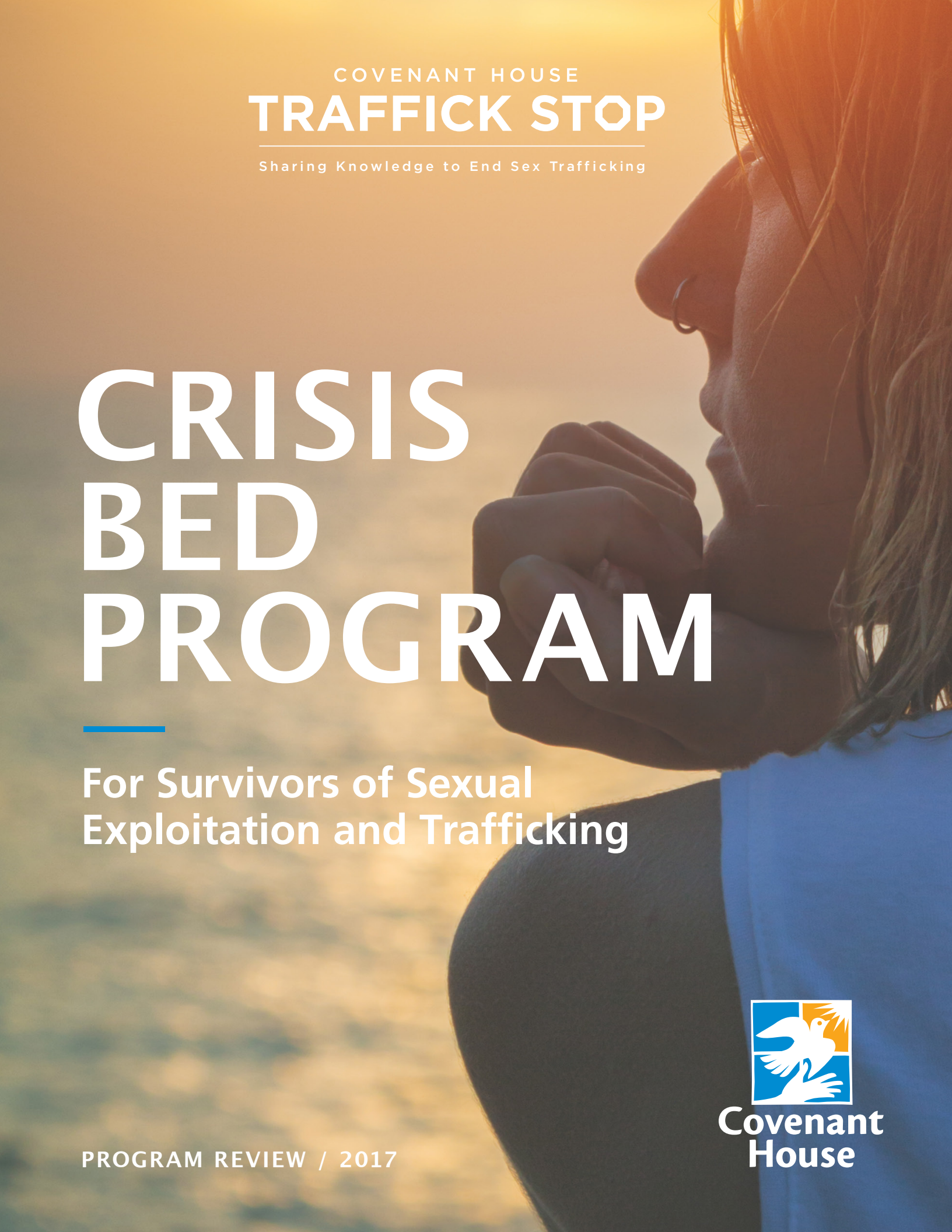
COVENANT HOUSE

TRAFFICK STOP

Sharing Knowledge to End Sex Trafficking



CRISIS BED PROGRAM

For Survivors of Sexual Exploitation and Trafficking

PROGRAM REVIEW / 2017

Covenant House

ACKNOWLEDGEMENTS

Research was made possible by a generous donation from the Gordon & Ruth Gooder Charitable Foundation and a grant from the Brown-Nusbaum Family Fund, the Tony and Caley Taylor Family Fund and the Vital Toronto Fund at the Toronto Foundation.

Covenant House Toronto would like to express our sincerest thanks to all the youth and staff that took the time to participate in our research and shared their valuable experiences with us.

The information for this report was collected through research conducted by Amanda Noble and Jaime Neal as part of Covenant House Toronto's Research and Evaluation Team.

Covenant House

TABLE OF CONTENTS

PREFACE

Sex trafficking is a local, Canadian issue that is starting to gain the public awareness its seriousness warrants. Many service providers, recognizing the need for dedicated services and solutions, are ramping up their efforts or are starting to become involved. Collaboration, through service partnerships, research and the sharing of knowledge, is key to addressing this national issue. This review of our crisis bed program is a means for our agency to add to this collaborative effort of sharing and learning and to strengthen a unified community response.

The review captures the implementation of our pilot program over an 18-month period. The content may be of interest to agencies that are considering or exploring opportunities of offering immediate crisis response, safety and support to survivors of sexual exploitation or trafficking within the structure of their shelter program. It may also be useful for those interested in establishing a different intervention and response program to address the issue of sex trafficking within their communities.

While we recognize that circumstances are unique to each service provider and in each community, working with the same demographic and responding to the same need does create a commonality. With this in mind, we hope that sharing our experiences will help inform the work of others.

The program design was guided by a thorough literature review that included best and promising practices and was also shaped by the practical and pressing need for a local intervention.

The following were taken into consideration in the development of the program: the lack of crisis beds available to survivors of sexual exploitation or trafficking; the need and accessibility of essential services for survivors; the potential risks posed by the location and size of our shelter; the potential demand and the number of beds required; the location of the beds in our shelter and their proximity to our general population shelter beds; the space available in our shelter; the safety of all of our youth and staff; and the financial sustainability of the program over time. The benefits and challenges of addressing these considerations were carefully weighed.

After 18 months, our team acquired a tremendous amount of information and knowledge. Through our experiences, we recognize that the program we created is not an ideal solution that addresses all the needs of this demographic and the myriad of related factors that arise when supporting them. However, we do know that providing this program as an option is valuable to a coordinated community response to support survivors of sexual exploitation and trafficking and, most importantly, it has shown to be of use and benefit to the young women we support.

KEY HIGHLIGHTS

Survivors of sexual exploitation or trafficking who are fleeing situations of crisis have experienced significant trauma and are in a precarious state when we see them. Due to their trauma, they require a lot of resources to support them and the response needs to be immediate.

