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Survivors of Commercial Sexual Exploitation: Experiences Working in Service Organizations

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ABSTRACT

Survivors of commercial sexual exploitation (CSE) need multiple services to reintegrate into society including vocational assistance and career planning. Survivor mentors are being employed in agencies to connect with and assist victims of CSE. However, little is known about their work experiences in these agencies. Sixteen adult survivors of CSE who are presently working in agencies serving youth victims of CSE participated in this exploratory study. In an online survey, they reported on their experiences working in agencies, and on their satisfaction with their positions, salaries, and roles. Results revealed that generally, survivors were satisfied with their employment and benefits provided to them but not their salaries. They had concerns about the need to be a “model” survivor and at times being asked to share their story without permission. Over a third of survivors felt “used” as a survivor spokesperson for the agency in fundraising or other events without consent. Almost all survivors were engaged in their own counseling but support by their agencies for counseling varied. These results can be used to advise agencies that seek to be survivor-informed in how to provide a supportive and trauma-informed environment, to promote better outcomes for their employees who are survivors of human trafficking.

KEYWORDS

Commercial sexual exploitation; survivors; working relationships; survivor mentor

Commercial sexual exploitation (CSE) of children is considered a global public health problem (Greenbaum, Brodrick, & Committee on Child Abuse and Neglect, 2017). Approximately 4,500 to 21,000 youth are commercially sexually exploited each year in the U.S. (Swaner et al., 2016). According to the National Center for Missing and Exploited Children (2014), 1 in 5 runaways are at risk for forced sexual exploitation. CSE is a severe form of child maltreatment and refers to any sexual act performed by a minor (under 18 years) where an individual or a group takes advantage of an imbalance of power, and involves monetary or other compensation (e.g., shelter, food, drugs) (Hickle & Roe-Sepowitz, 2018; International Labor Organization, 2017). Research has documented the deleterious effects of such sustained, repeated exploitation among those that have experienced CSE including PTSD (Kenny et al., 2020; Lanctôt et al., 2020), ADHD and bipolar disorder (Palines et al., 2020), flashbacks, and substance use disorders (Lanctôt et al., 2020).

The United States Advisory Council on Human Trafficking Annual Report of 2016 (U.S. Department of State, 2016) written by 11 survivors of trafficking, outlines areas that need to be addressed to eradicate the crime. The report advocates for helping survivors find success in work and life, and recommends federal agencies provide economic opportunities for survivors in the form of vocational training and employment. Litam (2017) discusses how one of the counseling goals when

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working with survivors of sex trafficking should be promoting reintegration through education and job training. Upon recovery from CSE, gainful employment is one of the most persistent barriers to economic independence for survivors (Hatcher et al., 2018). Hatcher et al. (2018) state there are countless agencies across the globe focused on ending trafficking; however, they often do not employ survivors beyond having them tell their stories at events.

There is little to no research that examines the lives of survivors of CSE after they leave “the life”¹ and even less on their employment. One model for treatment is to utilize adult survivors as mentors to work with youth who are in treatment for or at risk of CSE. Agencies that provide services to youth survivors of CSE are beginning to recognize the unique advantages of having an adult survivor on staff, for both the survivor and the clients they serve. Many are advocates of “survivor mentoring,” believing it can be critical to forming trusting relationships with youth and instilling hope through the example of a positive role model (survivor) who has overcome related issues and struggles (Clawson & Goldblatt Grace, 2007). The need to hire staff with an authentic understanding of “the life” and an ability to connect with other survivors of CSE has further led some providers to advocate for the hiring of survivors (Clawson & Goldblatt Grace, 2007). Rachel Lloyd, founder of Girls Educational and Mentoring Services (GEMS), and a survivor of CSE, was perhaps the first to advocate for and utilize this model (Lloyd, 2012). The GEMS program utilizes the “survivor mentorship” model and is a survivor-led agency.

An organization that is survivor-informed is an entity that actively seeks the input of survivors regarding the implementation of services, programmatic features, policies, and other functioning of an organization’s work. A survivor-informed organization ultimately retains the right, or the final “say so,” as to whether or not to consider the information given by survivors and the final decision as to whether to apply it or not. A survivor-led organization has survivors employed in positions of leadership, having direct input and impact in decisions made within the organization, and in turn, are also actively survivor-informed. In the hierarchy of survivor-led systems, being survivor-centered (oftentimes referred to as victim-centered or trauma-informed) is at the base. The next level up is being survivor-informed, while being survivor-led is at the top of the ladder.

