



Human Trafficking Needs Assessment May 2019

Family Services of Peel
Peel Institute on Violence Prevention

Acknowledgements

Many individuals and organizations have contributed to the development of this Needs Assessment of the Survivors of Human Trafficking.

Peel Institute on Violence Prevention and Family Services of Peel would like to acknowledge the contributions made by members of the Human Trafficking Project Advisory Committee, students, and volunteers who assisted in preparing the literature review and completing the Needs Assessment. A special note of appreciation is extended to the survivors and the mothers of survivors for their dedication in participating in the interviews.

ABSTRACT

Sex trafficking in Canada has always existed, but its increasing prevalence in recent years has brought forth major concerns for many anti-trafficking organizations. Nationally, rates of sex trafficking have risen for various profiles of women, with the highest percentage of victims residing in the Greater Toronto Area. Peel Police stated that over half of human trafficking investigations, and 62.5% of Canadian cases originate in the Greater Toronto Area (Region of Peel, 2018), specifically within Mississauga and Brampton. Ontario reports two-thirds (66%) of human trafficking violations reported by police between 2009 and 2016. A vast majority of victims of human trafficking (95%) are female, and 72% of all trafficking victims have been found to be under the age of 25 (Statistics Canada, 2018). Local, national, and global organizations have been working together for years to address this threat, and this report aims to assist in the united fight against sex trafficking. In this Needs Assessment, the Peel Institute on Violence Prevention (PIVP), the research arm of Family Services of Peel (FSP), explores existing services for survivors of sex trafficking in Peel Region. PIVP aims to uncover why some services fail to address the needs of survivors and provides suggestions on methods of improving current services and legislation, with direct input from survivors and their families. This Needs Assessment makes a special note to adopt a survivor-centered approach, ensuring that survivors and their families' voices are central to sex trafficking discussions.

“Human trafficking is the recruitment, transportation, transfer, harbouring, or receipt of persons by improper means (such as force, abduction, fraud, coercion, deception, repeated provision of a controlled substance) for an illegal purpose, including sexual exploitation or forced labour” (Ministry of the Status of Women, 2016)

A Message about Our Values

At PIVP, we believe that women's rights are human rights; thus, we urge the government and police services to respond appropriately to ensure that the rights of women within the sex trade are protected and that every encountered case is taken seriously. Our research explores the multitude of factors that contribute to the high percentage of human trafficking victims in Peel Region, and in doing so, we have considered survivors' voices in suggesting proper screening and rehabilitation procedures across services. By including survivors' voices and perspectives in our research, we allow them to participate in the solutions to the problems they have personally faced. Participatory research and actions are integral to our mission, as it empowers those who have escaped the sex trade and allows them to positively impact other survivors and victims.

Additionally, we implement a harm-reduction approach, as the needs of victims and survivors are our fundamental priority. Any steps that can be taken to reduce and remove re-victimization during the healing process is integral to our methodology. As always, this Needs Assessment can be supplemented by further research, and we encourage continued expansion of literature in this area. We urge all researchers to include the voices of survivors in their exploration of this topic, as these individuals are or have been immersed within the sex trafficking culture and community and can accurately pinpoint areas where resources fall short. Furthermore, this problem should be treated as a public health crisis, as even one victim of sex trafficking is one too many.

"We are all better off when we open the doors of opportunity for women and girls in all aspects of life - in law enforcement, in health services, in the judiciary and prosecutorial authorities, in border control and port control and at peace talks."

– Phumzile Mlambo-Ngcuka (Executive Director of UN Women)

March 2018

Introduction

Throughout our research on this project, we hope to shed light on the gaps in the existing literature on sex trafficking and signify the importance of fully understanding the factors that make the sex trade so complex. We have included statistical information and population data analyses that highlight the severity of the increase in sex trafficking, especially within Peel Region. We have also included information on current Canadian legislation around trafficking, as a means of emphasizing that regardless of severe punishments put in place for traffickers, human trafficking persists. Information regarding traditional and new age trafficking techniques, such as gift giving, promises of a better life, and male attention has also been included. The central purpose of this review is to convey information and ideas on sex trafficking. The review relates to the needs of survivors of sex trafficking and describes the strengths, gaps, and weaknesses of existing and recommended services and programs designed to help survivors.

Methods

At PIVP, we conducted an extensive review of sex trafficking literature, using articles published over the past 10 years, by accredited scholars and researchers from Canada and around the world. Our statistical analysis of population data, legislation, and peer-reviewed articles culminated in providing much of the background research for this Needs Assessment. Additionally, we conducted our research to expand knowledge of the current scope of sex trafficking services in Peel Region. Our research is intended to supplement these peer-reviewed articles and grey literature with new information that explores the topic of sex trafficking, the needs of survivors, and the gaps in services in place to help them. Specifically, we conducted qualitative research using two methods: (1) In-depth, in-person interviews with three survivors of sex trafficking, (2) Focus group interviews with mothers of sex trafficking victims.

Background

What is Sex Trafficking?

Sex trafficking is human trafficking that involves some form of forced or coerced sexual exploitation, not limited to commercial sex. It has become a significant and growing problem in both Canada and the larger global community. The cost to society includes the degradation of women and their human rights, poor public health, disrupted communities, and diminished social development. Victims of sex trafficking acquire adverse physical and psychological health conditions and social disadvantages. Thus, sex trafficking is a critical social and health issue that requires social, medical, and legal intervention. We urge our readers to see this issue for what it is: a public health crisis. (Deshpande & Nour, 2013). Virtually every country in the world is affected by these crimes. The challenge for all countries, rich and poor; is in targeting the criminals who exploit desperate people, while simultaneously protecting and assisting survivors of trafficking and smuggled migrants; many of whom endure unimaginable hardships in their bid for a better life.

The Magnitude of the Problem

Human trafficking is a social issue of growing concern across the globe. The number of individuals affected by human trafficking, worldwide, is estimated at 20.9 million people (Hemmings et al., 2016). It is the fastest growing area of organized crime and the third largest income revenue stream for systematized crime; after narcotics and arms sales; the global sex trade is said to be worth an estimated \$32 billion, annually. What makes this business unique is that women and girls sold into sex trafficking earn profits for their traffickers over an extended number of years, as they can be resold any number of times; this is in contrast with narcotics and arms, which are sold and used only once (Deshpande & Nour, 2013).

The human trafficking data from the International Labour Organization (ILO) maps trafficking victims and profits by region. These data corroborate current estimations of global victims at 20.9 million people but do not provide specific numbers in Canada. The information provided by the ILO indicates that in the U.S. alone, profits from sex trafficking are set at \$49.9 billion, annually; this contradicts other estimations of the global sex trade's value as less than that of the U.S. alone. This indicates that

the true value of the human trafficking trade is still a mystery (Andreas & Greenhill, 2010). Unfortunately, the inadequacy of reliable human trafficking statistics is linked to its illegality, which makes it a hidden phenomenon often driven underground (Andreas, & Greenhill, 2010). While Trafficking in Persons has become a worldwide concern, current data collection activities reveal many shortcomings: data are limited in scope and are insufficient in ascertaining the true extent of the problem in Canada (National Crime Prevention Centre of Public Safety Canada, 2009).

Further research is needed to identify the most cost-effective areas of intervention, as human trafficking is a process, not an event. If we want to have any long-term impact on the problem, we must conduct more research. Specifically, we need to identify appropriate measures of prevention and intervention. Much focus has been placed on the idea of prosecution, as this is often seen as essential for a sense of justice, (*“Bad people should be punished for doing bad things!”*). Nevertheless, there is no nation in which prosecution has been shown to have reduced the aggregate amount of trafficking; this includes the United States and Canada (Mohajerin, 2006). Overall, human trafficking – its scope, its incidence, and its impact, are unprecedented. A central challenge, we must acknowledge in the fight against human trafficking, is that lifting the veil of silence that allows oppressive behaviour to flourish, is a difficult and trying task. Lack of understanding regarding the scope and severity of sex trafficking has contributed to its dramatic rise, and intervention is desperately needed.

Global Approaches

The United Nations Office on Drugs and Crime (UNODC) is currently addressing human trafficking of women and girls in its new gender equality strategy. As the only United Nations entity focusing on the criminal justice element of these crimes, the work done by the UNODC to combat human trafficking and the smuggling of migrants is underpinned by the United Nations Convention on Transnational Organized Crime and its protocols on Trafficking in Persons and migrant smuggling (UNODC, 2008). Female human trafficking is being addressed in the internationally focused policy, Strategy for Gender Equality and the Empowerment of Women (UNODC, 2008). This strategy comes specifically from the UNODC and sets out a framework that considers the needs of women and girls when confronting drugs and crime. It sets institutional standards and outlines a comprehensive set of commitments

on gender equity over the next four years, which aims to improve women's and girls' conditions (UNODC, 2008). This global approach is a helpful step in the right direction when considering the protection of victims caught in the crossfire of drug trafficking.

