In 2000, the UN Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons\(^1\) defined human trafficking as follows:

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

Human trafficking is a global problem and the fastest growing international trafficking business with between 700,000 and 2 million people trafficked across borders annually worldwide\(^2\).

Sex trafficking involves the exploitation of women and children for use in the sex industry. Whilst in captivity, the women often undergo torture, rape and humiliation\(^3\). In addition, they are subjected to debt bondage, where traffickers force women to work as prostitutes to pay off travel and living costs, although these costs will continue to spiral, and the women are unable to pay off the debt\(^4, 5\).

Trafficked women are at risk of many health problems including injuries from physical and sexual abuse, sexually transmitted infections, dental problems and substance misuse\(^6\). The sustained physical and sexual abuse over many months and years often leaves women with substantial psychological trauma. This may manifest itself through anxiety, panic attacks, insomnia, depression, low self-esteem, post-traumatic stress disorder, eating disorders and body dysmorphia\(^7, 8\). In addition, this psychological trauma can manifest itself through ill physical health as a somatic disorder including headaches, backaches, abdominal pain and nausea\(^9\).

In the UK, an estimated 150 to 1,500 women are trafficked into the country each year to work in the sex industry\(^10\). Therefore, it is increasingly likely that...
health and social care staff will come into contact with victims of sex trafficking and should be trained accordingly. The POPPY Project is a government-funded organization that supports victims of trafficking who have been removed from a trafficked situation.

Providing good care to vulnerable populations is a rewarding experience, but may be exceptionally stressful. Staff may suffer from compassion fatigue, which may include burnout and secondary traumatic stress. Burnout is a well-studied phenomenon associated with stress from working in emotionally demanding situations and can result in depersonalization. Secondary traumatic stress is related to staff re-experiencing a client’s traumatic event and heightened arousal, similar to the symptoms of post-traumatic stress disorder. Staff who suffer from an element of compassion fatigue may experience anger, sadness, fatigue, self-criticism, increased risk-taking behavior or distress and may suffer from sleep disturbance, nightmares, weight loss or somatic complaints.

Staff who are less well-trained, less educated, less supported, younger, or less experienced or have a personal trauma history or a higher workload are at increased risk of burnout and secondary traumatic stress. Staff who work in supported environments with work autonomy, quality supervision and coworker support are better protected from developing compassion fatigue. It is the responsibility of managers to ensure that line staff are well supported with clinical supervision and clear guidelines on caseloads to ensure they are capable of providing the best possible care. Professionals should discuss cases regularly, discuss concerns with supervisors, engage in social support networks, and seek psychological therapy if necessary to prevent compassion fatigue.

Recently, a new shelter for identified victims of trafficking was opened in a Northern City in England. The shelter brought a new population to the city, and services were not prepared for the opening. Both health and social services had initial difficulties managing this complex population, and concerns were raised about the quality and sustainability of services provided for this population. This paper aims to assess the psychological and health impact on health and social care staff working with an identified sex-trafficked population in a Northern City within England.

Sample
Twelve participants were chosen by purposive sampling and included staff within the voluntary and community sector managing the women’s overall care, a wide range of healthcare professionals in general practice managing the women’s health needs and support workers who manage the women’s daily needs in order to ensure that a wide range of views and experiences were included in the study.

Service managers initially approached staff with information leaflets to identify those individuals who might be eligible to participate in this research project, namely those who have been in contact with victims of trafficking. Managers asked staff for their consent to pass on contact information to the researchers. The lead researcher then contacted the individuals at work to arrange meetings. Interviews were conducted at the individual’s place of work during work hours, in a private setting where possible. At the time of interview, the researcher ensured that the participant gave their informed consent to be interviewed, and the participants were given the opportunity to opt out before the interview.

Seven members of staff from the health center (two nurses, one doctor, one counsellor, one midwife, one health visitor and one manager) and five members of staff from community and support services (two managers and three support workers) were interviewed. The interviewees were all women aged between 25 and 55 yr old. The emergence of new themes became limited after ten interviews, and no new codes were identified after the twelfth. As there are only a small number of staff in health and social services working with the trafficked women, there was a limited number of individuals who could be interviewed. Interviews started with those who had the most contact with the trafficked population, progressing to those with less frequent contact. With the interviews reaching data saturation and taking into account possible interviewees level of contact with the trafficked women, it was decided to stop interviews at this point.

