

GETTING OUT:



A National Framework
for Escaping Human
Trafficking for Sexual
Exploitation in Canada

Executive Summary



**Covenant
House**

COVENANT HOUSE
TRAFFICK STOP
Sharing Knowledge to End Sex Trafficking



THE
HindSight
GROUP

Amanda Noble, MSW, PhD
Isaac Coplan, MES
Jaime Neal, BA (Honours)
Amanda Suleiman, MSW
Covenant House Toronto

Susan McIntyre, PhD
The Hindsight Group

ACKNOWLEDGEMENTS

The research was made possible by a generous donation from the Gordon & Ruth Gooder Charitable Foundation.

We would like to express our sincerest thanks to the sample size of 201 including 50 survivors across Canada who took the time to participate in our research and shared their valuable experiences with us. Thank you also to Alicia Versteegh, who assisted with the editing process.

TABLE OF CONTENTS

4	Introduction	20	Service Needs
		20	The Service Continuum
5	What is Human Trafficking/ Sexual Exploitation?	21	Basic Needs
5	Sex Trafficking and Language		
6	Recruitment/Grooming	23	Other Service Needs
6	Exiting/Escaping		
7	Trigger Events	26	Recommendations
7	Re-Entry		
8	Structural Factors	28	Conclusion—A Cautious Message of Hope
10	Encounters with Systems/ Systemic Barriers	29	References
12	Psychosocial Factors		
14	Psychological Factors		
17	Theoretical Considerations for Service Provision		

INTRODUCTION

Exiting sex trafficking can be a long and arduous process, with survivors having many needs that must be addressed before, during and after exiting. Often this process takes many attempts.

To date, very little work has been done to document the process survivors must undergo in order to successfully escape from sex trafficking or to document their specific needs while attempting to do so.

The following is a summary of the findings of a national research project conducted in eight Canadian cities: Vancouver, Winnipeg, Toronto, Niagara Falls, Thunder Bay, Montreal, Halifax, and St. John's. We spoke with 201 stakeholders including service providers, healthcare professionals, police, and most importantly, 50 survivors of sex trafficking.

This research project sought to answer five key questions related to exiting the sex industry:

- 1 What is the process of exiting sexual exploitation?
- 2 What are the major barriers to escaping sex trafficking?
- 3 What basic, instrumental, and psychological needs do survivors have when exiting sex trafficking?

- 4 At what point in the journey are certain needs more pressing?
- 5 How does this process vary by regions in Canada?

This report aims to provide guidance to service providers (including frontline agencies, health care providers, first responders and child protection agencies) so that they can better understand the unique and complex needs of those who have survived sex trafficking.

In addition to answering the five questions, this report calls for a long-term, coordinated national effort to:

- Recognize the structural barriers that put individuals at greater risk of sexual exploitation, including experiences of poverty, colonialism and historical trauma, and discrimination;
- Increase coordination between social services agencies supporting survivors and ensure more funding for programs supporting the unique needs of survivors is available;
- Raise public awareness about this heinous crime, including the signs of luring, grooming and trafficking and how Canadians can better support survivors; and
- Increase dialogue across municipal, provincial and federal jurisdictions to ensure gaps in the system are being addressed.

WHAT IS HUMAN TRAFFICKING/ SEXUAL EXPLOITATION?

Although there is no nationally endorsed definition of sex trafficking, the Government of Canada (2012, p. 4) states:



What is Human Trafficking?

“Human trafficking involves the recruitment, and exercising of control/coercion, direction or influence over... person in order to exploit that person.”

Ministry of Public Safety: Government of Canada (2018)

Trafficked persons, including those under the age of 18, are sexually exploited when forced, coerced or manipulated into performing sexual acts in exchange for money (or substances) (Berger, 2012).

SEX TRAFFICKING AND LANGUAGE

Conducting research on sex trafficking inevitably involves tackling the thorny issue of language, or the challenges present in using terminology that describes survivors’ experiences in a sensitive and non-offensive manner. Across the country, groups use different language to describe the process of leaving, exiting or escaping situations of sexual exploitation/trafficking. We use a combination of terms including exiting, escaping, leaving, and ending the experience of sex trafficking. The terms are used interchangeably in this report, with the caveat that the use of any of the words does not discount those experiences that are less congruent with the term being used. Moreover, we do not wish to diminish the exploitative nature of the trafficking experience by implying leaving is simply a matter of choice. This terminology is used to discuss the process of removing oneself from the control of a manipulative, violent and/or an emotionally exploitative third party, such as a pimp, trafficker or a group of traffickers. ‘Exiting’ is often a non-linear process and may result in multiple attempts.