Current Legislation

The Canadian Department of Justice (2015) lists human trafficking as a “very serious criminal offence with very serious penalties”. The Criminal Code lists six offences under the area of ‘Trafficking in Persons’ (TIP), but two offences in particular address human trafficking concerns relevant to this Needs Assessment:

- a) Trafficking in Persons (section 279.01): which carries a maximum penalty of life imprisonment and a mandatory minimum penalty of 5 years where the offence involved kidnapping, aggravated assault, aggravated sexual assault, or death, and a maximum penalty of 14 years and a mandatory minimum penalty of 4 years in all other cases.
- b) Trafficking of a person under the age of eighteen years (section 279.011): which carries a maximum penalty of life imprisonment and a mandatory minimum of 6 years where the offence involved kidnapping, aggravated assault, aggravated sexual assault, or death, and a maximum penalty of 14 years and a mandatory minimum of 5 years in all other cases (*Criminal Code*, 2016).

These offences are supplemented by an elaboration on Trafficking in Persons (TIP). The Criminal Code (2016) writes that Trafficking in Persons “... is not about exploitation and does not necessarily involve movement.” Victims can also be considered exploited if they are coerced into providing labour or a service because they believe their safety will be compromised if they do not. Additionally, this section of the Criminal Code discusses other legislation that coincides with human trafficking concerns, such as the Immigration and Refugee Protection Act (IRPA), which specifically targets cross-national trafficking.

Section 118 of IRPA prohibits “... knowingly organizing the coming into Canada of one or more persons by means of abduction, fraud, deception, or use or threat of force or coercion. The offence is punishable by a maximum penalty of life imprisonment and a fine of up to \$1 million” (*Immigration and Refugee Protection Act*, 2018).

Canada's current legislation communicates severe penalties and focus on the trafficker, but as this Needs Assessment will reveal, traffickers are often not the only focus of punishment, as the line between victim and criminal is easily blurred for trafficking survivors.

Sex Trafficking Survivors

Victims and survivors of human trafficking include both men and women, however "... women continue to be the primary victims of these abuses, thus making gender a key health determinant of violence" (Riutort, Rupnarain, & Masoud, 2018). Victims of human trafficking have diverse educational and economic backgrounds, but individuals in vulnerable states have increased susceptibility to becoming victims of human trafficking. Some of these vulnerable states include disability, low socioeconomic status, being Indigenous and so on. While each case is unique and has its contributing factors, we have identified four key populations that are particularly at risk of being trafficked: (1) Indigenous girls and women, (2) young girls, (3) East Asian female migrant workers, and (4) girls/women with disabilities.

Indigenous Girls and Women

Within Canada, both local and national trafficking networks (Department of State, 2016) target Indigenous women and girls. In many provinces, such as British Columbia, Alberta, and Manitoba, over 50% of trafficking victims are Aboriginal (Barret, 2013). This trend is significant when comparing the percentage of people of Indigenous descent to the rest of the population. For example, in Winnipeg, 70-80% of exploited children are Indigenous, whereas only 10% of the population of Winnipeg is Indigenous. Similarly, in Edmonton, Indigenous make up 60% of sex trafficking survivors but they represent only 5% of the population. This trend is alarming because "the Royal Canadian Mounted Police (RCMP) reports that the majority of identified domestic sex trafficking victims in Canada are Caucasian, Canadian females between 14 and 22 years old who are recruited to work in the sex industry" (Barret, 2013). The statistics demonstrate that the victims of sex trafficking are not accurately represented, which makes it difficult to prevent the frequency of trafficking occurrences.

Indigenous communities are often the target of discrimination, as they suffer at the hands of the persisting legacy of colonialism. Due to this discrimination, Indigenous

women are more likely to experience poverty, poor living conditions, and violent crimes than their non-Indigenous counterparts. Additionally, they are less able to leave violent circumstances, as resources are not readily made available to them (The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2017). Law enforcement and the criminal justice system contribute to the legacy of colonial violence against Indigenous women and girls by failing to protect them from violence adequately or to hold perpetrators accountable (The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2017). Therefore, simply existing as Indigenous and female at the same time can put someone at risk for violence. This current state of existence for Indigenous women can help us understand why many of the victims, survivors of sex trafficking in Canada, are of Indigenous descent.

Young Girls

Statistics Canada (2014) reported that, as of 2014, there were 206 reported cases of human trafficking in Canada, with 23% of victims being between the ages of 18 and 24, and 25% of victims being under 18 years of age. In communities across Canada, untold numbers of young women are involved in escort services, street walking, exotic dancing, stripping, and pornography. These common activities can strip away “human dignity” and have a “disproportionate impact on women and children” (Protection of Communities and Exploited Persons Act, 2014). Despite the resulting emotional and physical turmoil of being involved in the sex trade with limited consent, many young women will remain in the industry for some time. It can be incredibly devastating for the families of young girls and women to witness their refusal to come home, and the damage against this victim population extends beyond the survivor herself.

How has society’s acceptance of non-conforming behaviour affected young people? Many young people, especially girls, have adopted a casual view of commercial sex and as a result, even those from functional homes are participating in the sex industry more than ever before (Cassels, 2017). Considering this root of vulnerability is valuable in understanding how young girls can be safeguarded from exploitation or helped to escape from it. Other risk indicators for young girls include: (1) an absent or inattentive father, (2) neglect or parental dysfunction, (3) parental substance abuse/addiction, (4) emotional, physical, or sexual abuse, (5) depression,

(6) developmental challenges, (7) use of drugs/alcohol at a young age, (8) estrangement from family, including homelessness or foster care, and many other similar factors (Cassels, 2017).

For this victim population, the fast money associated with sex work is a seductive lure. Once a girl is entrenched in the sex industry, low paying jobs become undesirable. The ideas of possessing designer clothing, expensive gifts, and luxury cars, can be incredibly enticing (Cassels, 2017). Additionally, pimps, who provide a false sense of emotional stability, can appear to satisfy the yearning for male validation. Counterfeit love is prevalent in this trade and is the most common approach utilized by Canadian traffickers. Promises of gifts and special treatment can create the illusion of love; young girls (especially girls with developmental problems) are especially vulnerable to such tactics. Brainwashing, isolation, blame, shame, threats, controlled movements, normalization, and fear of rejection are among some of the tactics used to lure young girls further into the sex trade. Once a young girl is deeply entrenched in the underbelly of the industry: trauma, debt, drug addiction, lack of other options, fear of harm, and so forth can be some of the reasons why they continue to stay in these precarious conditions (Cassels, 2017).

East Asian Female Migrant Workers

Immigrant women also experience susceptibility to the threat of human trafficking. Specifically, East Asian immigrant women working within massage parlours, deal with unique vulnerabilities because of their simultaneous hyper-visibility and invisibility. The shift to a hyper-focus on immigrant women arose from the increased international pressure on Canada to identify and target human trafficking as a transnational crime (Lepp, 2002). Canada, as a member of the G8, agreed to target and formulate legislation on human trafficking in 2000 (Lepp, 2002). This legislative shift resulted in the hyper-visibility of immigrant women working in these massage parlours, as criminals, and has contributed to their marginalization and isolation. The shift towards targeting human trafficking through a transnational lens has only increased levels of “arresting, detaining, and usually deporting migrant sex workers” while simultaneously ignoring human rights protections (Lepp, 2002). This has resulted in a lack of trust of law enforcement agents as a safe resource for immigrant women, as they fear deportation. This mistrust, in turn, becomes perceived as a lack

of willingness to act as witnesses and assist the police (Lepp, 2002). When Immigrant women are blamed for their roles within massage parlours and human trafficking businesses, their fears and insecurity about coming forward and seeking support are increased. They become invisible and feel unsafe about coming forward.

Additionally, several other factors contribute to migrant workers' marginalization and vulnerability. Terminology is one factor that particularly contributes to the criminalization of immigrant women. The specific distinction between sex work and sex trafficking results in ambiguous definitions and blurs the line between victimhood and criminality (Lim, 2014). The desire to avoid criminality results in isolation; this form of isolation from external resources is a significant barrier that immigrant women experience, which results in increased possibilities of sexual exploitation (Lim, 2014). Language barriers are yet another contributing factor to immigrant women's vulnerability to trafficking. Misrepresentations of massage parlours in ads are used to target East Asian women to join commercial sex venues unknowingly (Bungay, Halpin, Halpin, Johnson, & Patrick, 2012). This lack of understanding creates a prime environment for the manipulation of migrant workers into financial exploitation and interpersonal violence (Bungay et al., 2012).

Overall, lack of trust in agents of the criminal justice system, the blurring between victimhood and criminality, and the difficulties of terminology/language barriers are three crucial factors that contribute to East Asian women's increased vulnerability to sex trafficking organizations. These culturally specific barriers for East Asian women need to be researched further to provide proper access to resources targeting these unique experiences.

