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Trafficking of Women and Girls in the Context of Global Migration

Introduction: The central purpose of this study was to convey information and ideas regarding sex trafficking including needs of survivors and describes the strengths, gaps, weaknesses of existing and recommended services, and programs designed to help survivors.

Methods: At the Peel Institute on Violence Prevention (PIVP), we conducted an extensive review of sex trafficking literature globally, did a statistical analysis of population data, conducted in-depth, in-person interviews with three sex trafficking survivors and two focus group with mothers of sex trafficking victims.

What is Sex Trafficking? Sex trafficking is human trafficking that involves some form of forced or coerced sexual exploitation, not limited to prostitution. It has become a significant and growing problem in both Canada and the larger global community. 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 (Deshpande & Nour, 2013). The challenge for all countries, rich and poor; is in targeting the criminals who exploit desperate people, while simultaneously protecting and assisting victims of trafficking and smuggled migrants; many of whom endure unimaginable hardships in their bid for a better life.

The magnitude of the Problem: 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. 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).

Current Canadian 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); b) Trafficking of a person under the age of eighteen years (section 279.011). Canada’s current legislation (Canadian Legal code 2016) communicates severe penalties and a 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 victims.

Human Sex Trafficking Victims: Victims 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. We have identified four key populations that are particularly at risk of being trafficked: (1) Indigenous girls/women, (2) young girls, (3) East Asian female migrant workers, and (4) girls/women with disabilities.

Indigenous Girls/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 Aboriginal descent to the rest of the population. For example, in Winnipeg, 70-80% of exploited children are Aboriginal, whereas only 10% of the population of Winnipeg is Aboriginal. Similarly, in Edmonton, Aboriginals make up 60% of sex trafficking victims but only 5% of the population. (The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2017).

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. In communities across Canada, untold numbers of young women are involved in escort services, street walking, exotic dancing, stripping, and pornography.

Exploring the 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, (4) depression, (5) developmental challenges, (6) use of drugs/alcohol at a young age, (7) 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 can seem untenable. The idea of designer clothing, expensive gifts, and fast cars, can be incredibly enticing (Cassels, 2017).

Female, East Asian 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. Several other factors contribute to migrant workers' marginalization and vulnerability. Terminology is one particular factor that 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). 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).

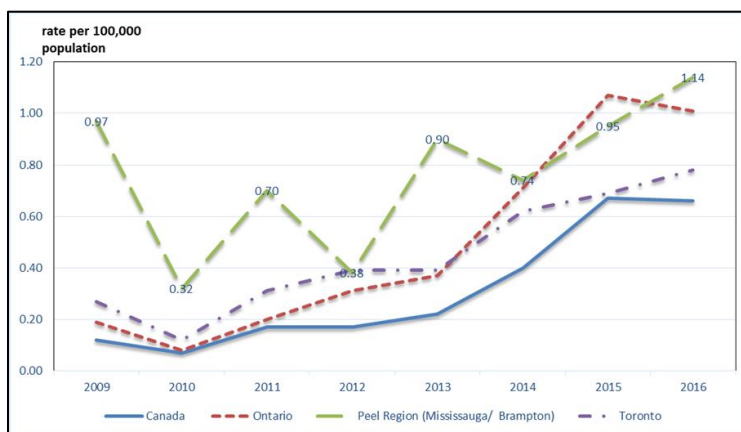
Girls/Women with Disabilities: Few researchers have examined trafficking of women with disabilities. A recent study done in the U.S. revealed that girls with intellectual disabilities face increased risk of exploitation. Some specific vulnerabilities include lack of awareness of exploitation on the part 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.

Sex Trafficking and Prostitution: 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 prostitute in the host country. Additionally, when a girl of high school age agrees to go into prostitution 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 prostitution and trafficking and the distinction between enforced and voluntary prostitution, are controversial matters (Santos, Gomes, & Duarte, 2010). Prostitution 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 prostitution (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 prostitution and being trafficked for sex – we must ask ourselves what this means and how we view the dynamics of changing consent.

Human Trafficking Incidences within Canada: PIVP conducted a demographic analysis of human trafficking incidences within the Region of Peel. We reviewed themes and trends within Peel because this area has long 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. It shows that the Peel Region has higher rates of human trafficking, including actual incidences and total persons charged; when compared to statistics of 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 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.

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 such as 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.