RECRUITMENT/GROOMING

The ways in which survivors are recruited into sex trafficking vary, but most often begin with psychological manipulation referred to as the process of grooming. This may occur by peers, friends, or individuals posing as romantic partners. Most traffickers look to establish relationships of dependence through exploiting vulnerabilities, fulfilling the needs of survivors or encouraging substance use (Smith, Healy Vardaman, & Snow, 2009). While the 50 survivors we interviewed in this research were diverse in terms of age, ethnicity, and socioeconomic backgrounds, particularly vulnerable groups were overrepresented including Indigenous, female-identifying individuals, the majority of which grew up in low-income families. Many of the survivors came from the child welfare system. A startling number described experiencing abuse as a child, particularly sexual, and were recruited very young, often before the age of 16.

EXITING/ESCAPING

The survivors that participated in this research described exiting, escaping or leaving the traffickers in multiple ways. Some spoke about saving little bits of money for long periods of time and fleeing when they had the chance. Some called 911 or were referred to support services/victim services when the police made a 'bust'. One spoke about her trafficker "taking on another girl", and not making the conscious decision to leave. A couple of survivors spoke about slowly "tapering down" their involvement with the sex industry over a period of several years.

HOW GROOMING AND RECRUITMENT HAPPENS



The trafficker may appear in a romantic capacity



They may offer friendship, drugs or a place to stay



Traffickers often lure people by offering a job or lucrative employment



They may offer a partnership in the sex industry, or lie about the job

TRIGGER EVENTS

In many cases, a serious event occurred in the survivors' lives that triggered an attempt to exit. For some this event was an act of violence by a trafficker or a 'john', having a friend in the industry go missing or be murdered, or experiencing severe physical or psychological illness. The most commonly reported trigger events related to survivors' desires to protect their children or future children, if pregnant. It is often during these trigger events that service providers, law enforcement and/or medical staff come into contact with survivors. This initial interaction is crucial, as the way the survivors are treated in these critical moments can make a difference in whether survivors feel they have the support to attempt an exit. Generally, out of fear and/or mistrust of authorities or fear of retribution, survivors are hesitant to disclose the situation they are in. Professionals have a very limited amount of time to see warning signs, such as particular injuries or STIs, or the presence of another person who limits how much the survivor can speak. During this time showing compassion and providing information or a referral to the survivor can influence whether they seek support, or return to the traffickers.

RE-ENTRY

While some of the survivors in this research were successful in escaping on their first attempt, it was more common to hear that multiple attempts were made to exit before survivors remained out. This was particularly true for survivors who were exploited for a long period of time and those who had deep emotional ties to the traffickers. Several survivors spoke about always feeling vulnerable to going back, even many years after exiting.

STRUCTURAL FACTORS

Structural factors are the overarching social structures and social norms that can both make one vulnerable to being exploited and impact the experiences of survivors when exiting.



DISCRIMINATION—Participants throughout the country discussed their experiences facing and navigating discrimination related to colonization, gender and race.



COLONIZATION—Any attempt to address sex trafficking in Canada must address the historic and ongoing colonization of Indigenous Peoples. Many participants highlighted the connections between the residential school system, discrimination in the child welfare system, intergenerational trauma, and the treatment of Indigenous people in the legal system, as formidable barriers to Indigenous survivors.



GENDER—Participants in multiple cities discussed how patriarchal norms and cultural expectations of gender roles contribute to the victimization of those being trafficked, including the historical notion that women are ‘property’ that can be bought by men. Participants also discussed the challenges that gender norms play for those who are either male or LGBTQ, who have a disproportionately small number of services available for them.



RACE—It is important that service providers understand the nuances of racism and trauma. Some survivors reported feeling like they were “valued less” as a result of their racialization, and this can influence the decision of survivors to report crimes to police, to self-disclose and to seek support after being exploited.



POVERTY—Poverty is related to sexual exploitation in at least two ways: First, individuals living in poverty are more vulnerable to being exploited, and second, many survivors are faced with the undesirable decision of either having their basic needs met by the trafficker or attempting to escape and live in poverty.



PUBLIC AWARENESS AND STIGMA—A lack of public awareness means that members of the general public may not recognize when trafficking is occurring. Lack of awareness and public pressure also makes it easier for the government to ignore this issue. Finally, the stigma of the sex industry and misunderstandings of what sex trafficking is makes it harder for survivors to reach out for fear of judgement.