The benefits of employing survivors in agencies has been confirmed by both the clients they serve and other staff. In a study with 18 youth recovering from CSE, they consistently reported the importance of having mentors, including CSE survivor mentors (Ijadi-Maghsoodi et al., 2018). Further, many of the concerns youth had in treatment such as confidentiality, and feeling judged by providers, can be addressed by survivor mentors who can share their own experiences, success in leaving “the life,” and facilitate other youth to engage in treatment (Ijadi-Maghsoodi et al., 2018). One study of 32 minor girls in a community-based program who had experienced or were at-risk for experiencing CSE, found significant changes from baseline to 3-month follow-up in several areas. The girls self-reported decreases in experiences of sexual assault and increases in educational goals, self-efficacy, and interest in employment. The authors report that most staff were survivors of CSE and likely drew on personal experience as much as any professional training they had received to inform their work with girls in this program (Cohen et al., 2010). In Schnur et al.’s (2020) study of 71 agencies with residential programs serving CSE survivors, all programs included adult survivor-facilitated groups as critical treatment elements, and one program successfully employed several former CSE program residents as full-time program staff. Schnur et al. (2020) also found that providers of specialized programs stressed the benefit of successful CSE survivors (“credible messengers”) in assisting others on their path to healing. Based on their review of the literature, DuBois and Felner (2016) conclude that relationships established between youth survivors of CSE and staff with similar lived experiences, can be an important component of programs for these youth. Bruhns et al. (2018) conclude by saying,

¹“The life” is a common term used by survivors to refer to the time they spent being victims of CSE.

Our study highlights the importance of survivors holding leading roles in services and advocacy for sexually exploited youth; not only are survivors the best experts on the unique needs of this population, but survivor leadership may have an iterative effect on the accessibility and efficacy of services. (p. 450)

While there is a trend toward emphasizing the importance of survivor empowerment in recovery from CSE, the literature is absent of the voices of survivors (Bruhns, et al., 2018). While survivor mentors are becoming increasingly recognized as critical to the success of programs serving CSE survivors, little is known about their experience in these positions. A common theme Bruhns et al. (2018) found in interviews with survivor mentors and advocates with regard to exiting “the life” was the importance of a purpose outside themselves as a critical factor in their own recovery. Many of their participants were currently employed by the social service agencies where they had originally been clients. Lloyd (2010, 2012) has also remarked on how support for survivor empowerment, and leadership are an essential component of meaningful, sustained recovery from CSE.

While survivors may benefit from working with individuals recently exiting “the life,” there is not much known about how sensitive agencies are to their employees’ survivor status. As previously mentioned, many agencies may employ survivors for the sole purpose of having them tell their stories at events (Hatcher et al., 2018). Previous research has found that while sharing their story may be healing for some survivors in select contexts (Countryman-Roswurm & DiLollo, 2017), for many others this experience can result in retraumatization (Dang, 2018; Lloyd, 2010). Agencies should take care not to infringe upon survivors’ rights to their own stories and respect survivors’ boundaries around how, when, and if they choose to disclose (Countryman-Roswurm & DiLollo, 2017; Lockyer, 2020). Similarly, Chisolm-Straker et al. (2020) address the absence of survivor voices in planning education and treatment for other survivors. Their report revealed that survivors are usually not included in program development, and when they are, “the inclusion is tokenistic” (p. 411). The authors further report that such exclusion is paternalistic and dismisses survivors as incapable of interpreting their experiences or directing their care and service provision, when in fact they are in the unique position to know the needs of those in “the life” or of those who have survived trafficking.

The goal of this exploratory study was to examine the lived experiences of survivors who are working as mentors or advocates for survivors of CSE recently exiting “the life.” We utilize a survivor-informed perspective by studying not only the voices of survivors, but collaborating with a survivor in the research process. This study was survivor-led as conducting this study was the idea of a survivor who is also an author and was actively involved in the data collection and analysis. We were particularly interested in the support and resources made available to survivors at their agencies, as well as any potential experiences with being expected to “tell their story” without prior permission. The notion that survivors could be retraumatized in their current positions or “used” was of concern to us. The results are intended for organizational staff to be better informed regarding common workplace issues and challenges, to be trauma-responsive with that information, and to be properly supportive of survivors employed in their organizations. It follows that the more satisfied and stable employees are in their role, the better the service they can provide to the victims with whom they work.

Methods

Participants

Sixteen self-identified survivors of CSE voluntarily participated in the study. All but one participant described themselves as women, one of whom was also Two-Spirit.² Participants’ ages ranged from 24–56 years ($M = 37.50$, $SD = 11.90$). They reported their racial makeup as 56.3% White, 6.3% Black/African descent, 6.3% Asian, 18.8% multiracial and 12.5% other racial identity. In terms of ethnicity,

²“Two-Spirit” is an umbrella term used in some Native American and Indigenous cultures to refer to an individual who embodies both female and masculine qualities, and identifies beyond the gender binary. While Two-Spirit is included in LGBTQIA2+, being Two-Spirit is not necessarily an indicator of sexual orientation (i.e. an individual can be Native American and identify as gay, but they are not Two-Spirit) and instead describes an important spiritual, social, and cultural role in Native American and Indigenous cultures.

