma. Respondents of the study were recruited from a semirural region in northern California and were employed by six different public and private nonprofit social service agencies. Two of the agencies are public child welfare systems, three agencies serve adults or children with profound mental health disorders, and one agency conducts counseling and shelter to domestic violence victims. Forty-eight respondents who participated in the study provided direct service delivery to traumatized clients. The social workers' range of experience was between one year and 40 years. Eighty-three percent of the respondents had worked in the field two or more years, while 60% of the respondents reported having worked in the field for five or more years.

Cox and Steiner (2013) administered the Trauma and Attachment Belief Scale (TABS), which is a self-reporting instrument created by Laurie Anne Pearlman to assess one's beliefs about oneself and others. The 84 point Likert scale measures five cognitive areas sensitive to trauma and vicarious trauma. The five areas are: 1) safety; 2) trust; 3) esteem; 4) intimacy; and 5) control.

The results of the study indicated that participants had been exposed to a number of different traumatizing circumstances. For example, child welfare workers acknowledged their exposure to "direct evidence or photographs of physically injured children (bruising, cuts, welts) or gathered information about serious abuse (e.g., parent disciplining his child by punching him and holding his head under water)" (Cox & Steiner, 2013, pp. 56-57). Mental health workers described having witnessed the
screaming and moaning of restrained psychiatric patients who were undergoing treatment in a hospital setting. Domestic violence workers recounted their involvement with families dealing with physical and emotional abuse, homelessness, hopelessness, and substance addictions (Cox & Steiner, 2013).

Unlike many of the researchers presented in this dissertation, Cox and Steiner (2013) state that although social workers sometimes are negatively impacted by traumatic situations, “there is a counterforce that may prevail” (p. 58). According to Cox and Steiner, inexperienced social workers with two or less years’ experience and social workers with three or more years in the field scored very or extremely high on the TABS scoring 14% and 5.9% respectively. Social workers’ scores for safety, self-intimacy, and self-control were very high to extremely high with 16.7% of participants scoring within each of these categories. In this study, most social workers did not report high levels of secondary traumatic stress or vicarious trauma. Again, unlike other studies presented in this dissertation, Cox and Steiner suggest that social workers possess an ability to reappraise traumatic situations, allowing them to maintain positive attitudes about oneself, others, and the social work profession.

Cox and Steiner (2013) suggest that supervisory support reinforces positive organizational cultures that allow social workers to engage, debrief, and process their emotions and perceptions while working with trauma victims. Although Cox and Steiner acknowledge social workers’ exposure to feeling overwhelmed and overburdened when subjected to trauma, cruelty, and injustice, these researchers believe that some social workers recover from trauma through “cognitive reappraisal process that preserves a positive and hopeful view of self in relation to others, the profession, and the world” (p.
Social workers are resilient and pull from the Strength's Based Perspective and celebrate what is being done well and "hang on to those little victories!" (p. 59).

Research shows that regardless of the area of practice within the field of social work (i.e., micro, mezzo, macro), 50% of all individuals experience trauma in their lifespan. Research also suggests that social workers are affected by vicarious trauma in their personal and professional lives, which prevents them from delivering services optimally. This causes social workers to contemplate their spirituality with regard to the significance of their work, purposefulness, hopelessness, anger with higher authorities like God or the government, and countertransference because "working with clients who are suffering from trauma can also be painful for the social workers trying to help" (Dombo & Gray, 2013, p. 90).

Dombo and Gray (2013) expressed an interest in engaging spirituality in addressing vicarious trauma in clinical social workers; therefore, they conducted a study about ways social workers utilize spirituality to prevent secondary traumatic stress. They define vicarious trauma as "the taking in of the experiences, emotions, and reactions of trauma survivors by professionals working with them in the healing process" (Dombo & Gray, 2013, p. 90). Dombo and Gray indicate vicarious trauma does not occur as a result of working with one survivor, but it occurs cumulatively over time as result of working with many survivors. These researchers state that social workers are not encouraged to express their feelings about trauma and lack training to deal with their responses to their client's trauma resulting in physical and psychological challenges affecting their interpersonal and intrapersonal relationships.
Because it is difficult to help others when experiencing vicarious trauma, burnout can significantly impact a social worker's service delivery. Dombo and Gray (2013) suggest that spirituality can extend support in providing attentive services in clinical practice. “Spiritual practice can be spiritual reading, attending religious services, mediation, prayer, or anything that helps the social worker to find meaning beyond self, meaning in relationships, and meaning in clinical practice” (p. 95). Dombo and Gray believe spirituality, mediation, and rituals can assist in maintaining professional self-care and thereby sustaining their professionalism when working with trauma victims.

Mental health workers, particularly those who treat trauma survivors, compassionately listen to trauma survivors’ histories of terror, agony, and sorrow and vicariously experience similar feelings due to the regularity of exposure to repeated trauma. Many mental health workers utilize research-based techniques including Cognitive Processing Therapy and Prolonged Exposure Therapy. These techniques involve repeated stories of trauma in considerable detail in an effort to expose traumatic memories and triggers, which are key factors to healing from PTSD. Listening to witnessing traumatic events experienced by another person may be equivalent to having experienced trauma first-hand and can occur immediately after one contact with a client (Wang, Strosky, & Fletes, 2014).

Like Dombo and Gray (2013), Wang, Strosky, and Fletes (2014) recognize that secondary exposure to trauma might cause a therapist to question their basic religious and worldviews especially about their safety and the safety of others especially “concerning matters relating to trust, intimacy, and control” (p. 284). Because views about religion are deeply imbedded and encompass one’s meaning of life, the connection between
trauma and one's faith is complicated. While some trauma survivors turn to religion as a source of healing, others find religion as a source of stress in their recovery, and yet others abandon religion during their recovery. For example, after being exposed to trauma, Christian therapists might become disgruntled and angry at God and therefore sensing “betrayal from God, a questioning of God’s love, mistrust toward God, or the feeling that one has been abandoned by God” (Dombo & Gray, 2013, p. 284).

**Historical Policy Perspective on Sex Trafficking**

Human trafficking, especially sexual exploitation of children, is a worldwide problem that is being addressed by many nations, especially in the U.S. and particularly in the state of Georgia. Many Americans in various professions, including politicians, are tackling this problem through public policy. According to Dye (2013), public policy is what governments do to regulate conflict in a society to control behavior. Additionally, Peters (2010) defines public policy as activities that “affect the daily lives of citizens” (p. 6). Incrementalism is a public policy model that gradually adapts or makes small adjustments over time (Peters, 2010). Dye (2013) further defines the incrementalism model as “a continuation of past government activities with only incremental modifications” (p. 21).

Wong (2010) purports the use of the incrementalism model as an approach to addressing problems such as human trafficking, incremental changes, and legislation are often times too conservative to impact human lives quickly. However, the Trafficking Victims Protection Act of 2000 (TVPA) enacted policies to combat human trafficking, and formulated critical, albeit slight, advances in the struggle against human trafficking.
(Wong, 2010). Wong points out that TVPA included the provision of social services to victims, allocation of grant funds to support programs, and created a comprehensive definition of human trafficking to enable the prosecution of perpetrators. The TVPA was reauthorized through incremental adjustments to the Trafficking Victims Protection Act of 2003, Trafficking Victims Protection Act of 2005, and William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (H.R. 972, 2620, 3244, 7311).

Incremental adjustments to TVPA include implementing research on domestic and international trafficking victims in 2003, appointing the Director of National Intelligence, the Secretary of Defense, and the Secretary of Homeland Security to the of the TVPA task force in 2005, increasing effectiveness of anti-trafficking programs and enhancing penalties for traffickers in 2008 (H.R. 972, 2620, 3244, 7311).

The Preventing Sex Trafficking and Strengthening Families Act (2014) requires that the state foster care and adoption policies and procedures include identifying, documenting, and determining appropriate services for any child for “whom the state agency has responsibility for placement, care, or supervision who the state has reasonable cause to believe is, or is at risk of being, a victim of sex trafficking or a severe form of trafficking” (p. 3, section 101). This act gives the state an option to also include the identification and documentation of any young person under age 26 regardless to whether the individual is currently in foster care under state custody or not.

