



Research Report:
*Embedding Resilience
& Grounding Resistance*



TABLE OF CONTENTS

Section I: INTRODUCTION	3
A. WomenatthecentrE	3
B. Project Overview	4
Section II: PROJECT FRAMEWORKS	7
A. Theoretical and Conceptual Frameworks	7
B. Research Framework	9
Section III: RESEARCH INITIATIVES	11
A. Literature Review	11
B. Surveys	11
Participants	11
Study Design	12
Analysis	12
Results	13
C. Interviews and Focus Groups	26
Participants	26
Study Design	26
Analysis	28
Results	28
Thematic Analysis	29
1. Context	29
2. Services	41
3. Prevention	53
Staff Reflections	70
Section IV: DISCUSSION AND RECOMMENDATIONS	75
Appendix A: Literature Review	
Appendix B: Survey Questions	78
Appendix C: Quantitative Survey Data	79
Appendix D: Interview and Focus Group Questions	80
Appendix E: Interview and Focus Group Demographic Results	88
Appendix F: Interview and Focus Group Codebook	89
Appendix G: National Strategy on Ending Human Trafficking	90
REFERENCES	91



SECTION I: INTRODUCTION



WOMENATTHECENTRE

WomenatthecentrE is the first and only pan-Canadian non-profit organization created by and for survivors of gender-based violence (GBV). Our mandate is to ensure that the voices of survivors with lived experience are integral to the development and implementation of public policy. Since its inception in 2008, WomenatthecentrE's free membership program has grown to include over 7,000 members across the world.

WomenatthecentrE provides a free peer-support network of survivors of all forms of GBV, which facilitates connection with other survivors thereby assuring a sense of community and engagement in collective healing, advocacy, and training opportunities. WomenatthecentrE also provides survivor-led and trauma-informed counselling services to survivors through the C6 Peer Counselling Program.



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& Grounding Resistance
Initiative

The organization is a leader in community-based participatory research and advocacy, collaborating with leading community organizations to conduct and disseminate research in the areas of gender-based violence and strangulation leading to traumatic brain injury (TBI), domestic violence courts, and sexual violence. WomenatthecentrE will also be conducting unprecedented research and community engagement to advance gender equity for Black women, girls, gender-diverse and trans peoples (B-WGGDT) in Canada in the Truth and Transformation project funded by the Department for Women and Gender Equality (WAGE) Canada.

WomenatthecentrE is committed to survivor-centered work, which fundamentally upholds the value of prioritizing and promoting survivor's dignity, respect, diversity, strengths and resilience. In this project, and across all other unique initiatives led by WomenatthecentrE, the organization is further committed to using an inclusive, culturally responsive, intersectional feminist, and trauma-informed lens.



PROJECT OVERVIEW

In 2019, WomenatthecentrE established a Human Trafficking portfolio, with the goal of gaining a better understanding of the complexities surrounding human trafficking. This initiative was brought to the attention by a board member who identified as a survivor of human trafficking. The initiative



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received support from both community stakeholders and advocacy members, including a substantial number of members who identify as survivors of human trafficking.

Through a membership review at that time, approximately 10% of the organization's members self-identified as survivors of human trafficking. This information not only highlighted the prevalence of human trafficking within the membership, but also highlighted the unique perspectives that survivors could bring to shape the discourse surrounding human trafficking.

WomenatthecentrE implemented a 37-month long project funded by WAGE Canada, 'Embedding Resilience & Grounding Resistance', to address the needs of human trafficking survivors. The Embedding Resilience and Grounding Resistance initiative develops and implements sustainable and transformative intervention practices that centres the expertise of human trafficking survivors and enhances advocacy and empowerment supports for them across Canada. This will be achieved by:

1. Developing and delivering a survivor-led, "train the trainer" training program(s) to frontline workers, hotel staff, healthcare workers, law enforcement and members of the media, as well as the community at large
2. Shifting the public discourse of survivors to focus on their strengths, resilience, and resistance within the context of human trafficking, and
3. Partnering with agencies and organizations that are well-known for cultivating research, advancing knowledge, and advocating in anti-human trafficking, to conduct critically intersectional participatory research within the Canadian context.

Given how little is known about the impact, or long-term satisfaction of interventions and supports that women and gender-diverse people who have experienced trafficking receive, **this research report's primary objective is to identify the type of agencies and services that survivors of human trafficking accessed across Canada, including any barriers, challenges or**



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& Grounding Resistance
Initiative

positive experiences they may have encountered in the process to explore the effectiveness of these services.

By understanding the degree to which the services and interventions meet or do not meet the needs of women and gender-diverse survivors, relevant data will contribute to:

1. Enhance the support systems, care, and interventions for this population.
2. Support the development of informed policies through Canada's National Strategy to Combat Human Trafficking.
3. Assist in the development of educational tools directed to key individuals who may be in positions to prevent or intervene in the trafficking of women and gender-diverse survivors (i.e., hotel staff, family members, friends, colleagues).

At the end of the project, WomenatthecentrE will have developed a Canada-wide membership program, designed by and for survivors of human trafficking, that focuses on community capacity building, well-being, collective healing, peer support, advocacy, training, and awareness-raising.



SECTION II:

PROJECT FRAMEWORKS



THEORETICAL & CONCEPTUAL FRAMEWORKS

HUMAN TRAFFICKING

For this research, we use the United Nations definition of human trafficking, accepted and ratified by Canada in 2002¹. According to the United Nations (UN) Office of Drugs and Crime, human trafficking is defined as:

“The recruitment, transportation, harbouring and/or receipt of people through force, fraud, or deception, with the aim of exploiting them for profit. Men, women, and children of all ages and from all backgrounds can become victims of this crime, which occurs in every region of the world. The traffickers often use violence or fraudulent employment agencies and fake promises of education and job opportunities to trick and coerce their victims.”¹

There are many gaps in the above definition. The use of ‘men, women, and children’ excludes



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gender-diverse individuals and, thereby, lacks recognition for gender inclusivity, support, and their associated needs. The terms ‘coercion’ and ‘exploitation’ should be further defined to understand the interplay of various forms of violence (i.e.: psychological, physical, financial, emotional, spiritual) with power, control, systemic violence, and oppression. Further explanations of these gaps are also discussed in our literature review (see **Appendix A**).

SEXUAL EXPLOITATION AND LABOUR TRAFFICKING

Exploitation operates on a spectrum and is used to describe the conditions that lead to trafficking². One definition of sexual exploitation is the following from the World Health Organization:

“Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.”³

The definition of labour trafficking used for this research is the one described by the Canadian Centre To End Human Trafficking:

“Labour traffickers - including recruiters, contractors, employers, and others - use violence, threats, lies, debt bondage, or other forms of coercion to force people to work against their will in many different industries.”⁴

Both of these definitions present some drawbacks. Sex exploitation required additional clarifications with regards to “power” and labour trafficking fails to acknowledge legal forms of labour exploitation, such as the migrant worker program. These drawbacks are further explored in the literature review (see **Appendix A**).

INTERSECTIONAL FEMINISM

Dr. Kimberlé Crenshaw's intersectional framework⁵ offers a crucial lens through which we approach survivor-led work. It is imperative to embrace anti-racist, anti-oppressive, inclusive, and equitable ideologies. Intersectional feminism, as conceptualized by Dr. Crenshaw², recognizes the multifaceted identities and experiences of women. By acknowledging the intersections of race, gender, class, sexuality, and other forms of identity, we ensure that the diverse needs and perspectives of all survivors are addressed. This framework challenges us to confront systemic inequalities and biases that perpetuate violence and exploitation. Through a commitment to intersectionality, we strive to create a more just and supportive environment where survivors are valued, empowered, and heard.



RESEARCH FRAMEWORK

This project used a mixed methods approach by collecting both qualitative and quantitative data, further explained below in **Figure 1**. A literature review, self-reporting surveys, 1-on-1 interviews, and focus groups were conducted to fulfill the project's primary objective ***to identify the type of agencies and services that survivors of human trafficking accessed across Canada, including any barriers, challenges or positive experiences they may have encountered in the process to explore the effectiveness of these services.*** This objective and others are further described above, and the chosen methods helped gain insight into the gaps in knowledge and trauma-informed services related to providing supports to women and



gender-diverse people who are survivors of human trafficking in Canada.

The research framework consisted of a literature review to study what the common human trafficking themes, gaps, and issues are in the Canadian context. Once completed, findings informed the research project which was completed in two phases. In the initial phase, an online survey was developed to identify a broad range of services that survivors had accessed during, or after being trafficked. In the second phase, 1-on-1 interviews and focus groups were conducted to better understand survivors' barriers to services and potential areas of improvement with regards to access.

Survivors that participated in the project were individuals of 16 years and older who were either living in Canada or had experienced Human trafficking in Canada. Within the intersectional feminist framework, we used a Gender Based Analysis Plus (GBA+) lens and focusing on intersecting factors including, but not limited to, race, ethnicity, religion, age, socioeconomic status, gender, geography and other psychosocial phenomenon, we attained and assessed survivor needs with a trauma-informed approach.

Survivors of human trafficking with applicable research and field experience facilitated all 1-on-1 interviews and focus groups to be able to provide extra supports and resources when necessary. As such, their reflections were added to the findings to highlight any positives, challenges, and learnings.

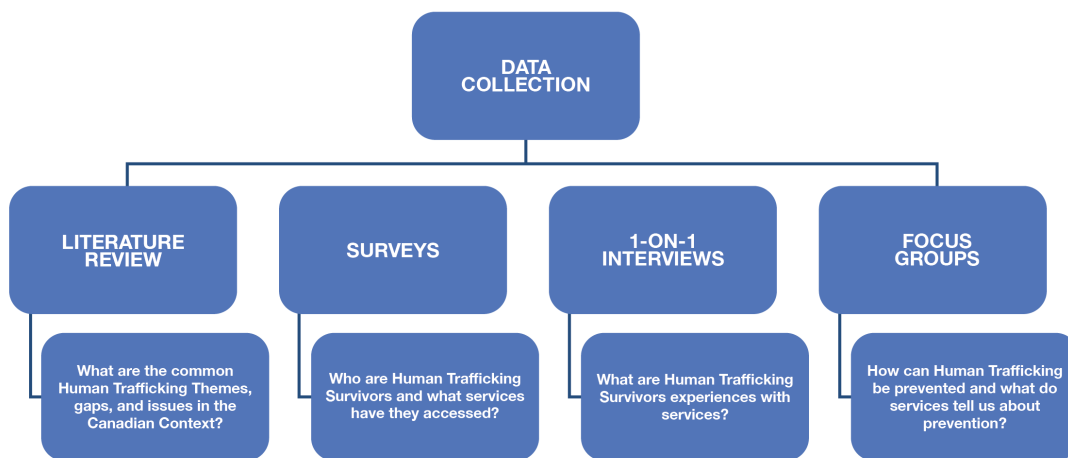


Figure 1. 'Embedding Resilience and Grounding Resistance' Data Collection Research Framework.



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SECTION III: RESEARCH INITIATIVES



LITERATURE REVIEW

Please see **Appendix A**.

SURVEYS

SURVEY PARTICIPANTS

The participants for the study surveys included women and gender-diverse survivors of sex trafficking and labour trafficking aged 16 and up.

Following review board approval, invitations to participate in the online survey were distributed through existing community partnerships including agencies, government and NGO programs throughout Canada that provide anti-human trafficking services. Agencies were requested to share and/or encourage participation on their social media or newsletters. A flyer and poster requesting participation in the study was linked to WomenatthecentrE's web page with a link to the survey. The outreach period was from January to December 2022. Information on the



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poster and flyers included the criteria for participating in the study.

The project criteria included individuals who were:

- A woman or a gender-diverse survivor who had experienced sex trafficking and/or labour exploitation;
- Were sixteen years of age or older;
- Currently living in Canada or were trafficked in Canada; and
- Not presently involved in the criminal legal system related to being trafficked.

Prior to starting the online survey, participants were reminded to review the project criteria and invited to sign an information and consent form.

STUDY DESIGN

The human trafficking survivors committee, members of the National Survivor Collective, and members of WomenattheCentrE, reflected on their past experiences with service providers including physical health, mental health, and the criminal legal system to provide input into the development of the survey questions. Socio-demographic questions along with questions pertaining to physical violence, traumatic events, service barriers, service use, and satisfaction with services were included. Questions specific to injuries to the head, neck, and face and any incidence of being strangled were also included. Lastly, the survey highlighted aspects of interventions that were working well and those that were not effective or helpful (see **Appendix B**).

ANALYSIS

The raw survey responses underwent data cleaning. The surveys were filtered for duplicate identifications, IP addresses, and emails. Only one duplicated IP address was identified and further analyzed to confirm that they were unique entries. One participant was excluded due to



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multiple entries in the initial survey and removed from the final survey analysis.

RESULTS

PARTICIPANT CHARACTERISTICS

The quantitative data for the survey demographic responses can be found in **Appendix C**. 78 total responses were received from the survey. Two participants did not consent, therefore, 76 completed surveys were included in the final analysis. The majority of participants (75 out of 76, 99%) identified as female, with the exception of one participant who identified as non-binary.

The study participants were between the ages of 16 and 60 with the majority being between 25-45 (see **Table 1**).

SEXUAL ORIENTATION

With regards to sexual orientation, the majority of participants 51 out of 76 (67.11%) identified as being heterosexual. 13 (17.11%) identified as lesbians, 8 (10.53%) identified as bisexual, 2 (2.63%) as queer and 1 (1.32%) pansexual respondent (see **Table 2**).

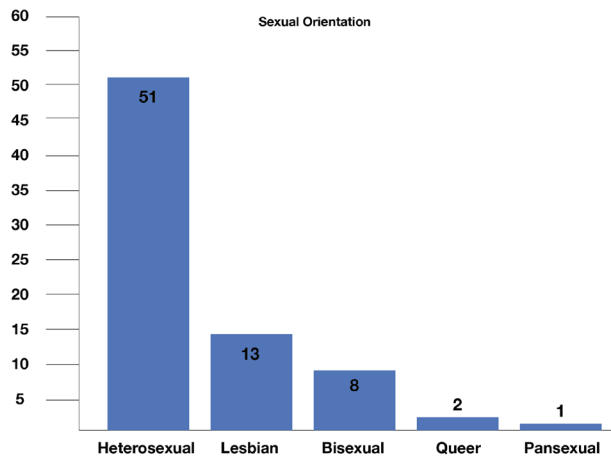


Figure 2. Survey Participants' Sexual Orientation



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RACE & ETHNICITY

A diverse range of ethnicities and racial identities were noted among participants. The majority of survivors identified as Black, followed by White, Asian and Indigenous survivors. Additionally, there were participants who identified as Filipino, Latin American, West Asian, Chinese and Jamaican-Paraguayan Canadian (see **Table 3**). The survey participants were asked if they self-identified as an Indigenous person. From the 74 responses, 20 (27.03%) identified they were Indigenous (see **Table 4**).