Table 1. Demographic Characteristics of Survivors (%) (N = 16).

Mean age years (SD)	37.50 (10.90)
Mean age existing in the “life” (SD)	14.00 (10.71)
Gender	
Female	87.5
Male	6.3
Prefer to self-describe	6.3
Race	
White	56.3
Black/African descent	6.3
Asian	6.3
Multi-Racial	18.8
Other racial identity	12.5
Ethnicity	
Hispanic or Latinx	26.7
Not Hispanic or Latinx	73.3

they reported as 27% Hispanic and 73% non-Hispanic. All of the participants were currently working at agencies that provide services to survivors of CSE and all reported being in the role of a survivor-mentor at these agencies. (See [Table 1](#) for full demographics).

Procedure

Participants were recruited through postings on social media sites known to one author, who is a survivor of CSE. The study was advertised as a way for survivors who are in direct service positions to share their work experiences. Participants were given a link to Qualtrics, an online survey platform. They were first presented with the online consent form and if they clicked “yes,” they were advanced to the survey. The survey presented several definitions to determine eligibility for the study. Seven inclusion criteria were set: (1) a self-identified survivor of sex trafficking based on the following definition set forth by the Trafficking Victims Protection Act of 2000 and its subsequent reauthorizations: sex trafficking is a crime wherein a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age, (2) working (or having worked) for an organization that provides services to individuals who have been sexually exploited/trafficked, (3) working as a mentor or other direct service provider to other survivors of trafficking or having worked in this position in the past, (4) 18 years and older, (5) having access to the Internet, (6) English speaking, and (7) ability to provide consent. Upon completion of the online measure, participants could provide an e-mail to receive a 10 USD e-gift card as compensation for their time completing the study. On average, most participants spent about 16 minutes completing the survey. Three participants reportedly spent far more time (e.g., 2–8 hours), though this may be explained by participant’s ability to leave the study and return at a later time to finish their responses. This study received IRB approval at the authors’ university (IRB-20-0141).

Measure

The online survey consisted of close-ended, Likert-type, and open-ended questions in order to assess survivors’ experiences in the workforce. The survey was developed by the authors, primarily the third author who is a survivor of CSE. (See [Appendix A](#) for full survey). Demographic information included gender identity, age, race, and ethnicity. The primary focus of the survey related to the survivors’ employment and assessed length of employment, type of employment (full/part time), how many hours of employment a week, their level of satisfaction with hours (why or why not), whether other survivors are employed at the site and if so, how many, the roles of survivors at the site (management/supervisor, direct service), participation in multidisciplinary teams (MDT), involvement in decision making at the agency (i.e. programmatic changes, development, decisions in regards to cases), and

involvement with cases or project/policy ideas. Another section of the measure focused on the survivors' status at the organization including treatment by other staff due to survivor status, whether the survivor was ever goaded by the organization to share their story without first being asked, and finally, if the survivor ever feels obligated to share their story with community members (e.g., donors, potential donors, visitors) on behalf of their employer. Several open-ended questions included sharing how being asked or feeling obligated to share their story made them feel, if the survivors declined to speak/share their story on behalf of their employer, and if they ever feel any workplace retaliation as a result. The next section asked about support and benefits at work including trainings for further education in their field of work, employer's flexibility with work hours, salary, the provision of health insurance by the employer, seeking personal therapy/counseling outside of their organization, therapy options provided by organization, being supplied the tools necessary to accomplish required work tasks (e.g., computer, mobile phone), and employer investment in tools to work efficiently (e.g., quality computers, quality mobile phones, efficient data entry systems, etc.). Those providing direct services to others who have experienced CSE were asked questions regarding their case load (e.g., if their case load is too high and the number of cases they feel is too many cases for a case load). The next section assessed how trauma-informed the survivor believed their agency to be. This included questions asking participants if they felt comfortable communicating their triggers to their employer or co-workers, and if they felt comfortable educating non-survivor colleagues about a trafficking related matter by sharing with them something they experienced while being trafficked. This section contained both forced choice questions and text boxes for longer replies. Finally, participants were asked to discuss the challenges they have encountered while working in the field, and areas in which their employer could improve. These final two questions were open-ended, and participants were provided with a text box to write in their responses.