JURISDICTION AND GEOGRAPHY—

Local contexts and geography played a role in experiences of sex trafficking and the barriers to exiting. For instance, large urban areas in Canada are known to be ‘hot-spots’ for sex trafficking. They were more likely to have a wide variety of services available for survivors, a specialized police unit, trained police officers, and a crisis response protocol. Rural and remote communities face challenges when attempting to locate services for survivors, including sex trafficking-specific, and for some, even emergency shelters. Smaller communities may pose additional challenges for survivors ‘starting over’ due to the lack of anonymity. Finally, the intersection of various police jurisdictions in many communities can provide a way for traffickers to hide from detection.

ENCOUNTERS WITH SYSTEMS/ SYSTEMIC BARRIERS

Throughout the attempts to exit, survivors generally encounter multiple systems. While many of these systems can provide valuable resources and supports to survivors, they may also pose barriers, making the exiting process more challenging.



THE LEGAL SYSTEM—Survivors spoke about their hesitancy to press charges because of the low conviction rate. In addition, the process of going to court and pressing charges can be lengthy and traumatic. Participants spoke about the need for specialized Crown Attorneys and judges. Many survivors have criminal records as a result of activities they participated in while being trafficked, which creates difficulties in obtaining employment.

With Human Trafficking being a criminal charge, participants described having mixed experiences with the police. Some participants were concerned with non-responsive and judgemental interactions, and others counted the police as an important part of escape and recovery. In general, the survivors' experience with the police tended to be better when there was a unit dedicated specifically to human trafficking, or officers that were trained on this issue.



HEALTH CARE—Survivors often have urgent health needs when exiting and while in the sex industry. The response of health professionals can have an impact on survivors by influencing the quality of the treatment they receive, their trust of the health care system and where they seek out help in the future. It is important that health organizations work towards eliminating stigma related to the sex industry and substance use. Finally, health care professionals are not always trained on the warning signs of human trafficking. This can be a missed opportunity for intervention and potential support.



CHILD PROTECTIVE SERVICES—Child Protective Services was discussed as a systemic barrier in two ways. First, some survivors fear child apprehension if they either disclose that they have been involved in the sex industry or for the lack of resources they have upon exiting (such as housing, money and food). Second, youth living in care or ageing out are particularly vulnerable to being exploited.



IMMIGRATION SYSTEM—Survivors who do not have legal status in Canada face tremendous barriers in receiving services, particularly if they are afraid they will be deported. Survivors that are newcomers may be isolated from family or friends, face language barriers, and/or be unaware of available services. In addition, those that seek help may face stigma or stereotypes, such as a belief that they are attempting to live off the government or ‘abuse the system’



NON-PROFIT SECTOR—While the non-profit sector often provides supports to survivors as they attempt to exit, the lack of coordination between services and ongoing funding concerns are a present and future risk to survivors in receiving the services they need.

PSYCHOSOCIAL FACTORS

Survivors are also influenced by a number of psychosocial factors. Psychosocial factors are the social, or social environmental, considerations that influence emotional wellbeing (including interpersonal, family, and peers) (England, Butler & Gonzalez 2015).



ISOLATION/SOCIAL SUPPORT

NETWORK—Having a support network, including family and friends, can be an enormous asset in supporting survivors to escape traffickers. Unfortunately, many survivors become isolated from their families and friends when they are trafficked. As a result, many survivors develop strong bonds with others that are in similar situations. Several survivors spoke about their connection to their ‘street families’, describing them as the only people who genuinely understand each other, having been through similar experiences, addictions and trauma. Some survivors express feelings of even greater isolation and guilt when attempting to escape thereby leaving behind their ‘street families’.



ADAPTING TO “MAINSTREAM LIFE” OUTSIDE OF THE SEX INDUSTRY

Adjusting to life outside of the sex industry, often referred to as “mainstream life”, can be difficult for some survivors. Some of the transitions may include being awake during the day as opposed to the night and adapting to cultures of mainstream employment. A few survivors spoke about experiencing difficulties with seemingly mundane activities such as eating dinner with a group of people at a table, deciding what clothes to wear, or how to have basic conversations with others outside of conversations about sex. One service participant spoke about how survivors are exposed to an entirely different culture while they are being exploited, with its own set of norms and values.



TRUST—It can be extremely difficult for survivors to trust other people, particularly service providers or institutions such as health care and the police during and after their trafficking experience. This mistrust demonstrates a need for service providers to establish rapport and trust with survivors. Survivors appreciated honesty, realistic and genuine service providers over those who make unachievable promises.



**RECOGNIZED FROM THEIR TIME
IN THE INDUSTRY**—

Several survivors shared the concern that they would be recognized by others from their time in the sex industry. For instance, some survivors were troubled by the continued use of explicit photos online that were previously used in ads. Other survivors spoke about encountering previous ‘johns’ in the community, or for one, while in recovery at a treatment centre for addiction and mental health. Survivors described these experiences as triggers that can lead to severe anxiety, depression, guilt and shame. These experiences can even make it tempting to return to drugs or to give up on the “mainstream life”.