The act also requires the state to report sex trafficking incidents to law enforcement, track sex trafficking data in the adoption and foster care analysis and reporting system (AFCARS), and locate and respond to children who have run away.
from foster care who are at risk of sex trafficking. Missing or abducted children must be reported to law enforcement authorities immediately for data entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation (FBI) and to the National Center for Missing and Exploited Children. Furthermore, the act requires the Secretary of Health and Human Services (HHS) to report to Congress on information about:

1. children who run away from foster care and their risk of becoming sex trafficking victims, ...
2. information on State efforts to provide specialized services, foster family homes, child care institutions, or other forms of placement for children who are sex trafficking victims; ...
3. information on State efforts to ensure children in foster care form and maintain long-lasting connections to caring adults, even when a child in foster care must move to another foster family home or when the child is placed under the supervision of a new caseworker. (Preventing Sex Trafficking and Strengthening Families Act, 2014, p. 5, section, 105)

Because of incremental adjustments, many human trafficking victims did not receive desperately needed services to prevent and treat trauma caused by human trafficking. According to Wong (2010), many of the victims’ perpetrators did not receive stringent penalties for committing human trafficking crimes; thus, they continued to enslave individuals for their financial gain. As the laws became increasingly rigid, more perpetrators received harsher penalties but these convictions have not appeared to decrease the number of victims. Wong added that trafficking laws usually require critical
collaboration among various countries to stop human trafficking. Collaboration is often challenging because not all countries have made eradicating human trafficking a priority.

Not only is commercial sexual exploitation of children a growing concern that policy seeks to address domestically, these crimes are being addressed internationally as well. Sex tourism is on the rise both domestically and internationally. Therefore, the Child Sex Abuse Prevention Act passed by Congress under the Clinton Administration in 1994 criminalized U.S. citizens traveling abroad to purchase or engage in sex with children. Because international countries were still evolving regarding laws pertaining to purchasing sex with minors and because U.S. citizens could travel to other countries and purchase sex at a lower risk of arrest, the law passed to prevent these crimes (Jordan, Patel, & Rapp, 2013).

Similarly to the U.S. government passing the incremental Victims of Trafficking and Violence Protection Acts, Georgia passed HB 200 in 2011. The bill was introduced by Representative Edward Lindsey (R-54th District), attorney, in the House and by Senator Renee Unterman (R-45th District), social worker, to increase penalties for human trafficking to include 10 to 20 years of prison time and/or a fine up to $100,000. The bill was signed into law by Governor Nathan Deal (H.B. 200; Thomas-Whitfield, 2011).

Specifically, the imposed consequences for trafficking youth under the age of 18 include a penalty of 25 to 50 years or life in prison and/or a fine up to $100,000. Under this act, traffickers’ property is subject to confiscation. There are also penalties for keeping a place for prostitution, pimping, or pandering and punishable by law as a felony by 5 to 20 years in prison and a fine of $2,500 to $10,000, if the victim is at least 16 years of age but younger than 18 years of age. If the child victim is younger than 16 years of
age, the felony offense is punishable by 10 to 30 years in prison and a fine not more than $100,000 (H.B. 200).

Other key provisions of H.B. 200 include defining “coercion” in the human trafficking statute to include causing or threatening financial harm. The legislation also prevents relatives by blood or marriage from trafficking a child regardless of their age of consent to engage in sexual activity. This legislation also expands resources for victims such as the Crime Victims Compensation Funds that provides financial assistance to victims with serious mental or emotional trauma for medical or counseling expenses (Thomas-Whitfield, 2011; H.B. 200).

Goatley (2012) adds that H.B. 200, effective July 1, 2011, treats those commercially sexually trafficked as victims and not criminals. This legislation provides an affirmation defense when minors are sexually trafficked for crimes of prostitution, sodomy, solicitation of sodomy and masturbation for hire.

According to youthSpark (n.d.), additional legislation in Georgia has proven effective in bring awareness to and prevention of commercial sexual exploitation of children. In addition, legislation has created programs to treat child trafficking victims. Specifically, H.B. 141, effective July 1, 2013, required businesses, including adult entertainment establishments, to post the National Human Trafficking Hotline number giving human trafficking victims means to obtain help and services. H.B. 156, effective July 1, 2013, provided clarification that it is unlawful to use electronic pornography to exploit, seduce, lure, or entice a child through the use of electronic internet services. H.B. 242, effective January 1, 2014, recognizes the juvenile code re-write to include children in need of services (CHINS). A provision was created to protect child victims of
sexual trafficking and finance services when their parents are unable. Another provision was developed to seal juvenile records who possess sex trafficking related charges. S.B. 69, effective July 1, 2009, included child sex trafficking in the definition of child abuse, making it mandatory to report commercial sexual exploitation of children.

**Social Work Reinvestment**

Social workers have a “unique skill set that provides a vital role” that can be utilized throughout various professions including direct practice, community organization, policy making, and leadership – the possibilities of social workers’ capabilities are never-ending (Kidd, 2014, p. 35). Social workers are change agents who address trauma and the well-being of individuals and families on micro, mezzo, and macro levels daily.

According to Kidd (2014), social work is experiencing an epiphany or a “watershed moment” that will define the field’s future (p. 35). The Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act (SWRA) was initially introduced to Congress by social workers, Congresswoman Barbara Lee (D-CA 13th District) and Senator Barbara Mikulski (D-MD), with support from the Congressional Social Work Caucus. Retired Congressman Edolphus Towns (D- NY 11th District), founder of the Congressional Social Work Caucus, works in collaboration with Lee, Mikulski, the Congressional Research Institute of Social Work and Policy (CRISP), Social Justice Solutions, and other social workers and politicians to promote social work interests on Capitol Hill. The SWRA identifies and addresses social work matters
including, but not limited to, "competitive and fair wages, research, tuition assistance, and national licensing" (Kidd, 2014, p. 35).

In 2010, the U.S. Department of Labor’s Bureau of Labor Statistics indicated that there are almost 600,000 people who have earned degrees in social work and the profession is one of the fastest growing occupations in the U.S. It is also noted that social workers are the largest group of professionals providing mental health services exposing them to trauma (Hayes, 2010).

Bentley-Goodley (2014) adds that the field of social work, according to the U.S. Department of Labor, Bureau of Labor Statistics, is anticipated to grow by 20% by 2022, which is quicker than any other comparable profession. Additionally, social workers employed in the health care setting are anticipated to increase by 27% and mental health social workers by 23%. Bentley-Goodley recognizes the crucial need for the passing of the Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act. By passing this legislation, the social work profession will be supported and given the resources needed to provide professional services to those in need and especially traumatized victims.

The act plans to address challenges to the profession, ensuring that millions of individuals and families throughout the nation receive competent services. This legislation will develop the foundation needed to support individuals’ increasing needs for social work services. Furthermore, the act directs the Secretary of Health and Human Services (HHS) to establish the Social Work Reinvestment Commission to provide independent counsel to Congress on policy issues associated with the recruitment for,
and retention, research, and reinvestment in the profession of social work.

(Congress.Gov, 2013)

Theoretical Framework

Trauma Theory

This theory was initially recognized and investigated by French physician Jean
Martin Charcot, in the late 19th century. Charcot’s study focused on women’s hysteria
while seeking treatment in a hospital setting due to having been sexually assaulted or
abused. Many of these patients experienced hysteria, which included symptoms such as
paralysis, amnesia, sensory loss, and convulsions. These patients were hypnotized to
increase recall of their “trauma” (Ringel & Brandell, 2011, p. 1).

Pierre Janet, Charcot’s student, researched dissociation and traumatic memories.
He further explored how these memories influence personalities and behavior noting that
hypnosis could alleviate traumatic symptoms. Together Josef Breuer and Sigmund
Freud, and Janet independently reached the conclusion that psychological trauma caused
hysteria. These researchers agreed traumatic experiences created dissociations and by
verbalizing the trauma patients’ symptoms could be treated or alleviated (Ringel &
Brandell, 2011).

In 1902, the first suicide hotline was established in San Francisco, California to
provide crisis intervention to individuals considering suicide. During World War I,
psychiatrists developed psychological interventions that addressed “shell shock”
syndrome of returning soldiers who experienced uncontrollable crying, screaming, loss
of memory, paralysis, and catatonic behavior. By providing immediate psychological
intervention, soldiers were able to recover from “shell shock” and return to combat. During World War II, psychiatrists reinstated the use of brief hypnosis; this method of treatment was ineffective because the treatment modality was inconsistently utilized. After World War II, persistent stress and trauma in concentration camp survivors was analyzed. Findings suggest that trauma negatively impacts one’s ability to use symbolism, dream, and remember. After the return of soldiers from the Vietnam War, traumatic symptoms affecting their ability to adjust to civilian life were prevalent. Soldiers experienced challenges with substance and alcohol abuse, domestic violence, homelessness, unemployment, and “traumatic neurosis” (Ringel & Brandell, 2011, p. 4).

Post Traumatic Stress Disorder (PTSD) was introduced in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 when many veterans of the Vietnam War returned to the U.S. with severe psychological needs. Advocates and treating professionals seeking mental health services for not only veterans, but for domestic violence and sexually assaulted victims, and abused children, reported similar symptoms experienced by these traumatized groups which led to the inclusion of PTSD in the DSM-III (Ringel & Brandell, 2011).