Results

All data were downloaded from Qualtrics to SPSS version 25 for data analysis. As the study was fully online and provided a financial incentive, several functions were employed to ensure the data obtained were valid. First, the length of time to complete the survey was checked. Any participant who had spent fewer than five minutes on the survey was removed from the database. Next, internet protocol (IP) addresses were analyzed among the sample to identify participants who may have taken the survey multiple times. Original responses from a single IP address were retained while duplicates were removed. Responses were then checked for consistency. For example, participants who indicated full-time work would typically not work less than 40 hours per week. Responses that fell far below this threshold were further examined and removed if other inconsistencies arose (e.g., reporting they do not provide direct services to clients, but listing a high number of cases on their case load; gibberish or irrelevant responses to open ended questions). Some replies (40%) met this criteria and were removed.

The responses to the open-ended questions were reviewed by all authors. Some quotes were chosen to illustrate and confirm the quantitative results. Since the replies were brief, no qualitative method was employed to examine them. Rather the authors discussed all responses to each prompt individually. Given that the responses to each query were generally similar, the authors agreed upon which ones to choose to include in the results.

Survivors' Employment

See Table 2 for all responses to close ended questions about employment. The majority of participants (69%) were working full time. The average weekly hours participants worked ranged from 3 to 60. Most participants (69%) rated their agency's flexibility with work hours as extremely flexible. On average, participants reported 3.61 years of employment ($SD = 2.66$). For the most part, participants felt content with the number of hours they were working at their organizations (62.5%). However, among those who did not, four wanted to become more involved either by becoming full-time

Table 2. Survivor employment descriptives (%) (N = 16).

Employed part-time	68.8
Employed full-time	31.3
Mean years working (SD)	3.70 (2.60)
Mean hours a week (SD)	39.56 (18.26)
Content with hours (% yes)	62.5
Salary Range	
\$0-10,000	12.5
\$11,000-\$20,000	18.8
\$31,000-\$40,000	25.0
\$41,000-\$50,000	25.0
\$51,000-\$60,000	6.3
\$91,000-\$100,000	12.5
Salary Satisfaction	
Extremely dissatisfied	25.0
Moderately dissatisfied	25.0
Slightly dissatisfied	12.5
Neither satisfied nor dissatisfied	12.5
Slightly satisfied	6.3
Moderately satisfied	12.5
Extremely satisfied	6.3
Employer Flexibility with Hours	
Extremely flexible	68.8
Moderately flexible	12.5
Slightly flexible	6.3
Slightly inflexible	6.3
Moderately inflexible	6.3

employees, or by generally increasing their hours. Only two participants were dissatisfied with the number of hours they were working, both reported feeling overworked and under compensated for their time. Regarding salary rates among the participants, 56.3% reported earning 40,000 USD or less per year. In terms of satisfaction with their salary, 50% of participants reported feeling extremely or moderately dissatisfied.

The presence of fellow survivors in the workplace was reported by 10 of the participants (63%) while the remaining participants were the only CSE survivors at their agency. Among the former, participants reported a range of anywhere from one fellow survivor to 10 or more ($M = 4.80$, $SD = 3.12$). When asked to reflect on the employment roles of the other survivors, six of the 10 participants (60%) reported that other survivors were in management or supervisory positions, and six of the 10 (60%) reported the other survivors were in positions other than direct service provision such as marketing, social media management, or board membership, to name a few.

In regard to participants' own roles within their respective organizations, 80% reported being involved in the process of making important decisions within their organizations such as programmatic changes or decisions related to particular cases. Overarchingly, most survivors (81%) also reported being asked for their input and perspectives regarding cases, projects, or policies. Further, most survivors (81%) reported participating in MDT meetings. Four participants (25%) reported participating in countywide MDT meetings, four (25%) participated in their own organization's MDTs, and five (31%) report participation in both forms of MDT.

Survivor Status

More than half of the sample (69%) felt that they were treated differently at work due to their survivor status. Five (31%) reported that they were put in a position to share their story without consent. Similarly, six (38%) felt obligated to share their story with community members such as donors on behalf of their employer. Participants who reported these experiences were able to elaborate upon their effects in an open response format. Survivors reported feeling exploited or used by their organizations when these situations occurred. One participant stated, "Obviously, I felt

completely used. I wasn't compensated and I had already been exploited previously by another organization who used my story to build their organization." Survivors also reported feeling as if their identities were limited to that of a "survivor" as opposed to being viewed as a professional with lived experience. This sentiment was explained by a few of the participants, one of whom said, "I feel like I constantly have to decide if I am representing my 'professional' expertise or my 'survivor' expertise." Additionally, one of the survivors reported facing retaliation (i.e., was fired from her position) as a result of not sharing her story.