PSYCHOLOGICAL FACTORS

Psychological factors are the mental and emotional considerations that affect the exiting process. Participants in this research discussed these factors the most frequently when asked why survivors remain in exploitative situations.



IDENTIFYING AS A 'VICTIM'—It was very common for survivors to state that they did not think of their experience as exploitation until years after exiting. Survivors who have been groomed at an early age and have a strong emotional bond to the trafficker may feel that they are acting on their own free will and hence may not identify as a 'victim' until after that bond is broken. This may be particularly difficult for those who have participated in the sex industry without a trafficker previously, or for those with extensive histories of sexual abuse, as their sexual exploitation was described as feeling 'normal'. One survivor spoke about how she had trouble believing she was trafficked because in her mind, a typical 'victim' is white and traditionally pretty, and as a racialized person, she found it difficult to identify with this image. Survivors may also have a hard time accepting support if, under duress, they had participated in illegal activities including the recruitment of others (which will be discussed further below).



PAST AND CURRENT TRAUMA—The majority of survivors described experiencing multiple and reoccurring forms of trauma throughout their lives, including poverty, neglect, and multiple forms of abuse, particularly sexual. We also interviewed residential school survivors as well as many who grew up in the child welfare system. The impact that this early trauma has on cognitive and emotional development, as well as how individuals form attachments and relationships with others is well documented (Putnam, 2006; Spates, 2007). The experience of trauma often continues while survivors are trafficked, as many survivors were subjected to unspeakable violence and emotional distress. It is also common for trauma to result in multiple symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety, amongst others (Putnam, 2006; Spates, 2007). Survivors spoke about their mental distress being a barrier to exiting and continuing after their exit.



TRAUMA BOND—In light of the multiple forms of trauma many survivors experience in their lives, they are vulnerable to developing relationships with traffickers who may appear at first to fill an emotional void they have by making them feel loved and taken care of. As discussed above, the grooming process often results in survivors developing intense, often romantic, attachments to the traffickers, despite the presence of danger, exploitation and betrayal (Carnes, 1997). These feelings have been referred to as the betrayal or trauma bond. Attachment generally occurs after a period of kindness, or the development of a relationship that feels genuine to the survivor. This kindness may continue to exist, often intermittently, with the betrayal or abuse. The trauma bond is a barrier for survivors who are attempting to exit and often prompts further exploitation.



SUBSTANCE USE—Many survivors struggled with substance use, either to cope with their trauma and/or as a means of control by traffickers. Traffickers often use addiction as a pretext to encourage survivors to “go out and make money”, particularly if there is a strong trauma bond. Some traffickers purposely introduce and supply addictive substances as another means of control. Substance use and sexual exploitation are strongly interconnected, and recovering from one often means addressing the other at the same time.



FEAR—Survivors and other participants described fear as one of the most common psychological barriers to exiting. Fear was referred to in three ways: Fear of the repercussions from traffickers, fear of the unknown, and fear of not being believed. Traffickers may threaten to harm the survivors or their loved ones if they attempt to leave. This fear is a powerful control mechanism to keep survivors in exploitative conditions. Next, when survivors leave a trafficker they often have to leave everything behind including what they need to meet their basic needs and access to their support networks. Several survivors describe this process as starting their lives over again, and for those with no resources, family or community supports, this is a very scary prospect. Finally, survivors are often afraid that no one will believe them if they come forward and share their experiences, including service providers, health practitioners and law enforcement.



COMPLICITY/GUILT—Often when survivors are being trafficked, they are coerced into performing a variety of criminal activities, including recruiting others into sex trafficking. These survivors reported feeling trapped, that if they reported or left the traffickers, they might face legal repercussions. Survivors often face intense feelings of guilt about participating in these activities. A few survivors spoke about carrying this guilt for a long time after exiting, even if the activities they participated in were for their own survival.



HOPELESSNESS—Survivors reported feeling hopeless as a result of the barriers to escaping, the thought of starting again and a perceived lack of support.



SELF-VALUE/SELF-ESTEEM—Many described having a negative self-concept, or low self-esteem. This not only creates a vulnerability to being exploited, but it also creates a cycle where survivors receive attention and positive praise from the traffickers based on how much money they make, and even from their 'johns' for being 'chosen' and feeling wanted. There is a deep social stigma associated with the sex industry. Some survivors internalize this stigma and feel a deep sense of shame, which affects their self-esteem. Several survivors spoke about feeling worthless, that they were not capable of doing anything other than 'sex work', a narrative often repeated by traffickers. This internalized identity was described as being very difficult to shake, even several years after exiting.

