



GETTING OUT: UNDERSTANDING THE NEEDS OF SURVIVORS OF SEX TRAFFICKING FOR SEXUAL EXPLOITATION IN ST. JOHN'S NL

ISAAC COPLAN | AMANDA NOBLE |
AMNESTY CORNELIUS | 2021



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Foreword

The Blue Door program started in 2017 in response to the call to action articulated in a report by the Women's Policy Office entitled *It's Nobody's Mandate and Everyone's Responsibility: Sexual Exploitation and the Sex Trade in Newfoundland and Labrador*. The program was designed to support individuals in exiting sex trade activities, sexually exploitative situations, and sex trafficking in the St. John's area. After the program was up and running, we organized to be part of a national research project focused on human sex trafficking and the key barriers that trafficked individuals face. The national research was released, and we have been working in partnership with Covenant House to create this provincial report. As the director of the Blue Door program, I am hopeful this research project will highlight the remarkably resilient individuals we are working with and the importance of the work we are doing at Thrive to support them.

Mary Fearon, MSW

Former Director of Blue Door Programs (2018 - 2021)

Thrive CYN

Executive Summary

Human sex trafficking is an ongoing violation of human rights happening in all communities across Canada. Yet, the experts (people with lived experience) are often silenced when advocating to have their needs met. Moreover, researchers rarely engage survivors to address gaps in understanding and service delivery. It is for these reasons that this research was conducted.

This report aims to create knowledge and understanding about what the needs of survivors are throughout the exiting process. Further, we asked what service providers can do to ensure needs are met, and people are supported throughout the exiting process. Outlined in this report is the local finding for St. John's, Newfoundland and Labrador, Canada, as part of the first national study on the needs of survivors exiting human sex trafficking. This report details the findings from this local event and contrasts findings from the national report, *Getting out: A national framework for escaping human trafficking for sexual exploitation in Canada*, with local data from St John's.

- 1) Improve and focus on mental health, trauma, and substance use treatments without an expectation of sobriety/ pre-detoxification for access
- 2) Gear programs to ensure survivor's basic and non-basic needs are being met. Extend housing, income, food, and transportation supports with a focus on safety and access.
- 3) Make staff with specific human sex trafficking training available for interventions and counselling that address safer relationships and feelings of isolation.
- 4) Improve access to community-based supports for survivors, including legal support and help adjusting to life outside of sex trafficking
- 5) Expand services throughout the entire continuum including, outreach, crisis, acute, stable, and long-term services. This may include access to health, mental health, and long-term Human Sex Trafficking related case management supports.

- 6) Expand efforts to advocate for education and awareness related to human sex trafficking, safer relationships, and sexual health education
- 7) Continue to build and expand programs that utilize trauma-informed practice, anti-oppressive practice, client-led services, harm reduction, and that respect lived experience.

Introduction

Human sex trafficking happens in all communities across Canada, yet it is not widely recognized or understood. Moreover, the experts (people with lived experience) are often suppressed, devalued, or go unheard. For these reasons, we conducted Canada-wide research engaging people with lived experience¹ about their experiences exiting human sex trafficking. This report looks at the process of exiting sex trafficking in St John's, Newfoundland and Labrador, Canada. The exiting process can be challenging, and survivors face many barriers, often making many attempts to exit the sex industry completely. This project looked to address gaps in research related to human sex trafficking, as the literature often fails to listen to survivors.

This research was conducted in 8 cities across Canada, including Vancouver, Winnipeg, Thunder Bay, Niagara Falls, Toronto, Montreal, Halifax, and St John's. This national research sought to answer five questions related to human trafficking for sexual exploitation:

- 1) What is the process of exiting?
- 2) What are the major barriers to exiting?
- 3) What basic, instrumental, and psychological needs do survivors have when exiting sex trafficking?
- 4) At what point in the journey are certain needs more pressing?
- 5) How does the exiting processes vary by region in Canada?

¹The terms people with lived experience and survivor are used interchangeably throughout the report. We recognize that not everyone will identify with either of these term. Some people will identify as a victim or thriver (someone doing more than surviving after exiting). Whatever language someone uses to identify themselves should be mirrored and respected.

In September of 2018, twenty-eight people participated in a focus group-based event. Eight people are survivors of human sex trafficking, and 20 participants work alongside people with lived experience. This event was hosted by Thrive CYN and facilitated by Covenant House Toronto and Hindsight Group.

There was some variance among Canadian communities in terms of their resources available to address human sex trafficking; there were similarities in the experiences of survivors throughout the country. Particularly in terms of the structural and systemic barriers survivors face when attempting to exit, and contending with complicated psychosocial and psychological processes. Survivors face many structural barriers to accessing services that meet their needs, which compounds the experience of complex trauma many survivors live with.

In line with the calls to action in the national report, this report calls for long-term efforts to:

- Address structural barriers that lead to a greater likelihood of sexual exploitation
- Increase coordination between service agencies, and increase funding to make additional tailored programs and services available to survivors
- Raise public awareness about the pathways of entry to human sex trafficking, including signs of luring, grooming, and recruitment
- Increase dialogue to meet gaps and address concerns that are currently not being heard at the local, provincial, and national levels.

An important step in supporting survivors is to understand the specific vulnerabilities that make some individuals more vulnerable to human sex trafficking, and the barriers that prevent people from exiting sexually exploitive situations. After introducing the topic of human trafficking for sexual exploitation, this report is divided into the core components of the national exiting framework: which outline the barriers survivors face in exiting and their various needs. These components include structural and systemic barriers, psychological and physical barriers to meeting basic needs, psycho-social and community needs, service needs, and philosophical considerations for service providers. While several survivors participated

in this research, this is not meant to be an exhaustive list of the needs and experiences of survivors in St. John's.

What is human sex trafficking / sexual exploitation

Human sex trafficking encompasses a broad range of experiences and circumstances. This makes specific definitions important when discussing the issue so that all those engaged in the discussion share a common understanding. There was a great deal of discussion regarding the specific definition of human trafficking for sexual exploitation throughout the country. These discussions were largely the result of the sometimes-associated and often conflated experiences related to trafficking, exploitation, procurement, and sex work in general. This research, however, focused exclusively on the experience of human sex trafficking, and is not inclusive of other forms of human trafficking (e.g. labour or organ) nor participation in the by-choice adult sex trade, also known as sex work.

There is currently no national definition of human sex trafficking in Canada. Reports and policies often point to the definitions developed by the United Nations and in the Canadian Criminal Code. The Canadian Criminal Code (2012) defines human sex trafficking as the “recruitment, transportation, transfer, harbouring, or receipt of persons; and exercising of control/coercion, fraud, force or threat of force, abuse of vulnerability; to a person ... in order to exploit that person” (p.4). Trafficked persons are exploited when they are coerced by an individual, or group of people, to commit sexual acts. Even if these acts themselves are similar in nature to the activities that make up sex work in the by-choice adult sex industry. Sex trafficking is not limited by gender and can often involve individuals under 18. The terms sex trafficking and human sex trafficking will be used interchangeably in this report. Persons who are sex trafficked are often, though not always:

- lured and groomed by peers who are acting like friends or partners (boyfriend is the term most commonly used)
- forced to hand over most, or all, of the money associated with the sexual acts to the exploiter

- subject to abuse, violence, and threats of violence by the exploiter(s) as a means of control to force continued participation (Canadian Centre to End Human Trafficking, 2018)
- subject to fabricated debt bondage as a result of gifts, expensive clothes and/or drugs that are supplied “freely” by the trafficker(s) during the recruitment/grooming process (Berger, 2012)

Sex trafficking can also include strip/pole dancing and the production of images or videos. Despite some overarching similarities between the experiences of survivors, there is not one uniform experience of sex trafficking. Sex trafficking is lucrative for the exploiters/traffickers, and money is almost always the primary motivation of traffickers/organized crime groups (Fiddian-Green, Bridge, & Liroy, 2017).