According to Ringel and Brandell (2011), Courtois offers a new diagnosis of “complex PTSD” that addresses numerous traumatic experiences, which have bearing on all aspects of one’s life. For example, early childhood sexual abuse could give rise to the development of one’s personality disturbances into adulthood, which, if left untreated, can lead to substance and alcohol abuse, unemployment, and homelessness. Ford and Courtois (2009) imply that when complex PTSD is treated using psychosocial counseling, substance abuse treatment, domestic violence interventions, improving
professional and interpersonal skills, and housing obtainment models, symptoms of
complex PTSD decrease.

Bloom (1999) defines trauma as

how the individual’s mind and body reacts in its own unique way to the
traumatic experience in combination with the unique response of the
individual’s social group... A traumatic experience impacts the entire
person – the way we think, the way we learn, the way we remember
things, the way we feel about ourselves, the way we feel about other
people, and the way we make sense of the world are all profoundly altered
by traumatic experience. (p. 2)

Bloom (1999) suggests that being overwhelmed and stressed can take its toll on
the human body and psyche. Once a person has experienced trauma, that person is
vulnerable to flashbacks, body memories, nightmares, and behavioral acting out.
The history of trauma and trauma theory is of particular interest in this research and to
social workers experiencing secondary trauma who work with commercially exploited
children. Collectively, social workers, like war veterans and victims of trauma, have
either experienced trauma directly through their own life experiences or vicariously
through their work as professionals. Bloom indicates that trauma can affect the human
mind and body in, for example, the few following ways:

1. Humans biologically protect themselves from danger through the fight-or-
flight mechanism or reaction. This is an automatic response to danger that
attempts to protect a person from experiencing trauma. Either the person
fights to defend oneself or runs away from the danger. If the person is
successful in fighting off or running away from danger, long-term trauma decreases.

2. Learned helplessness is a learned behavior that is opposite of one’s instincts for survival. Learned helplessness can hinder one’s ability to recognize danger causing one to fail avoiding it. This occurs when an individual learns that nothing they do to avoid danger will prove effective; therefore, the person will cease to try.

3. Trauma victims often times lose arousal control whereby they develop an inability to control their level of arousal to stimulating situations; therefore, they are unable to regulate their emotions. As a result, trauma victims tend to be irritable, jumpy, on-edge, angry, unable to manage aggressive behaviors, impulsive, and anxious. Under stressful situations, they tend to abuse alcohol or drugs, exhibit sexualized behavior, over eat, and engage in violence to help them manage stressful situations and create a perceived sense of control.

4. Traumatized people use dissociation – a conscious disconnection or separation from a particular situation or traumatic experience in an attempt to protect one’s self from danger or trauma. All emotions are eliminated or emotional numbing occurs as a protective mechanism (Bloom, 1999).
Psychodynamic Theory

More than 100 years ago, Austrian neurologist Sigmund Freud influenced the field of social work by developing the psychodynamic approach, which is concerned with how internal processes (i.e., needs, drives, emotions) motivate conscious and unconscious human behavior. Early childhood experiences are believed to shape needs, drives, and emotions throughout a person’s life. Freud believed that emotional problems develop because of traumatic experiences during early childhood and that these experiences unconsciously affect emotional development. Defense mechanisms manifest due to the individual’s attempt to manage stressful situations and relationships (Glicken, 2011).

This theory is appropriate to the research of secondary trauma experienced by social workers providing services to commercially sexually exploited children. Either social workers are attracted to working with traumatized victim because of their personal trauma history or feel passionately connected to the work enough that they are drawn to work with populations similar to themselves, their experiences, or their exposure. Freud’s contribution to the field of social work is imperative and his concepts are still being used to identify pre-existing trauma as crucial factors in providing a theoretical foundation to understanding behavior (Glicken, 2011).

According to this theory, Parkinson (2014) agrees that childhood experiences are critical in defining adult behavior later in life. Additionally by analyzing child development utilizing the psychodynamic perspective, the highest order of understanding is recognized when predicting adult behavior. Furthermore, this approach provides valuable insight to comprehending trauma.
Lochner, Pieter, and Nompumelelo (2002) conducted a study involving 74 female clients with Obsessive Compulsive Disorder (OCD) whereby falling into physical neglect, emotional neglect, physical abuse, sexual abuse, and emotional abuse trauma categories. The researchers employed a 28-item questionnaire that concluded psychodynamic therapy explains adult behavior or mental health. The study was replicated in 2005, which supports the original research's findings (Lochner, Seedat, Pieter, Daniel, Sandler, & Dan, 2005).

The psychodynamic approach explains why social workers who have had similar experiences are drawn to working with children who have been commercially sexually exploited. Because some of these social workers have traumatic histories that might include child sexual abuse, rape, or forced prostitution, they feel compelled to make a difference in a child's life so that child does not experience the same. According to this theory, these social workers are motivated to work with this population to satisfy their own emotions, for example, to prevent this type of trauma. Due to the social worker's trauma, exposure to trauma, or compassionately wanting to prevent the trauma, it is hypothesized that they will experience secondary trauma when working with this population.

Conflict Theory

Conflict theory provides an explanation for life's social conflict, dominance, and oppression. This theory recognizes that certain groups or individuals attempt to exert their authority and power over other groups or individuals to promote their own interests. Because the person seeking power bases their authority and control over others through
manipulation and dominance, exploitation is a social consequence (www.sociologyguide.com).

Gallo (2013) further defines conflict theory as:

a special kind of system whose complexity stems from many different and sometimes unrelated elements...most often the parties are many, with intricate relations between them. More importantly, there are often multiple and diverse objectives. Some may even be hidden, not defined once and for all, and may evolve over time. (p. 156)

Furthermore, the conflict does not cease when the violence ends or when the parties involved have reached an acceptable compromise. It is an entangled system that can only be comprehended by analyzing individualized elements involving the conflict. One key element in understanding and resolving conflict includes systems and boundaries where problems are isolated so the root of the conflict can be resolved. Continuous peace, though wearisome and challenging, implies a conflicted has ended. However, decisions made during a conflict can worsen the situation causing long-lasting agony, or trauma in the case of this study (Gallo, 2013).

Conflict theory is oftentimes utilized by social workers to gain understanding of those suffering from oppression especially in a capitalist society such as the United States and, for the purpose of this study, more importantly in Georgia. Conflict theory is significant in this study because johns or pimps gain control over an oppressed group of vulnerable children in an attempt to dominate and develop capital gain. Social workers attempt to resolve conflict through systems and boundaries to eliminate oppression, which exposes them to many occupational hazards affecting secondary trauma. Because
of these hazards, social workers’ secondary trauma when working with commercially sexually exploited children will be explored.

**Feminist Theory**

Pillari (2002) defines feminist theory to include women’s issues of oppression that “lead to devaluing attributes or unequally limiting social, sexual, and economic opportunities on the basis of sex” (p. 17). She recognizes that choices and opportunities should be equal for women and men for social justice to be victorious. From a strength’s based perspective, Pillari highlights concepts that include empowering women, recognizing equality of sexes, giving women choices to make decisions about their lives, and emancipating women from the bondage of traditional gender roles. This definition of feminist theory also acknowledges women as survivors of “patriarchy, inequalities, and oppression” (p. 247), leading to women’s discovery of resiliency and the ability to endure and overcome oppression.

Furthermore, feminist theory attempts to explain women’s social and class issues and roles along with the impact these have on the economy especially with regard to gender differences. For example, global poverty rates among women and children are significantly higher than that of men. Therefore, women are forced to accept low wage employment, less desirable jobs, and substandard working conditions than men. In addition, women typically have a lower social and economic status, less power, and reside in poor neighborhoods where crime is high. These social issues perpetuate opportunities for johns or pimps to take advantage of women, children, runaways, and throwaways, who are the leading victims of commercial sexual exploitation. Female
social workers are often considered feminist because they advocate against oppression and crimes against vulnerable women and children, which, again, can lead to a social worker experiencing secondary trauma because of working with this population (Cecchet & Thoburn, 2014).
CHAPTER III

METHODOLOGY

Chapter III presents the methods and procedures that were utilized in employing this study. The following sections are described in this chapter: research design; description of the site; sample and population; instrumentation; treatment of data; and limitations of the study.

Research Design

Descriptive and explanatory research designs were utilized in this study. The study was designed to collect data with the intent to describe and explain the relationship between secondary trauma experienced by social workers and sexually exploited children in Georgia.