THEORETICAL CONSIDERATIONS FOR SERVICE PROVISION

Service providers must be very mindful about the services they offer and perhaps, more importantly, the way these services are provided. In this section, we discuss promising practices, the theoretical orientations or ideas about the best way to deliver services for survivors of sex trafficking.



TRAUMA-INFORMED PRACTICE—

Urquhart & Jasiura (2013) define trauma-informed services as those that “take into account an understanding of trauma in all aspects of service delivery and place priority on the individual’s safety, choice and control” (p. 12). This is an overall approach to operations and includes modes of service delivery and agency policies. Working from a trauma-informed perspective means service providers are aware of the impact that trauma has on mental health and behaviour, and are mindful not to cause any further harm or trauma. Other key components of trauma-informed practice place relationship building at the core by offering client-led, and non-judgemental services. Working from a trauma-informed perspective also means providing support to service providers, who are at high risk of burnout and experiencing vicarious trauma.



ANTI-OPPRESSIVE PRACTICE (AOP)—

Anti-oppressive practice (AOP) seeks to reduce the structural oppression that groups who have been marginalized as a result of their race, ethnicity, religion, gender, sexuality and/or ability have been subjected to. It is a lens in which to view all practices, language and policies used in service provision.



RECONCILIATION—Applying principles and the spirit of reconciliation is important in working with Indigenous survivors. In practice, this requires staff to be aware of cultural and historical practices that have harmed Indigenous people in Canada, and to work in the spirit of building trust and respect. In practice, following the spirit of reconciliation may require a range of responses including, but not limited to, supporting survivors in reconnecting to Indigenous teachings, forming partnerships with an Indigenous organization locally, hiring peer workers, revisiting hiring practices, rethinking policy and practice related to service delivery, offering specific resources, and supporting Indigenous survivors through interactions with some of the systems actors.



STAGES OF CHANGE—The process of exiting or escaping is often not a linear one, and may take several attempts. Some survivors spoke about the healing process as taking a lifetime. Services must be available to support survivors regardless of where they are in this process. One theoretical model that is helpful to conceptualize where a survivor may be psychologically is Prochaska & DiClemente’s (1982) Transtheoretical Model or Stages of Change model. While it is not completely analogous, it can be helpful to think about survivors’ healing journeys as roughly corresponding to the stages of change, including pre-contemplation, contemplation, preparation, action, maintenance and termination, particularly for survivors with a strong trauma bond. Even for survivors further along in the process, their healing journeys are not necessarily linear, and they may switch between a state of crisis and high functionality intermittently. They may also re-enter the industry at any stage, although they are more vulnerable earlier in the process. It is important to recognize the stage of change survivors are at in their recoveries; if they are not ready for a particular service or are pushed too hard towards a goal, they will likely not accept the help being offered to them. In addition, not recognizing where a survivor is at in their recovery can damage the relationship between the service provider and survivor, and can ultimately cause harm to the survivor.



HARM REDUCTION—Harm reduction refers to strategies of reducing harm from behaviours that are seen as risky. In this study, harm reduction was referred to in at least two areas: substance use and the sex industry. Services that require abstinence from all substance use can be problematic for survivors who have used substances as a way to cope with the symptoms related to trauma. Removing the substances before new coping strategies are learned may be harmful to survivors. In addition, some survivors may want to exit the industry, but may not be ready to stop using substances. Rules that require sobriety, therefore, also become a barrier to accessing services. In regards to the sex industry, it is imperative that services are available for those who have not fully exited or escaped to help reduce some of the harm associated with being in the industry (e.g. safety planning, STI prevention, etc.), and so survivors know where they can turn if they attempt to exit.



VALUING THE ROLE OF LIVED EXPERIENCE—Survivors must play a large role in any program or policy that addresses sexual exploitation. This includes the following three ways:



STAFF WITH LIVED EXPERIENCE—Survivors spoke about feeling more comfortable with people who understand what it is like to ‘work’ in the sex industry, including the sub-culture and the multiple traumas that can result. Several survivors spoke about feeling more comfortable with other survivors as they knew they would not be judged. Staff with lived experience can also serve as a role model for survivors who have recently exited or are contemplating exiting.