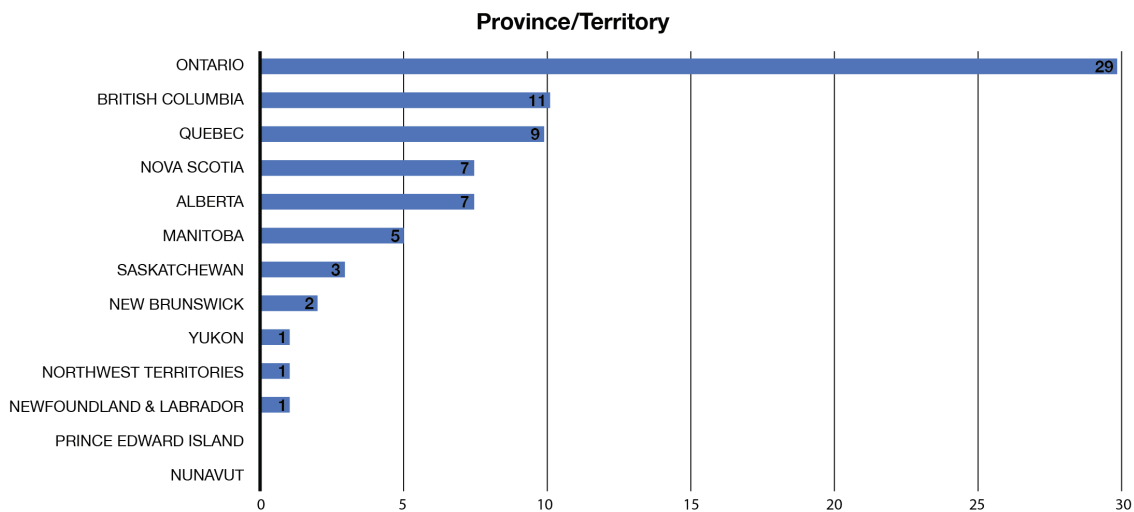


Figure 3. Survey Participants' Ethnicity and Racial Background

LOCATION AND STATUS

The majority of participants, 29 (38.16%), reside in Ontario, British Columbia, 11 (14.49%), and Quebec, 9 (11.84%). Other provinces represented include Nova Scotia, 7 (9.21%), Alberta, 7 (9.21%), Manitoba, 5 (6.58%), Saskatchewan, 3 (3.95%), and New Brunswick, 2 (2.53%). The Northwest territories, Newfoundland and Labrador, and Yukon each had one participant, while Prince Edward Island and Nunavut had no participants represented (see **Table 5**). While the majority, 44 (61.97%) participants reside in urban areas, a significant number 25 (35.21%) reside in



rural areas. One (1.41%) respondent was in a remote/fly-in area (see **Table 6**).

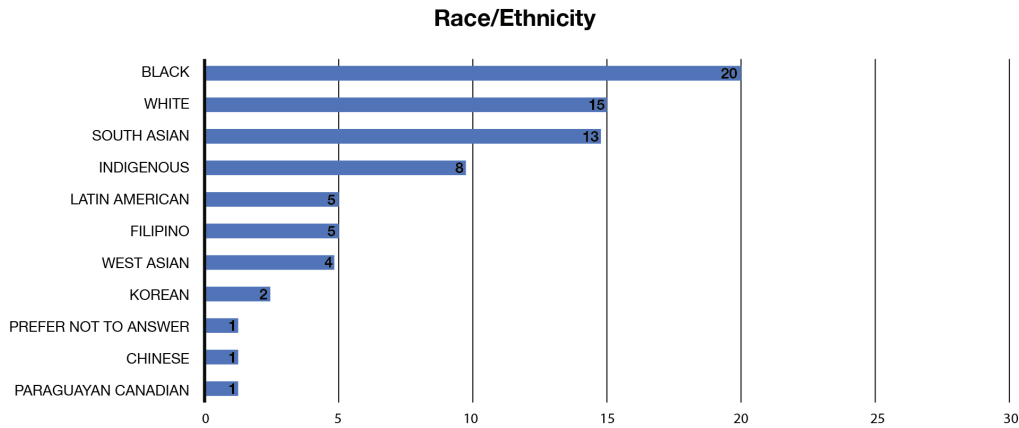


Figure 4. Survey Participants' Residential Province or Territory in Canada

Most of the participants, 57 (76%), identified as newcomers to Canada (moved to Canada within the past five years) (see **Table 7**), with 28 (36.84%) specifically identifying as refugees (see **Table 8**). For a significant number of survivors, their entrance to Canada was not voluntary, as 25 (39.6%) reported relocating under coercive circumstances and 24 (38.10%) were forced. 13 (20.63%) of the newcomers relocated to Canada voluntarily (see **Table 9**).

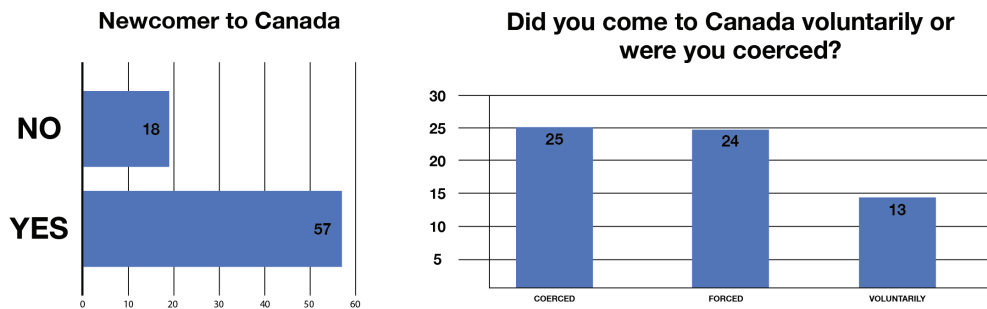


Figure 5a and 5b. Survey Participants' Entry to Canada

Other demographics reported included participant education (see **Table 10**), and relationship status (see **Table 12**).



PARTICIPANT LIVING EXPERIENCE

PARTICIPANT DISABILITIES

Out of 75 participants, 27 (36.00%) identified as having a disability. Among those who identified as having a disability, 25 (33.33%) confirmed their disability was a result of being trafficked (see **Table 10**). Out of the 25 participants who confirmed a correlation between their disabilities and experiences of trafficking, four individuals provided additional information. Three participants identified their associated disabilities as “anxiety,” “mental health,” and “Complex Post-Traumatic Stress Disorder (C-PTSD)”. One participant indicated that their diagnosis of autism was unrelated to their history of trafficking.

FINANCIAL STATUS

Financial status responses from the 76 survivors of trafficking showed a diverse range of annual individual incomes, highlighting the prevalence of low-income circumstances. The findings showed that 15 (19.74%) participants reported earning less than \$20,000 annually, while a majority 47 (61.84%), fell within the income bracket of \$20,000 to \$39,999. A smaller number, 8 (10.53%), had an annual income ranging from \$40,000 to \$59,999, one (1.32%) reported an income of \$60,000 to \$79,999; while 4 (5.26%), participants reported earning \$80,000 or more annually (see **Table 11**).

These findings highlight the importance of considering the financial constraints for many survivors of human trafficking when developing supportive interventions. According to the latest Community Food Centres Canada report, June 2023, the low-income threshold for a single-adult household was \$25,252.6. Many of the participants are living near, or below the low-income threshold, extending concern that many may have insufficient financial resources to access



essential goods and services including education, health care and housing.

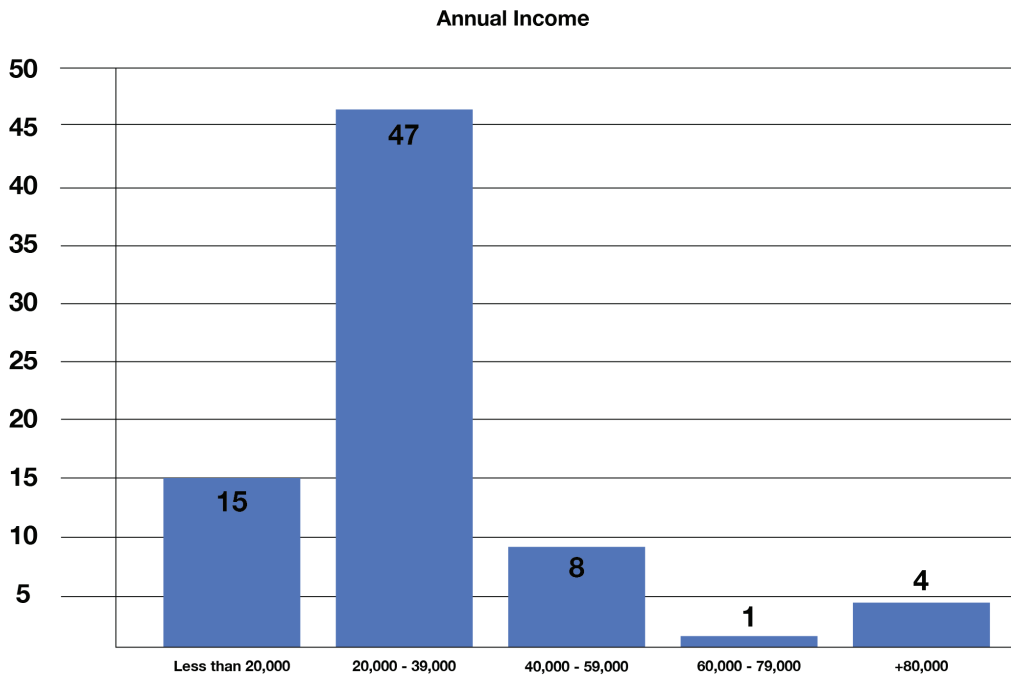


Figure 6. Survey Participants' Annual Income

LIVING SITUATION

Almost half of the 76 survivors 36 (47.37%) were living with their partner and family (e.g.: parents, children, grandparents,...), which could suggest a supportive environment is needed or some other potential challenges exist. 14 (18.42%) survivors live alone, 12 (15.79%) live with a partner only, and 9 (11.84%) reside with roommates or friends. There is a smaller but significant number of survivors 5 (6.58%) who were experiencing homelessness, drawing attention to the vulnerability of survivors.



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Living Situation

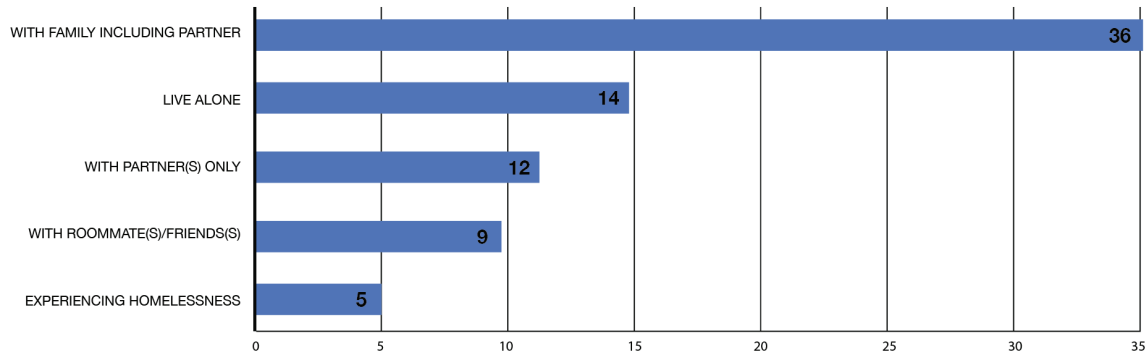


Figure 7. Survey Participants' Living Situation in Canada

PARTICIPANTS' RELATIONSHIP WITH CHILD WELFARE

In an effort to identify gaps in service provision involving child welfare services, questions about the survivors' experiences with the child welfare system and foster care services were included.

EXPERIENCE WITH CHILD WELFARE SYSTEM

- 31 (49.21%) participants had involvement with the Child Welfare System and the same number, 31 (49.21%) did not.
- 17 (35.42%) stated the involvement was *for themselves presently*
- 14 (29.17%) stated it was *for themselves previously*
- 11 (22.92%) stated it was *for their children and support with parenting*
- 4 (12.50%) preferred not to answer

EXPERIENCE WITH FOSTER CARE SYSTEM:

- 30 out 55 participants (54.55%) had some experience with the Foster Care system.



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- 19 (61.29%) stated the involvement was for themselves presently
- 3 (9.68%) stated it was for themselves previously
- 8 (25.81%) stated it was for their children and support with parenting

This may indicate the need for more community services that work with survivors in their efforts to care for their children.

PARTICIPANTS' EXPERIENCE WITH VIOLENCE

A section of the survey was developed to gather information about the physical impacts of being trafficked, which included questions related to injuries to the head, neck, and face and the incidence of being strangled. Using the following Likert scale, 1-never, 2-once, 3-occasionally, and 4-often, participants rated the frequency of trauma and violence they experienced while trafficked. The survey findings reveal very high levels of violence across many categories (see **Table 16**).

- 66 had accidentally or intentionally overdosed on drugs (89.19%)
- 65 were given or took drugs that made them lose consciousness (86.67%)
- 65 were strangled by someone using their hands (86.67%)
- 65 experienced physical violence in the form of being shaken roughly (87.80%)
- 64 were hit on the head with something hard (85.30%)
- 63 were punched or hit on the head with a hand or a fist (84.30%)
- 61 lost consciousness as a result of being strangled, hit, punched, kicked (81.30%)
- 56 were strangled using a ligature (74.60%)

All of the forms of violence recognized here are severe and have a high level of danger associated with them. Manual strangulation (N = 65, 86.67%) appears to be slightly more prevalent than ligature strangulation (N = 56, 74.60%), however each incident can lead to potentially lethal conditions such as a fractured trachea, carotid aneurysm, and resulting brain injuries^{7,8,9}. Beyond physical injuries, non-fatal strangulations are associated with medical complications,



long-term health consequences, and psychological impacts^{10,11}. They also indicate an escalation in an aggressor's behaviour and are, therefore, a significant predictor of future lethal violence in relational violence cases^{10,12}.

The survey asked participants if there were situations where they were given or took drugs that made them lose consciousness (black out). The prevalence is of significant concern, as 32 (42.67%) survivors experienced drug-induced loss of consciousness on one occasion, 23 (30.67%) reported that it occurred occasionally, and 10 (13.34%) reported that it happened often. Overdosing on drugs, whether accidentally or intentionally, was also not uncommon among the responding survivors of human trafficking. A majority, 38 (51.35%) of participants reported overdosing on at least one occasion, 26 (35.14%) occasionally, and 2 (2.70%) often corroborating how traffickers exploit survivors and their vulnerabilities by using drugs or alcohol to control, manipulate, and coerce them.

SERVICE ACCESS

In an effort to understand the quality of services provided and how they impacted survivors of human trafficking, a list of 18 different services, each representing an important community service, was included in the survey. Participants were asked to rate the quality of these services based on their most recent experience on a scale from 1 to 5, with 1 representing “very dissatisfied” and 5 representing “very satisfied.” 72 to 75 participants provided feedback on these services listed in Figure 1 and 2. The results showed a diverse range of experiences and needs among survivors accessing services within Canada.