The descriptive and explanatory research designs engaged the descriptive analysis of the demographics of the respondent’s characteristics. This research design assisted with providing an explanation of the statistical relationship between secondary trauma experienced by social workers and sexually exploited children in Georgia.

Description of the Site

The research was conducted throughout Georgia with majority responses occurring in Atlanta, Georgia, due to the town being the largest metropolitan city in the
state where more social workers working with sexually exploited children are employed, and because it is among the top hubs in the country for sex trafficking. The surveys were administered through Qualtrics Survey Software, an online insight technology provider. This web-based system was used to administer the survey to cater to the accessibility and confidentiality of the social worker respondents.

**Sample and Population**

The target population for this study was composed of social workers who currently work with or have worked with child victims of commercial sexual trafficking in Georgia, at least, within the past five years. The respondents currently work with or have been exposed to commercially sexually exploited children at least in an organizational setting, providing direct service, advocacy, policy formulation, supervision, intake/referral, volunteerism, education, and/or administrative duties. The social workers were at least 18 years of age. Five hundred and fifty-two professionals working with this population were selected utilizing quantitative probability criterion sampling, also referred to as purposive approach, and snowball sampling.

Of the 552 emails distributed through Qualtrics Survey Software, 195 or 35.3% of the emails were opened. Eighty-five or 43.6% of the opened emails started the survey. Seventy-one or 83.5% of the respondents that opened the email and started the survey, completed the survey.

**Instrumentation**

The *Secondary Trauma and Sexual Exploitation Survey* was administered through Qualtrics Survey Software. The survey questionnaire consisted of two sections with a
total of 18 questions. Section I gathered demographic information about the respondents’ characteristics. Section II collected data utilizing a Likert scale to measure respondents’ secondary trauma.

Section I of the survey questionnaire was composed of eight questions (1 through 8). The questions in Section I gathered demographic data regarding age, gender, marital status, race, annual income, highest level of education, employment type, and religion. These questions provided data for the presentation of the respondents’ demographic profile in this study.

Section II of the survey questionnaire was composed of 10 questions (9 through 18). Section II utilized a series of questions, designed by the researcher, which measured the degree of secondary trauma experienced by the respondents. Questions included responses on a four-point continuum Likert scale. The scale utilized was as follows: 1= Strongly Disagree; 2=Disagree; 3=Agree; and 4=Strongly Agree.

Treatment of Data

This researcher administered an 18-item survey with two sections. Section I of the survey questionnaire included questions to obtain demographic information. Section II of the survey included the instrument of ten questions. The Likert scale (strongly disagree, disagree, agree, strongly agree) was utilized to measure the responses to the instrument. The Statistical Package for the Social Sciences (SPSS), a program for statistical analysis, was used to analyze the data to determine the significance between the study’s variables.
Statistical treatment of data employed descriptive statistics that included measurements of central tendency, such as mean, median, mode, standard deviation, and cross tabulations to explain the distribution of data.

One test statistic for the study employed was phi ($\Phi$) to test the relationships between secondary trauma experienced by social workers and commercially sexually exploited children in Georgia. The phi test measured the degree of association between variables according to the following measures: .00 to .24 no relationship; .25 to .49 weak relationship; .50 to .74 moderate relationship; and .75 to 1.00 strong relationship.

The second test statistic for the study was chi-squared distribution (also chi-square or $\chi^2$-distribution). Chi squared was used to test if there is a statistical significance of probability between the dependent variable, secondary trauma experienced by social workers, and the independent variable, sexually exploited children. The chi-squared significance's level was .05.

**Limitations of the Study**

The results and interpretations of this study’s limitations were based on a limited number or small sample of respondents due to the small number or availability of social workers who work with commercially sexually exploited children in Georgia. The study was exclusive of social workers and limited to the geographical state of Georgia. The participants of this study were limited to the researcher’s associates, colleagues, and their referrals. The data collected from the small sample limits the generalizability to the larger population. In addition, time constraints limited the number of participants. The data collected were dependent on participants’ self-report based on their memory, which
could have distorted their responses. Furthermore, the questionnaire, which was
developed by this researcher, has not been previously utilized; therefore, the reliability of
the survey instrument is unknown.

Lastly, limitations to this study also included the limited amount of quantitative
research available that addressed the secondary trauma of social workers who work with
child victims of commercial sex trafficking. The lack of research on this topic is
confirmed by MacRitchie and Leibowitz (2010) who stated, “[t]here appear[s] to be very
few trauma studies that focus on trauma workers” (p. 149). Despite research being
available regarding social workers’ vicarious trauma, burnout, occupational stress, and
adverse effects on psychological and physical health, quantitative research directly
related to the relationship of secondary trauma experienced by social workers, or any
other social service providers, was limited. Most research conducted engaged qualitative
methods including interviews of victims but not the social service provider.
CHAPTER IV
PRESENTATION OF FINDINGS

The purpose of this chapter is to present the findings of the study in an effort to describe and explain the relationship between secondary trauma experienced by social workers and children who have been commercially sexually exploited. The findings are systematized into two sections: demographic data and research questions and hypotheses.

Demographic Data

This section offers a demographic profile of the study participants. Descriptive statistics were utilized to analyze the following: age group, gender, marital status, race, annual income, highest level of education, employment type, and religion.

The target population for the research included social workers who worked with child victims of commercial sexual exploitation. Five hundred and fifty-two professionals were selected utilizing convenience/random sampling of employees at the following agencies or affiliations: Children’s Health Care of Atlanta (CHOA), Chris Kids, Department of Family and Children Services (DFCS), Foster Family Treatment Association (FFTA), Georgia Baptist, Georgia Cares, Georgia Center for Child Advocacy, Office of Child Advocate, Families First, Lutheran Services of Georgia, Inc., Street Grace, Tapestri, Together Georgia, and Wellspring Living. Seventy-one (N=71)
respondents completed the survey. Table 1 illustrates the frequency distribution of the demographic profile of study respondents.

Table 1

Demographic Profile of Study Respondents ($N = 71$)

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<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
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</thead>
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<tr>
<td><strong>Age Group</strong></td>
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<td></td>
</tr>
<tr>
<td>18-29</td>
<td>16</td>
<td>22.5</td>
</tr>
<tr>
<td>30-39</td>
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<tr>
<td>40-49</td>
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<tr>
<td>50-59</td>
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<td>15.5</td>
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<tr>
<td>60 &amp; Up</td>
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<td>12.7</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
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</tr>
<tr>
<td>Female</td>
<td>60</td>
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</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<tr>
<td>Single/Never Married</td>
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<td>Domestic Partnership</td>
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<td>1.4</td>
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<td>Under $20,000</td>
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Table 1 (continued)

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</tr>
<tr>
<td><strong>Employment Type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist/Counselor</td>
<td>18</td>
<td>25.4</td>
</tr>
<tr>
<td>Housing</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Residential</td>
<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td>Case Management</td>
<td>14</td>
<td>19.7</td>
</tr>
<tr>
<td>Education</td>
<td>7</td>
<td>9.9</td>
</tr>
<tr>
<td>Administration</td>
<td>28</td>
<td>39.4</td>
</tr>
</tbody>
</table>

As indicated in Table 1, the typical respondent of the study was a Christian, African-American female with an MSW degree and annual income of more than $50,000. Also, the typical respondent worked in administration, was between the ages of 40 and 49, and was married.
Research Questions and Hypotheses

This study included seven research questions and seven null hypotheses. This section offers an analysis of the research questions and tests the null hypotheses.

Research Question 1: Is secondary trauma experienced by social workers who work with commercially sexually exploited children in Georgia?

Hypothesis 1: There is no secondary trauma experienced by social workers who work with commercially sexually exploited children in Georgia.

Table 2 demonstrates the frequency distribution for the responses to the statement I have nightmares that wake me from sleeping.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>38</td>
<td>53.5</td>
</tr>
<tr>
<td>Disagree</td>
<td>26</td>
<td>36.6</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>9.9</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As indicated in Table 2, the majority of respondents strongly disagree at 53.5% that nightmares wake them from sleeping.
Table 3 demonstrates the frequency distribution for the responses to the statement

I feel angry.

Table 3

I feel angry

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>29</td>
<td>40.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>21</td>
<td>29.6</td>
</tr>
<tr>
<td>Agree</td>
<td>15</td>
<td>21.1</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>6</td>
<td>8.5</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As indicated in Table 3, the majority of respondents strongly disagree at 40.8% that they feel angry.

Table 4 demonstrates the frequency distribution for the responses to the statement

I feel irritable.
Table 4

*I feel irritable*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>21</td>
<td>29.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>25</td>
<td>35.2</td>
</tr>
<tr>
<td>Agree</td>
<td>22</td>
<td>31.0</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As indicated in Table 4, the majority of respondents disagree at 35.2% that they feel irritable.