There are differences in experiences and opinions related to human sex trafficking throughout the country. When someone leaves an experience of sex trafficking, we use the term ‘exit’ in this report but do so with the understanding that this process is complicated and differs for each person. The process of exiting is not always within the control of the survivor. Sometimes the term ‘escape’ is more appropriate, or sometimes the experience ‘ends’ for a variety of reasons. Similarly, some find it offensive to equate exploitation with work of any kind. Additionally, equating sexual exploitation with consensual sex work creates further harms to both people with lived experience and sex workers. For these reasons, we refrain from referring to the experience of sex trafficking as sex work unless specified by a participant or with the use of a single quotation mark.

Similarly, the language used to express the connection between someone who is exploited through human sex trafficking and someone, or a group of people, who benefit from the exploitation can be referred to using a range of terminology. Though at times, traffickers may also be referred to as pimps, boyfriends or partners, and exploitative third parties. To maintain consistency and elicit a clearer representation of the non-glamorous experience of sexual exploitation, this report will use the terminology of trafficker even if the individual may not be considered a trafficker specifically under the criminal definition. Despite this use, however, it is important

that survivors continue using the language they are most comfortable with when discussing their own experiences. Their language use should not be tone-policed, met with judgement, or be ‘corrected.’ These nuances were expressed in communities throughout Canada.

Structural Factors, Local Context and Geography

There are immediate contextual issues that survivors face in Newfoundland and Labrador. Geographically, the population of Newfoundland and Labrador is spread out - most of the provincial population lives in St. John’s metro region, while the rest of the population is dispersed throughout the rural and remote regions. St. John’s is the 19th largest city in Canada as of 2016 (Statistics Canada, 2016). The total population of Newfoundland and Labrador accounts for approximately 1.5% of Canada’s population (Statistics Canada, 2016). Based on Newfoundland and Labrador’s size, this makes it the least densely populated province with only 1.4 people per km². Due to the uneven distribution of the population throughout the province, access to services is a challenge. This is particularly true for those who have experienced sex trafficking in rural and remote communities, as the only exiting program in the province is housed in St. John’s.

Based on the consultation, participants discussed the nature of exploitation in both the metro region and rural communities. In both instances, the closeness of social circles means that it is hard to maintain anonymity within the community. This can be a barrier to exiting and makes confidentiality difficult. Survivors expressed concern about confidentiality when moving through the city via public transit, such as the bus or taxis. The potential to be recognized or associated with a family name by drivers or other transit users is a concern. Survivors who have exited sex trafficking also expressed the challenge of contending with the stigma associated with their current or former participation in the sex industry while processing their own experiences. Survivors from some of the smallest communities also expressed the challenges of reporting their experiences. In some cases, those who were tasked with

listening to reports/disclosures (e.g. police, child protection, politicians) may have also been involved in sexual exploitation, either as johns, friends, or family of the trafficker.

Participants spoke about a “don’t ask - Don’t tell” culture that pervades and undermines discussions about human sex trafficking and sexual exploitation in cities and smaller communities. While the small size of rural communities is a challenge for survivors who are exiting, it also creates a community where survivors are able to look out for each other.

While local context is important, these geographic factors are not unique to Newfoundland and Labrador. Rural and remote communities across Canada also face access and funding issues that limit the programs they can facilitate in these areas and the scope of practice that available programs can provide. Within the national context, what is challenging about Newfoundland and Labrador is that people can only move within the St. John’s metro region easily. Getting off the island through regulated means is expensive and inaccessible to many. The mainland is not easily accessed, and therefore, trafficking happens internally with folks whose place of origin is Newfoundland and Labrador.

Participants in St. John’s spoke less explicitly about structural factors such as poverty, racism and gender-based discrimination compared to other jurisdictions throughout Canada; it is important to note that all of these factors are important contextual considerations when designing programs related to human trafficking for sexual exploitation. In almost all cases of sex trafficking, gender-based violence is an underlying theme; this was further elaborated on by Noble et al. (2020)

“patriarchal norms and cultural expectations of gender roles contribute to the victimization of those being trafficked, including the historical notion that women are ‘property’ that can be bought by men.” (p.19)

Furthermore, survivors often spend years working through the long-term implications of Post-Traumatic Stress Disorder (hereby referred to as PTSD) related to manipulation, violence, and abuse by traffickers and purchasers of sex.

Sense of Self & Psychological Factors

Psychological factors are fundamentally important to consider when survivors exit; they include all the mental and emotional considerations that influence a survivor's hope and capacity to exit. Sense of self ties into psychological factors as it is an umbrella-need encompassing self-worth, how one makes meaning of their experience through internalized and externalized identity (such as identifying as a survivor vs a victim), and self-esteem. In St. John's, participants spoke about several key themes that also emerged in the national study, in particular, trauma and the trauma-bond, substance use, trust, identity, fear, and self-esteem. These themes inform survivors needs while exiting or contemplating exiting.

Trauma & the Trauma-Bond

Participants throughout the country spoke about the many ways in which experiences of human sex trafficking manifest complex trauma. Trauma is the Greek word for wound (Beckett, Holmes, Phipps, and Molloy, 2017). Trauma encompasses a person's experience of physical and psychological events that cause distress and often a breakdown in coping or daily function. Over time, unaddressed trauma can adhere to coping mechanisms, intra and interpersonal interactions, and worldview. The abuses experienced during human sex trafficking are traumatic for many people physically and emotionally. Some survivors spend most of their experience feeling as if they are in survival mode. Survival mode is a colloquial term to describe when the brain is functioning to meet needs and is less capable of engaging in critical thinking, reflection, planning, and other prefrontal cortex executive functions (Beckett et al., 2017). Participants spoke about the relationship and connection to traffickers, which were frequently indicative of a trauma-bond — a psychological response of connection with abusers that are formed as a defence mechanism (Carnes, 1997). Carnes (1997) expands on the durability of the trauma-bond stating:

“The trauma-bonded person has constructed a story that explains the initial involvement and rationalizes the continued involvement. The story has

powerful reason for what happened and powerful hopes for change. Sometimes this story is a variant of the perpetrator's story of promise, sometimes not... the critical factor is the embedded conclusions come from the [survivor], and for that reason, it is particularly difficult to overcome" (p.122)

Experiences of trauma and the trauma-bond are both persistent ramifications of human sex trafficking. One survivor spoke about her experience with sexual exploitation and the ways trauma and her exploiter fabricated a narrative of choice:

“The most traumatic thing for me personally was after years of being exploited, and [thinking] some of it was choice, and some of it was not, was sitting down one day and realizing that none of it was my choice from start to finish, middle, anywhere, that was the most traumatic thing that ever happened to me in my [recovery].”