Support and Benefits at Work

The majority of participants (63%) reported that their employer invested in materials that enabled them to work efficiently (e.g., quality computers, quality mobile phones, efficient data entry systems, etc.), and had access to the necessary tools to accomplish their required tasks (e.g., computer, cellphone). But for those that did not, they reported using their own laptop computers, cellphones, cars, and art supplies, etc. One participant reported not being provided with any resources to do the job including office space, computer, cell phone or Wi-Fi, which was required to perform social media work. Most participants (81%) reported that their employer sent them to workshops or trainings to further their education in their field.

The vast majority (94%) of participants reported that they were seeking personal therapy/counseling outside of the organization they work for. A number of therapy options were reported by participants. Agencies provided in-house therapy for 7% of participants, 29% reported that their agency contracts with an outside group, while another 36% reported that their agency provides health insurance that covers/partially covers services. Twenty-nine percent of participants reported another therapy option including finding a therapist outside of the insurance network (as their choice) who provided a highly reduced rate due to the participant's status as a survivor leader in the helping profession, no coverage, and paying out of pocket for therapy. One participant noted the challenges faced when organizations do not respect the need for treatment. "[...] others among the team don't understand the level of trauma and the healing that has taken place to be able to work direct services after everything that has happened to us." (See [Appendix B](#), Table 3).

Direct Services

Only one participant reported not having a case load. When questioned if their current case load was too high, 31% stated never, 12.5% stated rarely, 18.8% reported sometimes, 18.8% stated frequently and 12.5% stated always. The average case load reported by participants had great variability. Participants reported caseloads ranging from 1 to 100. When asked how many cases is too many, there was greater homogeneity in replies which range from 10 to 60, with most participants reporting an average of about 20 cases ($SD = 14.30$). (See [Appendix B](#), Table 4).

Trauma-Informed Agency

Participants rated their organization's trauma responsiveness as: extremely responsive (38%), moderately responsive (25%), slightly responsive (19%), and extremely unresponsive (13%). Ratings of how comfortable survivors felt to express their triggers to their employer when necessary (e.g., when a workplace incident triggers you) resulted in slightly more than half (54%) reporting between an 8 to 10 (with 10 being the most comfortable). Participants were able to discuss their responses to this item in an open-ended format. Those that did not feel comfortable expressing their triggers (46%), explained that they chose not to disclose to other staff or supervisors out of concern that they may experience the ramifications of existing stereotypes or bias toward survivors in the workplace. Participants felt that they must fit the role of "model survivor," and reported that they did not want

to be viewed as unable to do their jobs. Survivors also voiced concerns about not being taken seriously by others in the field. One participant explained,

I did not feel comfortable sharing my triggers because often times I felt like the other women on staff who were not survivors had made comments in regard to survivors being hard to work with and being triggered easily [...].

Despite this, overwhelmingly the participants (88%) reported feeling comfortable educating their non-survivor colleagues about a particular survivor/victim related matter by sharing their subject matter expertise. (See [Appendix B](#), Table 5).

Workplace Challenges

Participants were asked to reflect upon the challenges they had faced during their employment as a mentor or direct service provider to other CSE survivors. Issues regarding a lack of funding and the absence of necessary resources to serve their clients was a challenge for many, and an important area that participants felt needed to be improved. One participant explained her frustrating experience with an organization stating, “There was all this work on programming that never went forward or got stuck, or we weren’t taking on survivors due to lack of funding, and I felt like it was such a joke.”

One of the most common challenges discussed by participants was in regard to being seen as a credible source of information in the field. For many, there appeared to be a sense that survivors are not seen as equal to their non-CSE surviving colleagues in terms of capacity to work (e.g., experiencing triggers, and stigma or judgment due to survivor status) and their level of expertise. To illustrate this, one participant described challenges such as, “Not being treated as credible or reliable even while being pushed to share expertise. When sharing expertise is always being shut down by research.” Naturally, participants discussed these negative perceptions of survivors as a critical area in need of improvement within organizations with survivors on staff. Participants’ recommendations to correct these issues included the recognition and respect of boundaries, and trainings for organizational staff to better understand and work collaboratively with survivors of CSE. The absence of other survivors in the workplace arose as a concern for some participants as well. In these instances, participants described organizations’ solicitations for survivor input as sometimes disingenuous. For example, a participant stated, “Some agencies request survivor input, and it feels as if they request it [so they can] say they did. However, they do not take the input and apply it.” Participants advocated for more survivor involvement in the field and noted the importance of differentiating between a “survivor led” and a “survivor-informed” organization.