Table 5 demonstrates the frequency distribution for the responses to the statement *I feel anxious.*
Table 5

*I feel anxious*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>18</td>
<td>25.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>30</td>
<td>42.3</td>
</tr>
<tr>
<td>Agree</td>
<td>19</td>
<td>26.8</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>4</td>
<td>5.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As indicated in Table 5, the majority of respondents disagree at 42.3% that they feel anxious.

Table 6 demonstrates the frequency distribution for the responses to the statement I feel depressed.
As indicated in Table 6, the majority of respondents disagree at 52.1% that they feel depressed.

Table 7 demonstrates the frequency distribution for the responses to the statement I feel like I must look out for danger at all times.
Table 7

*I feel like I must look out for danger at all times*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>21</td>
<td>29.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>26</td>
<td>36.6</td>
</tr>
<tr>
<td>Agree</td>
<td>21</td>
<td>29.6</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As indicated in Table 7, the majority of respondents disagree at 36.6% that they must look out for danger at all times.

Table 8 demonstrates the frequency distribution for the responses to the statement *I feel distress that interferes with work.*
Table 8

*I feel distress that interferes with work*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>27</td>
<td>38.0</td>
</tr>
<tr>
<td>Disagree</td>
<td>36</td>
<td>50.7</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>11.3</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As indicated in Table 8, the majority of respondents disagree at 50.7% that they feel distress that interferes with work.

Table 9 demonstrates the frequency distribution for the responses to the statement *I feel distress that interferes with my social life.*
Table 9

*I feel distress that interferes with my social life*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>26</td>
<td>36.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>31</td>
<td>43.7</td>
</tr>
<tr>
<td>Agree</td>
<td>13</td>
<td>18.3</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As indicated in Table 9, the majority of respondents disagree at 43.7% that they feel distress that interferes with their social life.

Table 10 demonstrates the frequency distribution for the responses to the statement *I have difficulty controlling my emotions*. 
Table 10

*I have difficulty controlling my emotions*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>29</td>
<td>40.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>33</td>
<td>46.5</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>11.3</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As indicated in Table 10, the majority of respondents disagree at 46.5% that they have difficulty controlling their emotions.

Table 11 demonstrates the frequency distribution for the responses to the statement *I experience situations that remind me of commercially sexually exploited children.*
As indicated in Table 11, the majority of respondents strongly disagree at 40.9% that they experience situations that remind them of commercially sexually exploited children. Tables 2 through 11 offer an analysis of the ten questions when asked if secondary trauma experienced by social workers who worked with commercially sexually exploited children in Georgia. The majority of respondents agreed that there is no secondary trauma experienced by social workers who were exposed to commercially sexually exploited children in Georgia.

Research Question 2: Is there a statistically significant relationship between social workers experiencing situations that remind them of commercially sexually exploited children and social workers’ feelings of distress that interfere with work?
Hypothesis 2: There is no statistically significant relationship between social workers experiencing situations that remind them of commercially sexually exploited children and social workers' feelings of distress that interfere with work.

Table 12 demonstrates a cross tabulation between the responses to the statements: I experience situations that remind me of commercially sexually exploited children and I feel distress that interferes with work.

### Table 12

*I experience situations that remind me of commercially sexually exploited children by I feel distress that interferes with work: Cross tabulation*

<table>
<thead>
<tr>
<th>Situations that remind me of commercially sexually exploited children</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Disagree</td>
<td>47</td>
<td>66.2</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>16</td>
<td>22.5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>88.7</td>
<td>8</td>
</tr>
</tbody>
</table>

Phi = .086 df = 1 Chi-Square = .466
As indicated in Table 12, the majority of respondents disagree at 66.2% that they experience situations that remind them of commercially sexually exploited children and feeling distress that interferes with work.

Research Question 3: Is there a statistically significant relationship between social workers who work with commercially sexually exploited children, gender, and distress that interferes with work?

Hypothesis 3: There is no statistically significant relationship between social workers who work with commercially sexually exploited children, gender, and distress that interferes with work.

Table 13 demonstrates a cross tabulation between the respondents’ gender and responses to the statement I feel distress that interferes with my work.
Table 13

*My gender by I feel distress that interferes with my work: Cross tabulation*

<table>
<thead>
<tr>
<th>My gender</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Male</td>
<td>10</td>
<td>14.1%</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>53</td>
<td>74.6%</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>88.7%</td>
<td>8</td>
</tr>
</tbody>
</table>

Phi = .146  df = 2  Chi-Square = .468

As indicated in Table 13, the majority of respondents disagree at 88.7% that they feel distress interferes with work. Fourteen point one percent of males and 74.6% of females disagree that they feel distress that interferes with their work.

Research Question 4: Is there a statistically significant relationship between social workers who work with commercially sexually exploited children, and experiencing nightmares and situations that remind them of commercially sexually exploited children?

Hypothesis 4: There is no statistically significant relationship between social workers who work with commercially sexually exploited children,
and experiencing nightmares and situations that remind them of commercially sexually exploited children.

Table 14 demonstrates a cross tabulation between the responses to the statements I have nightmares that wake me from sleeping and I experience situations that remind me of commercially sexually exploited children.

Table 14

_I have nightmares that wake me from sleeping and I experience situations that remind me of commercially sexually exploited children: Cross tabulation_

<table>
<thead>
<tr>
<th>I have nightmares that wake me from sleeping</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Disagree</td>
<td>50</td>
<td>70.4</td>
<td>14</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
<td>2.8</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
<td><strong>73.2</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

Phi = .403  df = 2  Chi-Square = .003

As indicated in Table 14, the majority of respondents disagree at 70.4% that they experience nightmares that wake them up and experience situations that remind them of commercially sexually exploited children.

Research Question 5: Is there a statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress that interfere with their work, and their emotions?

Hypothesis 5: There is no statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress that interfere with their work, and their emotions.

Table 15 demonstrates a cross tabulation between the responses to the statement I feel distress that interferes with work and the respondents’ emotions (I feel angry).

Table 15
*I feel distress that interferes with work by my emotions (I feel angry): Cross tabulation*

<table>
<thead>
<tr>
<th>I feel distress that interferes with my work</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Disagree</td>
<td>47</td>
<td>66.2</td>
<td>16</td>
</tr>
<tr>
<td>Agree</td>
<td>3</td>
<td>4.2</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>70.4</td>
<td>21</td>
</tr>
</tbody>
</table>

Phi = .257   df = 1   Chi-Square = .030
As indicated in Table 15, the majority of respondents disagree at 66.2% that they feel distress that interferes with work and feel angry.

Table 16 demonstrates a cross tabulation between the responses to the statement I feel distress that interferes with work and the respondents' emotions (I feel irritable).

Table 16

*I feel distress that interferes with work by my emotions (I feel irritable): Cross tabulation*

<table>
<thead>
<tr>
<th>I feel distress that interferes with my work</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#  %</td>
<td>#  %</td>
<td>#  %</td>
</tr>
<tr>
<td>Disagree</td>
<td>43 60.6</td>
<td>20 28.1</td>
<td>63 88.7</td>
</tr>
<tr>
<td>Agree</td>
<td>3  4.2</td>
<td>5  7.1</td>
<td>8 11.3</td>
</tr>
<tr>
<td>Total</td>
<td>46 64.8</td>
<td>25 35.2</td>
<td>71 100.0</td>
</tr>
</tbody>
</table>

Phi = .204 df = 1 Chi-Square = .086

As indicated in Table 16, the majority of respondents disagree at 60.6% that they feel distress that interferes with work and feel angry.

Table 17 demonstrates a cross tabulation between the responses to the statement I feel distress that interferes with work and the respondents' emotions (I feel anxious).
Table 17

*I feel distress that interferes with work by my emotions (I feel anxious): Cross tabulation*

<table>
<thead>
<tr>
<th>I feel distress that interferes with my work</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>46</td>
<td>64.8</td>
<td>17</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
<td>2.8</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>67.6</td>
<td>23</td>
</tr>
</tbody>
</table>

Phi = .324  df = 1  Chi-Square = .006

As indicated in Table 17, the majority of respondents disagree at 64.8% that they feel distress that interferes with work and feel anxious.

Table 18 demonstrates a cross tabulation between the responses to the statement I feel distress that interferes with work and the respondents' emotions (I feel depressed).
Table 18

*I feel distress that interferes with work by my emotions (I feel depressed): Cross tabulation*

| I feel distress that interferes with my work | I feel depressed | | | | | |
|---|---|---|---|---|---|
| | Disagree | Agree | Total | | | |
| # | % | # | % | # | % |
| Disagree | 55 | 77.6 | 8 | 11.2 | 63 | 88.8 |
| Agree | 4 | 5.6 | 4 | 5.6 | 8 | 11.2 |
| Total | 59 | 83.2 | 12 | 16.8 | 71 | 100.0 |

Phi = .315  df = 1  Chi-Square = .008

As indicated in Table 18, the majority of respondents disagree at 77.6% that they feel distress that interferes with work and feel depressed.