This example provides some context into why it is so hard for some survivors to address these traumatic experiences. Trauma also influences exiting, and for some survivors, it explains why they continue to feel a level of responsibility in their exploitation as they engage with the exiting process, despite the fact that they did not have a choice within an exploitive situation.

Substance use

Substance use is complex, and there are often direct connections with human sex trafficking when survivors are provided substances throughout the grooming process or plied² with substances during sexual exploitation. Substances may be “freely” offered to survivors during the grooming process. Later they will be used against the survivor, by the exploiter, as a form of fabricated debt requiring “payback” via sexual acts to profit the exploiter. Additionally, survivors may begin using substances during sexual exploitation to cope with their day-to-day experiences. Substance use is also a coping mechanism for addressing past and ongoing trauma

² To provide someone with something (in this case, substances) on a continuous and instant basis (the exploiter being instant)

(Noble et al., 2020; Ullman et al., 2013). In St. John's, one participant described this, emphasizing how support must be provided for addictions when exiting:

“One of the reasons people don't leave is that mental health and addiction are significant issues, people are using substances to cope, and when they leave, they are cut off.”

Once someone is experiencing addiction, the substance of choice or those with similar effects become a basic need. Substance use treatment programs in Newfoundland and Labrador often have lengthy waitlists and wait times; meaning, survivors cannot access needed programs in a timely fashion. Additionally, some programs require participants to withdraw and abstain from substances before entering the facility. Recently, there has been movement in the community to address this gap in service. Transportation to and from treatment facilities is an ongoing issue. Many survivors rely on subsidies to cover the cost of the DRL Bus (similar to a Greyhound) as treatment programs can be located well outside the metro region, where many survivors live. Finally, there are ongoing issues of substance use programs having time limits. In time-limited treatment programs, it may be challenging to creating a trusting and therapeutic bond between the survivor and the support staff.

Trust

Due to the level of manipulation experienced during the luring and grooming process and the removal of meaningful autonomy, while being sex trafficked, survivors often face challenges trusting service providers, staff, and their peers. Trust can also be impacted by the inextricable linking of self and sexualization, which can enmesh self-esteem to being sexually desired/desirable. Additionally, trust is impacted by the trafficker's creation of competition among those being sexually exploited. This may look like the high earners of the day getting different access to food or privileges, while the lowest earners may be subject to starvation as “motivation” or a loss of privileges. Unlearning the behaviours and coping mechanisms that develop as a form of survival is a long and challenging process. This unlearning can debase the experience of self throughout the exiting process. All of these factors make fostering trust highly important. Accessing services and working through trauma

can leave survivors feeling vulnerable. Participants reported that focusing on building honest working relationships with survivors is foundational for impactful service provision. It is important that service providers do not gain trust via patterns that mirror the luring and grooming process. One survivor explained the importance of trust in services the following way:

“We all have vulnerability issues, we have all had our trust be broken, we have all had terrible things happen to us and against us for us not to trust other human beings.”

Determining who and how you want to be in the world during and after exiting can be all the more challenging, as trust-of-self may have been impacted through this experience. Decisions that were made to survive can impact how survivors see themselves as they exit and what identities they connect with as they heal.

Self-esteem

Self-esteem is also affected by experiences of trafficking. It is common for survivors to experience emotional abuse and manipulation meant to limit their self-esteem. Additionally, survivors may learn to equate experiences in the sex trade with their self-esteem/ self-worth (Noble et al., 2020). This linking happens through the luring and grooming process whereby the trafficker will equate reward with sexualization which over time connects with self-perception and self-esteem. In St. John’s, participants spoke about how traffickers control survivors’ activities of daily living. This is done by controlling the quantities and types of food they eat, clothing, money, and what survivors can do on a daily basis. One survivor described their experience of self-worth and self-esteem throughout their lifetime in the following way:

“When we [survivors] grow up your self-esteem is like at rock bottom and you have people willing to pay money to spend time with you which feeds into your self-esteem and your sense of worth. Now I know how warped all that was.”

The challenges to self-esteem experienced while being trafficked can have a long-lasting impact and ultimately can affect self-perception and identity.

Identifying as a “victim”

Many survivors do not identify their situation as human sex trafficking, and many do not consider themselves a victim or survivor. Instead, some survivors looking to exit will refer to themselves as sex workers, prostitutes, survivors, victims, and people who have done what they need to get their basic needs met.

Some people involved in commercial sexual exploitation may still be pre-contemplating change and see their experience as a working relationship or helping their partner/boyfriend (Noble et al., 2020). Other survivors spoke about being so caught up in the survival experience that they did not have time/mental space to reflect. Without identifying themselves as being a victim/survivor of sex trafficking, many survivors do not seek services geared towards sex trafficking. One survivor explained this experience after attending a five-month recovery program:

“For me, the biggest factor as to why I didn’t ‘just leave’ is that I was not even aware the extent of the situation I was in. I did not have a place where I could acknowledge that this was happening and what it was. I did not know the extent of it. I did not feel like I fit into a certain label in society (as a victim of trafficking). I also had a professional career. I was supposed to be a role model for the world, make change and all this stuff. And then I was being trafficked and I felt as though I could not acknowledge that I was living a double life.”

For organizations to support those who have not had the opportunity or distance from the experience for self-reflection, organizations need to be able to identify signs of sex trafficking. This will ensure services are tailored to the needs of the individual while holding space for them to be exactly who they are in those moments without labels being forced upon them. This practice fosters autonomy and personal power. Those who are being sex trafficked should have access to services and supports regardless of how they identify themselves. As people access services and learn more

about different types of experiences within the sex industry broadly, they may shift and change their identity. As someone processes their experiences, they may work through feelings of guilt, shame, and complicity. These feelings can be further complicated by the decisions (not choices) made for survival during sex trafficking, for which the trafficker may have instilled a sense of fear.

Feelings of complicity & fear

One barrier to seeking support for exiting sexual exploitation is a sense among some survivors that their actions, while they were being exploited, make them complicit either in sex trafficking or in other crimes committed by the traffickers. This relates to the reality that traffickers manipulate or coerce survivors into participating in sex trafficking through recruitment or into supporting other criminal activity such as transporting money and purchasing/selling drugs or weapons. This feeling of complicity is often coupled with feelings of internalized shame and guilt.

This view is incorrect, harmful, and skewed to ignore or hide the role of larger systems (such as capitalism's role in poverty) and instead places the moral responsibility of "virtue" on to people who have been oppressed through these systems. Many people internalize this moral narrative of criminality which becomes a part of their self-perception, changing how they move through the world after sexual exploitation and its related experiences. One survivor described this feeling:

"I did do a lot of stuff that I had never dreamed that I would do, but also there is a lot of stuff that I didn't do so I hold onto that."

Though this quote is short, it is clear this person feels what they took a stand against/did not do is what allows them to be a moral member of society after exiting. Despite the fact that traffickers create a set of circumstances where autonomy is removed, survivors will often place this "moral failing" on themselves. Traffickers often use feelings of guilt, shame, and complicity as a target of manipulation and coercion. Fear becomes a powerful motivator alongside these feelings as traffickers may hold "participation" in criminal activity over the survivor so that they feel

further isolated and trapped. In turn, providing more assurance to the trafficker that the survivor won't leave and creating fear of consequences for their "participation."