Girls/Women with Disabilities

Few researchers have examined trafficking of women with disabilities. A recent study completed in the U.S. revealed that girls with intellectual disabilities face increased risk of exploitation. Some specific vulnerabilities include lack of awareness of exploitation on the part of the victim, the inability of victims to self-identify the exploitation, and the relative ease with which traffickers manipulate these girls and women. There is a common belief that women with disabilities are not sexually active. This belief increases their susceptibility to sex trafficking. For example, women with disabilities may be assumed to be virgins and therefore, are targeted for sex trafficking

for those seeking to buy or sell sex with a virgin (Groce, 2004; Phasha & Myaka, 2014; Reid, Huard, & Haskell, 2014).

Perpetrators are frequently family members, acquaintances, or dates, with only 8% of perpetrators being identified as strangers. Researchers have coined the term, 'mate crime', to address the fact that individuals with disabilities have higher incidences than others, of being manipulated by those they consider friends or caregivers. 'Mate crime' describes the faux-friendship strategy used by traffickers to exploit those with intellectual disabilities (Reid, 2018). Typical scenarios include persons with disabilities being taken advantage of by friends, who, often turn out to be recent acquaintances. Persons with disabilities have their flats turned into crack dens, their residences are used to store stolen goods, and women with learning disabilities are being pimped by alleged 'boyfriends' (Reid, 2018). One of the strategies used by the "friend" is to move into the home of a woman with disabilities, under the pretense of being there to help. In fact, they are taking advantage of the relationship to gain access to food, clothing, and drugs, or they may manipulate individuals into participating in criminal activities, including sex crimes and prostitution.

Further information is critically needed regarding the disproportionate risk of exploitation for girls and women with disabilities, the circumstances that facilitate human trafficking among this population, and the perpetrator-victim dynamics that make it difficult to develop prevention programs and deterrence services.

While there is no single profile of a victim of human trafficking, there are many common risk factors, including gender, age, race, and socioeconomic status. Runaway and homeless youth, as well as LGBTQ individuals, are also placed at increased risk of human trafficking (National Centre for Safe Supportive Learning Environments, 2017). There is no one determinant of who will become a victim of human trafficking, but as stated by Riutort, Rupnarain, and Masoud, "to understand the status of an individual fully, multiple determinants impacting the individual must be recognized" (Riutort et al., 2017). Overall, oppressive factors must be situated within the unique context and history of the trafficking victim to understand why some are victimized, and some are not.

Sex Trafficking and Commercial: The Central Issue of Consent

Women's active consent in freely immigrating to another country can make the legal identification of trafficking unclear, and it becomes even more complex when this migratory strategy includes an independent decision to work as a sex worker in the host country. Additionally, when a girl of high school age agrees to go into sex work to increase her buying power of expensive goods, she can end up being trafficked from one place to another or from one country to the next. The relationship between sex work and trafficking and the distinction between enforced and voluntary sex work, are controversial matters (Santos, Gomes, & Duarte, 2010). Sex work occurs when one engages in sexual activity with someone by choice, in exchange for payment. Unlike sex-trafficked victims, society does not usually look favourably upon those in the business of sex commerce (Carter, 2017). Women trafficked in the ever-growing global sex industry are recognized as 'true' victims, since human trafficking is the illegal movement of people, typically for forced labour or commercial sexual exploitation (Carter, 2017). Rightfully so, we have waged war with the sex trafficking industry, which is commonly seen as modern-day slavery, but there is an ambiguous line of willingness to help that is drawn between sex commerce and being trafficked for sex – we must ask ourselves what this means and how we view the dynamics of defining consent.

Current Statistics on Human Trafficking

Many questions have been raised about the inadequacy of human trafficking statistics, since data are limited, resulting from the underground nature of this area of systematized crime. This section will review the statistics currently available on human trafficking from Statistics Canada and from research conducted by the Peel Institute on Violence Prevention. Of the data collected and analyzed within this paper, it is evident that significant gaps exist in research on specific demographics. The data below provides insight on trends found currently within Canada and more specifically, within Peel Region.

Human Trafficking Incidences within Canada

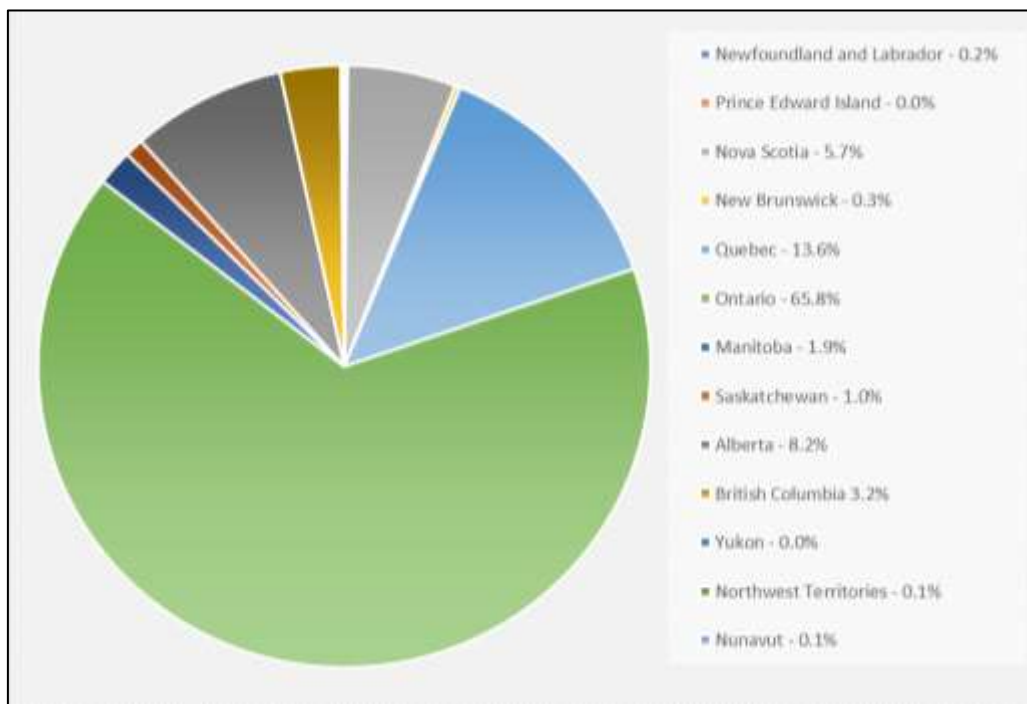
The Peel Institute on Violence Prevention conducted a demographic analysis of human trafficking incidences within the Region of Peel. We reviewed themes and trends within Peel Region, because this area has long been known to be one of the busiest trafficking locations within Canada. Below, in *Figure 1*, is a comparison of Trafficking in Persons rates from 2009 to 2016 for Canada, Ontario, Peel Region (Mississauga/ Brampton), and Toronto. *Figure 1* shows that Peel Region has higher rates of human trafficking, including actual incidences and total persons charged; when compared to statistics relating to Canada, Ontario, and Toronto. While Peel Region, Toronto, and Ontario have waves in different periods, these data still show a cohesive increase, which mirrors Canada's overall increasing trend of trafficking incidences. It should be especially alarming that Peel Region has an incidence rate of 1.14 per 100,000 people, while Canada has an incidence rate that is just above 0.6 per 100,000 people. The concentration of human trafficking activity has implications for the sheer number of services that are needed in the Region of Peel.

Figure 1: Trafficking in Persons Rates in Canada, Ontario, Peel Region, and Toronto, Actual Incidences (2009-2016)



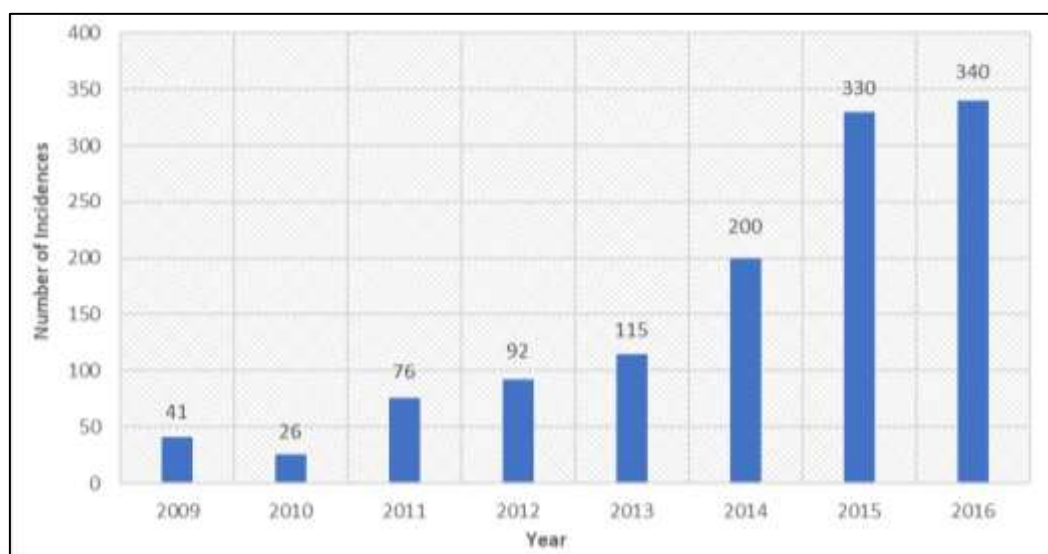
To supplement this research, the rates in human trafficking violations by province and territory are also included in *Figure 2*, as this chart highlights the most problematic trafficking areas within Canada. Ontario represents “two-thirds (66%) of human trafficking offences reported by police” within the entire country (Statistics Canada, 2018). This heightened proportion helps us see why such a concentrated focus of resources is necessary for this region. It is important to note that factors involving international activity affect these rates. Ontario, for example, has one of the busiest border crossing points with the United States and this may contribute to its sheer numbers (Statistics Canada, 2018). Such external factors are important in understanding the transnational impact of human trafficking within a local context.