EXPERIENCE AND ENGAGEMENT WITH ACCESSED SERVICES

Based on participants' satisfaction (i.e.: combined ratings of 4 (satisfied) and 5 (very satisfied)), Food Bank services garnered the highest satisfaction rate with 26 (34.67%) participants



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followed by Shelters/Drop-in's and Private Lawyers, which each received 33.33% overall satisfaction, with 25 participants expressing their satisfaction with the services. Other services such as Youth/Transitional services, Therapy and counselling, Employment programs, Social welfare, Support groups, and Addiction services received high satisfaction ratings from over 30% of participants and are listed in **Figure 8**.

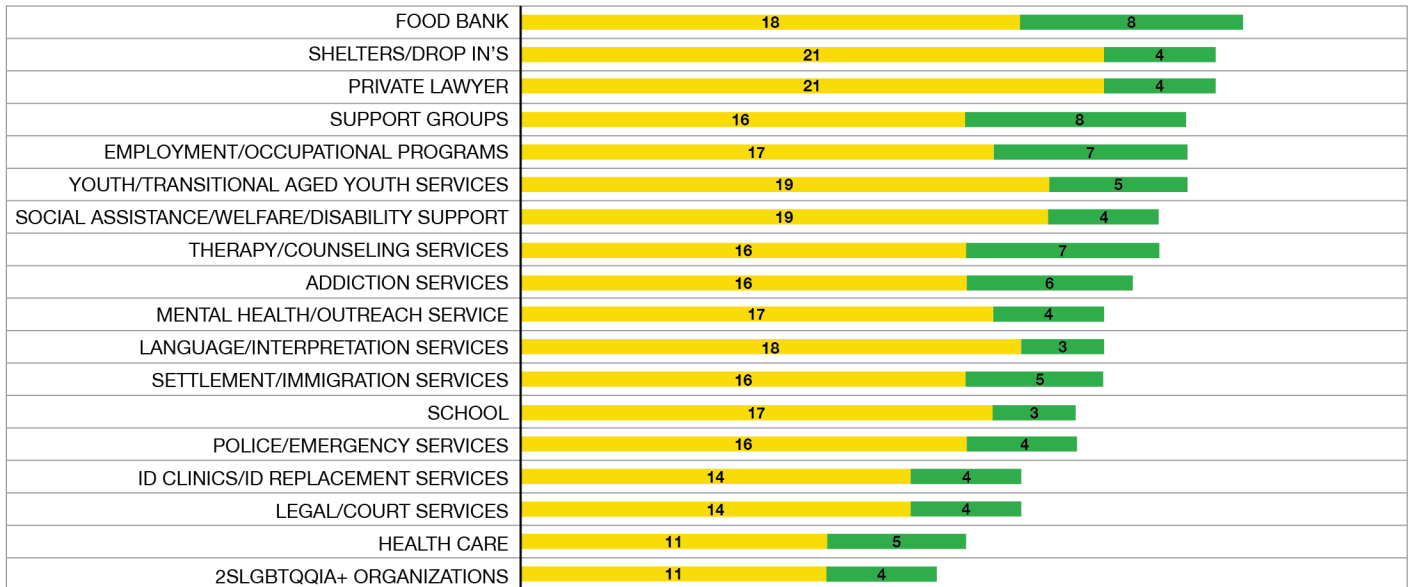


Figure 8. Survey Participants' Satisfaction with Community Services Access and Engagement

Overall dissatisfaction ratings were greater than satisfaction ones. Participants were most dissatisfied (combined ratings of 1 (very dissatisfied) and 2 (dissatisfied)) with Police services (N = 32, 42.67%) followed by School (N = 26, 34.67%), then Health Care (N = 26, 34.67%).

Other services such as Mental Health/Outreach Services (N = 25, 33.78%), Legal Court Services (N = 6, 32.00%), and ID clinics (N = 23, 30.67%) received high dissatisfaction ratings from over 30% of participants and are listed in Figure 2. This was exemplified by one respondent who stated that:

*“The court system is for those working in criminal justice,
not victims.”*



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DISSATISFACTION WITH COMMUNITY SERVICES ACCESS AND ENGAGEMENT

Very Dissatisfied Dissatisfied

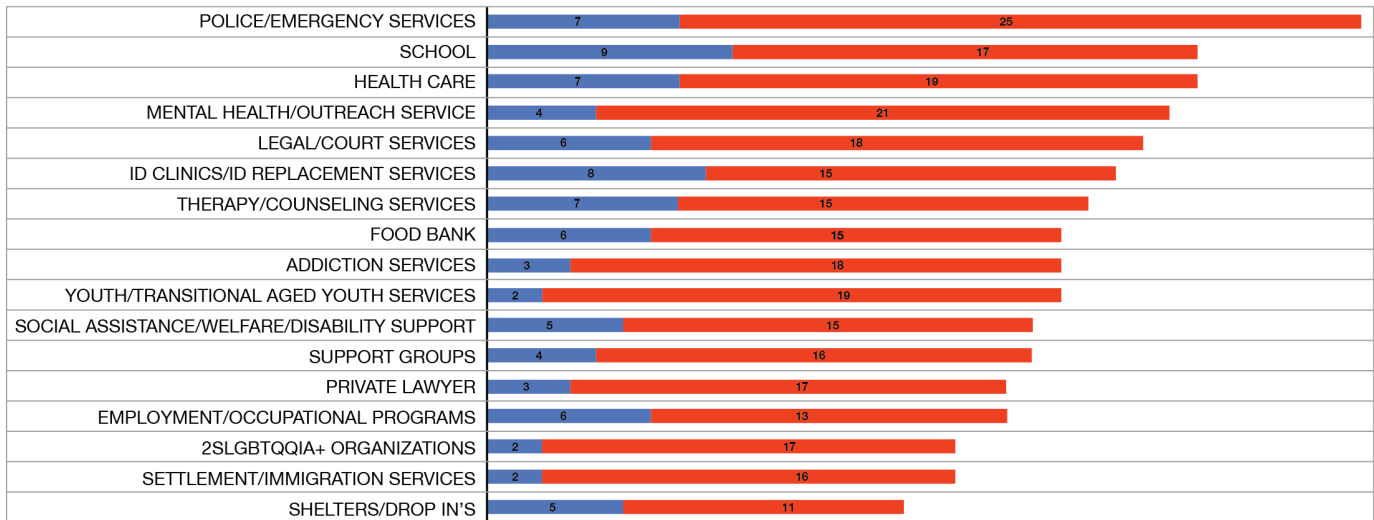


Figure 9. Survey Participants’ Dissatisfaction with Community Services Access and Engagement

In the survey, participants were given an opportunity to elaborate on their responses. 8 survivors candidly explained how services had negatively impacted them. The overarching theme was the mistreatment of human trafficking survivors (N = 8) with survivors experiencing discomfort, shame, and discrimination due to neglect. The dissatisfaction with the Canadian health care services is disturbingly described by one of the participants who recounted her experience as follows:

“I just called my perp to come get me. I was crying so hard I could hardly breathe. I felt like there was nowhere to go — there really wasn’t — going back to him (my “manager”/trafficker) was my only choice — at least I knew how to survive in that system. The hospital and health professionals who looked down their noses at me with their looks of



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disgust and contempt, assaulted me with their eyes, their words, their judgment.”

Mistreatment by healthcare professionals, police, and the negative impact of court and lawyers, were the most common themes of dissatisfaction. The negative experiences shared in the surveys included a lack of support and inclusion, revictimization, and how traumatizing court and legal proceedings and medical health staff and services could be. Lack of awareness was a common theme, with one survivor mentioning experiencing incompetence of support staff. Others (N = 3) noted that schools, organizations, and hospitals were ill-equipped to offer adequate support.

“So many points of intervention are all missed because people were too busy to care or lacked awareness and knowledge of what internet child exploitation is.”

Another survivor was very open and vulnerable in sharing their lived experience of how they came to be sexually exploited online when they were 12 to 14 years of age. They shared how as a newcomer to Canada, they were unaware of the online dangers of cyber-exploitation and low income, and a lack of security drove this exploitation. More importantly, they came to realize that school staff, friends, parents, and even their hairdresser, while witnessing the symptoms of exploitation from eating disorders to hair loss consume her, were all ill-equipped to adequately support her. Other barriers to services included insufficient funding and long wait periods to access services.





RECOMMENDATIONS FOR A CANADA-WIDE SUPPORT NETWORK

Survivors were asked if they thought a support network across Canada developed by and for survivors of human trafficking would be helpful. 56 out of the 76 survey participants answered the query. Of the 56 participants, the majority, 49 (87.5%) indicated that a Canada-wide support network would be beneficial for survivors of human trafficking, while 7 (12.50%) disagreed. Out of those that agreed, 18 elaborated on their response. Participants who showed support for the network highlighted the need for increased support from a wide range of critical services. These critical services include mental health resources, substance use support, access to comprehensive healthcare (sexual, general, mental, and dental), assistance with housing, legal guidance, and ID clinics.

Out of the participants that disagreed with having a Canada-wide support network, one expanded on their response and emphasized more funding should be directed toward existing programs and empowering survivors instead.

*“Services for HT victims already exist. More programs will not help.
More funding to current programs would help. Also, more empowerment*



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& Grounding Resistance
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to survivors is needed. Not everyone needs to be on ODSP. Trauma can be worked through.”

Many of the participants (N = 26) shared their insights and identified initiatives that they believe would benefit survivors of human trafficking through a national network. Following text analysis, peer support was the most popular among participants, with an emphasis on survivors with lived experiences helping those who had recently been trafficked and relating to them best. All the received suggestions were clustered into four thematic areas.

- 1. Inclusive and accessible services and supports** that are tailored to the diverse situations, needs, and cultural backgrounds of survivors. Survivors noted wanting to interact with people instead of automated phone lines, wanting to interact with people of the same ethnic background, and having in-person interactions made more accessible by making child care options available.
- 2. Peer support programs and mentorship opportunities.** Recognizing the value of lived experience, there were many suggestions for the development of peer and mentorship programs.

“I think a support network across Canada is a great idea. In my experience, it’s been hard to find people who understand what I’m going through and that can relate. Having a way to connect with other survivors would be great—not just for the emotional support, but also because it would give me an opportunity to learn from other people’s experiences and make connections with them as well.”



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3. Empowerment through educational initiatives and skill development opportunities.

One survivor suggested establishing a national anti-human trafficking program similar to the Survivors Alliance in the UK and Elevate Academy in the United States. Another stated:

“Workshops about boundaries, healthy relationships, self-esteem, etc. — access to low cost/no cost counselling with a counsellor who specializes in Human Trafficking cases.”

4. **A call for networks to collaborate** and to coordinate among various organizations and agencies working on human trafficking issues, as well as developing connections more locally. Participants were greatly interested in such collaboration increasing system navigation, information sharing, and support access.

INTERVIEWS AND FOCUS GROUPS



PARTICIPANTS

Participant outreach and criteria were the same as that of the survey collection.



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STUDY DESIGN

The interviews and focus groups were conducted with a survivor-centered approach, ensuring that the voices and experiences of survivors were at the forefront of this research. Questions asked during the interviews and focus groups can be found in **Appendix D**.

- 1. Peer Researchers and Psychotherapists:** Each interview involved two peer researchers. One researcher typically took the lead role, guiding the conversation, while the other added their thoughts and asked additional probing questions as needed. This collaborative method ensured a comprehensive exploration of each participant's experiences and perspectives. Support was offered to all participants, including the contact information for an in-house psychotherapist, ensuring that immediate emotional support was available if they felt triggered during the interview. The focus groups followed a similar format except that the two peer researchers facilitated the discussion and the in-house psychotherapist was present to provide real-time support.
- 2. Confidentiality and Consent:** Participants were given the opportunity to change their names and turn off their cameras before the recording started to protect their privacy. Informed consent was obtained from all participants and re-iterated before the start of the interview or focus group, thereby ensuring the study's purpose and survivors' rights were understood.
- 3. Orientation:** Before the interview, participants received a brief orientation outlining what to expect during the session, including the interview process, the role of the researchers, and the support available to them.
- 4. Check-Out:** At the end of each interview, a check-out was conducted to assess everyone's



emotional state and to discuss the next steps for receiving the honouraria. This ensured participants felt supported and recognized for their contributions.

- 5. Debrief:** Following each interview, a debrief was conducted with the supervisor for each of the peer researchers to reflect on the session, discuss any challenges, and provide additional support to the researchers.

By incorporating these elements into our study design, we ensured that the research was conducted ethically and with the utmost respect for the participants' well-being and privacy. This approach not only honoured the experiences of survivors, but also provided a supportive and empowering environment for them to share their declarations. The interview and focus group sessions were audio or video recorded reliant on participants' preference. For audio recorded sessions, we were not always able to associate provided quotes to individual survivors' names or pseudonyms and as such, some quotes are recognized as being stated by 'a survivor' from a specific session.

ANALYSIS

All interviews and focus group recordings were included. One individual participated in both the interview and the focus group, and, as such, their duplicated responses in the focus group were redacted during analysis. A thematic analysis was conducted for interviews. MAXQDA 2024 was used to complete a codebook and qualitative visual analyses by recording the instances each theme, subtheme, and category was mentioned in relation to the corresponding interview question asked as visualized in the figures below. This is not to be confounded with the number of participants who responded but, is a frequency of mention count that is associated to the interview and focus group question asked.



RESULTS

PARTICIPANT CHARACTERISTICS

Seven 1-on-1 interviews and four focus groups were conducted during the project. Both interviews and focus groups were led by a staff member who identified as a survivor of human trafficking and assisted by a peer support navigator. As such, 19 survivors and 3 researchers with lived experience participated in the data collection. See **Appendix E** for demographic data on survivors who participated in the interview and focus groups.

The Survivors

1-on-1 Interviews	Greyson	Daisy	Natasha	Ola	CB	SM	BB
Focus Group 1	Diamond	Liv	Lilly				
Focus Group 2	Rose	Kate (2)					
Focus Group 3	Dawn	Kate (3)	RL	MD			
Focus Group 4	Tara	Kate (4)	CS				

A codebook was generated based on the themes identified in the seven interviews and the four focus groups (see Appendix F). Given that the questions asked in the interviews and focus groups were identical, the results were combined and are shared below. Three main themes were identified.

THEMATIC ANALYSIS

CONTEXT

The first theme identified is that of the Context of survivors' experiences. Survivors were asked to describe their trafficking experience and to provide as little or as much detail as they would like.



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“We realize that it may be difficult to recall some of your experiences, but we would like to ask some general questions related to circumstances and experiences that influenced or made you vulnerable to be exploited into trafficking.”

Survivors shared who their traffickers were, who they were as survivors, what types of violence and experiences they endured, the impact it had on them, as well as the strength they came to realize they had amidst it all.