As indicated in Tables 15 through 18, the majority of respondents disagreed that there is a significant relationship between feeling distress at work and their emotions (e.g., anger, irritability, anxiety, and depression).
Research Question 6: Is there a statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress in their social life, and their highest level of education?

Hypothesis 6: There is no statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress in their social life, and their highest level of education.

Table 19 demonstrates a cross tabulation between the respondents' highest level of education and responses to the statement I feel distress that interferes with my social life.
Table 19

My highest level of education by I feel distress that interferes with my social life: Cross tabulation

<table>
<thead>
<tr>
<th>My highest level of education</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Bachelor of Social Work (BSW)</td>
<td>7</td>
<td>9.9</td>
<td>3</td>
</tr>
<tr>
<td>Master of Social Work (MSW)</td>
<td>18</td>
<td>25.4</td>
<td>4</td>
</tr>
<tr>
<td>Licensed Master Social Worker (LMSW)</td>
<td>8</td>
<td>11.3</td>
<td>2</td>
</tr>
<tr>
<td>Licensed Clinical Social Worker (LCSW)</td>
<td>17</td>
<td>23.9</td>
<td>3</td>
</tr>
<tr>
<td>Doctorate of Social Work (DSW or Ph.D.)</td>
<td>7</td>
<td>9.9</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>80.4</td>
<td>14</td>
</tr>
</tbody>
</table>

Phi = .324    df = 1     Chi-Square = .006

As indicated in Table 19, the majority of respondents disagree at 80.4% that they feel distress that interferes with their social life and their highest level of education.
Research Question 7: Is there a statistically significant relationship between social workers who have worked with commercially sexually exploited children, experiences that remind them of commercially sexually exploited children, and employment type?

Hypothesis 7: There is no statistically significant relationship between social workers who have worked with commercially sexually exploited children, experiences that remind them of commercially sexually exploited children, and employment type.

Table 20 demonstrates a cross tabulation between the respondents' employment type and responses to the statement I experience situations that remind me of commercially sexually exploited children.
Table 20

*My employment type by I experience situations that remind me of commercially sexually exploited children: Cross tabulation*

<table>
<thead>
<tr>
<th>My employment type</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Therapist/Counselor</td>
<td>14</td>
<td>19.7</td>
<td>4</td>
</tr>
<tr>
<td>Housing</td>
<td>1</td>
<td>1.4</td>
<td>0</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>1</td>
<td>1.4</td>
<td>2</td>
</tr>
<tr>
<td>Case Management</td>
<td>7</td>
<td>9.9</td>
<td>7</td>
</tr>
<tr>
<td>Education</td>
<td>6</td>
<td>8.5</td>
<td>1</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>0</td>
<td>.0</td>
<td>1</td>
</tr>
<tr>
<td>Administration</td>
<td>23</td>
<td>32.4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>52</td>
<td>73.3</td>
<td>19</td>
</tr>
</tbody>
</table>

Phi = .413  df = 6  Chi-Square = .060

As indicated in Table 20, the majority of respondents, who were administrators, disagree at 32.4% that they experience situations that remind them of commercially sexually exploited children and employment type.
CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

This research study design examines the relationship between secondary trauma experienced by social workers and commercially sexually exploited children in Georgia. The study also reviews incremental stages of the Trafficking Victims Protection Acts of 2000, 2003, 2005, 2008, and 2014 and Georgia’s H.B. and S.B. policies that provide definitions for sex trafficking, funding for research, protection for victims, development and implementation of programs, and consequences for offenders. Additionally, this study examines the Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act that advocates for enhanced education and training, loan forgiveness, and fair compensation for social workers. Lastly, the study answers seven questions regarding secondary trauma experienced by social workers.

The conclusion and recommendations of the research findings are presented in this chapter. Recommendations proposed are for future research for in the field of social work education, social work curriculum development, the professional development of social service workers, and legislators. Each research question presented summarizes the significant findings of interest.

Research Question 1: Is secondary trauma experienced by social workers who work with commercially sexually exploited children in Georgia?
Much of the research indicates that social workers experience secondary or vicarious trauma, or PTSD when working with traumatized victims. Fong and Cardoso (2010) recognize that social workers are not equipped with treatment modules or therapeutic curricula to care for and treat sexually exploited children. Although research specifically analyzing secondary trauma of social workers working with sex trafficked youth, Kliner and Stroud (2012) sought to investigate the “psychological and physical impact on health and social care staff working with identified sex-trafficked population.” They concluded that employees working with this population was much more challenging than working with other disenfranchised populations and that social service workers felt emotionally and physically exhausted while suffering from insomnia and other psychological stressors. Hardy, Compton, and McPhatter (2013) describe domestic sex trafficking of children as a multifaceted form of domination and cruelty affecting children and the mental health professionals (mostly social workers) working with them.

On the other hand, Cox and Steiner (2013) suggest that although social workers are sometimes negatively affected by trauma, there are opposing forces that may influence resiliency. These researchers indicate that supervisory support such as engagement, debriefing, and processing one’s emotions and perceptions are key factors to social workers appropriately managing feeling overwhelmed and overburdened when working with trauma, cruelty, and injustice. Dombo and Gray (2013) add that spirituality particularly Christianity is utilized by social workers to prevent secondary stress. According to these researchers, vicarious trauma occurs because of working with many traumatized victims over long period. In sum, Dombo and Gray suggest the use of spirituality through reading, attending services, mediation, prayer, or other
spiritual/religious practices positively affect social workers ability to liberate themselves from the entanglement of vicarious trauma.

Although this study supports the research of Cox, Steiner, Dombo, and Gray, because its findings suggest that there is either no statistically significant relationship or a weak relationship between secondary trauma experienced by social workers and commercially sexually exploited children in Georgia. However, the research indicates that social workers experience PTSD symptoms when working with this population.

According to the findings of this research, 9.5%) of social workers working with sex-trafficked youth have nightmares that wake them from sleeping. Thirty-three point eight percent feel irritable. Thirty-one point one percent feel anxious. Sixteen point two percent feel depressed. Thirty-two point five percent feel like they must look out for danger at all times. Ten point eight percent feel distress that interferes with work. Nineteen percent feel distress that interferes with their social life. Twelve point two percent have difficulty controlling their emotions. Twenty-five point seven percent experience situations that remind them of commercially sexually exploited children.

Research Question 2: Is there a statistically significant relationship between social workers experiencing situations that remind them of commercially sexually exploited children and social workers’ feelings of distress that interfere with work?

As indicated in Table 12, the majority (66.2%) of respondents who experience situations that remind them of commercially sexually exploited children disagree that they feel distress that interferes with work. The statistical measurement of phi (Φ)
indicates no relationship ($\Phi = .086$) between the two variables. When chi-square statistical test for significance was applied, the null hypothesis was accepted ($p = .466$) indicating that there was no statistically significant relationship between the two variables at the .05 level of probability.

Research Question 3: Is there a statistically significant relationship between social workers who work with commercially sexually exploited children, gender, and distress that interferes with work?

As indicated in Table 13, the majority (32.4%) of respondents were administrators who disagreed that they experience situations that remind them of commercially sexually exploited children. Nineteen point seven percent of therapists/counselors, the second largest group, also disagreed. The highest respondents who agree that they experience situations that remind them of commercially sexually exploited children were case managers at 9.9%. The second largest employment type that agreed was administration and therapists/counselors at 5.6% each. The statistical measurement of phi ($\Phi$) indicated that there was a weak relationship ($\Phi = .413$) between the two variables. When chi-square statistical test for significance was applied, the null hypothesis was accepted ($p = .060$) indicating that there was no statistically significant relationship, although nearly significant relationship, between the two variables at the .05 level of probability.

As indicated in Table 13, majority (14.1%) of the male respondents and 74.6% of female respondents disagreed that distress interferes with their work. The statistical measurement of phi ($\Phi$) indicates no relationship ($\Phi = .146$) between the two variables.
When chi-square statistical test for significance was applied, the null hypothesis was accepted (p = .468) indicating that there was no statistically significant relationship between the two variables at the .05 level of probability.

Research Question 4: Is there a statistically significant relationship between social workers who work with commercially sexually exploited children, and experiencing nightmares and situations that remind them of commercially sexually exploited children?