Figure 2: Police-Reported Human Trafficking Violations, by Province and Territory, 2009-2016, adapted from Statistics Canada (2018)



In 2016, Canadian police services reported 340 incidences of human trafficking, making up 0.02% of all police-reported incidences in 2016. There was nearly one (0.94) police-reported incident of human trafficking per 100,000 people (see *Figure 3*, below).

Figure 3: Human Trafficking Incidences in Canada, 2009-2016, adapted from Statistics Canada (2018)



Additional Governmental Statistics

A vast majority of victims of human trafficking are female, while most traffickers are male. According to Statistics Canada (2018), between 2009 and 2016, out of a total of 865 human trafficking victims identified from all cases, 95% of the victims were women. Out of a total of 459 traffickers who were accused, 83% were men.

Regarding age stratification, roughly, 70% of all trafficking victims were found to be under the age of 25, from 2009 to 2016 - 25% of these victims were under 18 years of age, and 44% were between 18 and 24 years of age (Statistics Canada, 2018). Details on race, family income, sexuality were unavailable, but we urge Statistics Canada and other governmental sources to collect statistics by more identity stratifications, to expand current understanding of victim and trafficker profiles.

Non-Governmental Statistics

The National Task Force on Trafficking of Women and Girls in Canada (2014) released a report on eradicating sexual exploitation. This task force was developed and sponsored by the Canadian Women’s Foundation. It focuses on the “nature and extent of sex trafficking and recommends a national anti-trafficking strategy” (National Task Force, 2014). For data collection, the Task Force conducted their surveys and sent them out to several organizations. A total of 266 of the 534 organizations that responded stated that they were involved in services that supported trafficked and

sexually exploited women and girls (National Task Force, 2014). Of these organizations, “the majority were located in Ontario (24%), BC (21%), Quebec (15%), Alberta (12%) and Manitoba (9%)” (National Task Force, 2014). The report also stated that 51% of trafficked girls were or had been involved with the child welfare system (National Task Force, 2014). When these organizations were asked about the women and girls they had served in 2012, they collectively identified:

- 1929 trafficked women
- 943 trafficked girls
- 4708 girls and 14457 women who were sexually exploited - exchanging sex or sexual acts for drugs, food, shelter, protection and other necessities of life; primarily through street-level survival sex” (p.32).

Evident in almost all the information gathered on human trafficking statistics in general, is the conflicting accounts and figures. As always, the Peel Institute on Violence Prevention encourages third-party data collection, as a method of comparing and contrasting governmental and non-governmental accounts of trafficking. These multiple accounts cast a wider net on the issues of trafficking and allow for critical analysis.

Research on Sex Trafficking by Peel Institute on Violence Prevention

Findings

We were able to identify and isolate several prominent themes throughout the interviews and focus groups. These included: (1) powerlessness, (2) lack of adequate assistance, (3) unmet housing needs, (4) healthcare inadequacies, and 5) lack of public awareness. These five themes were brought up regularly in discussion; below we have included direct quotations from survivors and mothers of sex trafficking victims on these themes. We have combined the focus group results and the interview results, as we felt that combining these experiences gives a clear, more robust picture of the current service experience for everyone involved. Indeed, it is important to reiterate that a survivor-centered approach was instrumental to us.

(1) Powerlessness

Mothers of survivors frequently mentioned that they felt powerless when they tried to seek help for their daughters - they cited not receiving all the help they needed from police, health services, counselling services, and more. Though powerlessness was never mentioned explicitly, it was interwoven in all the discussions regarding attempts at seeking help. The mothers felt that their attempts were futile, services were lacking, and that they could do little to stop their daughters' trafficking trajectories. Two mothers, specifically, described their experiences of seeking help for their daughters and the systemic challenges they faced. These quotations provide a clear narrative regarding mothers' desperate desires to help their children and the frustration of not being given the power and resources to do so. Mothers frequently felt that their voices were not heard and that they were sent in endless circles trying to obtain help from services.

“So, you know for me; there is absolutely no support. There are no services at the front end to help us, parents, to prevent this from happening. And I knew in my mind that this could happen to her. And I still could not stop it. I could not stop it with the help of the police. I could not stop it with the help of social workers. I could not stop it with the help of Peel Children’s Centre. It is like a snowballing effect, there is nothing in place to help us parents to help stop this process.” - Mother 1

“... We must have called 100 places trying to get services. Like for 17-year-olds there’s nothing for addiction, lots for up-to-16, lots for over 18, but 17 is a lost age group unless you have \$20,000 a month to spend, and even the other one for over-18, there is around an 18-month waiting list. Well, 18 months when someone just got out of a month in the hospital. Even the psychiatrists at the hospital, they have no help, they can’t lead you, they can’t tell you where to go, they don’t know, nobody knows what the book says as to “Here is where you can get help, here’s the therapists that are there!” There’s absolutely nothing there for abused women.” - Mother 2

(2) Lack of Adequate Assistance

Services that are currently in place to help victims and survivors of sex trafficking are inadequate. This inadequacy causes mothers of victims to feel

powerless. Survivors described services as uncomfortable, dehumanizing, and unhelpful in assisting them with their immediate and long-term needs. One survivor commented on the social services she had accessed, while another survivor shared with us the specific experience of the service she received in a clinic. Unsupportive staff, inappropriate questions, and lack of continuity in providing information were sub-themes under lack of adequate assistance. Survivors felt that they had not received the help and respect that they expected and deserved.

“To be honest with you, we got no help. I was sent to Victim Services, and even now, I have not received any help from Victim Services. We have \$10,000 sitting in my account, every time I asked for the funds to be spent in some ways for me.... “What ten thousand dollars?” I do not have it. But they did not even tell me that we have 10,000 dollars, like “It was given to you from a criminal; it is not even your money.” Whatever.” - Survivor 1

“Ah, it wasn’t comfortable [...] basically it had been months and over periods of time I had been sexually exploited numerous times, so we were just making sure everything, you know... that I was healthy. And they were asking me what date this happened, and I am like I don’t know. They kept on saying we can’t do anything for you, you have to know the date, and I am saying there is no way I know the date - you think I was given a calendar?” - Survivor 2

(3) Unmet Housing Needs

One of the key findings identified throughout the interview process was that current victims are in desperate need of safe housing. Safe homes that have on-staff volunteers with human trafficking training can be excellent resources for victims, as often, victims do not know where to turn, to escape the complicated trade of sex trafficking. One survivor suggested a new strategy for safe housing. The mother of another victim identified a housing service that was supposed to be a resource, but which turned out to be a potentially dangerous solution. Adequate housing and shelter are immediate needs for many sex trafficking victims who wish to escape the sex trade. It is incredibly difficult for victims to become survivors if they cannot first escape the clutch of their pimps, who are often the ones housing them and providing this necessary resource.

“They want to get out, honestly, if you talk to any girl in the system. They want to get out, but they are too scared. There needs to be a secure location that nobody knows about [...] there is no phone access, there is no nothing. The girls can be taken to that safe house. If they know that is there; then they will be more willing to come out. Until that is there, they will not come out. Because the pimps will torture, they will beat, and they will kill.” - Survivor

“The only place that I found that would take her right away was Trafalgar Residences, and Victim Services was going to write the cheque for \$19,000, and we said, “Let’s go have a look at it first!” So, my husband, my daughter, and I went up there, and we saw it’s all middle-aged men who are just coming out of being alcoholics. And you know they are all sitting around smoking and it’s co-ed. One side of the house is women, the other side is men, but it’s all open, and I just went yeah she’s not coming here.” - Mother

(4) Healthcare Inadequacies

Healthcare professionals (e.g. psychiatrists, nurses, etc.) working with sex trafficking victims provided diagnoses in the presence of other patients, failing to respect privacy during this sensitive time. One survivor spoke about her experience of seeking medical attention after being sexually exploited, and she elaborated on the poorly conveyed diagnosis she was given. Overall, healthcare professionals were routinely cited as insufficiently explaining medical diagnoses in other interviews too. There was a central focus on diagnosing, medicating, and ignoring complex trauma. Routinely, sex trafficking victims wishing to access healthcare services were met with unsupportive medical staff who were not adequately trained to deal with complex trauma.