Additional Governmental Statistics: The vast majority of victims of human trafficking are female, while most traffickers are male. According to Statistics Canada (2018), between 2009 and 2016 there were a total of 865 human trafficking victims identified from all cases and 459 traffickers accused; 95% of these victims were women, and 83% of these traffickers 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 (Statistics Canada, 2018). Information on race, family income, sexuality were not available, 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 and it focuses on the “nature and extent of sex trafficking and recommend a national anti-trafficking strategy” (National Task Force, 2014). For data collection, the Task Force conducted their surveys and sent them out to some organizations. 266 of the 534 organizations that responded stated that they were involved in services and supported for 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). When these organizations were asked about the women and girls they had served in 2012, they collectively identified: a) 1929 trafficked women, b) 943 trafficked girls c) 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”.

Findings from PIVP focus group and interview with Survivors: We were able to isolate and identify several prominent themes throughout the interviews and focus groups. These included:

(1) Powerlessness: Mothers of survivors frequently mentioned that they felt powerless when they tried to seek help for their daughters- they cited not receiving the help they needed from police, health services, counselling services, and more. Mothers frequently felt that their voices were not heard and that they were sent in endless circles trying to receive help from services.

(2) Lack of Adequate Assistance: Services that are currently in place to help victims and survivors of human sex trafficking are described by survivors as uncomfortable, dehumanizing, and unhelpful to assist them with their immediate and long-term needs. Unsupportive staff, inappropriate questions, and lack of continuity in provided 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.

(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 who have volunteers with human trafficking training can be excellent resources to victims, as many times they do not know where to turn, to escape the complicated trade of sex trafficking. The mother of a survivor identified a housing service that was supposed to be a resource, but which turned out to be a potentially dangerous solution.

(4) Healthcare Inadequacies: Healthcare professionals (e.g. psychiatrists, nurses, etc.) working with sex trafficking victims some time failed to respect privacy during this sensitive time. One survivor spoke about her experience with seeking medical attention after being sexually exploited and elaborated on a poorly conveyed description of a diagnosis she was given. 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 trained adequately to deal with complex trauma.

Needs/Recommendations: 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). 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). 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).

Physical Healthcare: Physical healthcare needs are also of great concern to trafficking victims because how 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). 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).

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. 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, as this individual will be able to build rapport, provide a sense of authenticity, and be a role model to group members.

Global Alliance against Trafficking in Women (2015) mentions examples of successful peer support groups. In their report, one particular organization held group-counselling sessions for Southeast Asian women who were recent migrants, and the results were so successful that the members began referring to each other as family.

Family Support

Involving family members in services and supports in place to help victims, post-trafficking, is an important need; as 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.

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 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 after escaping trafficking. 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).

Housing Services: 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).

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.

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). 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).

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).

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 (Powell et al., 2017). Additionally, there is a dearth of trained mental health professionals to address the unique needs of human trafficking survivors appropriately. When not properly trained, the treatment received by survivors can be

ineffective or cause further harm (Williamson et al., 2008). 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).

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).

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.

Discussion: The results from the literature review and our interview/focus group research, outline one main point: rates of human trafficking are increasing in Ontario, but the resources to assist with survivor healing remain scarce. 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 as a result. The majority of current services focus on providing psychiatric help for a variety of mental illnesses; however, in reality, victims are dealing with emotional harm from their traumatizing experiences in the trade, which is the root of any 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 significant emphasis on a lack of help from the school system to assist young victims, which 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 have no trained employees to work properly and appropriately with victims of human trafficking.

Furthermore, human trafficking and prostitution 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 for 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 in research.

Conclusion: There is a growing need to analyze the feminization of poverty and the impact it has on human trafficking and prostitution. 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 lack inadequacy. 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 reverse increasing 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 are also missing. Research and data collection in this area would allow for the expansion of available services' scopes.

Early identification of human 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.

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 unfortunate consequence of the lack of accommodations for survivors as a means of recruiting more women and warning

those in the sex trade that life after trafficking will be difficult and traumatic. Emphasis also needs to be placed on the cultural background of the survivors so that culturally-appropriate help is being provided for everyone.

Public awareness regarding the increase of human trafficking incidences needs to be implemented if we want to decrease the number of young women on the streets and under the control of pimps. Evidence-based research informed by anecdotal suggestions from actual human trafficking survivors will allow for the government and organizations to provide successful services to those who have dealt with the traumas of the trade. This mixed methods research approach will more directly get to the root of the problem and help prevent young girls from entering the sex trade in the first place, reducing the likelihood of a lifetime spent in trafficking. Women and girls have the right to pursue careers free of emotional, sexual, and physical harm, and it is integral that we do as much as we can to help unravel the pulls of the sex trafficking industry, to have a significant, systemic impact on rising rates.

Further research is needed to identify the most cost-effective areas of intervention, as human trafficking is a process, not an event. Specifically, we need to identify appropriate measures of prevention and intervention. 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.

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