Fear can be a barrier to exiting. For instance, some survivors reported being afraid for their lives after having witnessed violence and coercion by the trafficker. One survivor described overcoming this fear to exit:

"When someone has a moment where they realise that they're in as deep as they are, and they realise their life is at stake, for example maybe they think, " if I don't do something, I'm going to end up dead." If there is not support, there for them to access how are people expected to leave? It might only be five minutes that I think 'I can do this. I can leave.' And if I have the option of acting on it, then that at least I can be in a safe space."

In other parts of the country survivors also spoke about the 'fear of the unknown' that survivors are faced with when they exit. For example, if someone's basic needs (housing, transportation, food, substances) have been fulfilled by the trafficker (regardless of the "cost" of having those needs met), then they may be fearful of going without those needs met if they exit.

Basic Needs

Survivors often lose access to basic needs once they have exited sexually exploitive situations. Loss of access to basic needs happens during exiting for a number of reasons. Some of these reasons include employment and housing being tied together through an exploiter, loss of financial resources or access to financial resources, and no longer having access to transportation or no longer being able to afford private transportation. To improve the experience of survivors, it is important that service providers understand survivors' basic needs as they exit and find stability outside the life. By ensuring basic needs are met rapidly during the early exiting process, service providers reduce some of the immediate stressors experienced. The basic needs survivors discussed in St. John's included safety, housing, income, food, and transportation.



(Noble et al, 2020, ILO, 1978)

Safety

Survivors reported continually feeling unsafe when exiting (Noble et al., 2020). The trauma experienced while being sexually exploited makes safety a fundamental consideration for service providers (Urquhart and Jasiura, 2013). Another fundamental consideration for service providers is the ways in which they engage with confidentiality, as it relates to safety. Due to the close-knit nature of St. John's, there may be significant overlap in the social circles, professional settings, and day-to-day interactions of service providers. For survivors, this can create concern about the flow of information and what is considered confidential and what is considered pertinent to share to support individuals. Engaging with new services or service providers can create unease and feel unsafe as survivors may not feel confident about the background information they have about them, and how they received it. These feelings can also create barriers to finding a sense of belonging outside the life.

One survivor spoke about how she created safety for herself unconventionally because formal safety options via a service provider were not available:

“Some belonging somewhere, not feeling like you can be safe somewhere is huge. So, when I first left, I slept in my sister's laundry room, because I needed a small space to feel safe.”

Due to the lack of safe houses or rapid and secure housing available in the city and province, many folks are required to be creative when seeking a safe housing option for themselves within their new budgets. Subsidized housing is available; however, the homes are often located in the same neighbourhoods as purchasers, exploiters, and people who supply substances. This neighbourhood dynamic can make it challenging to remove social, environmental, and geographical cues/triggers. Additionally, survivors may not have access to financial resources that would allow them to create a sense of safety readily. All these considerations make creating safety outside the life challenging.

Income

When folks exit sexually exploitive situations, they often leave behind any access to financial resources they had while in the life. Once exited/exiting, survivors are faced with having to address expenses and may not have immediate access to employment or income. One participant discussed the drastic change from access to financial resources while in the life to exiting, noting that she now survives on 200 dollars bi-weekly. To problem solve, she considers contacting her previous purchasers and engaging in the sex industry to make ends meet:

“I still have numbers. I am so tempted. I made money and now I am living off \$200 twice a month. How do I do that? My cellphone is-gone, I cannot talk to my daughter in another province because I do not make money.”

For someone who has been sex trafficked, the concern with potentially re-entering the sex industry as a form of financial problem-solving is that it leaves them vulnerable to further trafficking, exploitation, and re-traumatization. To access adequate income, survivors may need support transitioning to new careers, such as pursuing additional education or certifications that would allow them to participate in roles outside of sex trafficking and provide a foundation for self-determination.

Additionally, advocacy is needed to increase the income support wages so that they are livable wages which would provide an actual foundation for folks to make change in their lives.

Many participants discussed the inability to get groceries, pay for dental bills, rent, substances used for coping, and insurance. All basic needs are affected by access to financial resources, without adequate income, income support, or money-saving subsidies; survivors are asked, by our society, to go without and live on poverty wages supplied by the government while they attempt to build a new life and process their experiences.

Housing

Housing was a consistent theme discussed throughout Canada, and participants often discussed a direct connection between housing instability and sexual exploitation (Noble et al., 2020). For instance, one survivor expressed concern with a pattern of “creepy” landlords who pressured vulnerable people, including survivors, into exchanging sex for apartments in lieu of rent. This is common in the city and rural areas of the province alike. One survivor described this experience:

“My last landlord, like, he... I moved out, and I refused to pay the last month's rent, and his wife was coming after me, going to sue me for it. And then I sent her all the screenshots of how he was trying to get sex from me after he found out what I did - for rent.”

Landlords are powerful; they may own multiple units or have high-status positions in the community. Even with recent increases in the supply of affordable housing in St. John's, there is still a lack of affordable adequate housing and housing designated for survivors of gender-based violence, including human sex trafficking. This has made survivors more vulnerable (Falvo, 2019).

Specific rental subsidies, housing first programs, and affordable housing are all possible solutions. However, there is a pattern of creating ghettoized neighbourhoods comprised of subsidized housing, low-income housing, etc. Within these neighbourhoods, folks exiting the sex industry may find it difficult to leave reminders

of the life behind. Additionally, there is a clear gap in service —secure or safe housing for people exiting difficult situations, including human sex trafficking. Through partnerships with local organizations and funders, organizations should look to provide safe and secure housing for survivors that fulfill immediate and longer-term needs. One survivor discussed their considerations for a safe house:

“I’ve thought about that a lot, because as soon as you... Like, if you have a safe house, and say you’re at the same location six months - for six months, the people who are in that house, anybody, lots of people are now privy to knowing where that house is, blah-blah-blah. Word can spread, blah-blah-blah. And all of a sudden, people know where that safe house is. So in my brain, ideally, I think the best idea of a safe house is one that actually moves.”

This quote highlights the need for safety and affordability when considering the creation of housing options. Among the considerations for what a safe house would include was food. Many participants highlighted the importance of having steady and self-determined access to all kinds of foods while exiting.

Food Security

Since Newfoundland relies heavily on food from the mainland at all times of the year, food supplies, shortages and expenses can change depending on seasons and the ability of ferries to access the island. At times when costs are high, or supply to the island is low, vulnerable people— including survivors, may struggle to access healthful and affordable food. Participants noted that they were scared when they were contemplating exiting because they were worried about how they were going to access basics needs such as food. Service organizations must therefore consider ways to enhance long-term food security for survivors.

Food may also be associated with the experience of sex trafficking, as traffickers may have controlled the times, quantity, and type of foods that survivors ate. It is important that survivors are supported in choosing types of food and be supported with cooking and purchasing their own food, if they are interested. One

survivor discussed their relationship with food immediately after they exited while staying in a shelter:

“I literally didn't eat. I think I ate one day the whole time I was at that shelter, and that was because somebody else was like, “Eat this, 'cause you haven't eaten since you've been here.” Like, that kind of a thing, and just having that safe space, because when the emotional shit that happens when you leave and all of a sudden you're like, “Whoa, I'm actually out of this. What the fuck do I do with myself now?” Because you have so many things to overcome and so many things to consider, that you're just so overwhelmed.”