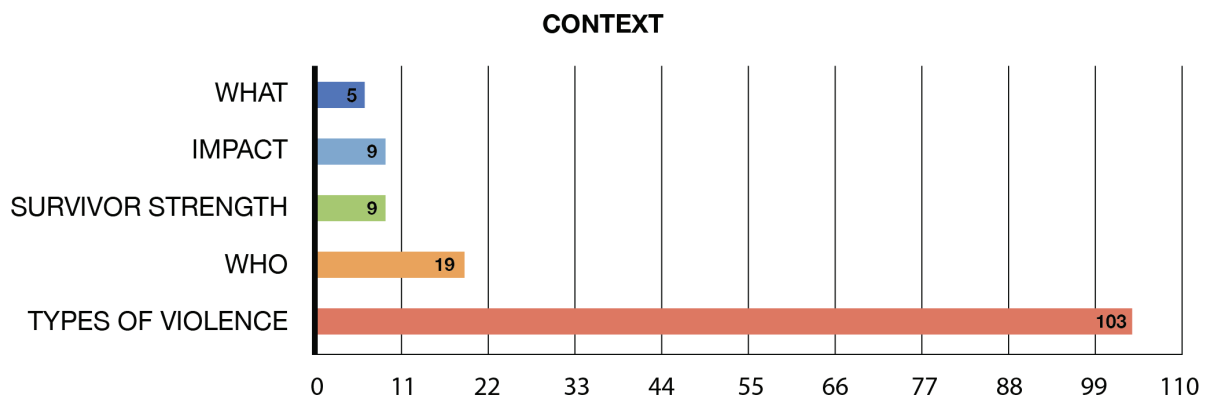


Figure 10. Frequency of mention of each subtheme under the ‘Context’ theme.

1. WHO

Survivors identified trafficking vulnerabilities drawn from their own experiences of homelessness, childhood trauma, intersectional identities, being a newcomer or immigrant to Canada, being of young age, and experiencing career insecurity. With regard to young age, they noted that traffickers strategically live near youth shelters and target homeless youth in efforts to take advantage of these vulnerable intersecting realities.



“My trafficker lived a five-minute walk from the youth shelter. Um, that was obviously not a coincidence.” – A survivor from focus group 4

Immigrants, migrants, newcomers, and refugees find themselves particularly vulnerable to trafficking and exploitation due to job insecurities and being in a new environment.

“It’s intimidating enough to be sex trafficked and talk about it. So imagine now that you’re an immigrant and you’re sex trafficked; it’s even worse” – Ola

Among the 19 participants, traffickers mentioned were mainly strangers (N = 5) and romantic partners (N = 4) but also included a spouse (N = 1) and a family member (N = 1), thereby shedding light on how one can experience this violence by someone close to them.

“My dad was running a strip club. He had a lot of bar associates that were criminals, and a lot of my family members were in jail as dangerous offenders and were facilitating my trafficking.” – RL

2. WHAT

Survivors elaborated further on their specific situations. Some expressed that they were dealing with legal costs and troubles denoting added financial abuse after having suffered all the trauma related to human trafficking.

“He’s trying to charge me \$75,000 of his legal costs, that for the pleasure of being taken through the court system and, like, just. Yeah, like, just he completely lied to them and everything and put me at greater risk.” – Dawn



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Other survivors expressed being sexually exploited through pornography, finding the streets safer than home, and their traffickers being powerful people working for their government and, thereby, not being justly served or facing any criminal charges.

“While I was being trafficked, so, like, the earliest pictures of me being, sexually exploited, like, pornography is, like two years old, and I attempted to get out in my 20s. I’m now in my almost 50s” - RL

3. TYPES OF VIOLENCE

The types of violence suffered by survivors are in line with those mentioned in the survey. Mental and emotional abuse was captured when survivors mentioned feelings of worthlessness, low-self-esteem, anxiety, and fear. Control was experienced when survivors recounted being restricted behaviourally by traffickers. Overall, an emphasis was placed on strangulation in order to gain additional insight into its impact, as it is a common form of abuse for human trafficking survivors.

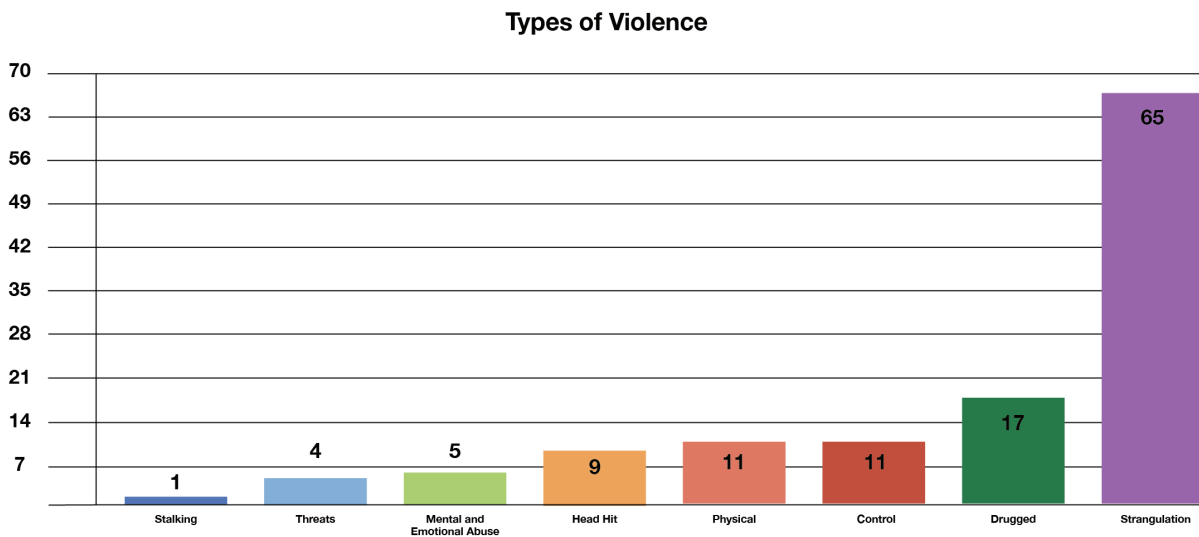


Figure 11. Frequency of mention of each category under the ‘Types of Violence’ subtheme.



“It was really scary because we knew what happened. I had a fucking gun put to my head, you know what I mean? I remember feeling that gun against my fucking head and looking down the street and thinking, this is it. They’re going to take Kyla and I’m dead and no one’s going to know where she is.” - GS

CB had a broken clavicle and sought protection after nine years of abuse. The abuser had a network of people who would watch her and knew her whereabouts. CB experienced multiple instances of physical violence, including being date raped, strangled, and kidnapped. She was never assessed for brain injuries or related issues despite experiencing multiple incidents of oxygen loss through strangulation and choking.

GS experienced physical and sexual abuse while being trafficked, including being given sleeping pills without their knowledge and being strangled by a client.

When survivors talked about strangulation, they talked about who strangled them, how they were strangled and how often they experienced it. They also shared about its impacts and if anything was done in terms of care to mitigate those impacts. It is important to note that strangulation was often times experienced with suffocation and choking when survivors described their experiences. Strangulation is also of added importance due to its intimate and violent nature in cutting off blood and oxygen supply to the brain and resulting in an untimely death.



Strangulation

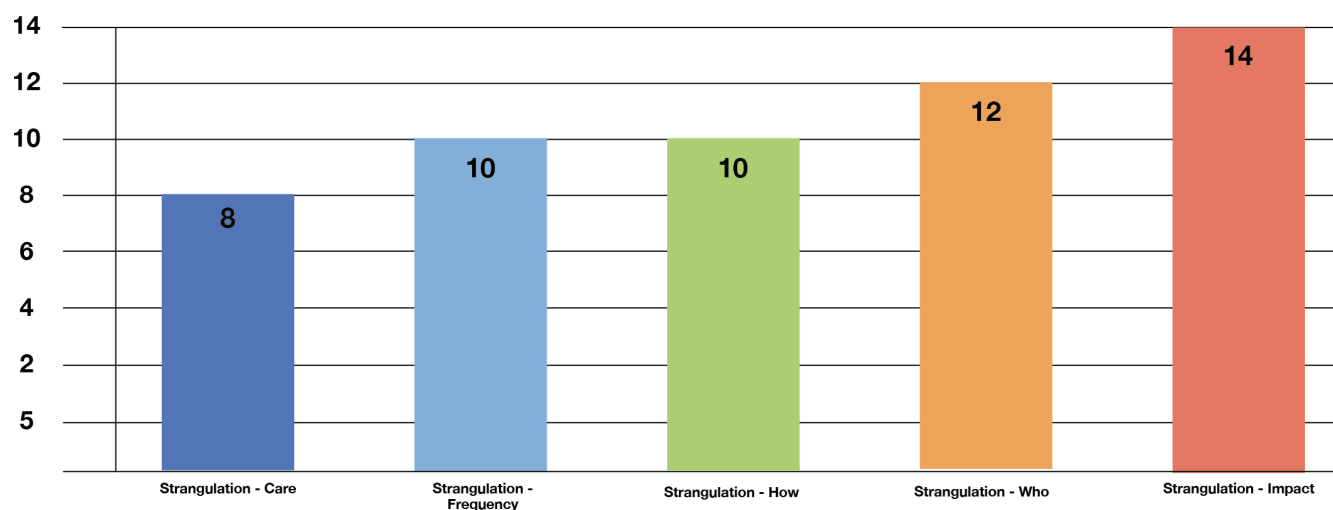


Figure 12. Frequency of mention of each subcategory under the 'Strangulation' category:

A) Who strangled them?

Most often, survivors' aggressors were their trafficker (N = 8) and/or the client (N = 5). There was one instance where a survivor shared that their trafficker was also their family member and had been strangling her from when she was young. Another shared that their ex-husband was the aggressor who strangled them.

“One of my family members that was a facilitator, she was the third bottom, the traffic... When we were younger, her favorite game was the fainting game, where she would strangle me until I would pass out and she'd always promise to catch me, but she never did ” – RL



B) How did they do it?

Stran·gle: Squeeze or constrict the neck of (a person or animal), especially so as to cause death ¹³.

Choke: Have severe difficulty in breathing because of a constricted or obstructed throat or a lack of air ¹⁴.

Strangulation cuts off blood and oxygen supply to the brain through pressure on and around the neck. Choking, cuts of oxygen, not blood, through constricted or obstructed throat access.

Survivors mentioned 65 instances of strangulation, sometimes accompanied with choking, during interviews. Methods used included aggressors squeezing survivors with their hands around their necks, being suffocated with a pillow, being suffocated by a large body, forced choking using objects, and forced choking by male genitalia. In survivors' declarations, there were times when they expressed their strangulation experiences being their fault or being normal given the frequency with which it happened and strangulation being a service offered by traffickers and paid for by clients.

“But he tried to strangle me... tried to strangle me and whatever. I don't know what I did wrong. What'd I do?” - SM

“Force choking, like with a penis. You know, and just, using that as a weapon.” - RL

“I've been crushed by obese, I don't know what. I don't know what to



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call them because I didn't know they were John's. I just thought they really liked me, but yeah, suffocating with their body; like, crushing the air out of me. Shaking. And really, it's like, after these things happened; it's happened so much that it's normal for me, and it's not a big deal when, really, it's life and death.” – RL

“I've had clients do that. To me. It was something they had permission from my trafficker to do in terms of what they were paying for. Um, was it terrifying? Yes. Because you don't know how that's going to go. And, uh, you get some people who want to do it simply because they want to scare the crap out of you. So they go a bit harder” – Kate (4)

C) How frequent was it?

One survivor shared how their memory was too bad to recall the number of instances, speaking to the impacts of strangulation itself and its relation to memory loss and memory difficulties. The frequency of strangulation varied from once to ‘almost every single time’ to ‘as soon as you're, alone with a man, you know, it's going to happen’. Nevertheless, regardless of frequencies, its impacts are always severe.

“As soon as you're alone with a man and, you know, it's going to happen” – Dawn

“With my trafficker, I'd say: Almost every single time, at least at minimum. Every second time I saw him, that would happen”. – Kate (4)



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The Survivors and Strangulation frequency

1-on-1 Interviews	Greyson	Daisy	Natasha	Ola	CB (Many times)	SM (More than once)	BB
Focus Group 1	Diamond	Liv	Lilly				
Focus Group 2	Rose (Multiple times)	Kate (2) (once)					
Focus Group 3	Dawn (Almost every time)	Kate (3)	RL	MD			
Focus Group 4	Tara (Very common experience)	Kate (4) (Almost every time)	CS (Very common experience)				

D) What was the impact of strangulation on survivors?

Lack of access to air and brain trauma are not well-documented in survivors of GBV and even less in survivors of human trafficking. Direct impacts of strangulation, suffocation, and choking included lifelong physical and mental problems. Those mentioned included bruises, stitches, lumps, lost of consciousness, severe concussion, and memory loss. Of included concern is the persisting psychological trauma. RL shared how despite the physical violence she suffered, some of which left lifelong scars, the trauma related to strangulation as an abusive tool of silencing and the stripping of power remains a scar that is much more difficult to heal from. She goes on to share that there is a “dissociation of having to deal with the psychological trauma of realizing what’s going on” and she now “react[s] quite strongly when someone touches [her] around the neck.”

“I was having difficulty remembering things at the time anyway. I think probably like a mixture of the trauma, but also the severe concussion I had.” – BA



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E) Was any care provided to survivors?

Care after experiencing strangulation was never provided to survivors, and they recount this being due to there being no visible signs of strangulation even when they lost consciousness. In the event that there were signs, they faded before they were able to seek medical care, and some traffickers were aware of this and took measures to specifically ensure that survivors were repetitively strangled or choked without any visible physical signs being made apparent.

“He was clear with clients, uh, as to the consequences around, um, that I not have any bruises on me, especially visible ones, which would include the neck. So, um, anything around choking or strangulation was done in a way that did not leave bruises, which makes it very hard to demonstrate the problem in a medical setting. – A survivor from focus group 4

Unfortunately, the lack of visible signs poorly reflects or doesn't reflect at all the physical and psychological repercussions of strangulation. Additionally, both blood and oxygen deprivation still occur without loss of consciousness and without visible physical signs^{15,16}. One may lose consciousness after 30-180 seconds of oxygen deprivation; at the one-minute mark, brain cells begin dying. At three minutes, lasting brain damage becomes more likely, and at five minutes, death becomes imminent.¹⁷

When asked if anybody asked about any assessment for a brain injury or anything related to losing oxygen, CB said “Never, No.” and GS said “I wasn't allowed.” Unanimously, survivors stress how they had to go out of their way to seek proper care and advocate for themselves.

Regarding their self-advocacy to seek care, BA said:



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“I had to advocate like years later in 2019 about that. So much, and like continuously try to like remind people of it because they physically can’t see. They just think, they like assumed I’m stupid. But like before I had the brain injury, I knew how I was before that. I knew that that’s not how I normally am.” - BA

“I had to always, like, advocated for myself, but at the same time, I was, like, too injured and too tired to, like, even try to do that” - BA

4. IMPACT

Looking at the impacts of the other types of violence shared, participants noted memory issues, bodily injuries, brain injuries, and sleep/exhaustion issues.