Interviews
The interview schedule was created from a review of current academic literature. A pilot interview helped to further develop this schedule. Topics included the health and social problems of the population, current services available and their appropriateness, the impact of work on the health of staff and support systems in place in the workplace. Interviews varied between participants and concentrated on the

Subjects and Methods
This study employs a qualitative research design using semi-structured interviews and thematic analysis to investigate the psychological and health impact on health and social care staff working with an identified sex-trafficked population in a Northern City within England.

priorities of each of the participants. In addition, questions on emergent themes from previous interviews were also incorporated into later interviews.

Recent IOM guidance\(^1\) suggests the use of a short questionnaire in order to allow managers to monitor stress in staff who have contact with trafficked individuals. This aims to help individuals who are not trained in psychology to identify those at risk of compassion fatigue. Therefore, participants were asked to complete this short questionnaire\(^1\), Table 1.

<table>
<thead>
<tr>
<th>Question</th>
<th>Job burnout/secondary trauma</th>
<th>Score ≥5</th>
<th>Score ≥8</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I have felt trapped by my work</td>
<td>Job burnout</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>b. I have thoughts that I am not succeeding in achieving my life goals</td>
<td>Job burnout</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>c. I have had flashbacks related to my clients</td>
<td>Secondary trauma</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>d. I feel that I am a “failure” in my work</td>
<td>Job burnout</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>e. I experience troubling dreams similar to those of a client of mine</td>
<td>Secondary trauma</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>f. I have felt a sense of hopelessness associated with working with clients/patients</td>
<td>Job burnout</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>g. I have frequently felt weak, tired or rundown as a result of my work</td>
<td>Job burnout</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>h. I have experienced intrusive thoughts after working with especially difficult clients/patients</td>
<td>Secondary trauma</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>i. I have felt depressed as a result of my work</td>
<td>Job burnout</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>j. I have suddenly and involuntarily recalled a frightening experience while working with a client/patient</td>
<td>Secondary trauma</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>k. I feel I am unsuccessful at separating work from my personal life</td>
<td>Job burnout</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>l. I am losing sleep over a client’s traumatic experiences</td>
<td>Secondary trauma</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>m. I have a sense of worthlessness, disillusionment or resentment associated with my work</td>
<td>Job burnout</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

The validity of the findings was investigated by both respondent validity and a credibility check of codes. The researchers offered to allow all participants to review and comment on the report before distribution to allow concerns to be raised. In addition, they validated the project through a credibility check in which codes from the first interview were reviewed by a colleague to ensure coding and interpretation was appropriate. Ethical approval for this study was granted by Leeds West Research Ethics Committee and NHS Sheffield Research and Development Unit.

### Results

Five key themes emerged from the study: difficulties of working with victims of sex-trafficking, negative impact on work, negative impact on life, developing coping mechanisms and the importance of support.
Difficulties of working with victims of sex-trafficking

The healthcare professionals interviewed work in a center for vulnerable populations such as asylum seekers and homeless, and most staff in both health and social services were experienced in working with vulnerable groups. However, participants generally described the experiences of the victims of trafficking to be more overwhelming and difficult to deal with emotionally than other vulnerable populations.

We’ve heard lots of things from asylum seekers. We know what regimes and individuals can do to harm other people. We’re used to that. But the POPPY people, its even more unthinkable what happens to them because they are not victims of some nameless war... They have been badly used by individuals, and there is something evil in that that is deeply disturbing. [2, health care]

Some suggest that the longevity of the abuse is the cause for this difference, with victims being in contact with their abusers daily. As suggested above, some believe that as the proponents are individuals working for their own personal gain, the abuse is worse. Another observation was that the impact on staff may be heightened because trafficking is occurring within the UK, whereas with asylum seekers, the abuse is occurring in faraway war zones.

It seems so close to home when it is the indigenous population that are behaving in such a shocking way. Not that it is an excuse in a war zone. You can’t imagine living in a war zone, but you can imagine here. You know what it is like living here, and it is going on under people’s noses here. [1, health care]

Negative impact on work

Staff commonly expressed that working at the health center was time-limited and that there was a “lifespan” for how long people were able to remain within the role due to the constant stories of abuse. There was a feeling that this results in exhaustion, a lack of sympathy and a lack of belief in what the patients were telling staff. This suggests that some of the members of staff may be suffering from burnout.