“The healthcare professional said, “We just checked your blood and you have (unspecified illness), you need to take these three pills, and it should be gone in the next couple of hours.” And I just looked around and saw three guys and two girls; they are all just staring at me like... oh okay, thanks, guys.” - Survivor 1, Quote 1

“Even when they told me I have Bipolar, they explained it to me as if I have Schizophrenia. I was bawling my eyes out. It was right after hallucinating. I just fought with my brother and mother through a door, but they were not actually there. They pulled me out, they told me, “You are going like a little crazy, and you are hallucinating. You are seeing things that aren’t really there.” They explained it exactly like the definition of Schizophrenia. I just bawled my eyes out, crawled onto the floor, and said “I have Schizophrenia.” [And they said] “You don’t have Schizophrenia, it is Bipolar. It’s only Bipolar.” I am like what?”

- Survivor 1, Quote 2

(5) Lack of Public Awareness

The interviews drew comments about the need to educate the general public about sex trafficking. In general, individuals and communities believe that sex trafficking does not happen in Canada and if it occurs, it impacts only a minuscule sector of the population.

“We are committed not only to support our daughter but also work with communities in Peel to raise awareness of what is happening in our Region, not far away but just around the corner from our house.” - Mother 1.

Needs/Recommendations

The needs identified in this section are the culmination of months of research conducted by the Peel Institute on Violence Prevention. These needs come from existing literature, through legislative analysis, from interviews and focus groups. To start, minimal evidence-based research exists on the exact needs of victims of human trafficking, and the services that are available to them. It is imperative that the health needs of this population are considered in similar ways to the needs of other marginalized groups, such as migrant labourers, victims of sexual abuse or domestic violence, and victims of torture. Due to the fact that there is little research available on this specific topic, similar populations can be examined to provide a foundation for the treatment of this population (Williamson et al., 2008).

Survivors' physical, emotional, and mental health needs must be met if they are to heal from the substantial effects of being trafficked (Powell, Asbill, Louis, & Stoklosa, 2017). Sex trafficking victims have varying needs, and not all survivors require the same interventions. However, some needs are common to many survivors and can include "emotional and moral support, legal assistance, safe housing, high school diploma or General Education Diploma assistance," and more (Wirsing, 2012). Having said that, it is important to understand that new needs may arise with each client and the trauma of coming out of trafficking is complex and longitudinal. Although we have identified a multitude of pertinent needs from recent research below, this list is by no means exhaustive.

Emotional Support

Emotional and mental health needs are arguably the most critical of all needs, as emotional and mental illness are the most debilitating factors in victims' and survivors' everyday lives. The literature on human trafficking survivors emphasizes that many survivors experience Post-Traumatic Stress Disorder (PTSD), depression, anxiety, self-hatred, dissociation, despair, and difficulty with interpersonal and intimate relationships. In addition to this, survivors have been known to suffer from other mood disorders, including panic attacks, obsessive-compulsive disorders, fearfulness, and hopelessness about the future (Williamson et al., 2008). In one study of over 100 trafficked women, 41.5% reported attempting suicide (Powell et al., 2017). Victims of human trafficking have often been involved in very traumatic experiences, such as extreme violence, death threats, serious injury, rape, and psychological abuse; thus, their emotional wellbeing is often severely compromised (Global Alliance Against Trafficking in Women, 2015).

In a study performed by Elizabeth Hopper, "the large majority of youth in this sample (91%) reported a history of victimization before the trafficking experience, including directly experiencing physical, sexual, or verbal/psychological abuse, as well as witnessing violence" (Hopper, 2017). Having experienced victimization in the home, these children were already vulnerable and at risk of being trafficked. This further demonstrates the need to provide adequate emotional support to survivors of sex trafficking.

Additionally, consideration needs to be given to how different cultures operationalize and treat emotional and psychological trauma. For example, Western psychologists derive certain criteria (such as independence, self-containment, and autonomy) for psychologically healthy individuals based on a rigid, normative stance, derived mostly from studies on white males. This stance values certain cultural and gender identity formations more than others do; thus, many minorities, especially minority women, risk being defined as pathological (Machery, 2010). In assessing emotional and mental health supports as a pertinent need, we also must keep in mind the culturally specific methods of treatment that will work for varying individuals.

Physical Healthcare

Physical healthcare needs are also of great concern to trafficking victims, because physical health disruptions can affect survivors' everyday lives. There are a number of physical issues commonly associated with trafficking victims, including frequent headaches, stomach aches, difficulty breathing, hair loss, frequent colds, low blood pressure, sexually transmitted diseases, frequent urinary tract infections, and issues with bowel incontinence (Hopper, 2017). The study further states that some young female respondents in this study reported head injuries resulting in confusion, mental slowing, and other cognitive difficulties. Additionally, children involved in sex trafficking may be more prone to physical illnesses because of their immature physical systems; thus, this specific age group needs to be tended to more carefully when being treated (Bernat & Winkeller, 2010). The indicators listed above are just some of the physical symptoms that sex-trafficked individuals can encounter, as this list is not exhaustive; each individual will experience their combination of physical health problems and will require personalized treatment. Many of the symptoms indicated here are the body's way of compartmentalizing psychological stress as a coping mechanism, a manifestation occurrence often associated with complex trauma (Hopper, 2017). With that said, there is an urgent need for these victims to receive adequate medical attention to help deal with their physical issues, in addition to their emotional health.

Peer-to-Peer Support

Victims and survivors of human trafficking should be encouraged to have contact with one another, as this peer-to-peer support has been shown to improve their post-trafficking treatment experience. Often, victims are unwilling to acknowledge the trauma and exploitation they have experienced, and as a result, many survivors are reluctant to seek treatment (Hickle & Roe-Sepowitz, 2014). However, when working with others who have had similar experiences, many individuals feel more at ease. Hickle and Roe-Sepowitz (2014) conducted a study on group intervention strategies for sexually exploited girls and found that discussing experiences in a group setting with others who had been through the same type of trauma, facilitated feelings of support, validation, and positivity. This mutual aid allowed victims to feel comfortable in opening up about their experiences and understanding that they were not alone. In addition to peer-to-peer support, there are recommendations for the inclusion of a “co-facilitator”, who is also a survivor of sex trafficking. This co-facilitator will be able to build rapport, provide a sense of authenticity, and serve as a role model to group members. With the use of a co-facilitator and a trained professional, this group intervention can be much more effective. However, it is important to keep in mind that group intervention does not work for everyone, and individual therapy may be required.

As little research has been conducted on the effects of trafficking on victims, there are not many peer support groups currently available. This Needs Assessment urges the formal organization of more of these groups. Global Alliance against Trafficking in Women (2015) mentions examples of successful peer support groups. In their report, one organization was mentioned which held group-counselling sessions for Southeast Asian women who were recent migrants. The results were so successful that the members began referring to each other as family. This same setup for a peer support group could be incredibly beneficial for women who have escaped sex trafficking and are seeking to share their experiences with others who have suffered similarly. Overall, peer support groups provide many therapeutic benefits, as they help victims and survivors re-build their self-confidence, address feelings of isolation, and network with others so they can expand their support systems.

One survivor from our interviews discussed her experience of connecting with another survivor:

“Out of all the people I have met the only person who has been able to help me is a survivor, they are the only ones who actually understand why I went into the business, why you stayed, why you didn’t leave even though you wanted to, why you kept doing drugs, why you relapse.”

An integral part of peer-to-peer support is having people around who are familiar with the nuances of the culture of sex trafficking and who will not perpetuate the stigma against the victim who is coming forward to seek help.

Family Support

Involving family members in services and supports in place to help victims, post-trafficking, is an important need. Family members can supplement the healing process by providing support in learning more about their loved one’s ailments. Many family members may not have a clear understanding of the nuances of human trafficking, and this can cause family members to stigmatize their loved one unknowingly, resulting in feelings of embarrassment or shame on the part of the victim. Therefore, it is integral to have families included in services and supports, so they can identify their loved one’s situation as abuse and as a crime, as this will reduce rates of victim blaming and shaming (Global Alliance against Trafficking in Women, 2015).

Therapeutic Supports

Considering the number of human trafficking survivors who have PTSD and other mood and anxiety disorders, several therapeutic supports have been found to be successful in managing the psychological consequences of human trafficking; the most prominent of these therapies being behavioural, cognitive, and psychodynamic therapies. Each of these therapies has a positive influence on the patient’s behaviours and feelings by altering how the patient understands their experience (Williamson et al., 2008). Additional therapies include eye movement desensitization and reprocessing, stress inoculation training, and exposure therapy. Cognitive-behavioural therapy, exposure therapy, and stress inoculation training have been particularly successful in preventing the development of PTSD when used with female victims of sexual violence (Williamson et al., 2008). Additional therapies that have provided relief for human trafficking victims include yoga, art therapy, aromatherapy, animal-assisted therapy, mindfulness exercises, and breathing techniques. These therapies have been

found to increase general self-awareness and decrease feelings of hopelessness and trauma-related symptoms, including anxiety and dissociation (Polaris Project, 2015).