Discussion

To the best of our knowledge, this is the first study to investigate the experiences of survivors of CSE who are working as mentors or advocates for other survivors of CSE in an organizational setting. Most survivors were generally happy with their work hours, job flexibility, support received to accomplish their work, and the amount of input they had at their organization. The majority were involved in decision making and believed their voice was valued. Reporting that their agencies were trauma informed, many survivors had fellow survivors employed at their organizations. However, more than half of the survivors were dissatisfied with their salary, reported high caseloads and a few felt taken advantage of by their agency. Some survivors reported feeling as though they were treated differently due to their survivor status and at times, their experiences and triggers were not understood by coworkers. While these results are generally positive, there is a need to improve aspects of survivors’ experiences in the workplace.

These findings indicate that most survivors receive some support in the workplace to succeed in their career positions. While it is unclear whether the trainings survivors were offered were a requirement for all organizational staff, previous research supports the value of additional clinical focused trainings for survivor mentors to supplement expertise acquired through lived experience. For

example, a successful survivor-mentorship model for youth with a history of CSE reported requiring survivor mentors to engage in over 40 hours of additional training in trauma-informed care and healthy boundaries to name a few (Rothman et al., 2020).

Participants' dissatisfaction with their salary and case load is concerning. Most had a salary at or below 40,000 USD and comparing this to the only known available figures for average salaries for survivor-mentors (\$73,180, range 64-82K USD, on glassdoor.com), these current salaries fall well below the average. These salaries are particularly low when one considers the nature of the work and the cost of living in some areas of the country. As is true of most helping professionals, caseloads that are too high can contribute to feelings of burnout and vicarious traumatization (Boscarino et al., 2004; Creamer & Liddle, 2005; Meyers & Cornille, 2002; Newell & MacNeil, 2010) and in the case of survivor-mentors, such high caseloads may contribute to triggers of their own victimization.

One implication of survivors not making adequate wages is placing them at risk for recidivism. They may contemplate returning to "the life" as they are struggling for financial survival. These authors believe agencies need to view the work of survivors as equivalent to therapists. Advocacy for pay ranges for survivor mentors that are comparable to therapists is necessary, as the work they do can be considered equal in nature. In fact, survivors may be better equipped to connect with and engage survivors in the treatment and recovery process through their shared lived experiences. Previous research by Cohen et al. (2010) and Schnur et al. (2020) emphasize the important role of survivors on staff in the healing process for other victims.

The necessity of benefits that include mental health care is obvious as all but one (94%) of these participants reported current engagement in therapy. While survivors should be provided health benefits including mental health, agencies could also contract with local therapists who specialize in trauma work for reduced fees to treat their survivor employees. This would provide a network of therapists the survivor could contact to get services. The implications of survivors who feel good (through mental health care) and are adequately compensated for their job (allowing for financial stability) is that they are able to be more focused at work and better able to assist survivors in their care. This work can be triggering for survivors and non-survivors alike, so they must remain astute. Future research may want to explore the relationship between those survivors who are not adequately compensated and perhaps on the road to burnout and the effect it may have on their care of other survivors.

Survivors included in the study found their organizations to be fairly trauma-responsive and over half of the participants felt comfortable expressing their triggers to their employer. Those that reported an extreme lack of trauma responsiveness from their organization is concerning as it indicates an agency that is serving (and employing) victims is not following basic guidelines. Trauma-responsiveness of an organization is an extremely important factor to consider when collaborating with survivors, and a trauma-informed agency will seek to prioritize survivors' healing and safety. Of the four participants who did not feel comfortable expressing their triggers, biases and stereotyping from other staff were noted as apprehensions. Previous research that has reviewed and synthesized survivor-authored recommendations suggest that an important component of trauma-informed agencies include providing training to non-survivor staff and volunteers in order to educate them on working alongside survivors of trauma, including trainings to help non-survivor staff to become aware of biases, triggers, and harmful power dynamics which may be at play in the workplace (Lockyer, 2020). Future research could develop such training and evaluate its effect on the workplace as experienced by survivors.

Recommendations for trauma-informed organizations include respecting survivors' choice to disclose or to not disclose their personal information and stories. We agree with Hatcher et al. (2018), who advocate that survivors should determine when it is safe to retell their stories, not organizations. These current results demonstrate that a third of the survivors were put in a position to share their story without consent or forced to share their story for fundraising efforts, which is not acceptable in a trauma informed agency or any situation. The Office for Victims of Crime advises that all professionals involved in human trafficking cases must advocate for the survivor and "avoid

activities that can ostracize a victim, those that mirror the behavior of a trafficker, however unintentionally, by limiting or not offering a victim choices in the recovery process” (U.S. Department of Justice’s Office for Victims of Crime (OVC) and Bureau of Justice Assistance, *n.d.*). Forcing survivors to tell their story without consent mimics the behavior of trafficking. The idea of using survivors to tell their stories for fundraising efforts raises serious ethical issues. Agency fundraising efforts geared toward survivor programming should be prioritized by the organization without exploiting the survivors who work there.