She gives you a big problem, lower abdominal pain, and you’ve done a swab and everything is normal. And you are given a minute to sort that out and then she gives you something else and then something else. And I found myself getting very irritable with her. And she said,” You’re angry with me.” And I said,” well no, not really,” but I was because I really just wanted her to shut up and give me one or two problems and not half an hour of insoluble things. [1, health care]

Negative impact on life

Many of the participants describe their work as heavily impacting their personal life. Some participants described continued concern for the welfare of the victims of sex trafficking once they have left either health or social services. Some participants described this as being particularly difficult because they are unable to share their concerns with family or friends because of confidentiality.

You do take people’s problems home with you, and you do think, did I do enough for that person. It does emotionally drain you, very much. [9, health care]

Many members of staff described their work impacting on their general health. Commonly, people described simply feeling “physically and emotionally exhausted and drained.” Staff members also described deeper psychological impact from working with this patient or client group. Some described pains that may be caused by the stress of working with this population directly or due to somatic pain, some described sleep disturbance and insomnia and some described a deeper psychological impact.

I know when things get difficult at work, I’ll get the headaches and I’ll get a bad stomach. That’s just the way that it goes. [5, social care]

It affects you considerably. You wake up at one o’clock in the morning, and you feel helpless because you are safe and these girls aren’t safe and haven’t been safe. You feel helpless. [4, health care]

Developing coping mechanisms

The participants described different methods of coping with the difficult nature of the work. Some participants try to keep an emotional distance from the patients.

I think everyone develops their own techniques in distancing themselves from the situation or making sure they are not taking on the emotions of the person... It’s important not to take on that grief and that distress and go home feeling that. [5, social care]

Another method is to maintain variation in work to ensure that they have a break from hearing about trauma. The health care staff are able to vary their workload more easily than support workers.

I also do lots of other things. And I think that’s really important... If you were doing this day in and day out and nothing else, I don’t think you could do
Many participants believe that there is a life span to working within this area of work and with very vulnerable people. Some people limit their working hours, and some suggest that you work until you are tired of it and leave.

When people have enough here, they leave. You protect yourself. [2, health care]

On the other hand, some members of staff suggested that the longer one works with victims of trafficking and other vulnerable populations, the better one gets at coping with hearing about trauma and that less experienced healthcare professionals may not be able to manage.

I am quite old now, and I know how to take care of myself. If I was a younger practitioner, I don’t know if I would... When you first come, it is very traumatic. But I now know that when people first come they are all over the place and everything is terrible, but they will still be there in six months time and they will feel a lot better. And once you know that, you can stand back from it a bit. [2, health care]

Importance of support

Generally, participants felt that they could be better supported at work. Most described the importance of team working and support when working within difficult areas that allows staff to share concerns. In both health and social services, the participants described a lack of management understanding and support of staff, which makes supporting vulnerable groups very difficult.

They don’t understand what we have to listen to. We are not robots. And we are in the profession because we care. I don’t feel that we are particularly well understood or supported. We are just expected to get on with it. That’s what you are here to do. [3, health care]

In addition, participants described a lack of training and knowledge about working with victims of trafficking and suggested that better training may have given them the tools to work with this population more effectively.

I think with everything in health, you are thrown in to these sort of roles and you learn and you grow. You either do well or you do really badly, but you are not really trained, are you? Its sort of sink or swim. [4, health care]

Some participants were often offered counselling and regular supervision and found it very useful in managing the stress of working with such a vulnerable population. Supervision was often cited as a valuable method of managing stress, and those who had access believed it should be mandatory for all staff working with vulnerable groups. Participants working within health services were less likely to have these services in place and less likely to be given time within work to access services due to time and financial constraints.

They are caring for distressed people every day. Supervision should be there. Full stop. [8, social care]

Compassion fatigue questionnaire

Nine questionnaires were returned. On a scale of one to 10, with 10 being the highest, eight out of nine respondents scored five or above for one of more questions, and four respondents scored eight or above for one of more questions. There was high scoring for questions that reflected job burnout and lower scores for questions that indicated secondary trauma. A full breakdown of results in included in Table 1. In particular, the vast majority frequently feel weak, tired or rundown due to their work and, at some point, have felt a sense of hopelessness associated with work. Staff also frequently feel trapped by their work. The responses to the questionnaire were in keeping with results from the qualitative interviews. Participants who described higher levels of impact on physical and psychological health from working with this population in interviews tended to display higher scores in the compassion fatigue questionnaire, particularly for burnout. The interviews and questionnaires suggest that some staff members may be suffering from some elements of secondary traumatic stress. This implies that the questionnaire may be a reliable tool for staff, such as managers, not trained in psychology to monitor the psychological impact of work on staff.