Without adequate income or support, survivors may have to choose between paying rent, getting transportation to essential services, and eating enough food.

Additionally, they may have to consider travelling far to access a community meal. Transit within the city is not accessible, in many cases, unaffordable. Survivors may be confronted by purchasers while using public transit such as bussing or cabs.

Transportation

Transportation is a fundamental part of everyone's lives, and therefore a basic need. Survivors may need logistical support to access appointments, food, services, housing (especially rurally), community, and more. Survivors expressed the challenge of attempting to get across St. John's by public transit and the risk of running into johns or traffickers during their movement. In addition to the safety concerns, participants spoke about the pressure of having an added expense on top of their already tight budgets. Prior to 2021, people receiving income support in Newfoundland and Labrador did not have subsidized access to the bussing system in the city. As of 2021, an annual bus pass is now included in income support's service, making navigating the city more accessible. That being said, cabs are still expensive, the city is not designed to make walking or cycling easy/safe, and there are many issues with the bus system that make it unreliable for time-sensitive travel. It can take a long time for survivors to get across town, and this can get in the way of practical

activities like education, childcare, therapy, and job searching. Many survivors cannot afford private transportation upon exiting.

When considering the highlighted basic needs of survivors in St. John's, there are foundational basic needs that support meeting additional basic needs. Safety and income (in that order) comprise the two foundational needs which have implications for food, housing, transportation, and communication. Without safety and income, all other basic needs and additional needs will continue to go unmet long term. Additionally, without safety and adequate income, survivor's ability to enact their right to self-determination, process their experiences and trauma, and build community as they exit sexually exploitive situations is hindered.

Psychosocial and Community factors

Psychosocial factors are all of the social and social-environmental considerations that influence someone's wellbeing, including interpersonal relationships with family, community, and peers (England, Butler & Gonzalez, 2015). Psychosocial or community factors influence survivors' ability to interact with a supportive community and their peers after they have exited sex trafficking. Psychosocial factors make up the typical supports that people access outside of formal services and supports. Often survivors are forced to redefine their social and support networks after exiting because those networks may be defined by or comprised of folks who are still engaged in sexually exploitive situations. This is even more pronounced when survivors are living with substance dependency as result of sex trafficking, as craving can be triggered by environmental, geographical, and social cues, which may result in relapse. If in relapse, sex may be exchanged for money to access substances or for substances themselves which can be the first step back into the life. Importantly, stepping in and out of the life should be met without judgement. Forming supportive relationships is an important part of healing, and psychosocial factors are important for long-term support.

PSYCHOSOCIAL/COMMUNITY BARRIERS

Exiting can mean having to find a new community, starting over alone or with little community support. These barriers include:



Isolation



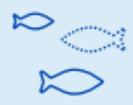
Being recognized
as a survivor



Lack of trust in
others



No social support
network



Difficulty adapting
to 'mainstream life'

Isolation

Social isolation is a barrier to exiting sex trafficking and a tactic used by traffickers to maintain control during exploitation. Across Canada, survivors recounted stories of traffickers intentionally cutting off survivors from sources of support and often attempting to get them to doubt that they can trust peers, service providers, and police. This is also the case in St. John's, where social isolation stops people from accessing services to meet their basic needs, forcing them to rely almost exclusively on the trafficker. One participant discussed the importance of service providers create safer spaces for peer-to-peer connection as a form of overcoming isolation amongst survivors:

“The community connection and the peer support is like vital because like for me, prior to getting into the Blue Door program, I didn't speak about this part of my life to anyone. Like I said, that first meeting with [name] was the first time I ever spoke out loud that acknowledged any of it. And so I was very much so-it was engrained in my brain to live a double life, that that was something I was not allowed to talk about. No way could I speak about it that acknowledged any of it. No way could I speak about it”

This isolation from peers and supports also affects how survivors form relationships after exiting.

Supportive relationships

Supportive relationships were spoken about by survivors in St. John's. Given experiences while being sex trafficked often resemble the treatment by abusive intimate partners, forming supportive or "healthy" relationships after exiting can be challenging. Understanding how to navigate shared spaces, set and hold boundaries, and negotiate conflict with the added trauma of sexual exploitation can create inner and outer conflict within the survivor and their relationship. One survivor discussed the challenge of moving into a supportive relationship without the experience:

"People who haven't worked in this [the sexual exploitation industry] and going through recovery, no one really thinks of okay well I'm going to have sex with this person but how am I going to feel. ... There is a lot to it, it is hard to move on and have a healthy relationship. I was so used to being told I am only good for only one thing."

Survivors outlined the struggle of trying to figure out what the experience of a healthy relationship is or how it looks. One survivor spoke about their progress being hindered by former johns actively reaching out to contact them. Some survivors pointed to a lack of role models for healthy relationships, while others spoke about the way that the sex industry and exploitation reinforced their insecurities and vulnerabilities. This highlights the importance of service providers modelling boundaries, respectful relations and highlighting the inherent value of each person external to their work, history, trauma, or partnerships.

Community-based supports

Community-based supports that operate through a relationship-based and trust-focused structure can help survivors reconnect with a positive network of friends, peers, and supportive community. This includes organizations that understand the importance of helping survivors connect outside of the life. One participant described the need to cut off existing networks, initially relying on community service providers to be able to "move forward":

“When you leave the life a lot of times you must leave all the connections behind. Every friend, every acquaintance, every person that you would normally see because they are so heavily associated with that lifestyle and filled with triggers. You have cut everything off to be able to move forward.”

Often, exiting means starting over and establishing new community supports and new resources for survival. Within the context of poverty, which is often experienced before and after sexually exploitive situations, people rely on each other. A driving force in the lives of people living in poverty is relationships (Payne, 2005). There is a social contact for car help as a formal mechanic may not be affordable. There is a contact for babysitting, house repairs, etc. When exiting, survivors often cannot rely on this established social network and therefore turn to service providers to facilitate access to services that are not within their budget. For example, a service provider could connect an individual with child care subsidies or a free child care program, and that would meet the need and take the place of an informal social support.

Supporting survivors in the community is complex and requires thoughtful facilitation to support the survivor in establishing a new community where they feel a sense of belonging and their needs are being met.

Adjusting to life outside of sexually exploitive situations

Adjusting to life outside of sexually exploitive situations is a challenge for survivors for several reasons, some outlined above such as the lack of income and practical challenges with feeling safe. Actions that seem routine to people in such as a regular work schedule, are often outside of the norm for survivors who may be use to working long hours in the night with no set time frame. One survivor explained the anxiety she felt, returning to her own apartment:

“The first time I was set up in my apartment my life was going really well, I was back in school, but the first day I was at my apartment all by myself I was at the highest risk then of going back. I was walking downtown in the middle of the day and looking around thinking, “there’s something really weird, I’m

having anxiety". I realized later that night it was the first time I was out in the daylight in months."