Participants reported feeling that they must fit the role of “model survivor,” and voiced concerns about not being taken seriously by others in the field. This is in line with previous research which has discussed that survivors are frequently undervalued and discredited within the anti-human trafficking field (Countryman-Roswurm, 2015; Lockyer, 2020). This links back to the compensation issue mentioned previously; if survivors are compensated at rates similar to other professionals, they may feel more valued. We draw a conclusion similar to many others (Chisolm-Straker et al., 2020; Lockyer, 2020; U.S. Department of Health and Human Services, National Human Trafficking Training and Technical Assistance Center, 2018; U.S. Department of State, 2016) that survivor input is critical to the development of treatment for fellow survivors and that they provide important information that enables agencies to provide services to the CSE survivor population. In addition, their ability to connect with victims may be superior to their colleagues, because of shared lived experience. We also agree that simply including survivor trafficking narratives, particularly without their consent, is not enough “survivor input.” Survivors need to have a meaningful contribution to the development of their agency programming and policies, and their input should be valued and respected. This is an ethical and responsible imperative for survivors of CSE who are employed to assist others.

While most participants reported contentment with their positions and benefits, there is a need to have more survivors in positions at service agencies. Most participants reported that their agencies employed other survivors and more than half were in management or supervisory positions. As Chisolm-Straker et al. (2020) state, having survivors as a part of the care team can help reduce feelings of shame or judgment that many survivors recently exiting “the life” may feel. To our knowledge, there is no estimate of the number of survivors of CSE that are gainfully, and happily employed in agencies that serve other survivors. Agencies such as GEMS and Kristi House’s Project GOLD that empower survivors to hold places of influence in the community and specifically have input into programming for other survivors are essential to the field of anti-human trafficking and trauma work.

Limitations

We relied on self-identification of survivor status and it is possible that some respondents were not survivors despite our efforts to ensure valid data. This is a small sample of survivors and their experiences may vary from those of a larger group. It is possible that the experiences of those who chose to volunteer to participate in this study are not necessarily representative of the experience of CSE survivors in general. In an effort to maintain anonymity and confidentiality of the participants there are some variables we did not collect. We did not assess the type of organization they worked for (e.g., private/public), geographical area or survivor education, and these may have some effect on salary, benefits and resources. Despite these limitations, our findings contribute to the literature by highlighting perspectives of survivors about their places of employment to better inform agencies that may be considering including survivors in their staff, to be consistent with current recommendations (Countryman-Roswurm, 2015; Lockyer, 2020).

Conclusion

We undertook this study at the urging of one of our authors, a survivor mentor, to begin an examination of the experiences of her colleagues in their current work settings, assisting other survivors of CSE. Our goal was to increase awareness of their experiences and help inform agencies

where survivors are employed as well as advocate for survivor mentors. To our knowledge, this paper is the first of its type to assess the work experiences of survivors of sexual trafficking who are working in service providing agencies. While many believe their agencies are trauma informed and take care to not put them in positions where they feel compelled to share their survivor status, many still had the experience of being put in a position to share their story without consent. This treatment is unacceptable for survivors and only further compounds their trauma. The majority of survivors are engaged in counseling and psychotherapy, and we believe that their agencies should work with them to allow time off or financial support for their continued treatment. It is promising to learn about survivors who are content with their employment and working to assist others in their road to recovery and reintegration into a healthy lifestyle. However, it is clear that individuals and organizations require further training and resources on working alongside and respecting the expertise and lived experience of adult survivors of CSE.

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Appendix A Survey Questions

Sex Trafficking is a crime that involves exploiting a person for commercial sex.

The Trafficking Victims Protection Act of 2000 and its subsequent reauthorizations define sex trafficking as:

A crime wherein a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

Answer yes/no unless specified

- (1) Based on the definition above, are you a survivor of sex trafficking?
- (2) Do you work for an organization that provides services to individuals who've been sexually exploited/trafficked?
- (3) Do you work as a mentor or other direct service provider to victims of trafficking?

(IF YES TO PREVIOUS QUESTIONS, CONTINUE QUESTIONNAIRE)

Demographic Questions:

- (1) What is your current age?
- (2) What is your identified gender?

(3) What is your ethnicity?