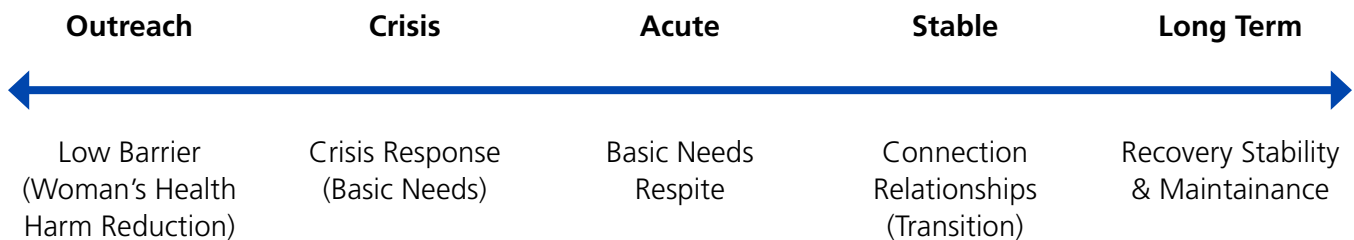
PEER SUPPORT—Survivors across the country spoke about how the support of people with similar experiences has been pivotal to their recoveries. They described being able to talk to peers in a way they could not with other professionals and appreciated being able to be candid with someone who personally understands and is not judgemental.



SURVIVOR VOICE—In developing programs and policies, it is important to include the recommendations and advice from people with lived experience as they have direct knowledge of how particular programs and policies will impact them. It is essential, however, that this is not done in a tokenistic or exploitative way. This means ensuring that survivors are participating in a trauma-informed environment, that informed consent is provided, and that they are financially compensated for their contributions.

SERVICE NEEDS

THE SERVICE CONTINUUM



Survivors access services along a continuum from outreach to longer-term supports. The type of services survivors require varies on the level of crisis they are in, or where they are in the process of exiting. Outreach services are required for individuals who are involved in the sex industry and/or are at risk of being exploited. Crisis intervention generally occurs during a trigger event or an exit attempt. Here service providers should look to address survivors' basic needs including safety, emergency housing, and health care. Acute needs are those that exist after the immediate period of crisis. During this period, survivors may be beginning the process of rebuilding from their experiences. Transitional services are for survivors who have achieved a relative state of stability in terms of their safety and emotional distress. Survivors may be ready to seek out treatment for addictions, trauma and/or mental health, or may be interested in education, employment, or reconnecting/establishing new relationships with family, peers and community. Long-term services support survivors with stability and maintenance.

BASIC NEEDS

Regardless of where survivors turn to for support once they escape, they will need to have their basic needs met. We discuss the basic needs that survivors require when exiting including safety, housing, income or financial support, food, transportation, clothing, and communication, but stress that these are minimum requirements for survivors and that their service needs are generally more vast. If these basic needs are not met, however, survivors are much more likely to return to traffickers or the sex industry in general.



SAFETY—Some survivors felt that they had to physically leave particular cities and neighbourhoods in order to feel safe, while others relied on safety planning, and the security that organizations offered. Survivors often have an immense fear of retribution from traffickers, often having previously experienced violence, manipulation and intimidation.



HOUSING—Housing plays a fundamental role in facilitating recovery. Participants spoke about the need for both emergency and long-term housing for survivors but emphasized that options are often limited for both. Many survivors must turn to domestic violence or emergency shelters when available and may be denied access for not fitting the mandate or for substance use. Shelters may also be dangerous as traffickers may attempt to groom or recruit individuals into the sex industry because of their perceived vulnerability.



INCOME—When survivors escape, they will need to find an alternative means of obtaining an income. This means finding an immediate source of income and working with survivors to build their long-term earning potential. Securing both of these types of income is immensely challenging, as the options available to survivors are limited. Social assistance rates are very low, and many survivors lack the education and work experience (as a result of being recruited young) to obtain employment that pays a living wage.



FOOD—For those survivors who grew up with poverty, abuse or in the child protective system, food can be associated with trauma. Some traffickers control food access by deciding on the type, quantity and time that food is eaten. This trauma may be perpetuated after exiting, as many survivors continue to struggle to access food.



TRANSPORTATION—When a survivor must flee a city for safety or to receive services, transportation costs can be quite high. Transportation between cities is also fraught when survivors lack identification either because it was stolen by the trafficker, or lost when exiting. Even within the same city, survivors may need immediate transportation, either in the form of taxi cabs, rides, or access to tokens, tickets or passes.



CLOTHING—Fleeing suddenly, or exiting as the result of a police or service intervention may mean that survivors are left with whatever clothes they were wearing at that time. They will require access to weather-appropriate clothing.



COMMUNICATION—Phones and social media can be connected with ‘regular clients’ and traffickers. For this reason, some survivors dispose of their phones and social media accounts. They may, therefore, lose access to their natural supports, or other contacts. Some suggested providing survivors with disposable phones and phone cards in order to reach out for support.

OTHER SERVICE NEEDS

In addition to basic needs, survivors may have multiple service needs.