A cross tabulation of social workers who experience nightmares and situations that remind them of commercially sexually exploited children is presented in Table 14. The majority (70.4%) of respondents disagreed that they experience nightmares and situations that remind them of commercially sexually exploited children.

The statistical measurement of phi (Φ) indicated that there was a weak relationship (Φ = .403) between the two variables. When chi-square statistical test for significance was applied, the null hypothesis was accepted (p = .003) indicating that there was no statistically significant relationship between the two variables at the .05 level of probability.

Research Question 5: Is there a statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress that interfere with their work, and their emotions?
A cross tabulation of social workers who experience feelings of distress that interferes with their work and their emotions (e.g., anger, irritability, anxiety, and depression) is presented in Tables 15 through 18. The majority (66.2%) of respondents disagreed that they feel distress that interferes with their work and anger. The majority (60.6%) of respondents disagreed that they feel distress that interferes with their work and irritability. The majority (64.8%) of respondents disagreed that they feel distress that interferes with their work and anxiety. The majority (77.5%) of respondents disagreed that they feel distress that interferes with their work and depression.

The statistical measurement of phi (Φ) indicated that there was a weak relationship (Φ = .257) between the distress that interferes with work and anger. When chi-square statistical test for significance was applied, the null hypothesis was rejected (p = .030) indicating that there was a statistically significant relationship between the two variables at the .05 level of probability.

The statistical measurement of phi (Φ) indicated that there was no relationship (Φ = .204) between the distress that interferes with work and irritability. When chi-square statistical test for significance was applied, the null hypothesis was accepted (p = .086) indicating that there was no statistically significant relationship between the two variables at the .05 level of probability.

The statistical measurement of phi (Φ) indicated that there was a weak relationship (Φ = .324) between the distress that interferes with work and anxiety. When chi-square statistical test for significance was applied, the null hypothesis was accepted (p = .006) indicating that there was no statistically significant relationship between the two variables at the .05 level of probability.
The statistical measurement of phi ($\Phi$) indicated that there was a weak relationship ($\Phi = .324$) between the distress that interferes with work and depression. When chi-square statistical test for significance was applied, the null hypothesis was accepted ($p = .008$) indicating that there was no statistically significant relationship between the two variables at the .05 level of probability.

Research Question 6: Is there a statistically significant relationship between social workers who have worked with commercially sexually exploited children, feelings of distress in their social life, and their highest level of education?

A cross tabulation of social workers' feelings of distress in their social life and highest level of education is presented in Table 19. The majority (25.4%) of respondents, master social work (MSW), disagreed that they experience distress in their social life.

The statistical measurement of phi ($\Phi$) indicated that there was no relationship ($\Phi = .120$) between the two variables. When chi-square statistical test for significance was applied, the null hypothesis was rejected ($p = .907$) indicating that there was a statistically significant relationship between the two variables at the .05 level of probability.

Research Question 7: Is there a statistically significant relationship between social workers who have worked with commercially sexually exploited children, experiences that remind them of commercially sexually exploited children, and employment type?
As indicated in Table 20, majority (32.4%) of respondents were administrators who disagreed that they experience situations that remind them of commercially sexually exploited children.

The statistical measurement of phi (Φ) indicated that there was a weak relationship (Φ = .413) between the two variables. When chi-square statistical test for significance was applied, the null hypothesis was accepted (p = .060) indicating that there was no statistically significant relationship, although nearly significant relationship, between the two variables at the .05 level of probability.

Recommendations

Commercial sexual exploitation of children is a heinous, complex crime involving clandestine activity that exacerbates trauma in minor victims. Studies that address commercial sexual exploitation of children primarily focus on the identification, prevention, treatment, and legislation needs of the minor victims. This study seeks to examine the secondary trauma experienced by social workers who work with this population. It is imperative to not only understand and address the victim’s needs, but it is equally important to concentrate on the needs of the social worker who provides services to this population. Emotional, physical, and psychological stressors, occupational hazards, burn out, and treatment modalities to care for the caregiver is crucial in addressing seconding trauma experienced by social workers. Without ensuring the strength, endurance, spiritual, physical, and psychological well-being of social workers, trauma victims such as trafficked children may not engage in healthy treatment options and supportive services to address complex trauma.
Although this study presents mostly no statistically significant or weak relationships between secondary trauma experienced by social workers who work with sexually exploited children, there are some social workers who reported experiencing PTSD symptoms when working with this population. Even one social worker experiencing secondary trauma while helping a traumatized victim is one too many. This study presents significant relationships between two sets of variables: 1) feelings of distress at work and anger, and 2) highest level of education and distress in the social life.

As a result of the findings of this study, the researcher recommends the speediness of legislation affects change at the onset of the issue, instead of during the pinnacle of the problem, to prevent widespread crisis from occurring. When making decisions, consideration should be given to include Conflict Theory as a model to resolve problems affecting commercially sexually exploited children and the social workers providing services to them.

Furthermore, funding earmarked for anti-human trafficking purposes reach the victims, programs, and social workers it is intended to support expeditiously. The development of trauma-informed, evidence-based training curriculum specific to secondary trauma needs of social workers working with commercially sexually exploited children so that social workers' coping skills and competence are enhanced when working with this population. Incorporate commercial sex trafficking of children wherever child abuse is addressed in social work curriculum. Require at least a Master of Social Work degree when employing social workers to work with this population.

Additional considerations should include the enhancement of ethical employer engagement and support through clinical supervision, provision of therapy/EAP,
understanding and addressing barriers to service delivery, and developing a work environment and culture that is conducive to social workers debriefing secondary trauma without judgment or ridicule. The field of social work should develop inclusive services that address the emotional, medical, physical, spiritual, cultural, and psychological needs of the victim as well as the needs of the social worker. Additionally, legislators should develop uniform, stiffer penalties for traffickers throughout the U.S. and set a global precedent that human trafficking in any form will not be tolerated.

Those working with and advocating for commercially sexually exploited children should increase public awareness about child sexual exploitation to include strategic objectives to prevent child sexual exploitation, youth homelessness, and runaways/throwaways while addressing the root of social injustices that allow for the manifestation of such crimes.

Social workers who work with victims of trauma should support and encourage law makers to pass legislation to enact the Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act as to properly educate and provide on-going training to social workers so that they continue to meet the growing demands of traumatized victims. Additionally, supporting and passing this act will ensure resources are available support social workers’ resiliency while providing services to the most disenfranchised individuals. Furthermore, the social work profession is dominated by women and financial compensation for work performed should be satisfied in conjunction with the Lilly Ledbetter Fair Pay Act of 2009.

Finally, social workers should conduct research in every aspect of caring for sexually exploited children, especially giving attention to this researcher’s notion of
Resiliency Theory grounded in the Afrocentric Perspective. The research suggests that spiritual or religious connections and practices affect social workers' perspective on their work, which could be a factor in their level of resilience in working with traumatized victims. Many respondents of this study were graduates of Clark Atlanta University Whitney M. Young, Jr., School of Social Work and because the school is the oldest social worker educational institution that has educated more social workers than any other institution in Georgia, the availability of these social workers was prevalent and conveniently accessed for participation in this study. There is a strong possibility that many of the respondents' paradigm might have been grounded in the Afrocentric Perspective emphasized in the educational framework of the school in which they attended. This perspective is inclusive of all cultures who have been marginalized and seek to overcome oppression; therefore, strengthening professionals' perceptions, resiliency, and spirituality while maintaining low rates of secondary trauma when working with commercially sexually exploited children is phenomenal and should be researched further.
APPENDIX A

IRB APPROVAL LETTER

CLARK ATLANTA UNIVERSITY
Institutional Review Board
Office of Sponsored Programs

August 13, 2014

Ms. Alieizoria Redd <alleizoria.redd@students.cau.edu>
School Social Work,
Clark Atlanta University
Atlanta, GA 30314

RE: A Study of The Relationship Between Secondary Trauma Experienced By
Social Workers and Commercially Sexually Exploited Children in Georgia.

Principal Investigator(s): Alieizoria Redd
Human Subjects Code Number: HR2014-9-545-1

Dear Ms. Redd:

The Human Subjects Committee of the Institutional Review Board (IRB) has
reviewed your protocol and approved of it as exempt in accordance with 45 CFR
46.101(b)(2).

Your Protocol Extended Approval Code is HR2014-9-545-1/A.
Type of Review: Expedited.

This permit will expire on August 31, 2015. Thereafter, continued approval is
contingent upon the annual submission of a renewal form to this office.
The CAU IRB acknowledges your timely completion of the C11 IRB Training in
Protection of Human Subjects – "Social and Behavioral Sciences Track". Your
certification is valid for two years.