Employment and Reintegration Services

Many individuals coming out of the sex trade may lack the skills necessary to obtain jobs and achieve economic stability. In many cases, clients do not receive the full array of the integration services they need, such as assistance in finding and maintaining employment, finding affordable and long-term housing, and receiving legal help with their citizenship status (Powell et al., 2017). Resolving these necessities will increase the likelihood of consistent use of services, but without them, some of these individuals may end up returning to the trafficking industry. Providing ways for survivors to have access to services is critical in ensuring that they continue their self-care and pursue a healthy path to recovery. Additionally, a study by the Standing Against Global Exploitation Everywhere (SAGE) project states that many survivors need legal services as well as assistance with benefits (Gibbs, Walters, Lutnick, Miller, & Kluckman, 2015). These types of services are necessary for survivors to reintegrate successfully into society, as relapsing into the sex trafficking industry can be tempting, if basic needs are not being met.

Housing Services

Victims of sex trafficking are often offered apartments or rooms to live in while they work for their pimps, which makes escaping the trade rather difficult. They have a fear of homelessness, and they become dependent on their pimps. Housing services can provide care and protection for these women during vulnerable times. Surveys provided to fourteen different agencies that work with sex trafficking victims in California showed that housing was the biggest need with nearly half of the respondents indicating this as a specific necessity (Chettiar et al., 2011). Safe housing services give women an opportunity to start fresh, repair their damaged emotional, mental, and physical health through counselling, as well as access resources to help find stable employment. Safe housing and wraparound services inevitably decrease any chances of returning to the sex trade. Housing was also a theme brought up in the interviews conducted with sex trafficking survivors. The survivors agreed that current housing services were not up to appropriate standards. One survivor shared her thoughts on housing as a pertinent need: *“They want to get out, but they are way too*

scared. There needs to be a secure location that nobody knows about [...] there is no phone access, there is no nothing. The girls can be taken to that safe house.”

Unfortunately, as of now, housing services for human trafficking victims remain scarce in Canada, and the available services are inadequate. Some of the major issues with current housing services are the ‘male-centered’ housing models, which enforce strict curfews, lack emotional support towards women’s healing, and fail to provide resources for women to find employment (Chettiar et al., 2011). These flaws contribute to women back-peddalling into exploitation.

Medical Service Screening Tools

According to researchers, one of the biggest gaps in medical services is the inconsistent screening practices within emergency departments and other hospital settings (Hemmings et al., 2016). Medical services currently lack the screening tools necessary to accurately identify victims of sex trafficking and provide empathetic support and referral to appropriate resources, as well as follow-up sessions. In order to treat these individuals, it is important to be able to identify them, especially within healthcare settings. Most victims of human trafficking experience complex trauma, and this factor should be considered when developing a screening tool. In the U.S., several screening tools for healthcare professionals have already been proposed. A recent study in the U.S. examined the effectiveness of screening tools in emergency departments to identify victims of sex trafficking. The study first determined a series of the most effective questions for identifying adult victims of sex trafficking and concluded that a single questionnaire might be sufficient in identifying victims of sex trafficking, despite the various victim profiles that exist; essentially, such a screening tool is possible to create and implement (Mumma et al., 2017).

Rehabilitation and Substance Abuse Services

Survivors of sex trafficking suffering from substance abuse and addiction will need therapeutic supports, in addition to other supports and services. It is important to not only address the substance abuse itself, but also the underlying trauma that caused the substance abuse, or treatment is not likely to be effective (Williamson et al., 2008). Currently available services, as stated by the Department of Justice, Canada (2015), include community service agencies, detox programs, treatment centres, and hospital services. It is recommended that these services combine trauma

and substance abuse treatments as these two areas are not mutually exclusive and should thus, be treated in tandem (Covington, 2008).

Services for Men

There is a lack of services available for men, and this is often because of the assumption that men will not seek psychological help, due to stigmas around emotional displays. This presumption represents a large area of unmet needs, because “men who have been trafficked have similar mental health problems and needs as trafficked women” (Global Alliance Against Trafficking in Women, 2015). Since needs are similar for both men and women, it is important that the services mentioned here are equally available and accessible for everyone.

Proximity of Services

Of the services that are available, most are not concentrated in areas where there are large number of trafficking victims. Often these services are spread over large areas that make accessibility difficult. This forces clients to have to travel long distances, and without their own means of transportation, this might mean lengthy rides on public transportation (Powell et al., 2017). On the reverse side, services that are too close to home also have potential consequences. Victims have been cited saying that they were forced to move back to the same areas where they were trafficked because the services they were accessing were in the trafficking region; this meant that they ran into their traffickers. When this happens, clients may feel unsafe attending their appointments and accessing services and may entirely cease treatment. Thus, it is essential that services are accessible, without being in the heart of trafficking areas, that there are enough services to treat concentrated numbers of victims, and that potential obstructions to accessing treatment are addressed with each client, to ensure ongoing and unhindered help.

Why Services Are Not Used

Victims' needs are not being met partially due to a lack of availability of services, but also due to a reluctance to use them. Many young people choose not to use these services for fear of being reported based on prior maltreatment, apprehension issues, or their current trafficking engagement; these concerns are often intensified for women with children (Gibbs et al., 2015). A variety of projects, such as SAGE, STOP-IT, and

Street Work, were evaluated for the median length of time during which participants engaged in these services. Results showed that, on average, services were used for 65 days, 117 days, and 15 days, respectively. It was noted that the reason for clients' discontinuation of services was the absence of other means to meet survival needs (Gibbs et al., 2015). Overall, the pull toward services and the pull of the trafficking industry are both luring, but more needs to be done by service providers to make the option of seeking treatment seem feasible, accessible, helpful, and an overall positive experience. Victims need assistance in seeing themselves as victims of crime, who can rightfully access resources to escape, rather than seeing themselves as targets of blame and hopelessness.

What Services Are Lacking?

While there are some effective services available, there are still aspects of these services that need improvement. Powell et al. (2017) stated that if there were no case manager or main point of contact between the service provider and the client, the client typically would not receive the full range of services that were available, due to miscommunication and poor coordination. Additionally, there is a dearth of trained mental health professionals to appropriately address the unique needs of human trafficking survivors. When not properly trained, the treatment received by survivors can be ineffective or cause further harm (Williamson et al., 2008).

Unfortunately, evidence-based suggestions for the treatment of trauma from trafficking lack support because of minimal exploration into this topic. Researchers need to move beyond anecdotal stories and produce more studies with rigorous designs and methodologies (Powell et al., 2017). It is essential that trauma-informed healthcare is provided as a resource for human trafficking victims; once more research is conducted, this trauma-informed healthcare must be applied with cultural sensitivity, so that it can be flexible enough to meet the diverse needs of a range of clients (Hemmings et al., 2016).

It is important to mention that Indigenous women, migrant women, women with disabilities, and women who have experienced past abuse, have unique needs that may require culturally appropriate services. There is a need to move beyond anecdotal feedback so that research can reveal the best ways to conduct effective evaluations to advance learning (CREVAWC, 2012). For example, the review of eleven types of

training for service providers working in the field of human trafficking in the United States found that very few projects contained evaluative components, and even fewer conducted impact evaluations (Powell et al., 2017).

Other considerations include a lack of gender-sensitive language and culturally specific services for clients. Language and culture have the power to change how survivors respond to services available to them, so this should be treated as a major barrier if not treated carefully (Powell et al., 2017). Additionally, there needs to be cultural consideration regarding referrals to counselling, as victims come from many different backgrounds, and we cannot assume that women or men from all cultures will respond positively to counselling. Many victims from developing countries may not necessarily go to counselling or feel comfortable with the process (Yakushko, 2009). In qualitative work by Aron, Zweig, and Newmark (2006), victims described wanting other services, outside of one-on-one therapy, to address their emotional needs; one suggestion included acupuncture therapy. Some victims described their experiences with one-on-one therapy as shameful, and they found that western-style talk therapy did not always resonate with their cultural backgrounds (Hemmings et al., 2016).

Additionally, as stated by Hickle & Roe-Sepowitz (2014) there is a need for the development of residential treatment centers, group homes, foster care agencies, and homeless and runaway youth shelters, to help victims during their transitional period toward recovery.

Training and Evaluation

The Canadian government's policies and practices surrounding human trafficking, since the adoption of the United Nations Protocol on Trafficking in 2000, have focused on three key areas: (1) the prevention of human trafficking, (2) the protection of trafficking victims, and (3) the prosecution of traffickers (Oxman-Martinez, Hanley, & Gomez, 2005). The Canadian government has already invested substantial resources in these areas, and progress has been made in Canadian responses. However, there are still challenges that need to be overcome. A missing approach in the overall strategy is the introduction of training that focuses on the trauma experience of survivors.