With that said, there are inherent obstacles when working with this demographic. Efforts to mitigate problems in advance are important but it's helpful to keep in mind that challenges can be expected and that the work you are providing for these young women has benefit and value.

There is a clear indication that crisis shelter and basic supports (food and clothing), along with health care services (physical, mental and substance use), case management and legal support are all needed to address the needs of survivors. It is also clear that crisis shelter dedicated to these young women is in short supply.

In working with this demographic through our crisis bed program we have found that:

1. **The young women present with a high complexity of needs, which requires a lot of staff support.**

   a. *Offering a consistent worker is valuable as it allows a relationship to be formed and trust to develop.*

   b. *Having trained staff that are specialized around the issue of sex trafficking and who can work from a trauma-informed perspective is imperative, as well as having partnerships with health care professionals.*

   c. *Due to the considerable need for staff support from the young women, promoting an internal culture of self-care is beneficial to prevent compassion fatigue and vicarious trauma.*

2. **Congregate living has had both positive and negative effects, but if possible, individual rooms for survivors would be beneficial particularly when the young women are at different stages of exiting.**

3. **When providing multiple programs to support the survivors' continuum of change, create a gradual transition to better support the youth's ability to adapt to the structure of the new program they are entering.**

4. **Lastly, building regular evaluations into the program, which provide opportunities for both youth and staff to provide feedback, can support its improvement and help in maintaining accountability to all stakeholders.**

INTRODUCTION

ABOUT COVENANT HOUSE TORONTO

Established in 1982, Covenant House Toronto provides a broad range of residential and non-residential services and support to at-risk, homeless and trafficked youth aged 16-24. We offer 24/7 crisis shelter and transitional housing on-site and in the community and programs including education, counselling, health care, mentorship, employment assistance, job training and aftercare. Our work also involves educating and advocating for change by influencing public policy and delivering prevention and awareness programs. Our 96-bed shelter, including our two designated crisis beds for survivors, and our transitional housing options are all located in downtown Toronto, Ontario.

Over the past 35 years, we have served more than 90,000 youth, some of whom are survivors of sex trafficking, and we have seen a greater number of these cases in recent years. The number of cases from our fiscal 2015-16 year increased 40 percent over the 2014-15 year and the number of cases from the 2014-15 year increased 130 percent over the year prior, in which we had 20 cases.

We have established a Human Trafficking Team to respond to the increasing demand for resources to address this issue. The team includes a team manager, three Human Trafficking Advocates and a Health Promotion Coordinator. To support our transitional housing program, The Rogers Home, we also have three full time day-evening Youth Workers, one full time overnight Youth Worker and a House Mentor.

The work of the Human Trafficking Team primarily focuses on providing counselling, case management services, developing client-centered intervention plans, as well as supporting youth through the legal process. They have worked with both residents of CHT and non-residents and although the majority of their caseload is comprised of young women, they have also supported young men as well. With this specialized team, CHT has been able to provide committed support to these survivors.

We are currently implementing a comprehensive anti-trafficking plan, referred to as our Urban Response Model, to advance our efforts in combatting sex trafficking. The model is based on three pillars: prevention and early intervention; direct services to survivors; and learning and transfer of knowledge.

Under prevention and early intervention, our initiatives include school presentations and awareness programs, as well as industry training. For direct services to survivors, we have programs such as our crisis bed program and a transitional housing program for up to seven girls called The Rogers Home. Our initiatives in the area of learning and knowledge transfer include an online resource hub that will house our research and evaluation work related to the Urban Response Model.

These three pillars are supported through community partnerships with youth-serving agencies, law enforcement, hospitals, legal professionals and advocacy programs.

CRISIS BED PROGRAM BACKGROUND

In October 2015, Covenant House Toronto launched a pilot program that offered two crisis beds in our shelter. The dedicated beds are for young women, ages 16 to 24, experiencing sexual exploitation or trafficking and fleeing their situations of crisis.

The creation of the crisis beds was in response to an urgent need for dedicated shelter and basic supports for an increasing number of young women being identified by the Toronto Police Services' Human Trafficking Enforcement Team (HTET).

Upon identifying young women and having them express interest in receiving assistance, HTET was challenged in consistently finding a safe place, with supports, for them to stay. As a result, the team's only options were to call shelters to see if they had openings, check them into hotels or even keep them at their offices.

With a long established relationship with HTET, Covenant House Toronto (CHT) would often be called to provide beds for these young women. Given that shelters operate on an open intake policy, we often would not have a bed available. CHT discussed the need for designated beds for survivors with the City of Toronto and were approved for the two crisis beds in our shelter, regardless of whether they were occupied on any given night. These beds dedicated to survivors of sex trafficking are the first and only to be funded in the city.

With limited space in our shelter, the beds were placed in a shared room away from the general shelter population. Situating the beds in our shelter helped us to expedite the creation of this program and make it available for use sooner. As well, operating the program within an existing infrastructure better ensured its sustainability as this demographic not only requires a lot of resources to support them but is very transient.