Considering the amount of transition and support that survivors may need while exiting, survivors should have time to build up their self-efficacy and self-esteem, rather than being faced with time-limited services. Other common tasks such as opening a bank account, paying bills, buying clothes, and going grocery shopping may all be areas that need support depending on the length of time and embeddedness of the survivors' experiences. This is because often, survivors are completely dependent on the exploiter(s) for food, transportation, housing, a sense of belonging, all of which allows the exploiter to maintain control over the survivor. One survivor explained why there is often a need for this kind of support while exiting:

"your self esteem can be embedded in it as well, like, you, I, when we grow up self esteem is like rock bottom and you have, people willing to pay money to spend time with you and do stuff, like what. Like this, there is a certain feed into your self esteem and your sense of worth, like it's all warped, now I know, wow, how warped all that was. But if you can't replace it with something you can't responsibly ask me to leave, right. Like, and a lot of our traffickers tell us what to wear, what to eat, how much money we could spend, where we could spend it, where we could go."

As is evident from this quote, it is fundamental survivors are supported in developing self-esteem, self-reliance, and a community network they can rely on. When exiting or exited, stability can be fickle and disrupted by unpredictable life events such as being recognized by a former sex purchaser.

Being Recognized

Being recognized by those who participated in a survivor's sexual exploitation was another trigger noted, particularly given the relatively small size of communities in Newfoundland. One participant spoke about recognizing former johns while using services. She described her experience like this:

"Honestly, I'm a part of [service] and there's a man in [service] that used to be [a purchaser], and I'd go in there and I sat down and I'd force

myself to be like, “[name] that’s not who you are anymore”, and yeah, they’re everywhere.”

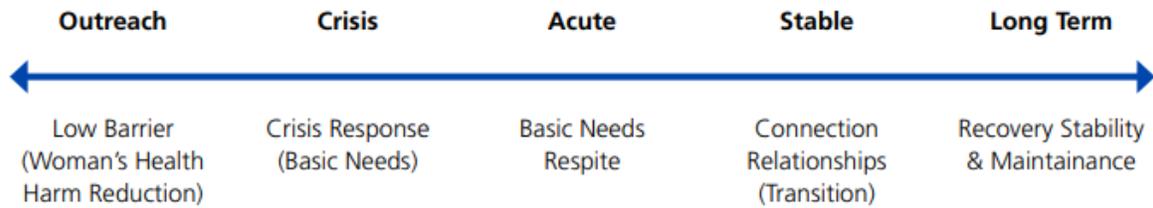
It can be challenging for survivors to engage in the community when they do not feel safe due to the potential of running into former purchasers. Further, anticipatory anxiety can be an ongoing barrier for survivors when engaging in day-to-day tasks like grocery shopping. Additionally, running into former johns can be triggering and create difficulty maintaining sobriety, composure, or calm when out in public. These factors are important considerations for organizations when designing services. Access to a counsellor or additional support person who can support the development and maintenance of coping strategies is needed when considering how many potential former purchasers someone may have had contact with during their experience of exploitation or human sex trafficking.

Additionally, service providers need to be aware of staff, professionals, and service users coming in and out of their space who may have purchased sex. Organizations should have a plan for how they will support survivors should a former purchaser be in the space. The safety of the survivor needs to be of the highest priority in these moments.

Service Needs

As with other jurisdictions in Canada, participants pointed to the need for services along a continuum, where survivors can access services depending on where they are, and what they need. This also means supporting those who are active in the sex trade, providing low barrier supports and outreach.

THE SERVICE CONTINUUM



While there may be similarities with other traumatic experiences, such as gender-based violence and sexual trauma, survivors of human sex trafficking contend with trauma while also facing stigma associated with sex work. Survivors across the country requested flexible services that were not time-limited due to the length of time it takes to process the experiences had and find stability after exiting. Survivors in St. John's highlighted the importance of the following service needs. While some services that are requested by survivors, such as case management, mental health support and health services are available, participants pointed to long wait times and a lack of human sex trafficking-specific training for the service providers. Meaning that survivors face stigma and stress while attempting to advocate for their own services needs. Providing human sex trafficking services requires education for service providers and an intention to continuing to offer sessions for the broader community, including healthcare providers, school boards, hotels, the federal and local police forces, and government workers who are doing front-line service provision. One survivor described the need for all service providers to put this issue on their tables:

“So I think there’s a lot. I think particularly in this province, service providers who’s got to put these issues on the table when we’re talking to people about trauma. We talk about domestic violence and child with sexual abuse and sexual assault and all kinds of stuff. I don’t know why we don’t talk about this.”

Without quality and evidence-based education and awareness, service providers will continue to create harm in the lives of survivors, regardless of intentionality. When

people know better, they do better, and we must support the advancement of service provider's education on the specifics of human sex trafficking.

Education and Awareness

Participants in St. John's spoke about the importance of timely and inclusive sexual health education in schools; one participant spoke about a 13-year-old who has not yet received education learning about sex and relationships. The lack of sexual education has meant that young people learn about sex and healthy relationships through social media, their peers, and online. Unfortunately, none of these places are guaranteed to provide evidence-based information related to healthy relationships and sex. This means that young people are particularly vulnerable to exploitation. One survivor spoke about the tension with her own kid:

“Those things in high schools and junior highs that should be tackled because if we want to turn a blind eye to it this stuff is going on in junior highs and high schools right now and it's kind of sad that those kids are going to grow up to be looking for these kind of resources when it should be offered.”

In Newfoundland and Labrador, sexual education could provide important context related to exploitation, human sex trafficking, vulnerability, mental health and coping, and healthy relationships.

Mental Health

There is a lack of access to mental health services and survivor-specialized training for service providers in Newfoundland and Labrador. This is amplified for survivors who are coping with trauma that they have experienced through human sex trafficking. Even after referrals, survivors can find themselves waiting over a year to access mental health services that are not on a drop-in or point-in-time exclusively. This creates challenges for survivors because it can be difficult to develop a trusting relationship where survivors feel safe without long-term consistency. This is a concern because, in addition, to PTSD, survivors may also be faced with anxiety, depression, at times co-occurring with substance use. This leaves many survivors feeling as though

they are working through their experiences alone and are not able to move on; one survivor expanded on this experience:

“This is the broken system. Prior to me leaving, I worked with [a health organization]. I was seeing a counsellor two, three times a week, for six months. I had every referral sent to [a health organization] for me to be transferred to psychiatry, to counselling, and to a trauma program. I waited 387 days before I got a call from any of them.

And that was my first year out. I do not actually have much memory of everything that happened, because I was so dissociated and so in the state of unwellness that I am so surprised I am alive. I was educated enough, I knew the programs that were there, I knew the services that were there, and I tried to get them. I was still sitting on a bench, waiting when everything was chaotic. I had nothing and I had no supports, and I was waving in the wind saying hello, I know I can't do this anymore.”

The quote above highlights the need for rapid access to service upon exiting. Case managers or support coordinators may be able to speed up the rate of service and provide “ins” to services survivors may not have been able to access otherwise.