The emotional, social, and health consequences of human trafficking bring survivors into contact with the police, the judicial system, healthcare services, and social services, thus providing many opportunities for potential identification and intervention. A robust social and healthcare system response, however, requires a workforce that is aware of the health and social impacts of trafficking. Service providers must be educated on how to identify and treat affected individuals in a compassionate, culturally aware, and trauma-informed manner. In addition, they must be trained on how to collaborate efficiently with law enforcement members, case management workers, and advocacy partners.

Online and other forms of training are described in various pieces of literature on human trafficking. These training descriptions are targeted specifically toward healthcare and social service audiences, though most of them differ substantially in format, length, scope, and intended audience. Topics covered by these resources include trafficking definitions and scope, health consequences, victim identification methods, appropriate treatment, referral to services, potential legal issues, and security concerns. It should be noted, however, that none of these educational resources have been evaluated or reviewed rigorously. There is a clear need to develop, implement, and evaluate high-quality education and training programs that focus on human trafficking, in the healthcare and social services industries (Ahn et al., 2013).

The Sexual Assault/ Rape Crisis Centre of Peel received a grant from the Ministry of the Attorney General to develop an interactive CD/DVD manual. The manual, titled, “Breaking the Chains of Human Trafficking – Linking Community Support in Peel,” was distributed in the Region of Peel to train various service providers on how to identify victims of human trafficking. The manual was distributed to settlement agencies, law enforcement officials, hospitals, victim service groups, and other organizations (Brampton Guardian, 2012; Le, 2012). These sorts of initiatives are incredibly important in setting a precedent for the types of training and evaluation that can be implemented in the future.

Discussion

The results from the literature review, our overall qualitative analyses, and our interview/focus group research, all outline one main point: Rates of human trafficking are increasing in Ontario, but the resources to assist with survivor healing remain scarce. This Needs Assessment was initially concerned with understanding why more and more young women are lured into the sex trade and why leaving has become so difficult. Evidently, our findings have uncovered that services available lack evidence-based research, service providers lack proper human trafficking training, and patients feel that their treatment is unsatisfactory and unsuccessful. Most current services focus on providing psychiatric help for a variety of mental illnesses; in fact, victims are dealing with emotional harm from their traumatic experiences in the trade, which become the root causes of subsequent mental health issues. Additionally, substance abuse is a struggle for many victims, as pimps facilitate addiction in young women, resulting in a cyclical dependence on their pimps for money, other resources, and necessities.

Through the focus groups and in-person interviews, it was found that families of human trafficking victims also suffer the mentally draining consequences of the trafficking industry. There was an emphasis on a lack of help from the school system to assist young victims. This is a pertinent concern, given the rising prevalence of high schools as a location where trafficking occurs. Also, survivors brought to our attention the need for adequate housing post-trafficking. There are few housing resources available for victims, and those housing sites lack trained employees to work properly and appropriately with victims of human trafficking.

Additional research is required to uncover the exact needs of human trafficking victims, from the perspective of survivors. As we witnessed, most research in the sex trade leaves out an integral source of information, the survivors themselves. Conducting evidence-based research while being cognizant of actual survivor needs will allow for successful services and will inevitably help prevent re-entrance into the trade.

Furthermore, human trafficking and sex commerce go hand-in-hand, making consent difficult to pinpoint, as women sometimes weave between voluntary and involuntary sex work. We must ask ourselves why women who provide sexual services

are arrested and penalized, but men seeking and receiving services are not. Would the legalization of prostitution allow for more protection of women? Why does human trafficking affect such a large percentage of disabled women, but research on the subject remains minimal? These questions are important to explore in future research to fill the gaps.

Conclusion

This report applied a theory of change, which asserts that women's rights are human rights, and that progressive changes happen when diverse and independent women's movements have vision, strength, resilience, and collective power. There is a growing need to analyze the feminization of poverty and the impact it has on human trafficking and sex commerce. Services, programs, training models, policies, and other resources are still in the process of including survivor resilience into the development and implementation of resources.

Through analysis of our survivor interviews and the focus groups with mothers, it is evident that services at the forefront are inadequate. Proper screening practices, survivor-focused campaigns, and awareness programs implemented in the education system are some of the initiatives that need to be emphasized and funded by the Government of Canada, in order to decrease rates of human trafficking. The needs of survivors are rarely touched upon in formal literature on trafficking, and research on the mental health impacts of trafficking is also missing. Research and data collection in this area would allow for the expansion of available services' scopes.

Early identification of sex trafficking survivors is needed. The development of trauma screening tools would be of great assistance to professionals who work within services aimed at helping victims escape the sex trade. There are a variety of services available, but not nearly enough to facilitate the recovery of larger numbers of sex trafficking survivors. It is important that services be multidimensional and be capable of dealing with the root cause of any trauma. Although organizations are trying to crack down on the exact sources of human trafficking, it is important to place most importance on the protection of victims, and then move on to consequent upper-level research.

There is a great need to improve data collection (both consistency and content) through the use of more standardized forms/practices to better inform survivors of services and evaluate services outcomes. It is urgently needed to increase agencies collaboration, ongoing communication and information sharing between agencies to improve the comprehensiveness and continuity of care for survivors of human trafficking. Evaluation of the programs and services is essential in order to determine whether the needs of the diverse populations are being met and to ensure that the Region of Peel is working towards a more equitable society

Powerlessness, lack of adequate assistance, insufficient housing programs, and traumatic healthcare experiences contribute to survivors' and their families' feelings of hopelessness in escaping the sex trafficking industry. Pimps use the shortage of accommodations for survivors as a means of recruiting more women. They threaten women in the sex trade by warning them that life after trafficking will be difficult and traumatic.

It is now understood that the differences between individuals and population groups which are preventable and avoidable are differences which are unfair and unjust; this unjust inequality is defined as inequity. The Institute on Violence Prevention recognizes inequities present in the day to day lives of survivors of human trafficking in the diverse Region of Peel have not been eliminated. We need to understand the intersectionality of multiple social determinants of health and wellbeing as integral to delivering of equitable health and social services and achieving optimal health and wellbeing. The Equity Framework proposed by the Peel Institute on Violence Prevention contributes to the discussion of racism, oppression, equity, and determinants of health and well-being; it prioritizes gender and race as key determinants, which cannot be ignored at the intersection of other social determinants of health and well-being such as, violence.

There is little evidence of services and programs promoting public awareness of the increase of human trafficking incidences. Work done in countries such as Nepal indicates that to create continued awareness of sex trafficking, and to decrease the numbers of young women who are sex trafficked, organizations need to work with communities. Evidence-based research informed by sex trafficking survivors will allow for the government and for organizations to provide successful services for those who

have dealt with the traumas of the trade. Approaches guided by research will get to the root of the problem directly and will help prevent young girls from entering the sex trade in the first place, thus eliminating the likelihood of a lifetime spent in trafficking. Women and girls have the right to pursue careers free of emotional, sexual, and physical harm. It is integral that we do as much as we can to help unravel the pull of the sex trafficking industry, in order to have a significant, systemic impact on the industry's rising rates.

References

- Ahn, R., Alpert, E. J., Purcell, G., Konstantopoulos, W. M., McGahan, A., Cafferty, E., Eckardt, M., Conn, K. L., Cappetta, K., & Burke, T. F. (2013). Human trafficking: a review of educational resources for health. *American Journal of Preventive Medicine*, 44(3), 283–289.
- Andreas, P. & Greenhill, M. (2010). Sex, drugs, and body counts: The politics of numbers in global crime and conflict. *American Journal of Preventative Medicine*, 44(3), 283-289.
- Aron, L., Zweig, J. M., & Newmark, L. C. (2006). *Comprehensive services for survivors of human trafficking: Findings from clients from three communities: Final report*. Retrieved from http://webarchive.urban.org/UploadedPDF/411507_human_trafficking.pdf
- Barret, N. (2013). *An assessment of sex trafficking*. Retrieved from <https://www.canadianwomen.org/wp-content/uploads/2017/09/NB-Nov-14-FINAL-REPORT-Assessment-of-Sex-Trafficking-in-Canada.pdf>
- Bernat, F., & Winkeller, H. (2010). Sex trafficking: The global becomes local. *Women & Criminal Justice*, 20(2), 186-192.
- Brampton Guardian. (2012, May 7). Human trafficking growing in Peel. *Brampton Guardian*. Retrieved from <https://www.bramptonguardian.com/news-story/6003377-human-trafficking-growing-in-peel/>
- Bungay, V., Halpin, M., Halpin, P.F., Johnson, C., & Patrick, D.M. (2012). Violence in the massage parlour industry: Experiences of Canadian-born and immigrant women. *Health Care for Women International*, 33(1), 262-284.
- Carter, V. (2017, January 4). The thin line between prostitution and trafficking. *Ethnic Daily*. Retrieved from <http://www.ethicsdaily.com/the-thin-line-between-prostitution-and-sex-trafficking-cms-23829>
- Cassels, J. (2017). *The 20 reasons girls enter and stay in the sex industry*. Retrieved from <http://johncassells.com/2017/11/20/the-20-reasons-girls-enter-and-stay-in-the-sex-industry/>
- Covington, S. S. (2008). Women and addiction: A trauma-informed approach. *Journal of Psychoactive Drugs*, 40(5), 377-385.
- Centre for Research & Education on Violence Against Women & Children (2012). *Evaluating violence against women training initiatives: A primer*. Retrieved from

http://www.learningtoendabuse.ca/sites/default/files/Evaluation_VAW_Training_October_1_2012.pdf