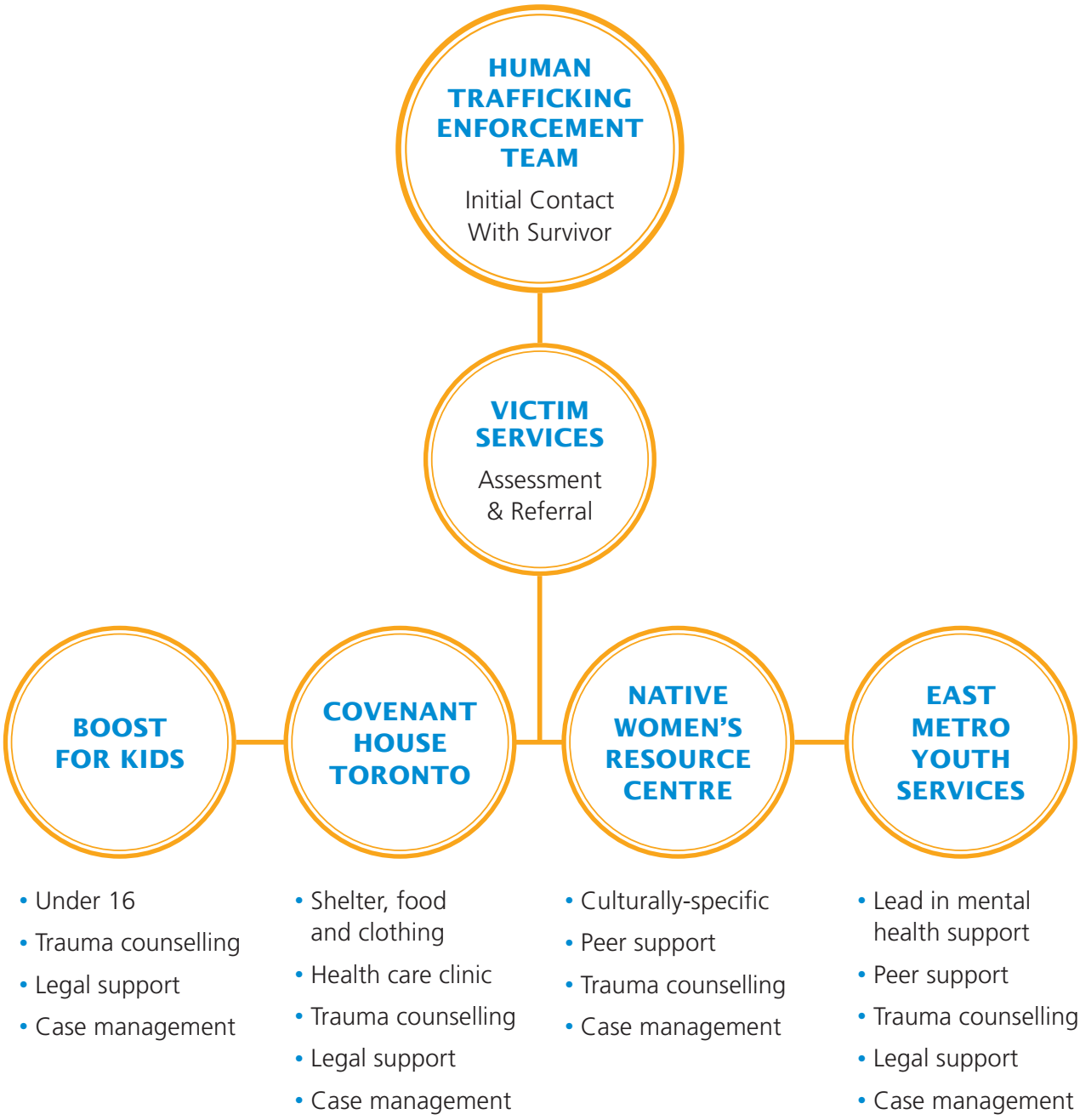
It also allowed us to leverage the services that we already offer to all of our youth, including those through our network of community partners.

The crisis bed program is part of a broader 24/7 emergency response protocol. The agencies that operate the response protocol, referred to as The Toronto Crisis Intervention Response Team, include the Human Trafficking Enforcement Team, Victim Services, Boost Child and Youth Advocacy Centre, Native Women's Resource Centre, East Metro Youth Services and Covenant House Toronto.

In this protocol, HTET would be the first point of contact for the survivor and, if she agrees to an offer of assistance, the team would connect with Victim Services to make an initial assessment. Based on the young woman's age and needs, which could range from respite and basic necessities, like shelter, food and clothing; to counselling; health care; treatment or all these combined, Victim Services would refer the young woman to Boost For Kids, Native Women's Resource Centre, East Metro Youth Services or CHT *(Figure 1)*.

Access to the crisis beds is also made available for referrals within the agency and referrals from agencies outside The Toronto Crisis Intervention Response Team.

Figure 1: 24/7 Emergency Response Protocol



CRISIS BED PROGRAM OBJECTIVES

The crisis bed program is intended for short term emergency stays. Its purpose is to deliver an immediate response and provision of safety and support to young women who are experiencing sexual exploitation or trafficking and are fleeing situations of crisis.

An immediate response lends itself to supporting the survivor at the very moment in which they can seek or accept help, which can be fleeting. The needs of these young women are very high and the precariousness of their circumstances necessitates immediacy in order to prevent a loss of contact with them or have them return to their trafficker.

The logic model presented in Figure 2, on page 9, captures the overall 24/7 emergency response model and illustrates the resources needed, as well as the corresponding results that are anticipated.

For the young woman, the results reflect an immediate impact that an intervention can provide. These include a decrease in sex trafficking activities, the attainment of shelter along with essential items, such as food, clothing, a shower, and an increased sense of safety away from their previous situations. Improved physical health and an increase in awareness of the supports offered by Covenant House and its partners are also achieved, as well as stability through engaging in a plan.

Recognizing the potential volatility and precarious state of the young women as a result of their traumatic experiences, the development of a reliable relationship is an essential prerequisite in order to assist them if they seek aid. This is another key objective which shaped how the program operates.

For this reason, having a consistent worker and flexibility built into our program, such as holding a bed for a young woman, lend themselves to a sense of reliability and allows youth to work through challenges at their own pace. The desired outcome would be for the young women to gain confidence in the staff and supports available to them, as well as in their own ability to change their circumstance, then choose to exit their situations and utilize the people, services and programs during their transition.

These beds are meant to be short-term accommodations, which would be a stepping stone to help them move to another program that supports the next stage of their journey. Figure 3, on page 11, outlines the intended pathway, from entry to exit, through the crisis bed program.

Having the crisis bed program as part of a larger response protocol also provides broader benefits. For organizations, immediate results include an increase in communication between partner agencies and an increase in the number of young women supported and referred to the appropriate agency.

The anticipated long-term impact of the response protocol includes an increased awareness of sex trafficking and community capacity to respond to it, as well as a decrease in barriers for survivors in accessing and receiving support services.