SPECIALIZED CASE MANAGEMENT—

These are services and supports that are specifically designed for survivors of sex trafficking. This includes having trained and knowledgeable staff about the experience of sex trafficking, the process of recovery, and their multi-faceted needs. Case management may consist of wraparound services such as: acquiring basic needs, housing support or eviction prevention, education, training and employment, coordination of health and mental health services, legal support services and/or advocacy, life skills development, family counselling, and parenting support. Several participants also discussed the importance of recreational supports for survivors.



ROUND-THE-CLOCK SERVICES WITH NO TIME RESTRICTIONS—

It is common for survivors to require services outside of the traditional nine to five hours, including when they are in crisis and when they have acute service needs. Some survivors expressed being more likely to enter a state of psychological distress at night, and hence having support during this time can be pivotal. Services should not be time-limited, as each survivor's healing journey will vary in time.



CULTURALLY RELEVANT AND SPIRITUAL CARE—

Participants throughout the country spoke about the importance of culturally relevant and/or spiritual care. Numerous survivors spoke about how connecting with their Indigenous culture was imperative to their healing processes, including connecting with elders, attending ceremonies, drumming, and smudging, to name a few. For other participants, being spiritual meant connecting with organized religion, or establishing spiritual connections through nature, yoga and meditation.



COMMUNITY MEMBERSHIP—

Many survivors described finding a sense of community, whether geographically or through membership with a particular group or religion, as being pivotal to their healing. Feeling a sense of belonging, and that they were valued in their communities was listed as particularly important. Communities provide organic supports, fulfilling a fundamental psychosocial need. A sense of belonging and connectedness can also help with recovery from traumatic experiences.



HEALTHY RELATIONSHIPS—Several survivors spoke about not experiencing any healthy relationships in their lives, including when growing up and while being exploited. They expressed a need to learn strategies for developing and maintaining healthy relationships with appropriate boundaries with agency supports, friends, peers and romantic partners in particular.



OUTREACH—Outreach services are important for survivors of sex trafficking. Outreach services should be a low barrier, and provide support to those who are currently in the sex industry from a harm reduction perspective. Building rapport and providing services to those who consider their sex 'work' to be consensual can also help reduce risks while demonstrating that services are safe for those who fear for their safety,



FAMILY RECONNECT AND OTHER SUPPORTS—Families can provide important natural support for survivors, and when safe and appropriate, can be one of the best support structures for overcoming challenges. For some, this may simply mean returning home, and for others, wrap-around supports such as family counselling and mediation should be offered so that the family can process what has happened and the survivor can reconnect in a healthy way.



SURVIVOR ADVOCATES AND LEGAL SUPPORT—As the court process is generally lengthy and potentially traumatic, support should be available for young people who are involved with the legal system. Survivor advocates provide a social service based support for survivors who are involved in the legal system. They may prepare the survivor for what to expect at court, and accompany them throughout the process.



MENTAL HEALTH, TRAUMA AND SUBSTANCE USE—Survivors may wish to reduce or eliminate their use of substances when exiting. The substance use services that were mentioned were residential treatment, detox, and harm reduction services. Unfortunately, it was very common to hear that both substance use treatment centres and detox centers had lengthy waitlists. Treating substance use often involves treating mental health concerns concurrently, and vice versa. Both survivors and service providers across the country spoke about the importance of survivors, when ready, receiving some form of trauma counselling. Many survivors require long-term, ongoing trauma counselling with someone they trust. Private therapists can be expensive, while public services typically have long waitlists to access short-term services.



PREVENTION AND EDUCATION—

Many participants discussed the need for a more proactive response towards prevention of sex trafficking including raising public awareness and education in schools on healthy relationships, consent, sexuality, the sex industry, pornography and exploitation. Having early and open conversations about these topics may not prevent all instances of sex trafficking, but they may provide context and reduce stigma for those young people who are facing violence or exploitation and make it easier for them to understand and describe what is happening, should they ever find themselves in a risky situation.

RECOMMENDATIONS

We are recommending the following changes to address the systemic barriers affecting a survivor's successful exit from sex trafficking:



ADDITIONAL FUNDING TO SUPPORT THE SERVICE NEEDS OF VICTIMS—

While the social services sector is often critical to providing support to victims as they attempt to exit, the lack of coordination between services and ongoing funding concerns pose tremendous barriers. Coordination among service providers is important as victims often have multiple needs and will require help from agencies possessing specific expertise. In an effort to further break down barriers, integration and collaboration are required between the police, health care and housing providers, mental health agencies and substance use agencies, among others.



CREATING SPECIALIZED POLICE TRAINING AND SUPPORTS—

Survivors reported that their experiences with the police tended to be better when there was a unit dedicated specifically to human trafficking and/or officers who were trained specifically on this issue.