Criminal Code, R.S.C. C-46. (2016 [1985]). Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/C-46/page-67.html>

Department of Justice, Canada. (2015). *Handbook for criminal justice practitioners on trafficking in persons*. Retrieved from <https://www.justice.gc.ca/eng/rp-pr/cj-jp/tp/hcjpotp-gtpupjp/hcjpotp-gtpupjp.pdf>

Department of State. (2016). *Trafficking in persons report June 2016*. Retrieved from <https://www.state.gov/documents/organization/258876.pdf>

Deshpande, N. A. & Nour, N. M. (2013). Sex trafficking of women and girls. *Review of Obstetrics & Gynecology*, 6(1), 22-27.

Gibbs, D., Walters, J., Lutnick, A., Miller, S., & Kluckman, M. (2015). Services to domestic minor victims of sex trafficking: Opportunities for engagement and support. *Children and Youth Services Review*, 54(7), 1-7.

Global Alliance against Trafficking in Women (2015). *Unmet needs: emotional support and care after trafficking*. Retrieved from http://www.lefoe.at/tl_files/lefoe/GAATW_Briefing_Paper_Unmet_Needs.10.2015.pdf

Groce, N. E. (2004). *Global survey on HIV/AIDS and disability*. Retrieved from http://216.157.36.161/en/Our-Issues/Disability/~/_media/61CC3B234CDC493298828C271F3FFB36.pdf

Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L., Stanley, N., Zimmerman, C., & Oram, S. (2016). Responding to health needs of survivors of human trafficking review: A systematic review. *BMC Health Services Research*, 16(320), 1-9.

Hickle, K. E. & Roe-Sepowitz, D. E. (2014). Putting the pieces back together: A group intervention for sexually exploited adolescent girls. *Social Work with Groups*, 37(2), 99-113.

Hopper, E. K. (2017). Polyvictimization and developmental trauma adaptations in sex-trafficked youth. *Journal of Child & Adolescent Trauma*, (10)2, 161-173.

Immigration and Refugee Protection Act, S.C. C-27. (2018 [2001]). Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/I-2.5/section-118.html?wbdisable=true>

Lazarus, L., Chettiar, J., Deering, K., Nabess, R., & Shannon, K. (2011). Risky health environments: Women sex workers' struggles to find safe, secure and non-exploitative

- housing in Canada's poorest postal code. *Social Science & Medicine*, 73(11), 1600-1607.
- Le, J. (2012, May 4). Taking steps to counter human trafficking. *Mississauga News*. Retrieved from <https://www.mississauga.com/news-story/3125559-taking-steps-to-counter-human-trafficking>
- Lepp, A. (2002). Trafficking in women and the feminization of migration: The Canadian context. *Canadian Women Studies*, 21(1), 90-99.
- Lim, T. C. (2014). Migrant Korean women in the US commercial sex industry: An examination of the causes and dynamics of cross-border sexual exploitation. *Journal of Research in Gender Studies*, 4(1), 9-31.
- Machery, E. (2010). Explaining why experimental behaviour varies across cultures. *Journal of Behavioral and Brain Sciences*, 33(2-3), 101-102
- Ministry of the Status of Women. (2016). *Ontario taking steps to end human trafficking: Province investing in a strategy to improve services help survivors*. Retrieved from <https://news.ontario.ca/owd/en/2016/06/ontario-taking-steps-to-end-human-trafficking.html>
- Mohajerin, S.K. (2006). Human trafficking: Modern day slavery in the 21st century. *Canadian Foreign Policy Journal*, 2(3), 125-132.
- Mumma, B. E., Scofield, M. E., Mendoza, L.P., Toofan, Y, Youngunpipatkul, J., & Hernandez, B. (2017). Screening for victims of sex trafficking in the emergency department: A pilot program. *The Western Journal of Emergency Medicine*, 19(4), 616-620.
- National Centre for Safe Supportive Learning Environments. (2017). *Risk factors and indicators*. Retrieved from <https://safesupportivelearning.ed.gov/human-trafficking-americas-schools/risk-factors-and-indicators>
- National Crime Prevention Centre of Public Safety Canada. (2009). *Neighbourhood characteristics and the distribution of police-reported crime in Toronto*. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-561-m/2011022/part-partie1-eng.htm>
- National Task Force on Trafficking of Women and Girls in Canada. (2014). *No more: Ending sex trafficking in Canada*. Retrieved from https://www.canadianwomen.org/wp-content/uploads/2017/09/CWF-TraffickingReport-Auto-1_0.pdf
- Oxman-Martinez, J., Hanley, J., & Gomez, F. (2005). Canadian policy on human trafficking: A four-year analysis. *International Migration*, 43(4), 7-29.

- Phasha, T. N. & Myaka, L. D. (2014). Sexuality and sexual abuse involving teenagers with intellectual disability: Community conceptions in a rural village of KwaZulu-Natal, South Africa. *Sexuality and Disability*, 32(2), 153-165
- Polaris Project. (2015). *Promising practices: An overview of trauma-informed therapeutic support for survivors of human trafficking*. Retrieved from <https://polarisproject.org/resources/promising-practices-therapeutic-support>
- Powell, C., Asbill, M., Louis, E., & Stoklosa, H. (2017). Identifying gaps in human trafficking mental health service provision. *Journal of Human Trafficking*, 4(3), 256-269.
- Protection of Communities and Exploited Persons Act*, S.C., C-25. (2014). Retrieved from https://laws-lois.justice.gc.ca/eng/AnnualStatutes/2014_25/page-1.html
- Region of Peel, *Ending Sex Trafficking*. Council unanimously endorses strategy to address human sex trafficking in Peel Region, (2018). Retrieved from <https://www.peelregion.ca/articles/2018/ending-sex-trafficking.asp>
- Reid, J. A. (2018). Sex trafficking of girls with intellectual disabilities: A exploratory mixed methods study. *Sexual Abuse*, 30(2), 107-131.
- Reid, J. A., Huard, J., & Haskell, R. A. (2014). Family-facilitated juvenile sex trafficking. *Journal of Crime and Justice*, 38, 361-376.
- Riutort, M., Rupnarain, S., and Masoud, L. (2017). New roads to anti-racism, anti-oppression, and equity services for survivors of violence: Significant of determinants of health. *The International Journal of Organizational Diversity*, 17(1), 11-23.
- Santos, B., Gomes, C., & Duarte, M. (2010). The sexual trafficking of women: Representations of illegality and victimization. *RCCS Annual Review*, 2, 1-27.
- Statistics Canada. (2014). *Trafficking in persons in Canada, 2014*. Retrieved from <https://www.statcan.gc.ca/pub/85-002-x/2016001/article/14641-eng.htm>
- Statistics Canada. (2018). *Trafficking in persons in Canada, 2016*. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-005-x/2018001/article/54979-eng.htm>
- The Canadian Press. (2017, November 28). Two charged in Toronto in international human trafficking case: Police. *CTV News*. Retrieved from <https://www.ctvnews.ca/canada/two-charged-in-toronto-in-rrrinternational-human-trafficking-case-police-1.3698054>

- The National Inquiry into Missing and Murdered Indigenous Women and Girls. (2017). *Interim report: Our women and girls are scared*. Retrieved from <http://www.mmiwg-ffada.ca/files/ni-mmiwg-interim-report-en.pdf>
- UNODC. (2008). *Strategy for gender equality and the empowerment of women for UNODC*. Retrieved from <http://www.unodc.org/unodc/gender/index.html>
- Williamson, E., Dutch, N., & Clawson, H. C. (2008). *Evidence-based mental health treatment for the victims of human trafficking*. Retrieved from <https://aspe.hhs.gov/system/files/pdf/76116/index.pdf>
- Wirsing, K. E. (2012). Outreach, collaboration and services to survivors of human trafficking: The Salvation Army ATOP-IT program's work in Chicago, Illinois. *Social Work & Christianity*, 39(4), 466-480.
- Yakushko, O. (2009). Human trafficking: A review for mental health professionals. *International Journal for the Advancement of Counselling*, 31, 159-167.