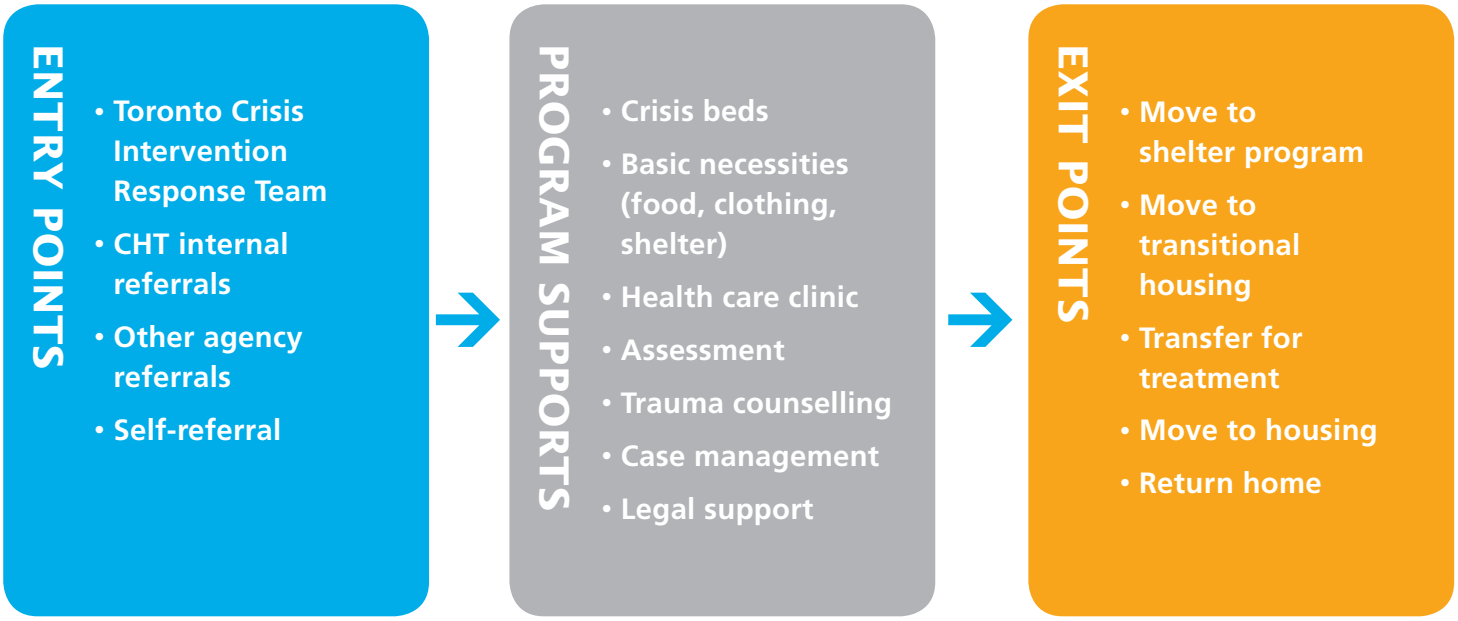
Figure 2: Crisis Intervention Logic Model

CRISIS INTERVENTION

INPUTS Resources, Budget Lines	ACTIVITIES Activities, Tasks Strategies	OUTPUTS Deliverables	OUTCOMES		
			Individual	Organization	Long-Term Impact
Staff **Partners** **Physical Resources:** • *2 crisis beds* • *Health Care Clinic* • *Training for partners*	**24/7 response protocol:** • *Identify survivor interested in intervention* • *Victim services contacted* • *Assessment* • *Call relevant partner* • *Partner reaches out* **Basic needs met (i.e. crisis beds)** **Case management** **Referrals (internal and external)** **Outreach** **Crisis Counselling** **Advocacy** **Legal support** **Immediate health needs addressed** **Safety plans created**	**# of times beds used** **Length of stay/ repeats** **# of times 24/7 response team called** **# and type of referrals (i.e. police, agency)** **# of cases that accept help** **# safety plans created** **# of Health Care Clinic visits** **Protocol – community response** **Promising practices – Information sharing** **Identification of shared indicators**	**1.** Decrease in **sex trafficking activities** **2.** Obtain **shelter** + Increase **comfort** as basic needs met (shelter, food, clothing, shower) **3.** Increased sense of **safety** **4.** Improved **physical health** **5.** Increased **knowledge** of **CHT's programs** and other **community resources** **6.** **Stability** – survivor engages in plan	**1.** Increase in **communication** between partner agencies **2.** Increase in # of girls **referred** to appropriate agency	**1.** Increased **community capacity** to respond to sex trafficking **2.** Increased **awareness** of sex trafficking **3.** **Reduced barriers** to receiving services

Contextual Factors: *1) No referrals or police contact with survivors; 2) Too many referrals, not enough capacity; 3) Funding (ours and partners); 4) Trauma bond; 5) Survivors utilize other services /* ***Program Assumptions:*** *1) There's a need for this service; 2) Girls are going to want to participate; 3) The services and activities are appropriate; 4) We are working with the appropriate partners*

Figure 3: Youth Pathway Through Crisis Bed Program



OPERATION OF THE CRISIS BED PROGRAM

CLIENT BASE

The crisis bed program works with female and female-identified individuals, ages 16 to 24, who are fleeing situations of crisis. The program is geared towards supporting particularly those experiencing sexual exploitation or trafficking.

In this review we often use the term 'survivor' to refer to these young women, although some of them may still be in the midst of their exploitive situations. **It's critical to be aware that with this demographic, the circumstances leading them to accept assistance and their mental readiness to exit their situations, vary greatly and can change instantaneously.**

LOCATION

There are two dedicated crisis beds in a shared room located within Covenant House's 96-bed shelter facility in downtown Toronto.

FUNDING

The two dedicated crisis beds are funded, regardless of occupation, and licensed by the City of Toronto.

INTAKE AND STAFFING

Covenant House operates 24/7. Survivors can self-refer or be referred to the program by a community partner. Intake will occur if a bed is available. If a bed is not available, an intake worker will seek to locate other housing for the youth.

When a survivor arrives, a formal intake form is completed. This is followed by a meeting with a Human Trafficking Advocate (HTA) to develop an individualized safety plan *(Appendix A)*. The HTA will retain and manage all areas of the case plan (housing, education, etc.) while providing case management support if the youth requests it.

When the youth moves from the crisis bed program to the general population shelter, the Team Leader (TL) will take over in managing all areas of the case plan.

ACCESSIBILITY AND SERVICE DELIVERY

In acknowledgement of their high transience and to encourage their return, a bed is held for the young woman for three nights if they do not return unexpectedly. However, if there is another youth in need of the bed, the bed will be released, which our young women are made aware of when entering the program. Youth will be expected to maintain appropriate behaviour as per the normal protocols and policies of the shelter program. However, the crisis bed program is able to offer flexibility of care and support to this population and this is managed on a case-by-case basis so as to adhere to trauma-informed practices.

While at Covenant House, the survivor has access to the same support services and programs, such as our health care clinic and counsellors, which all of our youth have access to. They also have access to the same common spaces.

The length of stay for the youth accessing the crisis bed is reviewed by the Human Trafficking Team. They will determine when/if the youth can move to another program or remain in the crisis bed.

EVALUATION AND OUTCOMES

Covenant House enters data into Efforts to Outcomes (ETO), an electronic database we utilize to help us measure our youth's progress. We also conduct program evaluations and administer youth surveys regularly to monitor the effectiveness of the overall program.

RESEARCH AND FINDINGS

METHODOLOGY

The findings highlighted in this review are derived from an 18-month evaluation, concluding at the end of March 2017, of Covenant House's crisis bed program. The evaluation builds upon three and nine month evaluations that were conducted, the last of which was done in June 2016.

Covenant House's Research and Evaluation Team analyzed administrative data, conducted file reviews of the residents and interviewed seven staff and four survivors who resided in the beds. A total of 37 young women have stayed in the beds since they opened in October 2015.

There were several questions that lacked responses and as a result, information was missing in the administrative data. To account for the variances, percentages are reported that both factor the missing data both in and out of the totals to illustrate the potential impact of the missing information.