[Survivor Snapshot]

BA’s past experiences with love and relationships made her a target to traffickers. She experienced being drugged and raped. She suffered from various physical injuries and health issues, including a sprained neck, bursitis in the hip, severe concussion, and a jaw infection. She had to advocate for herself in order to receive proper medical attention and recognition of her injuries. The injuries and trauma have impacted her ability to interact with others, including family, friends, and work.

[Survivor Snapshot]

SM feels a sense of worthlessness and un-deservingness, possibly due



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to past trauma. She experienced physical violence at work, including being hit on the head and strangled. The violence has caused a drop in self-esteem and physical injuries, including bruises and fractures. She was given painkillers and forced to work despite her injuries. The violence has also caused a lack of trust in people.

5. SURVIVOR STRENGTH

[Survivor Snapshot]

GS came from an abusive household and ended up being trafficked as a teenager. Them and their friend K were brought to Buffalo under false pretenses and woke up to find out they were being controlled by a pimp. K was able to memorize important information about their pimp and use it to help shut down the pimp ring.

Survivors of human trafficking are incredibly strong and resilient. A survivor noted how traffickers wield power to dis-empower and silence them. Yet, they recount how they have regained autonomy and reclaimed control of their lives with sheer courage and determination. Survivors share how proud they are of being able to vividly and accurately recount all their experiences in great detail despite their trauma and shared how invaluable that was to criminal proceedings. Strength and resilience is also demonstrated through survivors' ability to be vulnerable and share their truth to seek help from those that understand their struggles, like peer support groups or peer counselling services. Their determination to advocate for themselves helps them heal and start anew.

“...we shut down one of the biggest pimp rings after 20 years of fucking existing. You know, we made history in DC and no one knows our names” – GS



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SERVICES

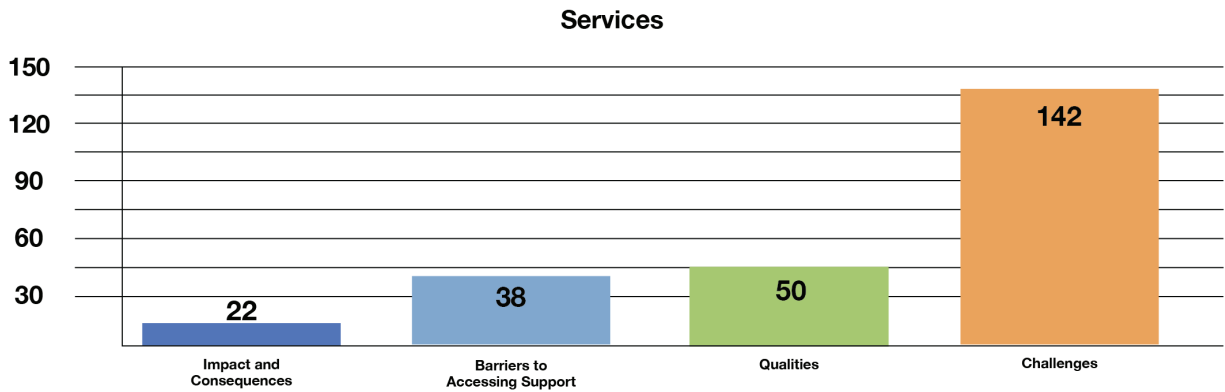


Figure 13. Frequency of mention of each subtheme under the 'Services' theme.

In the surveys, participants were asked about the kinds of services they had accessed. During the interviews and focus groups, participants shared having accessed some of these same services and further delved into the barriers that they had encountered, as well as how their needs may have been met and unmet.

SERVICES ACCESSED

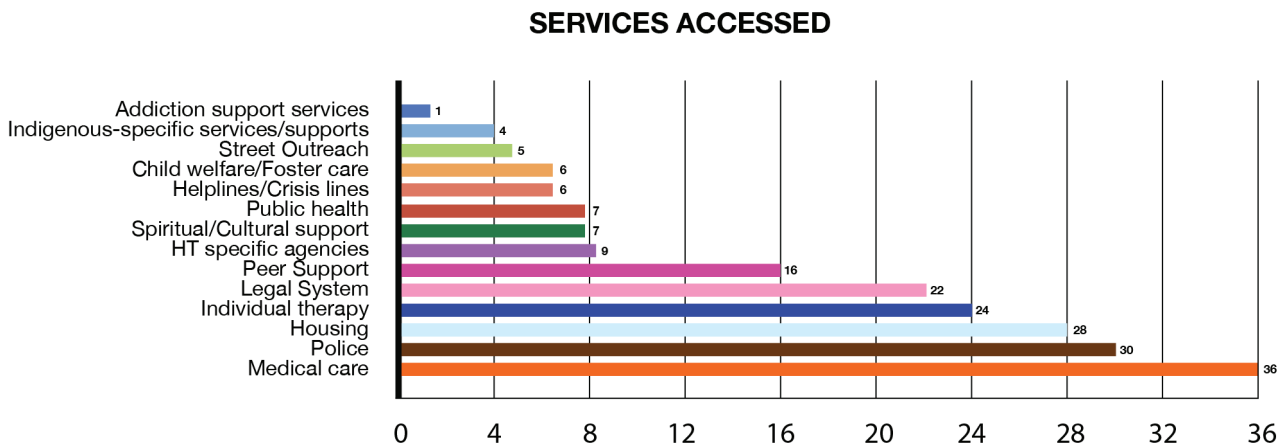


Figure 14. Frequency of mention of each category under the 'Services Accessed' subtheme.



Types of Services/Supports:

1. Shelter/transition housing/Safe Houses
2. Housing assistance
3. Informal - Couch surfing
4. Group home
5. Transition Home
6. Counselling - Drop-in counselling
7. Medical
8. Individual Therapy - Trauma Therapy/Psychotherapy/CBT
9. Addiction support services
10. Family legal system
11. Immigration
12. Financial - Welfare/Social assistance
13. Canadian Security Intelligence Service (CSIS)
14. Police - including FBI
15. Sex trafficking agency
16. Victim Services
17. Church
18. Street outreach team
19. Peer support - formal and informal

Survivors of human trafficking access a range of services, as can be seen in the list above. Accessing public health services for sexual health needs, such as STI testing, is common through medical care providers. Law enforcement services, including the police, are also commonly accessed. Survivors seek out many kinds of shelters, homes, and subsidized housing to start anew. Organizations and individuals offering peer support continues to be a popular service along with individual therapy, which includes trauma counseling. The latter is accessible through



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specialized organizations like sexual assault centres and women’s health care centres. Others also share how their faith-based groups provided such counselling.

BARRIERS TO SERVICE ACCESS

What were the barriers to accessing these support services?

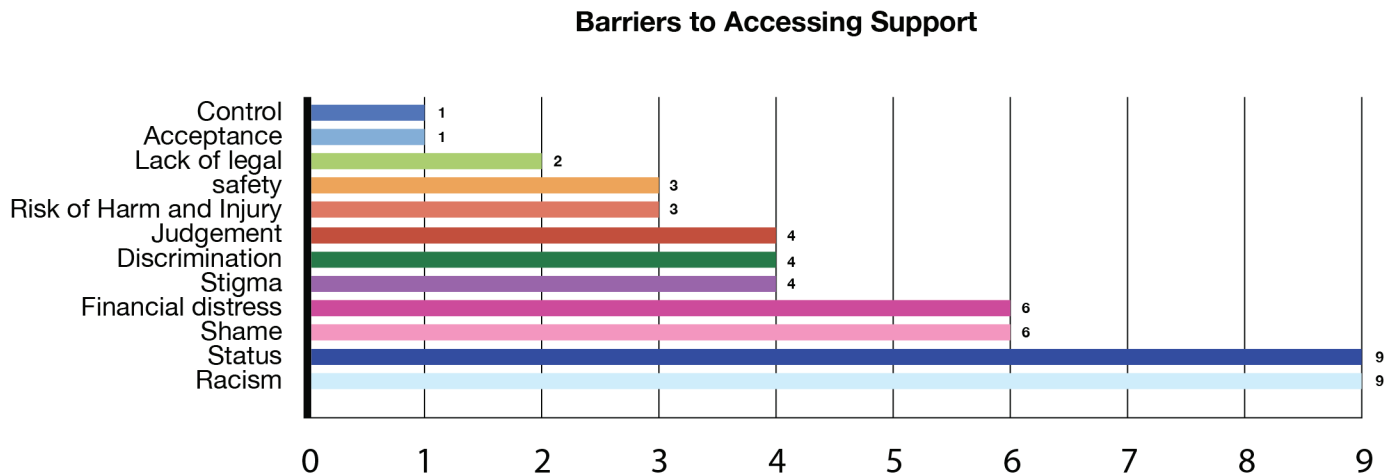


Figure 15. Frequency of mention of each category under the ‘Barrier to Accessing Support’ subtheme.

As well intentioned as supports are, survivors shared some important barriers that they faced while trying to access services.

Physical Access

Some services were not conveniently located or tailored to individual needs, making access difficult. Accessing therapy, particularly gender-based violence and trafficking-specific therapy, was important, but could be difficult to find. Free workshops or support groups were available, but space was often limited. Access to culturally relevant resources and supports was limited as well.

Racism and Discrimination

(Racism, discrimination, stigma, shame, judgment, acceptance)



Barriers to accessing human trafficking services are deeply entrenched in systemic oppression. Discrimination and racism are a violation of human rights. Discrimination perpetuates mistrust among survivors seeking assistance, hindering their willingness to seek help. Survivors from marginalized communities shared how healthcare services could be culturally insensitive and discriminatory.

“...actually went [to] the hospital, I went, I wasn’t really attended to properly because of my colour. So there was discrimination. I wasn’t really attended to” - Kate

“I felt there was like disrespect from staff because of our situations and racism as well. Um, I had one, one staff tell me, she said, ‘I think that you, um, bring a lot of violence upon yourself because you don’t act white enough’.” - BA

The stigma and shame that exist in society as a whole with regards to human trafficking, and more specifically sex trafficking, is a barrier to seeking care as well. Stigma and shame attach a sense of guilt to survivors, discouraging disclosure and prolonging suffering in silence. Judgmental attitudes from service providers can alienate those in need, deterring them from seeking necessary support. Ultimately, the lack of acceptance within communities further isolates survivors, preventing them from integrating back into society and rebuilding their lives.

“It was difficult for me to accept what happened to me. So I didn’t go looking for any services” - Lilly

“For some time, I couldn’t, like, talk about it out loud and, you know,



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go to a healthcare provider and tell them that I am here because I was sexually harassed and I was involved in sex trafficking and all that. So shame was part of one of the reasons that was one of my barriers to not like, getting health care services.” - Liv

Lack of Safety

(Risk of harm and injury, lack of legal safety, control)

Lack of documentation or stability further hinders access to essential community services and medical care, compounding the struggle for survivors like Ola and CB who experienced complications due to their immigration status. There are also serious challenges with police involvement putting individuals in danger, but also a failure of police to investigate and provide help to trafficking survivors. Survivors emphasize when police are called or made aware of trafficking situations, they should prioritize supporting the survivors rather than making arrests. Other risks discussed were the lack of family courts recognizing survivors of trafficking and abuse. CB shared how little support and protection she received from the courts and the police, and how she felt undervalued due to her history and her challenges with substance use.

Fear

The terror of aggressors returning to harm survivors deters individuals from seeking help, as can the fear of traffickers retaliating if survivors involve police. Additionally, the dread of fellow survivors exposing one another or experiencing immigration status complications exacerbates anxiety, making access to services seem more harmful than not. For example, Ola experienced fear and intimidation while being trafficked and was forced to act as a disciplinary figure for other girls. These fears instilled a profound sense of vulnerability and trapped her in silence and isolation.



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“I don’t really, like, always, um, sometimes like meeting with survivors too much just because like I’m afraid of who they might be connected to; like, if they know too much information about me. And, um. So yeah, that made me nervous because they could still be like in those experiences, which could make me vulnerable to, um, people... predators that they might know. Uh. So that just made me nervous.” - BA

“You guys need to be aware of this. You know, if like, these guys come back, they’re not only going to like, come after me, but they’re going to come after a lot of other people that I know, you know? And they could be coming down here to get other girls. And I don’t want to see that happen to them, you know?” - GS

Financial distress

Some individuals relied on family or friends for funding to access services. Affordable housing options may be scarce and may not always be safe. Legal services, child care, medical care, as well as therapies and counselling services can be expensive, and those free of charge may not be suitable for everyone.

“Some service providers were more concerned with financial gain than providing quality care.” - BA

“I struggled to access financial assistance, and I found that the application process was often long and difficult.” - Kate (3)



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“I didn’t have much money to go for, to seek for the help of a therapist. So for me, my parents actually stood by me, and also my friend who I confided in. They were actually very, very supportive. They were more like therapists to me. “ - Kate (2)

CHALLENGES

What were the challenges once you accessed the services?

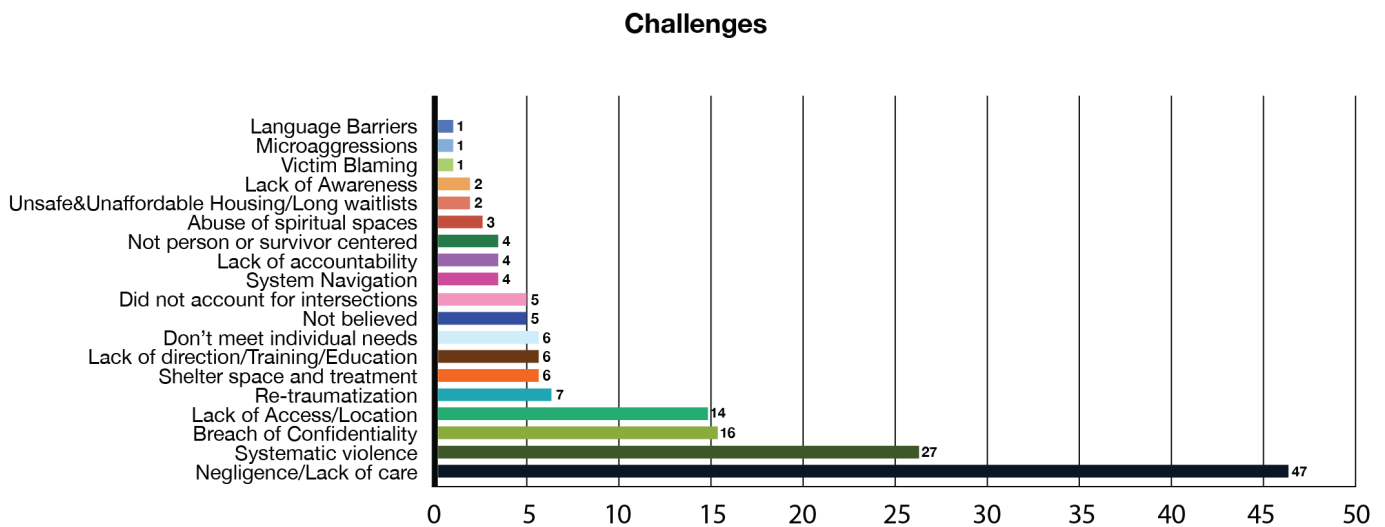


Figure 16. Frequency of mention of each category under the ‘Challenges’ subtheme.