Employment Information

- (1) How long have you been out of “the life”?
- (2) Do you currently work for more than one organization?
- (3) Are you required to be on-call?
 - (a) If yes, how are you compensated for your on-call time?
- (4) Are you required (or feel pressured) to be highly available to you clients outside of an on-call schedule?
- (5) Does the organization that you are employed by participate in community care practices, such as allowing time off work, breaks when needed, PTO and sick time, reflective practice, etc.?
- (6) Do you feel isolated or are made to feel inferior because of your survivorship?
- (7) Does the organization that you are employed by support or provide incentives for seeking higher education and certification training?

Presence of Other Survivors

- (1) Are there other sex trafficking survivors employed within the organization you work for?
 - (a) If yes, how many?
 - (b) If yes, are any of these survivors in management/supervisor roles?
 - (c) If yes, are any of these survivors in roles other than direct services? For example: marketing, social media coordinator, board member, research analyst, etc.

Your Role in Your Place of Work

- (1) Do you participate in Multi-Disciplinary Team (MDT) staffings?
- (2) Are you involved in any of the decision making within the organization in which you are employed?

Trauma Response

- (1) On a scale from 1–10 where 10 is the highest, how trauma responsive do you feel the organization is?
- (2) Are you asked for your input and perspective on cases or project/policy ideas?
- (3) Are you, or have you ever, been asked by your organization to share your story without you first asking to do so?
- (4) Have you ever felt obligated to share your story to community members (e.g., donors, potential donors, visitors) on behalf of your employer?
 - (a) If yes, how did that make you feel?
- (5) Have you ever declined to speak/share your story on behalf of your employer and ever felt any workplace retaliation as a result?
 - (a) If yes, please describe the result.

Support and Benefits

- (1) Are you sent to trainings for further education in the field of work in which you're in?
- (2) On a scale from 1–10 where 10 is the highest, how flexible is your employer with your work hours?
- (3) Are you provided health insurance by your employer?
- (4) Are you provided individual personal therapy/counseling outside of the organization you work for?
 - (a) If yes, does your employer pay for this therapy in part or in whole?
- (5) If you provide direct individuals services, do you feel as though your case load is too high?
- (6) On average, how many clients are on your case load at a given time?
- (7) How many cases do you feel is too many cases for your case load?
- (8) Does your employer provide the tools necessary to accomplish your required tasks? (e.g., computer, mobile phone).
 - (a) If no, what tools do you need to do your job that you do not have?
- (9) Do you feel your employer invests in tools that enable you to work efficiently? (e.g., quality computers, quality mobile phones, efficient data entry systems [think of other beneficial workplace tools])

Wages

- (1) Are you paid hourly or salary?
 - (a) If hourly, how much are you paid per hour?
 - (b) If salary, what is your current salary range? [provide salary ranges]
- (2) On a scale from 1–10 where 10 is the highest, how satisfied are you with your current pay?

Employment History

- (1) How long have you been employed with this organization? ___-months ___ -Years
- (2) Have you previously worked for similar organizations?
 - (a) If yes, how long were you at the previous organization? ___-months ___ -Years

Triggers at Workplace

- (1) On a scale from 1–10 where 10 is the highest, how comfortable do you feel expressing your triggers to your employer when you feel it is necessary (e.g., when a workplace incident triggers you)?
 - (a) If not, why? (e.g., fear of judgment)
- (2) Do you feel comfortable educating your non-survivor colleagues about a particular survivor/victim related matter by sharing with them something you experienced while being trafficked?
 - (a) If not, why? (e.g., fear of judgment)
- (3) What challenges have you encountered in the field of work you are in as a mentor/direct services? Please describe below:

Appendix B

Table 3. Survivors' Reports of Support and Benefits At Work (%) (N = 16)

Employer invests in tools for efficiency	62.5
Access to further education training	81.3
Seek counseling outside of work	93.8
Available therapy options	
Agency provides partial/full health insurance coverage	35.7
Agency contract with outside group	28.6
In-house therapy from agency	7.1
Other	28.6

Table 4. Survivors with Direct Service- Case Loads (%) (N = 16)

Felt that their case load was too high	
Never	31.3
Rarely	12.5
Sometimes	18.8
Frequently	18.8
Always	12.5
Did not provide direct services	6.3
Mean number of case loads perceived as too high (SD)	20.18 (14.29)

Table 5. Trauma Responsiveness of Survivors' Agency (%) (N = 16)

Organization's trauma-response rate	
Extremely responsive	37.5
Moderately responsive	25.0
Slightly responsive	18.8
Slightly unresponsive	6.3
Extremely unresponsive	12.5
Comfortable educating non-survivor colleagues about personal experiences (% yes)	87.5
Participants mean perception of organizations' trauma responsiveness (SD)	5.38 (2.03)*

*range of scores from 1–7