FINDINGS

Demographic and Trafficking Experience

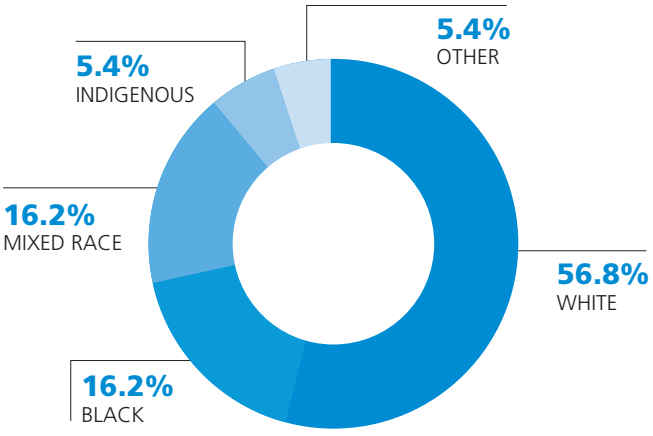
The average age of the young women accessing the crisis beds was just over 21 years of age. The occupants were a range of ages with those 22 and younger comprising 62.1 percent of the total *(Table 1)*.

Table 1: Youth Age

Age Range	Percentage
16-18	29.7%
19-22	32.4%
23-25	37.8%

The ethnicities were also varied. For the purpose of analysis, we grouped the ethnicities into broad categories and found that those identifying as White comprised the majority, followed by Black or mixed race being the second and third most common *(Figure 4)*.

Figure 4: Youth Ethnicity



All but one of the young women were Canadian citizens and about a quarter of the crisis bed occupants are or had been involved with child welfare or foster care.

All the young women included in this study have experienced sexual exploitation or trafficking. However, 54 percent, or 20 youth, that accessed the crisis beds were specifically identified as victims of human trafficking in legal cases that have been brought forward in court. Four of these 20 youth were also listed as accused.

A higher proportion of youth regarded their trafficker as their boyfriend (16) than not. However, information is missing for seven youth *(Table 2)*.

In terms of their recruitment experience, the housing status at the point of recruitment for the youth varied but the most common was living with a family member and living on the streets, eight youth each *(Figure 5* and *5.1)*.

The recruitment location for about 67 percent of the youth that accessed the crisis beds was in Ontario. Fifteen of these youth were recruited in Toronto specifically. There appears to be overlap with regards to the jurisdictions where the trafficking itself occurred but, again, Toronto captured the majority with 24 youth.

Table 2: Trafficker Regarded as Boyfriend

	All Data	Data *(no missing)*
Yes	43.3%	53.3%
No	37.8%	46.7%
Missing Data	18.9%	

Figure 5: Housing Status at Recruitment

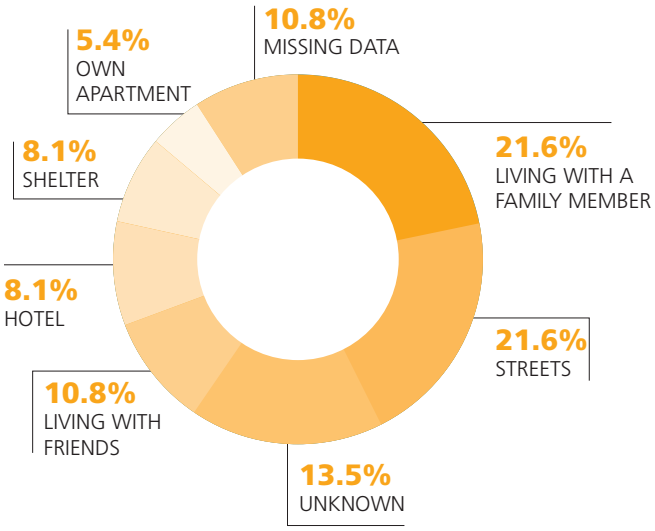
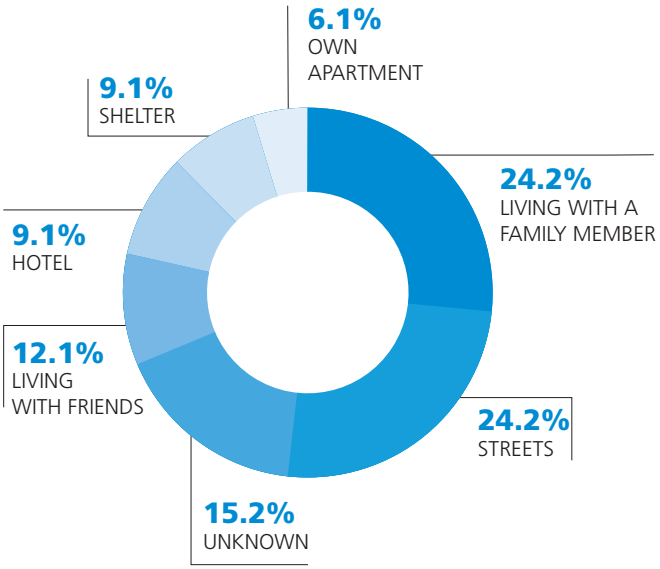


Figure 5.1: Housing Status at Recruitment *(not including missing data)*



High Complexity of Needs

The youth who use the crisis beds present with multifaceted needs. This includes complex trauma, substance use, mental health concerns, self-harming behaviour, and suicidal ideation.

Over half the youth were identified as having a diagnosed or suspected mental health concern *(Table 3)* and, again, over half were identified as having physical health concerns *(Table 4)*. Data was missing for several of the respondents and when this data is removed from the total, the numbers for mental health concerns and physical health concerns both jump to over 70 percent.

Table 3: Mental Health Concerns

	All Data	Data *(no missing)*
Diagnosed	37.8%	43.8%
Suspected	27%	31.3%
None	8.1%	9.4%
Unknown	13.5%	15.6%
Missing Data	13.5%	

Table 4: Physical Health Concerns

	All Data	Data *(no missing)*
Immediate	21.6%	25%
Some	40.5%	46.9%
None	24.3%	28.1%
Missing Data	13.6%	

The same was the case for those that identified having a concern with substance use – more than half. The information was missing for seven youth. When the missing data is removed from the total, the number identified jumps up to just over 60 percent *(Table 5)*.

Table 5: Addiction Concerns

	All Data	Data *(no missing)*
Yes	54.1%	61.3%
No	32.4%	38.7%
Missing Data	16.2%	

Although we anticipated that working with survivors would demand a greater amount of resources, we found that the extent of it was more than expected and particularly with staff time. The staff generally describe the young women as needing a lot of support, and staff end up spending a lot of their time with them. One HT staff stated:

> *"These young women are very complex and come with a lot of barriers to their mental health and then the trauma is pretty significant. And substance use can be significant. Like everything is heightened for them… it feels like the work you do with two of the girls in the beds is more like five people over here [in shelter] because their needs are pretty high and you're their go-to person."*

In addition to working directly with the young women, there are a number of activities involved in managing their cases into which staff need to invest their time. An example of this is communicating frequently with multiple parties, like community and legal partners, about each case. One staff states that this can be "a real demand on a person's time to keep everyone informed".