Human Sex Trafficking Support Coordination ³

Participants spoke about the frustrations that are accompanied when survivors do not have a specific advocate or one case manager to assist in accessing services. This leads to survivors attempting to locate their own services, at times going to places that do not understand the experiences of human sex trafficking. Other participants observed that survivors get stuck in the various systems and are unable to continue moving on with their lives. A service provider spoke about one of the challenges of not having central case management for survivors:

³ Also referred to as Case Management. The term support coordination is preferred because survivors do not need to be managed/controlled/dealt with but rather assisted in navigating and accessing services to fulfil their basic needs.

“I think about participants that are stuck and are [still being sex trafficked], it’s because if they don’t get what they need from us, they go to somebody else.”

This quote highlights the need for a community of supports for survivors beyond one program or organization. No one group can fulfil all the needs survivors have when exiting sexually exploitive situations, but one person, program, or organization can coordinate support. With the coordination of support, the survivor has a consistent point of contact who will ensure access to services and allied professionals. In many cases, this will include health professionals.

Health

Survivors have immediate health needs when exiting. However, survivors may also face longer-term health conditions, such as chronic conditions or infections contracted while in the sex trade, injuries incurred while exiting, or even related to managing or monitoring medications. One participant stated that some survivors may not have visited a doctor or health service for months or even years before exiting.

For survivors who have just exited, having access to a specific nurse practitioner or doctor that is familiar with sexual violence, abuse, and trauma who can assist in the collection of DNA kits and address immediate health concerns would be a major improvement for survivors. Currently, some survivors feel more comfortable seeing a nurse through an outreach program than accessing formal healthcare support. One participant spoke about the challenge of getting support for substance use from a hospital:

“I specifically remember saying to the doctor, ‘Please don’t send me out to that waiting room, I can’t even keep my head up.’ Instead they said, ‘here take a breathalyser.’ I was extremely intoxicated and they just sent me into a room and I just said, ‘I’m here begging for my life and you’re giving me a breathalyser, writing my vitals down and then sending me out? I know you might think that I am scum but I’m asking for help right now because my kids don’t deserve this, I don’t deserve this, and I have fought long enough.”

Continued training with survivors and skill development for healthcare professionals is necessary to improve the experiences of survivors. There are a number of stereotypes and assumptions that can contribute to negative experiences within the medical care system. Improving this has already started in St. John's with the addition of a team of harm reduction nurses. The harm reduction nurse program came about in response to COVID-19 and continues to have a meaningful impact with this population in the city. Educating medical practitioners about human sex trafficking and challenging stigma associated with the sex industry are necessary steps in creating safer medical experiences for people who are exiting.

Theoretical Considerations for Service Provision



Service philosophies ultimately inform the way that services and programs are structured. Additionally, they set the tone for the interactions survivors will have with services. These considerations should address the experiences that survivors have had. Service providers should strive to provide programs and supports that fit the needs of survivors in a way that is accessible. These philosophies listed above are not mutually exclusive and often support each other in creating high-quality service

provision. For example, good trauma-informed care is inherently anti-oppressive and harm-reductive.

Trauma-Informed Care

Trauma-informed care considers the myriad ways that survivors have experienced trauma while living through commercial sexual exploitation and the experiences that precipitated exploitation. Trauma-informed care embeds an understanding of the implications of trauma throughout service delivery and maintains a focus on participants' "safety, choice, and control" (Urquhart & Jasiura, 2013, p.12). Survivors often experience a combination of physical violence, emotional abuse, financial abuse, and witnessing of violence - all contributing to experiences with event-based or longer-term complex trauma. Survivors may not be able to access medical care to receive a diagnosis of post-traumatic stress disorder or a different mental health diagnosis, but we know the day-to-day experiences of survivors are impacted by trauma. Experiences of trauma can manifest through other mental health challenges, substance use and behavioural nuances that require accommodation and support. Apart from experiences while being sex trafficked, participants also reported that many survivors had experienced violence or abuse within their homes or at a young age, prior to human sex trafficking-related exploitation. One participant spoke about this inter-generational trauma in the following way:

“And it is like normal right? When you have someone that's experienced inter-generational trauma, they have seen their parents do this. They are even individuals who grew up in areas where you tend to see people working in the sex trade. So, if you grow up there, it becomes normalized.

We need to help people identify what healthy sexuality and healthy boundaries look like. Because the sex trade is what people know, and that is what they have been surrounded by.”

Trauma-informed care is meant to acknowledge that some behaviours from survivors are coping mechanisms that have been developed in response to traumatic experiences. Instead of focusing on behavioural modification, trauma-informed care

meets survivors where they are and seeks to encourage survivors to engage with supports. This approach is more supportive and effective compared to ostracizing or discharging survivors for things like substance use or altercations, both of which may have been key survival tools for them during their experiences of exploitation.

All survivors have experienced trauma, though each survivor will feel the effects of their experiences differently. An understanding of the ways that trauma affects neurological and behavioural functions will greatly improve programs and services. Post-Traumatic Stress Disorder (PTSD) and the less understood complex trauma present in several behavioural and psychological ways; symptoms can look like depression, attention hyper deficit disorder, borderline personality disorder and insomnia. Consistent experiences with trauma can reinforce neurological pathways that favour responses related to avoiding further traumatization. Rather than neuropathways being developed that strengthen attention to the prefrontal cortex, people who have experienced trauma regularly experience a more active amygdala (fear and stress experiences). From the outside, people who have experienced trauma may be highly alert and leave services, may be easily angered or upset, or may feel triggered by what others may consider a small action. It is important to make a distinction between trauma therapy and trauma-informed care.

Trauma therapy requires a specialized understanding of techniques and modalities such as Dialectical Behavioural Therapy (DBT), Psychoanalysis and Cognitive Behavioural Therapy (CBT), as well as a longer-term commitment by the practitioner and survivor. These modalities have been shown to be beneficial, though they often take a longer time and require continuous sessions that can be challenging to attend for people living from crisis to crisis. Trauma-informed care does not necessarily require formal trauma therapy, instead, it involves understanding symptoms of trauma, and designing programs so that they support survivors in an individualized way, avoiding further traumatization, and building relationships. Trauma-informed care may include counselling and care aimed at supporting survivors but may not include formal trauma therapy. Throughout this process, survivors may

be at a variety of places in their journey and may not engage with trauma therapy; this reinforces the importance of using the stages of change philosophy.

Stages of Change

Another supporting philosophy is based on the stages of change psychological model. This way of thinking is about meeting service users where they are and understanding that change is a complex process and requires time to experience feelings and emotions. Change processes are not linear. One survivor in St. John's described how forcing service users into abstinence prior to entering mental health services can be difficult. From the stages of change perspective, this is particularly problematic as a survivor may not have their basic needs met, meaning creating sustained lifestyle change is extremely difficult. One survivor explained their thinking on abstinence requirement for folks living with trauma:

“There’s this expectation that people have to get sober (before accessing services), I’m sorry but in order to get sober you have to be at a point where your able work through your trauma but maybe you’re not ready right now to deal with that piece.”

Many programs favour survivors who have already made immense progress in their journey. However, this approach assumes that people have the skills, tools, and ability to process their experiences independently with little support. For someone who has just exited or begun the exiting process, this may not be possible. In these cases, it’s important to build rapport and provide services regardless of whether survivors plan to exit permanently, use substances, or are going to continue to participate in the sex industry in a different way. One survivor spoke about a particularly helpful program:



FIGURE 1: UNIVERSITY OF ADELAIDE: STAGES OF CHANGE MODEL

“There was absolutely no [time limit]-there was no one saying within six months, you need to be doing this or you’re going to be kicked out. Instead it was about asking what do you need right now to make it through today?