ELIMINATING BIAS IN THE HEALTH CARE SYSTEM AND INCREASING RESPONSIVENESS THROUGH TRAINING—

Survivors often have urgent health needs when exiting and while in the sex industry. The response of health care professionals can have an impact on victims by influencing the quality of the treatment they receive, their trust of the health care system and where they seek out help in the future. It is important that health organizations work towards eliminating bias related to the sex industry and substance use that can lead to a feeling of shame for victims in their care. In addition, health care professionals may lack training on the warning signs of sex trafficking, and this can be a missed opportunity for intervention and potential support.



CHANGES TO THE LEGAL SYSTEM—

Due to the fact that the system is not female or survivor friendly, we have identified a need for more specialized Crown attorneys and judges presiding over sex trafficking cases. These specialized members take into consideration how trauma bonds impact a sex trafficking case and how PTSD affects the brain, memory and behaviour. We are also hopeful that courts will address the need for specialized supports for survivors giving testimony (i.e. through testifying aids including therapy dogs and CCTV) to avoid further traumatization of survivors.



CHILD WELFARE REFORM— Some survivors fear child apprehension if they either disclose that they have been involved in the sex industry or for the lack of resources they have upon exiting (such as housing, money and food). Second, youth living in care or aging out of care are particularly vulnerable to being exploited. The child welfare system needs to be reviewed through the lens of how we can better support this vulnerable population in order to prevent their heightened risk of being lured into sex trafficking and remaining entrenched in the sex industry.



PREVENTION AND EDUCATION EFFORTS— Participants across the country spoke about the importance of having a modern and updated curriculum on healthy relationships, consent, sexuality, the sex industry and exploitation. Having early and open conversations about these topics may not prevent all instances of sex trafficking, but this dialogue can make it easier for victims to understand and describe what is happening, should they ever find themselves in a risky situation.



INCREASED PUBLIC AWARENESS—

When they do reach out for support, survivors often experience stigma and discrimination with service providers and their community holding the belief that the victims are responsible for their trafficking experiences. More awareness is needed for the public to understand the signs of coercion, violence and exploitation.

CONCLUSION — A CAUTIOUS MESSAGE OF HOPE

While this research rightfully depicts the process of exiting as arduous, complex, and filled with challenges, it also shows that there are dedicated people across the country that are willing to work tirelessly to support survivors through this process. Understanding and naming the barriers and struggles survivors face is an important step towards ensuring that adequate programming is in place, and that policy makers know where there are systemic gaps and barriers that need to be addressed.

Perhaps most importantly, this research demonstrates the tremendous resilience that survivors across the country possess, and the amazing ways the human spirit can persist after unspeakable tragedy. While the process of escaping sex trafficking can indeed be a process of recovery that can last a lifetime, the survivors in this study show that there is hope for anyone who is being exploited and that there is indeed light at the end of the dark tunnel.

REFERENCES

- Carnes, P.J. (1997). *The betrayal bond: Breaking free of exploitive relationships*. Deerfield Beach, FL: Health Communications Inc.
- England, M.J., Butler, A.S., & Gonzalez, M.L. (2015). *Psychosocial interventions for mental and substance use disorders: A framework for establishing evidence-based standards*. Washington, DC: National Academies Press.
- Government of Canada. (2012). *National action plan to combat human trafficking*. Retrieved from <https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/ntnl-ctn-pln-cmbt/ntnl-ctn-pln-cmbt-eng.pdf>
- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, 19(3), 276 – 288. <https://dx.doi.org/10.1037/h0088437>
- Putnam, F.W. (2006). The impact of trauma on child development. *Juvenile and Family Court Journal*, 57(1), 1 – 11. <http://dx.doi.org/10.1111/j.1755-6988.2006.tb00110.x>
- Smith, L.A., Healy Vardaman, S., & Snow, M.A. (2009). *Domestic minor sex trafficking: America's prostituted children*. Retrieved from http://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf
- Spates, C.R., Samaraweera, N., Plaisier, B., Souza, T., & Otsui, K. (2007). Psychological impact of trauma on developing children and youth. *Primary Care: Clinics in Office Practice*, 34(2), 387 – 405. <http://dx.doi.org/10.1016/j.pop.2007.04.007>
- Urquhart, C., & Jasiura, F. (2013). *Trauma-informed practice guide*. Retrieved from http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf



Covenant House Toronto
20 Gerrard Street East
Toronto, ON M5B 2P3
416-598-4898

To view the full report, visit [CovenantHouseToronto.ca](https://www.CovenantHouseToronto.ca)