Safety of the Young Women and Location of the Beds

As the youth present with a high complexity of needs, having the beds located in our shelter has been beneficial as it offers easy access to a variety of needed support services offered by CHT and our community partners.

However, the agency's downtown location and large number of occupants could also facilitate access to substances and the possibility of encountering a youth's trafficker in the area, which our staff were aware of and remained vigilant to. In a few cases, young women were transferred to shelters or housing in other cities because of these concerns.

All youth shelters are susceptible to people looking to recruit vulnerable youth and it was recognized that knowledge of this program for survivors could potentially increase the occurrences of recruitment.

A couple of young men were suspected of being potential traffickers in our shelter but the lack of proof has posed a dilemma. One staff spoke of this ongoing challenge:

"I'm not sure we have a resolution on this because we do need to balance service to the girls with service to the young men too, who you know, if it's just an allegation – where do we draw the line and say you can't be here, or we're referring you for suspicion? So there are really grey areas."

As well, there is potential that the occupants of the crisis beds themselves may recruit others within the crisis bed program or in the shelter.

Aside from recruitment, some previous residents of the crisis beds reported that the sheer number of youth in the shelter, particularly males, was intimidating on its own.

Congregate Living

The two crisis beds are located in a shared room. In some cases, being in a shared space resulted in the residents becoming important support for each other. However, there were instances when it also created challenges when the young women were in different stages of change, or because of the dynamics that developed between them lead to conflicts which affected their stay.

Flexibility / Rule Exemptions

Due to the severe trauma of their experiences and the higher needs of this demographic, the residents of the crisis beds have been offered more flexibility to accommodate their needs. These include holding a bed, late wake-ups, greater room access, etc. All of the young women interviewed emphasized how important and helpful the added flexibility afforded to them is as it allows them to settle in and feel safe. One youth said:

"I'm very shy and I want to stick to myself to see how everybody is before I branch out… So I'm thinking, with them saying we can eat in our rooms and stay in our rooms… I think it's really helpful."

Specifically regarding the flexibility of being able to stay in their rooms, staff have expressed concerns about youth spending too much time in their rooms, particularly for those with mental health issues.

The flexibility afforded to the occupants of the crisis beds has at times created some tension with other youth. One of the staff spoke about how other residents continually ask why they can't be afforded similar privileges. This staff continued:

"And I feel bad for them… I get that population, but they're all traumatized. A lot of them have been in those positions and just aren't telling us…"

Transfer to General Population

Over half of the crisis bed residents left the beds in a planned manner *(Table 6)*. They either transferred to our general shelter or transitional housing (The Rogers Home), transferred for treatment, or left for housing. For those that transferred to shelter or our transitional housing program, one left shelter in a planned manner and one still currently resides in The Rogers Home.

It was commented by staff that, although there was variation and some successful transitions, it was generally a chaotic experience and that they start to see more behaviour issues.

Table 6: Reason for Dismissal

Reason	Percentage	Planned	Unplanned
Transfer to Shelter	18.9%	56.7%	
Transfer for Treatment	8.1%		
Left for Housing	18.9%		
Left for Transitional Housing	10.8%		
AWOL	21.6%		43.3%
Incident	10.8%		
Unplanned to Self (UPS)	10.9%		

Male Staff

Some staff have expressed uncertainty around what role male staff should play in the shelter with the residents of the crisis beds, if any. One staff described how there are two lines of thought. On the one hand, it is understandable that the young ladies may feel more comfortable with women in light of their trauma and trafficking histories. On the other hand, it can be argued that perhaps the youth could benefit from establishing positive relationships with males so that they can learn this is possible. Staff have had the young women decide their comfort levels when working with them.

Demand for Emergency Beds

The average occupancy rates have risen since the opening of the crisis beds in October 2015, although it has not been a linear upward trend. *(Table 7* and *Figure 6)*. About 70 percent of youth had one stay in the crisis beds *(Table 8)* but the length of stays overall varied between one and 48 nights. The numbers were largest at opposite ends of the spectrum *(Table 9)*.

Table 7: Emergency Beds Occupancy Rates

	2015			2016												2017		
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% Days Empty	50	50	25.8	77.4	34.5	0	16.7	48.4	43.3	42	6.5	10	41.9	3.3	16.1	0	3.6	0
% One Occupant	50	46.7	29	9.7	41.4	38.7	30	51.6	50	54.8	71	6.7	25.8	30	48.4	67.7	78.6	12.9
% Days Full	0	3.7	45.2	12.9	24.1	61.3	53.3	0	6.7	3.2	22.5	83.3	32.3	66.7	35.5	32.3	17.8	87.1

Figure 6: Occupancy Rates

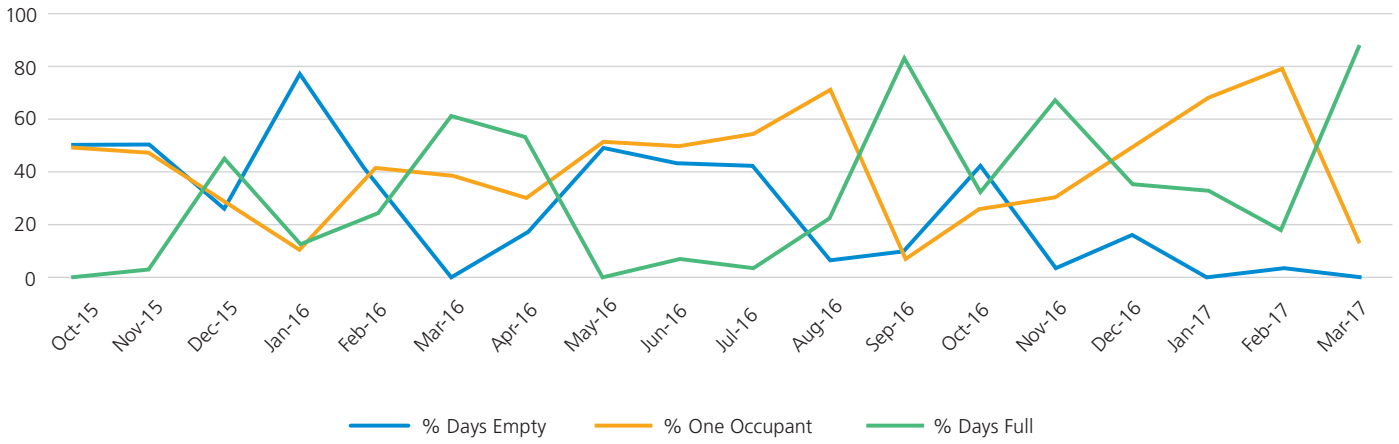


Table 8: Number of Stays

Number of Stays	Percentage
1 Time	70.3%
2 Times	18.9%
3 Times	8.1%
5 Times	2.7%

Table 9: Length of Stays

Length of Stays	Percentage
2-7 Nights	35.1%
8-14 Nights	21.6%
15-21 Nights	13.5%
22+ Nights	29.7%

The majority of the referrals, 15, which were captured between October 2015 and March 2017, came from the emergency response network. The second and third most frequent type of referral came from non-emergency response partners and internal referrals with six each. Information was missing for four youth. Figures 7 and 7.1 present the information with and without the missing data.