Then they would offer things to me as I was getting to a point where I was seeking it out and I was saying, ‘This isn’t working for me anymore. I have got to do something. Throw something at me.’ A year ago, if you guys had been encouraging me to apply for a job that I just applied to, there is not a chance would have happened. It would have probably made me feel a lot worse and it would have set me back rather than building me up.”

In order to meet the needs of survivors who are at every stage of the continuum of change, it’s important that the community works collaboratively to address a variety of needs, including outreach and harm reduction, emergency support for those looking to exit, transitional and longer-term supports, and housing services. Due to the nature of human sex trafficking and the broad definition, many people don’t identify their own experiences with human sex trafficking and instead may be seeking to leave a relationship, stop working with someone, or find a safer way to engage in the sex industry. Engaging with trauma-informed and stages of change models means meeting people where they are and creating relationships to foster long-term supportive relationships with survivors.

Focus on Relationships

While relationships are an important part of trauma-informed care, further research has shown that developing strong interpersonal relationships are important in exiting situations of sexual exploitation (O’Brien, 2018). Creating trusting and lasting relationships founded on respect with survivors allows service providers to focus on meaningful engagement that supports long-term change. One participant discussed this approach in the following way in St. John’s:

“Being able to support someone long-term, build that human connection and have that meaningful engagement with them creates this deeply rooted change. We are really focused on the whole person and whatever they need.”

A relationship focus removes the priorities of the organization from the service delivery and instead works from the priorities of the survivors. From a funder perspective, this may require an understanding that some outcomes take a longer period but are making significant impacts in people's lives, the lives of their families, and our community.

Client-led, Flexible and Non-Judgemental

Participants stressed the importance of choice and self-empowerment in survivors-focused programs. They said it should start with program design and must be intentional. One participant described the way choice can be used in programing:

“Individual process is really important because everybody's journey is about them and what they need. So as opposed to having a packaged program where you come in and everybody has got to do A, B, C, and D, it is really important to give people choice.”

Survivors who have experienced prolonged manipulation, exploitation or multiple instances of trauma should also be provided with support in their decision-making processes. Survivors who were controlled by a third party, such as a pimp, may have difficulty engaging with self-determination in their exiting process because they have been taught not to trust or rely on themselves. Ensuring services are designed to allow survivors to engage with self-determined choice and build skills of self-reliance helps to reframe, and process experiences had while being exploited.

Programs and survivor destinations should be taken into consideration - survivors should not be forced to finish a program or adhere to overly stringent program criteria, such as sobriety or abstinence from sex work. Instead, programs should be flexible and adaptive to survivor needs. This can, at times, be harder to administer and require flexibility in funding, position titles and creativity of staff. Similarly, survivors may require a range of supports; this requires case managers and staff to work to understand and anticipate survivors' needs and work collaboratively to think and rethink case plans.

When working from a trauma-informed lens, the additional service provision philosophies listed will be engaged naturally. For example, being non-judgemental, harm-reductive, and anti-oppressive are all inherent to trauma-informed work.

Conclusion and Recommendations

While service providers and survivors in St. John's are working hard, there are several areas that warrant immediate and longer term focus in every aspect of the exiting process. These challenges, outlined throughout this report, are the foundation for a number of key recommendations meant to improve services for survivors of human sex trafficking:

- 1) Improve and focus on mental health, trauma, and substance use treatments without an expectation of sobriety/ pre-detoxification for access
- 2) Gear programs to ensure survivor's basic and non-basic needs are being met. Extend housing, income, food, and transportation supports with a focus on safety and access.
- 3) Make staff with specific human sex trafficking training available for interventions and counselling that address safer relationships and feelings of isolation.
- 4) Improve access to community-based supports for survivors, including legal support and help adjusting to life outside of sex trafficking
- 5) Expand services throughout the entire continuum including, outreach, crisis, acute, stable, and long-term services. This may include access to health, mental health, and long-term Human Sex Trafficking related case management supports.
- 6) Expand efforts to advocate for education and awareness related to human sex trafficking, safer relationships, and sexual health education
- 7) Continue to build and expand programs that utilize trauma-informed practice, anti-oppressive practice, client-led services, harm reduction, and that respect lived experience.

To meet the needs of survivors in St. John's, there needs to be attention to expanding the services to reach more survivors. Additionally, there needs to be services available and accessible to survivors living in rural and remote communities. Further interventions and services offered throughout the service continuum will meet survivors early and allow for supported exits - demonstrating that survivors have a safer place to go. However, further support is needed to assist survivors in navigating the complexities of life after/during exiting. It is also important that education and awareness are key parts of the work that must be done, reducing stigma associated with exiting and increasing peoples' willingness to intervene in support of survivors. Finally, ensuring that program growth is done using a program model that is supportive of survivors will reduce traumatization and improve the efficacy of the programs. National exiting ⁴programs have built a solid foundation with which to grow on, to reduce the harms associated with human sex trafficking. We now know better so we must do better; anything less is a disservice.

⁴ There is a critique of exiting programs that they do not actually engage the theory-informed practice of harm reduction. This critique rises out of the notion that exiting programs are inherently conditional on the participant's self-determined choice to exit. It is important to understand that harm reduction as a theory-informed practice is founded on the condition of staying safe for now. Therefore, exiting programs that support the harm reductive condition of safety for now coupled with 1) the understanding that participants who engage in the sex industry need to be allowed to continue in the program and 2) that participants who are active in the sex industry are met with non-judgement, and the resources they need to stay safe for now are in fact engaging the theory-informed practice of harm reduction within an exiting program. Additionally, harm reduction is informed by person-centered and anti-oppressive theory in balance with the ethical principles of the right to dignity, right to self-determination, beneficence, and non-maleficence. When exiting is removed as an option from the continuum of care, the theories and ethical principles listed above are undermined as the choice of the individual is constrained. Therefore, it is fundamental that exiting programs that wish to be harm reductive are situated within a continuum of care.

Appendix A: Research Questions

Appendix B: Methodology

In St. John's, data was collected through a full-day event, where participants were divided into four focus groups. Participants were asked to participate in the research with the support of our host Thrive Community Youth Network in St John's, Newfoundland. Thrive CYN recommended research participants who were survivors of human trafficking, as well as those who work with survivors. Participants included service providers from various agencies, police, and people with lived experience. Prior to the community consultation, research participants were given a short questionnaire to help inform the discussion at the day-long event. Participants that work in the sector were asked to describe their work, as well as the major barriers they face in supporting their participants to exit their trafficking situations. Survivors were asked to reflect on their experiences, including what was helpful while exiting, and what the biggest challenges were.

On the day of the community consultation, participants were divided into groups and provided with a series of discussion questions focused on the process of exiting sex trafficking (see Appendix A). The discussions were recorded with the consent of the participants and transcribed. The data was then coded for key themes using inductive qualitative methods and NVIVO 11 software. To protect the anonymity of the participants, specific job titles or workplaces, names and recognizable speech patterns may have been altered in this report.

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