If you have any questions, please contact Dr. Georgianna Bolden at the Office of
Sponsored Programs (404) 880-6879 or Dr. Paul I. Musey, (404) 880-6629.

Sincerely:

[Signature]

Paul I. Musey, Ph.D.
Chair
IRB: Human Subjects Committee
co. Office of Sponsored Programs, "Dr. Georgianna Bolden" <gbolden@cau.edu>

223 James P. Brawley Drive, S.W. • ATLANTA, GA 30314-4391 • (404) 880-8000
Founded in 1865 by consolidation of Atlanta University, 1867 and Clark College, 1849

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APPENDIX B

SURVEY QUESTIONNAIRE

CLARK ATLANTA UNIVERSITY

Secondary Trauma & Sexual Exploitation Survey

Consent:

You are invited to participate in a research study that seeks to study the relationship between secondary trauma experienced by social workers and commercially sexually exploited children in Georgia. There are no known risks to participants who agree to take part in this research. There are no known personal benefits to participants who agree to take part in the research. However, it is hoped that those who participate in this study will help research in the field of social work education, social work curriculum development, and the professional development of social service workers in the United States. This study is being conducted by Alieizoria Redd, Ph.D. student at Clark Atlanta University Whitney M. Young, Jr., School of Social Work. All responses to the questionnaires will remain confidential. Participation in this study is voluntary. If participants have questions about this study, please contact Alieizoria Redd by email at: alicezoria.redd@students.cau.edu or the Whitney M. Young, Jr., School of Social Work at Clark Atlanta University at 404-880-6600. If you have any questions now, or later, related to the integrity of this research, the rights of research subjects, or research-related injuries (where applicable), you are encouraged to contact Dr. Paul I. Musey at 404-880-6929 or Dr. Georgianna D. Bolden at 404-880-6979 at Clark Atlanta University. Click yes or no below to indicate your intent to participate in this research project.

___ Yes
___ No
Select the appropriate item. Choose only one answer for each statement.

Q1 My age group:

   ___ 18-29
   ___ 30-39
   ___ 40-49
   ___ 50-59
   ___ 60 & Over

Q2 My gender:

   ___ Male
   ___ Female
   ___ Trans-gender

Q3 My marital status:

   ___ Married
   ___ Single/Never Married
   ___ Divorced
   ___ Widowed
   ___ Domestic Partnership

Q4 My Race:

   ___ African American/Black
   ___ Asian
   ___ Caucasian/White
   ___ Hispanic/Latino
   ___ Other
APPENDIX B

(continued)

Q5 My annual income:

___ Under $20,000
___ $20,000-$29,999
___ $30,000-$39,999
___ $40,000-$49,999
___ $50,000 & up

Q6 My highest level of education:

___ Bachelor of Social Work (BSW)
___ Master of Social Work (MSW)
___ Licensed Master Social Worker (LMSW)
___ Licensed Clinical Social Worker (LCSW)
___ Doctorate of Social Work (DSW or Ph.D.)

Q7 My employment type:

___ Law Enforcement
___ Therapist/Counselor
___ Housing
___ Residential Treatment
___ Case Management
___ Education
___ Public Assistance
___ Administration

Q8 My religion:

___ Christianity
___ Islam
___ Catholicism
___ Buddhism
___ Judaism
___ Hinduism
___ Other
The following statements are designed to obtain your opinion about your experience working with commercially sexually exploited children (CSEC) in Georgia. Rate each statement with the corresponding response of each statement on the questionnaire. Choose only one answer for each statement, which best describes your opinion. Please rate all statements.

<table>
<thead>
<tr>
<th>Q9</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I have nightmares that wake me from sleeping.</td>
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<td></td>
</tr>
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<table>
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<tr>
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<th>Strongly Agree (4)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>I feel angry.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q11</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I feel irritable.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12</th>
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<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I feel anxious.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX B

(continued)

### Q13

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<tr>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel depressed.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Q14

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<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel like I must look out for danger at all times.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Q15

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<tr>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel distress that interferes with work.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Q16

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>I feel distress that interferes with my social life.</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
APPENDIX B

(continued)

Q17

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<th>Strongly Disagree (1)</th>
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<th>Agree (3)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>I have difficulty controlling my emotions.</td>
<td></td>
<td></td>
<td></td>
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</table>

Q18

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<thead>
<tr>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I experience situations that remind me of commercially sexually exploited children.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for your participation.
APPENDIX C

SPSS PROGRAM ANALYSIS

TITLE 'SECONDARY TRAUMA & SEXUAL EXPLOITATION'.
SUBTITLE 'Aliizziness Redd - CAU PhD Dissertation'.

COMMITTEE MEMBERS
Richard Lyle, PhD Chair
Robert Waymer, PhD
Kenneth Kelso, PhD

DATA LIST FIXED/
ID 1-3
AGEGRP 4
GENDER 5
MARITAL 6
RACE 7
INCOME 8
EDUC 9
EMPLOY 10
RELIGION 11
SLEEP 12
NIGHT 13
NUMB 14
KEYED 15
ANGER 16
IRRITAB 17
CONC 18
IMPUL 19
DESTR 20
REMB 21
ANXI 22
DEPR 23
DANGER 24
WORK 25
SOCIAL 26
HOPE 27
SEEHEAR 28
APPENDIX C

(continued)

EMOT 29
CSEC 30.

VARIABLE LABELS
ID 'Case Number'
AGEGRP 'Q1 My Age Group'
GENDER 'Q2 My Gender'
MARITAL 'Q3 My Marital Status'
RACE 'Q4 My Race'
INCOME 'Q5 My Annual Income'
EDUC 'Q6 My Highest Level of Education'
EMPLOY 'Q7 My Employment Type'
RELIGION 'Q8 My Religion'
SLEEP 'Q9 I have a hard time falling asleep'
NIGHT 'Q10 I have nightmares that wake me from sleeping'
NUMB 'Q11 I feel numb'
KEYED 'Q12 I feel keyed up'
ANGER 'Q13 I feel sudden anger'
IRRITAB 'Q14 I feel sudden irritability'
CONC 'Q15 I experience trouble concentrating'
IMPUL 'Q16 I feel impulsive'
DESTR 'Q17 I feel self-destructive'
REMB 'Q18 I have trouble remembering'
ANXI 'Q19 I feel anxious'
DEPR 'Q20 I feel depressed'
DANGER 'Q21 I feel like I must look out for danger at all times'
WORK 'Q22 I feel distress that interferes with my work'
SOCIAL 'Q23 I feel distress that interferes with my social life'
HOPE 'Q24 I feel hopeless'
SEEHEAR 'Q25 I see and hear things that are not there'
EMOT 'Q26 I have difficulty controlling my anger'
CSEC 'Q27 I experience situations that remind me of commercially sexually exploited children'.

VALUE LABELS
AGEGRP
1 '18-29 Years of Age'
2 '30-39 Years of Age'
3 '40-49 Years of Age'
4 '50-59 Years of Age'
5 'Over 60 Years of Age'
APPENDIX C

(continued)

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<td>'Islam'</td>
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</table>
APPENDIX C

(continued)

3 'Catholicism'
4 'Buddhism'
5 'Judaism'
6 'Hinduism'
7 'Other'/
SLEEP
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
NIGHT
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
NUMB
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
KEYED
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
ANGER
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
IRRITAB
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
CONC
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Disagree'/
IMPUL
1 'Strongly Disagree'
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<td>'Disagree'</td>
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</table>
APPENDIX C

(continued)

4 'Strongly Agree'/
SEEHEAR
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
EMOT
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
CSEC
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/.

MISSING VALUES
AGEGRP GENDER MARITAL RACE INCOME EDUC EMPLOY RELIGION
SLEEP NIGHT NUMB KEYED ANGER IRRITAB CONC IMPUL DESTR
REMB ANXI DEPR DANGER WORK SOCIAL HOPE SEEHEAR EMOT CSEC (0).

RECODE SLEEP NIGHT NUMB KEYED ANGER IRRITAB CONC IMPUL DESTR
(1 THRU 2.99=2) (3 THRU 4.99=3).
RECODE REMB ANXI DEPR DANGER WORK SOCIAL HOPE SEEHEAR EMOT
CSEC (1 THRU 2.99=2) (3 THRU 4.99=3).

BEGIN DATA
001
002
END DATA.

FREQUENCIES
/VARIABLES AGEGRP GENDER MARITAL RACE INCOME EDUC EMPLOY RELIGION
SLEEP NIGHT NUMB KEYED ANGER IRRITAB CONC IMPUL DESTR
REMB ANXI DEPR DANGER WORK SOCIAL HOPE SEEHEAR EMOT CSEC
/STATISTICS = DEFAULT.
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