Once supports were accessed, the challenges survivors went through were essentially an extension of the barriers they faced. Challenges ranged from supports not meeting survivors needs to support staff being negligent, lacking care and mistreating survivors. To survivors, negligence included a lack of protection, as well as a lack of action and follow through.

“They’ll send you the papers, the bail papers, and, you know, all these things saying ‘this person’s not to be in contact with you’... and... Okay;



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like, did that ever stop them before? Like, you know, like this piece of paper is supposed to protect me, and it never does. Um, quite literally; the same day my trafficker was released, he got in contact with me with threats.” - CB

Survivors note how some crisis lines and support services were not helpful or did not provide adequate resources. Others did not provide clear guidance or sometimes worsened survivors’ experiences by putting them into precarious situations where they were re-traumatized.

Transitional housing and supportive programs for trafficking survivors were helpful but had limitations, as some were still in the early stages of development and rules and systems could change frequently. Affordable housing options were scarce and not always safe. Additionally, some survivors expressed having difficulty opening up and trusting people due to past experiences and when they did, they sometimes experienced breaches of confidentiality and trust that weren’t due to them being minors.

[Survivor Snapshot]

SM Initially found it difficult to open up about her traumatic experience and suggested that therapists who have undergone similar cases would be more helpful. She had contact with the police but was not able to communicate with them until they learned that it was for their best interest. She had a scan and physical assessment done but was not able to open up about her experiences to medical professionals. She felt neglected and recommends that those accessing similar services should have a therapist present. While she still experiences trauma, therapy has been helpful in reducing the



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number of times she need to seek additional professional help.

“A lot of information that I did not want them to know, that I wanted to tell the police, but not my parents. Like, they just naturally, like, divulged that information to my parents without my consent. So, um, my parents were just like, like harassing me afterwards and making it extra, like, way worse. Emotionally for me, I feel like it made, um, it was worse than the trafficking part” - BA [age 20]

Other challenges are noted in the barriers mentioned above, and an added emphasis is placed on systemic violence being prevalent among survivor experiences. Law enforcement, security, hospitals, and other care institutions were often impersonal, neglectful, traumatic, and discriminatory, and survivors experienced violence and harmful behaviour from security and police officers.

“It’s really common that, um, the health care workers are extremely discriminatory towards indigenous peoples” - BA

“Definitely the police, uh, specifically the police in Ottawa. Um, they were predatory. Uh, they were violent. I was assaulted several times by police officers. I was, um. I was threatened. Intimidated. Um. Put on blast. Like a lot of things happened with the police”. - CB



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QUALITIES

What were the positive traits of the services you accessed?

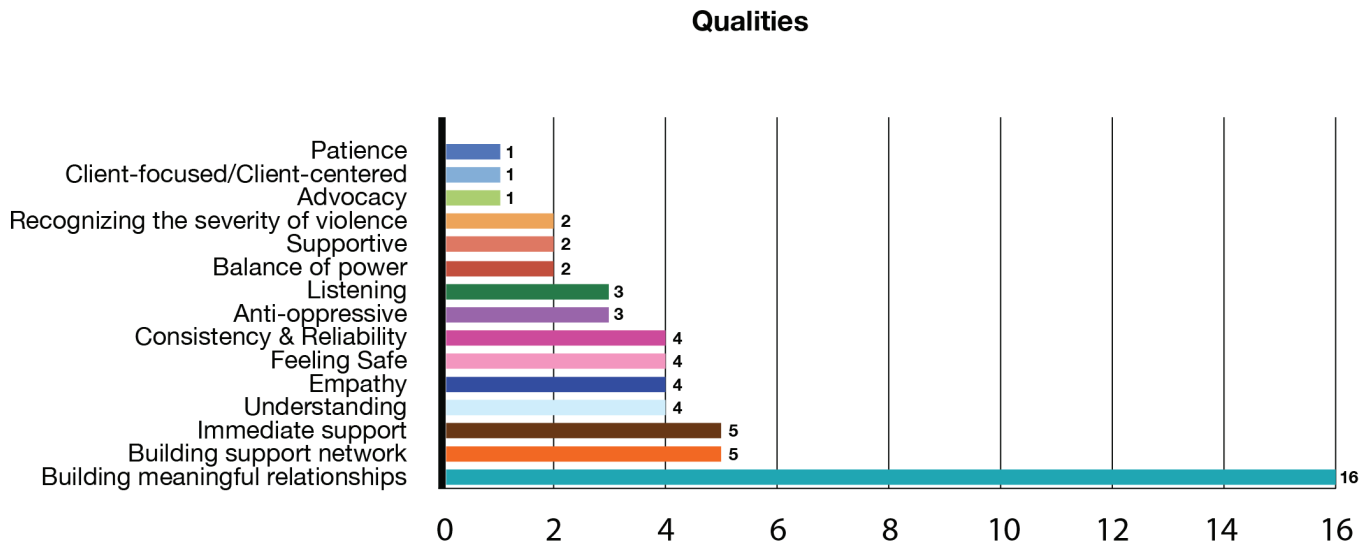


Figure 17. Frequency of mention of each category under the 'Qualities' subtheme.

Although there were barriers and challenges, survivors also identified pertinent qualities of the services they accessed. These qualities all centred around building meaningful relationships.

Participants shared how client-focused supports that were anti-oppressive and offering immediate assistance allowed for positive experiences. People who listened, were patient, supportive, and understanding were instrumental in their care. Together, when the organizations and the people in them created safer spaces, were consistent and reliable, and helped participants build and add to their support networks, their healing journeys were made easier. Survivors specifically noted that some police officers were more helpful and supportive than others during investigations because building trust and connecting on a human level to address their needs were important to them. Dawn mentioned how police and lawyers that acknowledge survivors as humans with rights to privacy, respect, and protection help them feel 'normal' instead of



making them feel like a problem that requires fixing. Meaningful relationships were also built in the healthcare spaces where BA experienced ‘non-judgemental doctors’.

“The doctors are extremely just non-judgmental. They’re really intelligent in that way that they’re not looking at me through a lens where they’re, like imposing more stereotypes or discrimination on me. Um, so the care I felt like is very, um... Very deep. It’s really good. Um, and they actually care about you, so that’s nice.” - BA Indigenous supports

It was previously noted how beneficial survivors find peer support and peer navigation as they allow them to not only connect with others who have had similar experiences, but they provide expertise along with safety, which is another positive experience that was identified CB missed the sisterhood and support she had among other girls who were also exploited. Many of them had passed away, and she appreciated services that focused on building new relationships and providing consistent, reliable support.

*“I miss my sisters. I’ll put it that way. I miss those girls.
A lot of them are dead” - CB*

Support services can offer practical assistance, such as referrals and access to food, shelter, and financial assistance. When basic needs such as food, shelter, and the financial assistance for these needs were satisfied, survivors also noted that as a positive experience; however, they were few and far between. The qualities they noted always came back to genuine connection and meaningful interactions.

“They found ways to provide us honourariums because



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*I was really, really struggling at the time.
Um, so that I was really grateful for that.” - BA*

Family, friends, and religious communities are also some of the positive relationships survivors engaged in. Stars found healing through mindfulness sessions based on verses from her faith’s holy book, found comfort in prayer and having a supportive family who gave her space to talk when she was ready.

“I went to one of my religious faith teacher because it was my personal thing. So she said that like, it’s time we can do five, four sessions for healing for your mind and body. And we did mindful sessions with her. And it was from my holy book, the verses, so that I can come back to my mental health through my holy book.” - Stars

Others encountered a therapist or social worker who were passionate and truly cared about their healing.

“I had a wonderful worker from Ontario Works. She went way above and beyond what she’s supposed to do. And she really tried to help me. I’m very grateful for her.” - Rose

BA found Cognitive Behavioral Therapy (CBT) to be helpful. Building support systems and learning self-care were important aspects of some services. Her therapist recognized the severity of their situation and took appropriate action to ensure their safety.

Support groups were more helpful than therapy for some individuals. Speaking with others who had gone through similar experiences gave them the courage to seek medical care and take



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steps towards healing. They were also more accommodating.

GS received support from a sex trafficking agency and queer social workers. Street outreach services were crucial in helping them survive and access resources.

“...they had like this program where it was like a respite. You could come and go as you please. Um, and that was very helpful” - CB

PREVENTION

During the focus group and interviews, survivors were asked what they thought was needed to prevent human trafficking in Canada in terms of partnerships and at the individual, community, and structural levels.

With regards to partnerships, there were two overarching themes. First, lived experience is imperative to successful partnerships, and second, collaboration between all ensures that the partnerships don't end with one service or organization but is far-reaching to address the most needs.

PARTNERSHIPS

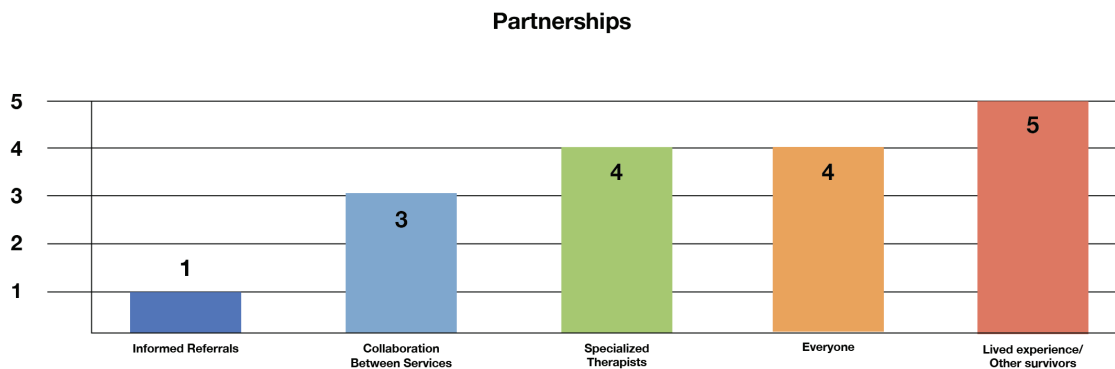


Figure 18. Frequency of mention of each category under the ‘Partnerships’ subtheme.



Lived Experience

(Other survivors, specialized therapists)

Survivors mentioned how important it was that those who have experienced trafficking work within all systems, as they can provide valuable insight into prevention and intervention efforts. Participants state how working within the existing systems requires resourcefulness and creativity. They share how a lot of energy and capacity is expended on navigating the current systems; systems that can be better navigated with the help of those who had to themselves.

“Partnerships with those with lived experience of trafficking would be huge. Often, those who have been trafficked would have a better understanding than those who have not. And I feel that would be a huge asset ” – Daisy

Survivors also share how having therapists and other care professionals with lived experience would be beneficial, too. They can provide better support given that they won't only have the 'textbook' knowledge of trauma-informed care, but also the real life experience and implications of such knowledge.

“...with therapy we need like, um, partnership with, like therapists in the field.” - OT

“I recommend that if we had therapists who have undergone the same cases. Yeah, that will really help because it will be easier to explain to someone, to talk to someone about that, rather than talking to someone who has never encountered such. So, for me it was difficult to open up. But as time goes by, I learned to open up.” – SM



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Intentional Collaboration from All

(Informed referrals, collaboration between services, everyone)

The other theme expressed was that of having everyone else; individuals, organizations, service providers, care workers, law enforcement, governmental officials and more, as intentional accomplices in the work by engaging in collaboration, cross-talk, and consultation.

“If you had ALL the supports, integrated into one support, so an exit plan and then from the exit plan, you have a recovery plan not to go back into it, not to get found...” – Rose

It was shared that partnering with other professional people or bodies that directly influence survivors, including systems of law and law enforcement can also be beneficial. While law enforcement can be most harmful, they are uniquely placed to be helpful because they encounter many survivors and, in some instances, seem to be the only recourse. Nevertheless, communities and anyone that is well positioned can help intervene, especially with increased awareness and education, as will be discussed further in this report.

“If the police can get to partner with a community organization, that will be very helpful... As I had told you earlier, that I never had that courage to stand up and communicate to the police. But there was a certain person who happened to see me. And what he and what the person did - because she was an old lady - what she did, she asked me to contact the police since she was seeing whatever I was undergoing. But even if I was not able to have that courage and speak up... a relationship with the community, the community organizations. I think this will help because the community can, the community certainly will identify such cases, such



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cases in the houses. Trafficking will really reduce mostly the domestic servitude will really reduce in these homes. Yeah.” – SM

In addition to law enforcement workers, survivors mentioned partnering with centres that have more access to intervene like health centres and hospitals, children’s aid, and child welfare services; however, they also emphasize how no one particular service should be singled out but everyone and every service should be educated and trained on how to recognize and support survivors “from grassroots to Justin Trudeau” – GS.

Survivors highlighted how helpful collaboration and partnership would be in their healing journey by building up key traits that can be broken down by human trafficking trauma.

“I think we need to be more empowered to be able to have a say and for that to be respected and to even like, just build up the capacity and be empowered to do that, to know that, um, like, we’re able to have our own voice...to be able to tell my story to people and connect it to ways that policies could be changed or like human rights violations that are happening.” – BA

PREVENTION AT INDIVIDUAL LEVEL

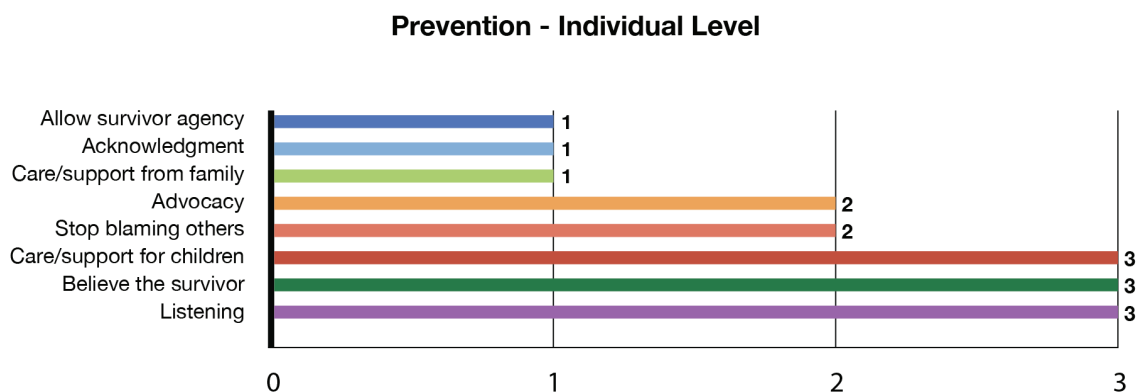


Figure 19. Frequency of mention of each category under ‘Prevention at the Individual’ subtheme.