With the high demand for the beds, as seen particularly in March 2017, the HT team began to track the requests that they were not able to accommodate. In March, 14 requests were made that had to be denied because the beds were full. This has raised concerns about how to manage the demand.

There is also concern that the increase in demand will be compounded by the growth of the Toronto Police's Human Trafficking Enforcement Team (HTET), which will lead to an increase in the number of survivors that are identified and in need of crisis beds.

Figure 7: Referrals

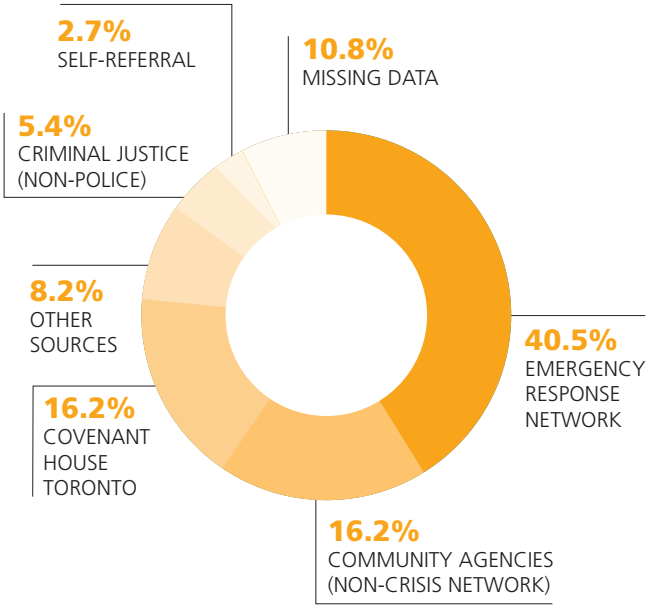
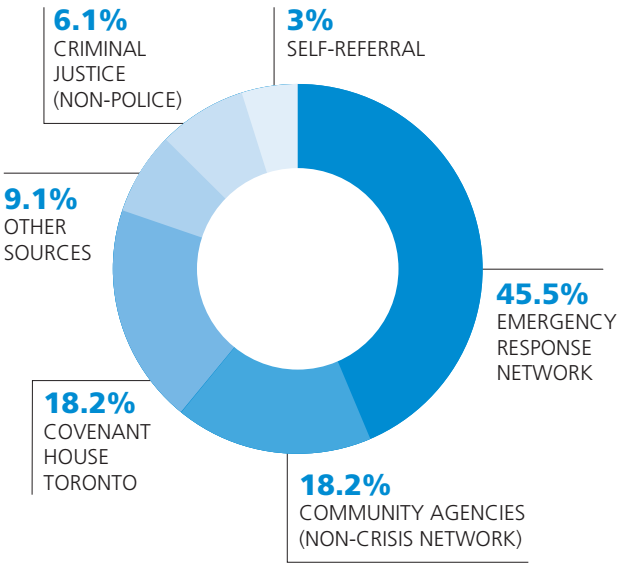


Figure 7.1: Referrals *(not including missing data)*



Staff Compassion Fatigue and Vicarious Trauma

The staff interviewed feel like they are at risk of compassion fatigue and vicarious trauma. They explain this as a result of the volume of referrals we are receiving, the complexity of the youth needs, and the shocking stories and experiences they learn about from the young women they work with. One staff says:

> *"It's a busy job. It's a very busy job… and the information is heavy… I'm still figuring it out [self-care]… It's not as basic as detach because you can't always detach. Sometimes you have to leave your phone on or your mind has to be there because you know this person's going through crisis… your brain is always on to some extent. And you hear really dark stories and you kind of start to see things differently."*

Staff describe the importance of supporting each other, and all reflect on what a great team they have, but also state that this can add to the dark stories they are subjected to as not only do they hear about their own clients' experiences, they also hear about their co-workers' too.

RECOMMENDATIONS FOR SERVICE PROVIDERS

1. UTILIZE A TRAUMA-INFORMED MODEL OF CARE

Survivors of sex trafficking have experienced significant trauma in their lives, both as a result of the trafficking and other adverse life experiences. This trauma affects many areas of their lives, including their wellbeing, relationship development and behaviour. Understanding this is paramount to working with survivors. Working from a trauma-informed perspective means being sensitive to their trauma, understanding behaviours (e.g. anger, substance use) as occurring as a result of this trauma, understanding their triggers, and avoiding re-traumatization.

Critical to the trauma-informed perspective is providing survivors with flexibility in their service delivery, and gearing each case plan to the unique needs of the individual. Flexibility is important as often survivors have fled very inflexible circumstances, and attempting to enforce too much structure and rules can trigger feelings of being trafficked. Working with youth as individuals means that staff must be comfortable working with ambiguities or 'grey' as there often isn't a 'black-and-white' rule or answer, which can make this practice a challenge to operationalize.

In our shelter, as the stay in the crisis beds is meant to be temporary, the residents are able to eat in their rooms, and can stay in their rooms to rest as much as they would like. This is key to allowing them to recover from their experience.

The residents have flexible curfews, and we will hold their bed for three days if they leave so they have a safe place to return to. The residents are informed, however, that if they leave the beds overnight and someone else is in need, the bed will be given to this person.

Individualized approaches are important as the survivors present in different scenarios and with diverse needs. Staff need to be able to support survivors in the ways that the survivors identify are necessary, and to be flexible and adaptable to meet these needs.

An important component of having an individualized approach is being able to identify when a young woman is coming and going as she pleases or is abusing the flexibilities afforded to her, and having a conversation with the resident. If staff suspect this is happening, it is important for them to raise the topic with the resident, and ultimately leave it up to her if she would like to continue to engage in this programming as it is intended.