Discussion

Summary of findings

This qualitative study suggests that health and social care staff working with victims of trafficking are at risk of burnout and secondary traumatic stress. This can lead to a high turnover of staff and jeopardize the quality and sustainability of the service for this extremely vulnerable population.

Participants described that working with this population was very stressful compared with other work with vulnerable populations such as asylum seekers. They described that the work was having a nega-
tive impact on their ability to provide a high quality service, as they were often tired and frequently lost patience with their patients or clients. This loss of compassion suggests that there was a significant level of burnout within the organizations. Participants often felt undertrained with high caseloads and inadequate structural support within their organizations. These factors have been found to increase the prevalence of burnout in other clinical situations such as psychologists working with trauma survivors and community mental health counsellors and may have contributed to staff developing burnout\textsuperscript{21–23}. Some participants suggested that working with victims of sex trafficking was having a more profound effect on their lives outside of work and their health. Participants suggested that they suffered from sleep disturbance, somatic ill health such as abdominal pains, and excessive risky behaviors such as excessive drinking. Some individuals also described flashbacks to conversations they had with patients or clients. These symptoms suggest that some members of staff are suffering from some elements of secondary traumatic stress. These symptoms were present in individuals with high and low caseloads of victims of sex trafficking, which suggests that there is no association between the factors. Academic literature is split currently on this issue of whether people who are more regularly in contact with traumatized individuals are at higher risk of developing secondary traumatic stress\textsuperscript{14}.

The results of the compassion fatigue scale appear to be in agreement with the qualitative interviews. The participants who scored highly on the questionnaire were also found to describe more impact on their psychological and physical health than the rest of the sample during the qualitative interviews. Therefore, this questionnaire may be beneficial to managers and colleagues who do not have the psychological experience to identify those members of staff at risk of compassion fatigue and who should be signposted for further help.

Many participants also described others leaving the organization when they could no longer manage the stress or a desire to leave the organization, outlining concerns about the sustainability of the service. This was particularly predominant in participants with less experience, more time spent with trafficked populations, less training and limited support. This finding is in agreement with current academic literature on managing stress whilst working with vulnerable and traumatized populations\textsuperscript{24–26}. This illustrates the importance of organizational support and training for staff working with this traumatized and vulnerable population in order to reduce the high turnover of staff and maintain a high quality service.

**Strengths and limitations of the study**

This study included a variety of staff from healthcare and other professions and therefore gives a wide breadth of insight. This was successful as the organizations as a whole had engaged in the research project and enabled staff to participate freely within work hours.

However, much of the data collected was specific to the local services and therefore may be of limited benefit to other organizations providing health care for victims of trafficking. To provide better insight into the impact on staff generally, it would have been beneficial to interview a greater variety of professionals from different health and social organizations that work with victims of trafficking. However, there are very few organizations working with victims of trafficking in the UK, and so the number of possible participants is limited.

**Implications for clinical practice or policy**

This study suggests that due to the high levels of stress, staff only continue to work with these populations for a relatively short period of time. This leads to a high turnover of staff within organizations working with vulnerable groups and results in higher training costs, with variable levels of quality of services. Therefore, it is vital that organizations provide adequate support and training to staff to help to maintain them working with victims of sex trafficking for longer. This must be part of the organizational culture of organizations working with very vulnerable populations and should be instilled into local guidelines to ensure that staff are adequately trained and supported.

**Conclusions**

This study outlines that staff within current services for victims of sex trafficking in a city in Northern England are at risk of burnout and secondary traumatic stress, potentially jeopardizing the quality and sustainability of services. The limited training and support provided within these services could be contributing to this risk of compassion fatigue. Therefore, this study outlines the risk associated with working with this highly traumatized and vulnerable population and the importance of developing adequate support systems including training and supervision for staff to ensure that services are sustainable and maintain a high quality. Managers of services for this vulnerable population must endeavor to improve or maintain high quality support and training to ensure that victims of sex trafficking receive the best possible care.
References