A Safe Environment

(Care/Support from family and children)

Individual prevention measures were less emphasized by participants in comparison to community and structural prevention which demonstrates, according to survivors, how fundamentally rooted prevention needs to be in all systems for it to be successful. At the individual level, a theme for prevention was that of fostering a safe and understanding environment for children and young people. An environment in which one feels cared for, is supported, and is listened to. The onus is not placed on families alone but friends, school staff, and youth spaces that interact with children. These encounters might seem trivial for some, but are truly opportune to disrupt biases that become internalized and embedded as identity in youth. Kate shares how the lack of safety, and harm caused by a closed off environment, can make children vulnerable to malicious people and communities that will give them that sense of belonging, of self-worth, of love and of care that they so desperately need. Unfortunately, these are vulnerabilities that traffickers are all too aware of and capitalize on.

“My parents ... didn’t try as much as possible to make me talk, to make me say whatever is bothering me. And that actually made me you know, go outside, to confide in someone else, which actually led to the traffic and so my suggestion is, parents should try as much as possible to show love to their children ...” – Kate (2)

Believe the Survivor

(Believe the survivor, stop blaming survivors, listen)

Survivors share how after a first encounter with a trafficker, they are not believed by those they confide in. More often than not, this includes police and first responders, but can also include friends and school officials. Unfortunately, this is all too often the reality of survivors of



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gender- based violence and human trafficking when they speak out about the violence they've experienced. Not only are they not believed, but they are also blamed, thereby perpetuating a lack of safety and adding on repercussions, sometimes life-threatening repercussions, to their disclosure.

“It was hard because no one believed us, like, well, no one believed me at first” – GS

“If, um, the police had listened to me in the first place, um, there are a lot of other girls who had been, who would have been saved from, you know, being a victim of this person.” – OT

Listening to survivors and not judging them is crucial to creating awareness and preventing human trafficking. Unfortunately, discrimination and racism are added barriers that set up walls that are so high and reinforced, that it keeps survivors silenced and at a distance. The individual, the community, and the systems can all be contributors to racism and discrimination and are all impacted. At the individual level, both discrimination and racism promote stigmatization and, thus, can distort identity.

“People need to be informed and not be discriminatory or biased towards people that have been trafficked. There's a lot of bias or stigma that follows that. And people just judging; they just want nothing to do with you.” – Rose



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“I feel like if the police are talking to someone else who is not an immigrant, it’s easier for them to listen to them because they won’t like, um, just, uh, ignore whatever they’re saying.” – OT

Advocacy

Interestingly, participants mentioned advocacy as an individual preventative measure. Indeed, it is understandable for survivors to champion anti-human trafficking given how much expertise is gained from their personal experiences and how instrumental they have found lived experience and peer support to be. It can be extremely difficult and even re-triggering for a survivor to be vulnerable and, not only share their traumas, but get to a place where they are also sharing how to heal from said traumas. Advocacy allows for agency, as survivors get to choose how they advocate. They’ve been through so much already, and they deserve to make their own choices about what happens next. The regaining of power and control over their own lives shouldn’t be taken for granted. It’s about respect and giving back power that was stripped away. That’s how we can start breaking down barriers and making things right.

“I would like to advocate and help other women and individuals... I would like to make a lot of positive changes...I don’t want other people to experience the same things I have. I like to help people” - Rose



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PREVENTION AT INDIVIDUAL LEVEL

Prevention - Community Level

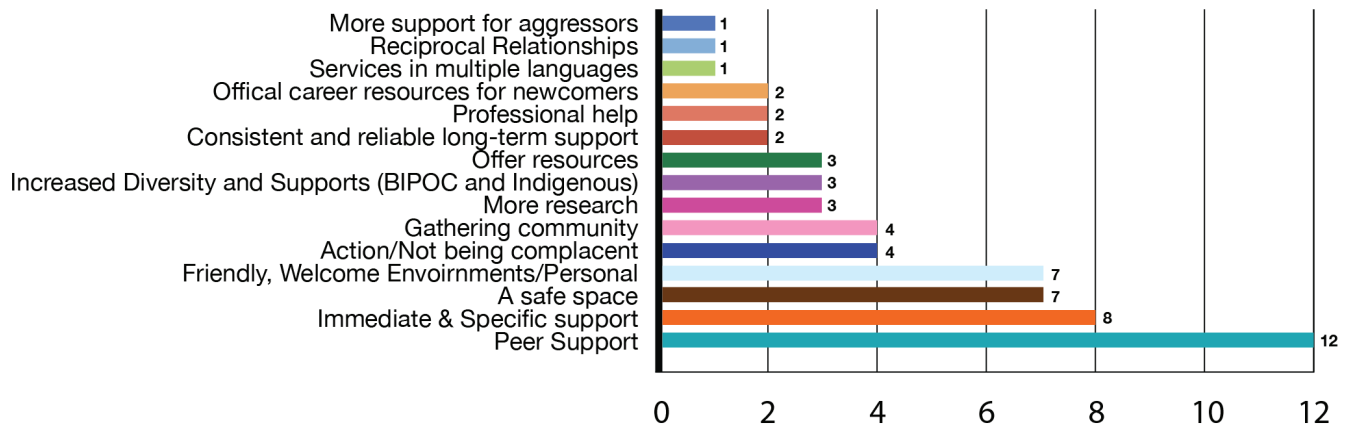


Figure 20. Frequency of mention of each category under 'Prevention at the Community level'

Increased healing opportunities with the help of community

(Gathering community, friendly and welcoming environments, safer spaces, professional help, reciprocal relationships, peer support)

“I think something really helpful is for us, like survivors, to always have people who can keep on checking up on us. Because it’s not every time that your family is there. Because I might be working... I’m always working far from home. If there are people who could be coming and checking up on me, even if it’s also the police who go on patrol and they have these people who have undergone this trafficking, they can also come and be checking up on us or even the health care centres here, because at times you might be very down. Today might be okay. Tomorrow, I might not be okay because it’s really dealing with me” – SM



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Peer supports, and safer welcoming environments continue to be a theme at the community level. Survivors state how coming together, for example, in peer-led support groups, to share their experiences provides them with hope and courage, and helps them achieve a level of comfort that aids their healing process. These survivors go on to become advocates and bring about awareness, education, and consultation to all to aid in the prevention of human trafficking. The partnerships discussed above re-appear as survivors understand partnerships to be synonymous with community, and rightly so.

All in all, survivors express how the services designed and offered to them should come from within the community to provide more understanding and better care. On the other hand, they also share how those who are not within the community can help by becoming accomplices, thereby demonstrating how everyone can help build support and care. One survivor, Rose, shared her idea of AMBER alerts being implemented for women and teens who are at risk of trafficking. She shared how such an alert mobilizes everyone in a community to recognize and help prevent trafficking, which in turn helps bring about a sense of togetherness amongst individuals.

*“Normalize checking on each other and talking,
like being free with each other.” – Lilly*

By fostering a sense of unity and equipping individuals with knowledge, these initiatives empower communities to recognize and combat exploitation. Moreover, communities can ensure access to basic needs for one another by prioritizing mutual care. This would help address underlying vulnerabilities that contribute to trafficking.

*“Ensuring that people have access to their basic needs is a big
prevention factor.” – A survivor from Focus Group 4*



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Increased and diversified access

(Services in multiple language, more available resources, consistent and reliable long-term supports, immediate and specific supports including those for aggressors, increased diversity and supports for BIPOC and indigenous)

The barriers of discrimination and racism were mentioned at the individual level and are addressed at the community level as well. Here, survivors share how the co-development of programs with communities facing intersecting marginalization, particularly with Inuit and other Indigenous peoples, will aid in diversified awareness and prevention of human trafficking.

Survivors shared how agencies, organizations, and systems should have diverse and inclusive staff to make survivors feel understood and closer to home. The idea of feeling close to home has always been to belong, to be valued, to feel purposeful, to be heard, to be cherished, and to be loved. This can be achieved by addressing language barriers, having staff that are Indigenous, BIPOC, and LGBTQIA+ because representation matters.

“I’m Black and you know, I don’t. I have like an African accent or something. So sometimes talking to someone who doesn’t understand my English with my African accent is going to be like a bit of a struggle. Yeah. So something like that seems closer to home.” – OT

“There should be white people, Black people that could attend to me because I might feel so shy. Am I to be able to like, speak to anybody else? So, I think a cultural and linguistic person can easily persuade me to speak out, like to calm me down, to get me, happy to get me settled.” –

Kate



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Increased development and resources

(More research, offer resources, official career resources for newcomers)

Effective prevention of human trafficking requires comprehensive research to understand its complex dynamics and root causes. This data is crucial for developing survivor-led targeted interventions and policies. The lived experience lens is imperative for supports, resources, and education to be intersectional, survivor-centered, trauma-informed, and inclusive.

As previously noted, collaboration amongst those in law enforcement, social work, advocacy, and policy-making is needed to implement strategies to support survivors however, community-based, grassroots organizations are pivotal as survivors share that systemic supports are quite harmful and fail to not only meet their needs but can add violence to injury and retraumatize.

“If you have experienced, uh, violence, right? Not only do you have to like, you have to explain it at triage, then you have to explain it to the nurse. Then you have to explain it to the doctor. And every time you’re doing that, you’re like breaking down again and getting upset again. And then maybe you have to have security come in again, you know, um, and the police, I mean, you know, like most interactions with the police, you’d be in cuffs. Right? So, yeah...” - CB

The interviewer, Harmony, a human trafficking survivor, stated:

“...Like the larger the system or the larger the structure, the more violence that you experience at the hands of them?”

CB says:

“Yeah. So then they give you more violence on top of it. Right. And usually it involves like violence, violence, violence until you pass out from exhaustion.”



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The investment in survivor-led research and community collaboration also involves providing employment opportunities to survivors to profoundly disrupt the cycle of sexual trafficking. By calling in and acknowledging their expertise and adequately compensating that expertise, survivors are empowered with economic stability and societal value to displace the stigmas and shame generated by society and systemic structures, thereby becoming less vulnerable to exploitation.

Newcomers, immigrants, refugees, and asylum seekers, are particularly made vulnerable to human trafficking due to various factors including language barriers, lack of knowledge about local laws and rights, limited social networks, and financial instability. Additionally, their dependence on intermediaries for employment or housing can further exacerbate their risk.

Communities being aware of these risks and being educated on how to find the resources to help mitigate them is imperative to the anti-human trafficking cause.

Survivors further shared how there is a need to see research data about them as it relates to the violence they endured whether it be gender-based violence, assaults, rape, trafficking, and others. Research and data is siloed, especially when it is not survivor-led, and contributes to silencing and erasure by emphasizing challenges, disabilities, struggles, and issues that require contextualization.

“The homeless women. Street involved women, drug addicted women and folks are not disposable. You know, I want more. I want to know more. Statistics about the street involved women like, yeah, 1 in 5 women are trafficked or whatever, blah, blah, blah. Okay. But like, how many bodies did you find last week? You know, kind of like how many overdoses were street involved women? We don’t get any information about those folks. You know, it’s just counted.”



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And I worked in, I work in harm reduction. So I know it's just counted as an overdose. It's not overdose." - CB

CB also shares how informative it would be to gather data on traffickers' behaviors regarding sex trafficking. She shares how that information could help bring about awareness and education into what to look out for and can help not only the individual but larger systems including law enforcement and education systems to establish broader preventative measures.

"The only way we can find out information about those who buy sex is from those [traffickers] who sell sex, and maybe we need to look more at who's buying sex and how to make that safer, because it's not going away" - CB

PREVENTION AT STRUCTURAL LEVEL

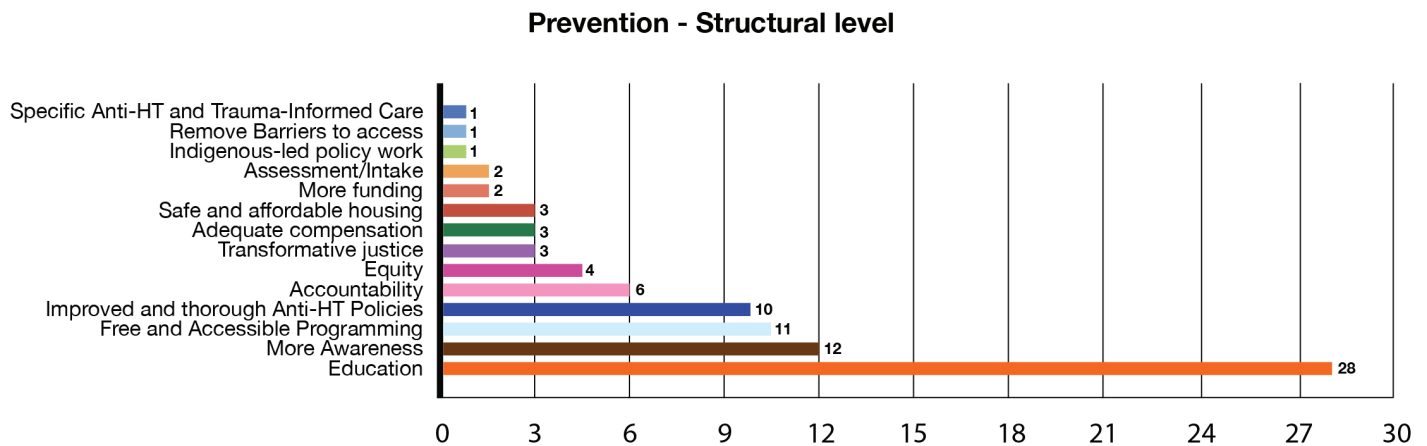


Figure 21. Frequency of mention of each category under 'Prevention at the Structural level' subtheme.



Anti-Human Trafficking Systemic Changes

(Improved and thorough anti-human trafficking policies, indigenous-led policy work, transformative justice, removed barriers to access)

Survivors shared how important improved and thorough anti-human trafficking policies are, as they provide a legal framework for law enforcement agencies to combat trafficking effectively. According to Statistics Canada, from 2009 to 2019, there were 1,708 police-reported incidents of human trafficking, with a notable increase in recent years, highlighting the urgency for stronger policies¹⁸. Laws need to be improved to better prosecute traffickers and provide justice for victims and survivors of human trafficking. Additionally, trauma can affect memory and ability, and policies and legislation should be enacted to protect survivors and not persecute them when trauma is an intersecting symptom of being a human trafficking survivor.