2. TRAINED STAFF

Remain vigilant to potential traffickers

Operating in a shelter setting means there is always the danger of people utilizing services in order to lure vulnerable residents, particularly if they are aware there is a specialized program for survivors of sex trafficking. This danger can come from residents in the shelter, participants in the specialized programming itself and people who loiter outside. Staff must be trained to notice any red flags that may indicate trafficking is occurring on the premises. These include particular interactions with other residents and behaviours such as hanging outside, particularly with people who are not residents (and in many cases are outside of our age mandate of 16-24). Many youth are also vocal about what they observe and when they have been approached or feel threatened. All allegations must be taken very seriously.

This is not an easy situation and staff have to use their judgement, balancing the sanctuary of the shelter and survivors with the right of the individual, particularly if only allegations have been made (in most cases there will be no concrete proof and staff must use their judgement). If it is decided that trafficking or recruiting is occurring on site, it is important that the person be removed from the premises, and that they are restricted from coming back. As allegations of trafficking are extremely serious, one-year restrictions are placed, and must be approved by the Shelter, Support and Housing Administration. Individuals also have a right to appeal the decision.

Hire/train staff who are specialized around the issue of sex trafficking

While everyone that comes into contact with survivors must have basic training around the issue of sex trafficking, it is also important that specialized staff be available to work with survivors. This may be a dedicated human trafficking team, or it may mean that there are staff who have been specially trained in this area. Training must include the topic of sex trafficking, the process of exiting, trauma-informed care, use of language, providing safety, and responding to the complex and multi-faceted needs of survivors.

At CHT, we have identified the need to have more staff who are specialized in this area on overnight and weekend shifts, as well as more supervisors of the front-line staff. We have also identified the need to have basic training for our per diem staff on the weekends, including language to use when referring to survivors.

3. CONSISTENT WORKERS

We have found, and survivors have identified, that having one or two consistent workers is really important. **Many survivors find it difficult to trust and form relationships with multiple service providers, and find having to re-tell their story repeatedly difficult and painful.** At CHT we now have a dedicated staff from our Human Trafficking Team that oversees all of the case management activities of the survivors in the crisis beds. Staff from both teams unanimously have found this helpful.

We are also recommending having consistent workers in the crisis shelter for the residents of the crisis beds. This may mean adjusting the staff-to-youth ratio for the crisis shelter staff, or reducing the number of other youth on their caseloads to adjust for the high needs of the survivors.

4. DEVELOP STRONG PARTNERSHIPS WITH HEALTH CARE PROFESSIONALS

The survivors who have utilized the crisis beds generally present with multiple health needs, including physical and mental. It is important to have community partners who can address these needs. This may include medical doctors, nurse practitioners, sexual health clinics, psychiatrists, trauma counsellors, and crisis response networks. If possible, have health care providers visit your organization, or practice in-house (e.g. once or twice a week).

5. PROMOTE A CULTURE OF STAFF SELF-CARE IN YOUR ORGANIZATION

Working with survivors of sex trafficking is extremely complex and intense work. Staff are vulnerable to experiencing vicarious trauma and compassion fatigue. It is important for organizations to promote a culture of self-care for staff. This includes several elements:

- Promoting the importance of self-care and regularly speaking to staff about it
- If possible, have an Employee Assistance Program available for staff
- Utilize clinical supervisory practices to support the staff working directly with survivors
- Utilizing self-care inventories, or documents suggesting practices/resources staff can use
- Promote and develop a strong inter-team dynamic where staff are supportive of one another and are in regular communication with one another
- For larger teams, such as in CHT's crisis shelter, ensure the team is broken down into smaller groups for this support (e.g. case management teams)
- Foster an open environment where staff can express their feelings at meetings, such as at shift changes or general meetings
- If desired, measure the degree to which staff are experiencing burnout and secondary trauma through tools like the Professional Quality of Life (PQOL) (Stamm, 2010)
- At CHT we are planning on developing monthly "booster sessions" where staff at our crisis shelter who work with the survivors can meet with our Human Trafficking Team and debrief

6. CREATE A GRADUAL TRANSITION TO MORE STRUCTURED PROGRAMMING

From the beginning, when survivors enter the crisis bed program, the Human Trafficking Advocate discusses with her that the beds are meant for those who are in crisis or who have just fled from their trafficking situation. They are not meant to be long-term beds, and eventually the ideal situation would be to work with survivors to move to their own housing, or transition to another program, such as our general shelter.

This transition can be difficult as the program is more structured, and due to the high number of residents (94), cannot be as flexible. We are recommending a more gradual transition, where the structure of the general shelter is introduced to survivors over a two-week period, with ongoing discussions with staff.

7. IF POSSIBLE, ALLOW SURVIVORS TO HAVE THEIR OWN ROOM

Our facilities currently do not allow for separate rooms due to space constraints, however, if possible, we would suggest providing survivors with their own rooms. The dynamics that can occur between two survivors can be very intense, both in positive and negative ways. Having their own rooms would help to promote healthy boundaries, and afford residents some privacy. It can also avoid situations where roommates are in different stages of exiting or dealing with substance use.

8. IF POSSIBLE, BUILD REGULAR EVALUATIONS INTO PROGRAM

Many of the changes we have made in our crisis bed programming has been the result of ongoing evaluations of the program. **In this way, staff are able to identify areas that need immediate improvement, determine whether they are meeting their objectives as planned, and to be accountable to the residents they serve, as well as funders.** We conducted three, nine, and 18-month implementation evaluations of the program, and plan on evaluating the program regularly for outcomes (annually if possible).

This has allowed us to analyze administrative data and to provide a confidential forum for both youth and staff to give feedback. Having regular evaluations requires ensuring that the goals of the program are defined at the onset, and indicators of how the goals will be measured be put into place, and collecting data regularly. As many agencies do not have the capacity to perform their own evaluation internally, it is possible to consult local universities, who often have professors or graduate students interested who are eager to participate.

APPENDIX A

SAFETY PLAN

Name: **Phone#:**

Address:

1. Triggers:

* *

* *

2. Distractions:

* *

* *

3. Coping Strategies: *(Examples: Meditation, exercise, volunteering, etc.)*

* *

* *

4. Supports: *(incl. family MD/hospital, community programs)*

* *

* *

I, _____ identify these coping mechanisms and agree to adhere to the above safety plan.

Date: **Youth's Signature:**

Date: **YW's Signature:**

Evidence of my Resiliency: *(Describe any resilient actions observed)*

REFERENCES

Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatell, ID: ProQOL.org.

FEEDBACK

Your feedback is valuable! Please email Crystal Lee at **clee@covenanthouse.ca** to let us know if this program review was useful for you or if you have any other comments or suggestions.

Covenant House Toronto
20 Gerrard Street East
Toronto, ON M5B 2P3
Tel: 416-598-4898
Intake & Admission: 416-593-4849

CovenantHouseToronto.ca