“That policy of granting high punishment to those people to an extent that when one is recruited into such activities or one wants to join, this might be something that might frighten the person or even stop those who are doing it.” – SM

“I think that people get very very little jail time for human trafficking. Um, and when the miracle happens that they’re actually convicted because most people just like, are not convicted or even charged in the first place. Like so many people I know after being trafficked went to police and were like, ‘hey, this is what happened to me’. And their traffickers didn’t get charged with human trafficking. They got charged with sexual assault, maybe sexual exploitation. Um, which has, like a jail time of like six months.” – A survivor from focus group 4



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Similarly, survivors shared how transformative justice approaches offer a promising avenue for addressing the root causes of trafficking. They share that rather than solely focusing on the punitive measures, which should still be in place to dissuade traffickers, transformative justice prioritizes healing, rehabilitation, and community accountability. By addressing underlying issues such as poverty, inequality, and systemic oppression, transformative justice can help prevent traffickers from engaging and individuals from being lured into trafficking situations in the first place.

“[care] in a holistic, empathetic view,... sex buyers have issues too, right?” – CB

Indigenous-led policy work is essential considering Indigenous women and girls are over-represented among trafficking victims and survivors, thereby highlighting the need for culturally sensitive and responsive interventions. By incorporating Indigenous perspectives and leadership into policy development, Canada can address the unique challenges faced by Indigenous communities and work towards equitable solutions.

By implementing improved anti-trafficking policies, engaging Indigenous communities in policy development, and embracing transformative justice approaches, Canada can take significant strides towards preventing human trafficking and protecting vulnerable populations. These structural measures are essential for creating a safer and more equitable society for all Canadians.

Resource Allocation

(Equity, funding, accountability, free and accessible programs, safe and affordable housing)

Equity in resources ensures survivors of human trafficking receive tailored support that address diverse needs effectively. Adequate funding enables comprehensive rehabilitation programs, including counselling and vocational training, and helps research initiatives and



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adequate compensation and recognition of lived experience expertise. Free, accessible programs offer essential services regardless of financial status, empowering survivors to rebuild their lives after trauma. Safe, affordable housing provides stability crucial for recovery, reducing vulnerability to re-exploitation. Collectively, these efforts not only support survivors but also dismantle trafficking structures by addressing root causes like poverty and inequality while ensuring all players, from government officials to aggressors, are held accountable.

“So basically, no one is there from the organization or from the government just to really see what’s going on there. I think that would be helpful, instead of giving them the funding for, let’s say, TTC or for, uh, the group, whatever going on, just be there maybe once to see if it’s working or it’s really happening. So I think that’s very important, too. Like nobody is there to see what’s going on.” - Natasha

Education and Awareness

(Education, awareness, specific anti-human trafficking and trauma-informed care)

Education and awareness campaigns play a pivotal role in combating sexual trafficking. They empower communities to recognize the signs of trafficking, dispel myths, and overcome biases. By integrating trafficking education into school curricula, we counter children and youth remaining a targeted and vulnerable population. It is also important to raise awareness and educate young boys and men about gender-based violence, including human trafficking, and the consequences of engaging in activities that promote it. Awareness and education should be promoted to protect children and prevent future cases, and are needed in communities to combat bias and discrimination towards survivors.

“So a lot of the images we see for like human trafficking has like, you



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know, a pretty young girl and she's got like a hand over her mouth or something over her mouth or like, you know, um, but, like, it's not always pretty, you know what I mean? Like, some of the women, they don't look pretty, you know what I mean? They look rough. They look beat up. They look addicted, they look homeless... like there's no representation of those people, you know, to let let somebody say, hey, maybe, like, maybe I can get help too..." - CB

"I think that there needs to be more awareness of this. I think that most people who are trafficked have no idea what trafficking is when it happens to them." – A survivor from focus group 4

Equally important is the need for educators, organizations, and frontline workers to receive training on identifying and effectively assisting survivors to prevent further harm. By enhancing their understanding, stakeholders can create safer spaces where survivors feel validated and supported. Tailored training programs and ongoing professional development that centre survivors voices and incorporate an intersectional lens ensure that educators and organizations are adequately equipped to address the complex needs of survivors, fostering a culture of compassion and solidarity. In law enforcement, immediate response and trainings on the trafficking impacts and severity are paramount. Police should prioritize survivor safety and listen attentively, ensuring appropriate action and protection. Survivor-led training for healthcare providers is essential in handling trafficking survivors sensitively, reducing associated stigma, and exploring alternative, more appropriate interventions beyond hospitalization and psychiatric treatment.

Lastly, providing employment opportunities to human trafficking survivors with lived



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experience and allocating resources to community-based organizations are crucial preventive measures. Free and accessible education on safe practices should be widely available to the general community, which would also promote safer work conditions for sex workers. These actions signal society’s commitment to combating trafficking and supporting survivors. Through concerted efforts in education, awareness, training, and resource allocation, we can forge a more informed and responsive community, dedicated to eradicating human trafficking. Together, these efforts pave the way for a more informed and responsive society committed to eradicating human trafficking.

STAFF REFLECTIONS



As previously mentioned, this project was intentional in being survivor-led and peer-based. As such, the researchers involved were survivors of human trafficking. Their reflections during the interview and focus group sessions offer valuable insights into human trafficking, as well as research practices with survivor populations. Staff reflections comprised of positive experiences,



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challenges, and learnings they experienced during the interview and focus group sessions.

POSITIVE EXPERIENCES

Staff highlighted the incredible candor, openness, and vulnerability with which survivors shared their experiences. MC stated being ‘moved by how open and honest survivors were about sharing their personal experiences in a space occupied by strangers’. Despite being amongst peers who may have shared similar experiences, staff expressed the utmost gratitude for the willingness with which participants shared their declarations. Harmony states:



“I found this particular interview challenging in moments, but also so grateful to the participant for their willingness to share.”

CHALLENGES

Challenges experienced during sessions included time constraints, technical difficulties, inappropriate participant behaviour, and activating experiences. Interviewers noted that they needed to be mindful of time management, allowing enough time for opening, closing, and



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debriefing, and needed to accommodate for participants who may be late or miss the interview. Additionally, interviewer and interviewee Internet connection issues added frustration and sometimes heightened stress. A substantial number of participants and some researchers were from rural and remote areas in Canada where broadband infrastructure is lacking and Internet is not as readily accessible.

Some inappropriate participant behaviours occurred during the sessions. One participant's screen displayed many posters of half-naked men, which was an 'unexpected and surprising' sight that required the interviewer to refocus. The gender identity of the participant was also ambiguous and unclear as the interviewer had previously confirmed the participant's participation, but was unsure of their gender. The scope of this research included women or gender-diverse survivors alone, however, in this specific instance, it was not possible to confirm. A staff member experienced that even with extensive confirmation carried out prior to participation, they were met with navigating interactions with a possible male-identifying participant, which is a consistent challenge that has been raised in the training for this project. In another instance, the interviewer also found it challenging to maintain a trauma-sensitive approach when survivors displayed challenging traits associated with trauma and violence. Lastly, Harmony felt a strong pull to one of the participants specifically around their advocacy work and working together but had to navigate the relationship between herself and the participant to respect the defined roles as participant/ researcher and their positionality as a lead on the project to respect boundaries.

Hearing and learning about survivors' encounters can be activating, compounded by the interviewer's personal and internalized feelings of being dispensable and frustration with law enforcement. As such, sessions could be emotionally taxing. Harmony found the targeting of immigrant women for human trafficking enraging and also found receiving information about strangulation incidents challenging. She states that they were difficult to listen to, as they reminded the speaker of their own and their family members' experiences. Balancing these complexities continuously required sensitivity, resilience, and thorough preparation and aftercare



from interviewers.

LEARNINGS

Staff acknowledged having learned so much from survivors, thereby highlighting their lived experience as expertise. Some key takeaways were differences in the frequency and intensity of violence experienced by those who are trafficked and work outdoors compared to those who are trafficked and don't.

Staff noticed that although there is a constant push to involve police, it is ineffective and quite harmful. One survivor's experience spoke to a lot of connections with very grassroots and harm reduction agencies and how important that was for her journey. Staff noticed that traffickers may instill certain behaviors and coping mechanisms in survivors that can limit their access to support services. Understanding the origins of these behaviours as a result of the trafficking experience is important for providing appropriate and effective assistance.

JH spoke at length about needing to ensure there is professional help available to survivors and not solely peer support, which staff members found powerful. As the interview progressed JH brought forward many points that staff believe would be helpful with regards to LGBTQIA+ community needs. GS brought a cross-border/international trafficking perspective, which was valuable to the project.

There were great recommendations that highlighted peer support along with mention of the usefulness of therapy, but researchers would have liked to better understand the specific aspects of therapy that had been beneficial. One of the participants was a survivor of domestic servitude, and it was the first time that the interviewer had heard first hand about someone's experience of it. After the interview, the researcher found herself with increased awareness and was prompted to educate herself further on the topic. They also increased their knowledge surrounding the risks of involving family in human trafficking-related trauma and the significant impacts that it has on



SECTION IV:

DISCUSSION & RECOMMENDATIONS



This research project's aim is to identify the services that survivors of human trafficking accessed across Canada, including any barriers, challenges, or positive experiences survivors encountered in the process to explore the effectiveness of these services. We return once again to the questions asked during each research initiative and share what was learned below.

LITERATURE REVIEW

The common themes, gaps, and issues of human trafficking research in the Canadian context predominantly include quantitative data, while qualitative data is notably insufficient. This lack overlooks the critical perspectives of survivors with lived experience. In it, we see the overrepresentation of Indigenous women and girls as victims and survivors of human trafficking and the overrepresentation of 2SLGBTQIA+ as well. There are policies and legislation that promote harmful misconceptions and failures to achieve legal actions. Vulnerabilities due to marginalization especially as it pertains to those experiencing homelessness, BIPOC communities, newcomers and migrants, and children and youth are of special interest. Other issues included research



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approaches lacking intersectionality, lived experiences, and an overall recognition of survivors. Additionally, the conflation of human trafficking and sex work and other misused language is noted. Lastly, we discuss the role and impacts of systemic violence and the lack of accountability of the systems involved in human trafficking across Canada.

SURVEYS

Human trafficking survivors are very diverse. In this project, participants were 16 years old and above women and gender-diverse Canadians. 76% of the survey population were newcomers, and over 82% annual income fell below the poverty threshold with an income that was less than \$40,000. Survivors experienced many forms of violence, and 87% had experienced strangulation. In terms of service access, food bank services garnered the highest satisfaction followed by shelters/drop-in's and private lawyers. Survivors were most dissatisfied with police emergency services, health care, and education. In order of importance, survivors of human trafficking experienced greater barriers due to the high cost of services, a lack of coordination between services, and feelings of shame.



INTERVIEWS AND FOCUS GROUPS

Survivors added context to their experiences, thereby highlighting that their traffickers were strangers or a spouse or family member. Survivors also shared that traffickers capitalized on identities associated with vulnerability to human trafficking such as being a newcomer, migrant,



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refugee, 2SLGBTQIA+, a youth, or experiencing homelessness. They also shared the extent of the violence they suffered and endured, especially as it pertains to choking and strangulation, noting that strangulation happened so frequently for some, that they came to accept it as ‘normal’ and internalized the violence as being their fault.

When accessing services, survivors found fear and risk of harm, along with discrimination and racism to be some of the main barriers. Challenges faced when they accessed services were an extension of these barriers, along with survivors facing negligence and lack of care. Positive experiences were those built on establishing meaningful relationships made possible and easier by peer supports from survivors with lived experience.

What does prevention look like? Survivors shared that partnerships between all stakeholders is needed, especially those with lived experience being centered and highlighted. Prevention methods include fostering a safe environment, believing the survivor, and engaging in advocacy at the individual level. At the community level, increased healing opportunities, increased diversified access, and increased development and resources help build up community supports and awareness. Lastly, at the structural level, anti-human trafficking measures are required in various systems such as in laws and policies, in resource allocation to disrupt marginalization and address vulnerabilities, and in widespread education and training efforts.

For our recommendations, see the National Strategy on Ending Human Trafficking **(Appendix G)**.



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APPENDIX A: **LITERATURE REVIEW**

SEE ATTACHMENT



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APPENDIX B: **SURVEY QUESTIONS**

SEE ATTACHMENT



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APPENDIX C:

QUANTITATIVE SURVEY DATA

Table 1. Age

Age Range	Count	Count (%)
16-24	11	14.47%
25-35	36	47.37%
36-45	25	32.89%
46-59	3	3.95%
60+	1	1.32%
TOTAL	76	100.00%

Table 2. Sexual orientation

Sexual orientation	Count	Count (%)
Heterosexual	51	67.11%
Lesbian	13	17.11%
Queer	2	2.63%
Bisexual	8	10.53%
Pansexual	1	1.32%
Prefer not to answer	1	1.32%
TOTAL	76	100.00%



Table 3. Ethnicity and race

Ethnicity/Race	Count	Count (%)
Jamaican-Paraguayan Canadian	1	1.33%
Chinese	1	1.33%
Korean	2	2.67%
West Asian	4	5.33%
Filipino	5	6.67%
Latin American	5	6.67%
Indigenous	8	10.67%
South Asian	13	17.33%
White	15	20.00%
Black	20	26.67%
Prefer not to answer	1	1.33%
Did not respond	1	----
TOTAL	75	100.00%

Table 4. Indigenous persons

Are you an Indigenous person?	Count	Count (%)
Yes	20	27.03%
No	53	71.62%
Prefer not to answer	1	1.35%
Did not respond	2	---
TOTAL	74	100.00%



Table 5. Location

Province/Territory	Count	Count (%)
Nunavut	0	0.00%
Prince Edward Island	0	0.00%
Newfoundland and Labrador	1	1.32%
Northwest Territories	1	1.32%
Yukon	1	1.32%
New Brunswick	2	2.63%
Saskatchewan	3	3.95%
Manitoba	5	6.58%
Alberta	7	9.21%
Nova Scotia	7	9.21%
Quebec	9	11.84%
British Columbia	11	14.47%
Ontario	29	38.16%
TOTAL	76	100.00%

Table 6. Community size

Community	Count	Count (%)
Urban	44	61.97%
Rural	25	35.21%
Remote/fly-in	1	1.41%
Prefer not to answer	1	1.41%
Did not respond	5	----
TOTAL	71	100.00%



Table 7. Newcomer to Canada

Newcomer to Canada	Count	Count (%)
Yes	57	77.03%
No	18	24.32%
Did not respond	1	----
TOTAL	75	100.00%

Table 8. Refugee status

Do you identify as a refugee?	Count	Count (%)
Yes	28	36.84%
No	48	63.16%
TOTAL	76	100.00%

Table 9. Arrive to Canada

Did you come to Canada voluntarily or were you coerced?	Count	Count (%)
Forced	24	38.10%
Coerced	25	39.68%
Voluntarily	13	20.63%
Prefer not to answer	1	1.59%
Did not respond	13	---
TOTAL	63	100.00%



Table 10. Disability

Do you identify as having a disability?	Count	Count (%)	If yes, is this disability a result of being trafficked?	Count	Count (%)
Yes	27	36.00%	Yes	25	94.59%
No	48	64.00%	No	2	5.41%
Did not respond	1	---	---		
TOTAL	75	100.00%	TOTAL	37	100.00%

Table 10. Education

Highest level of formal education?	Count	Count (%)
Elementary School	2	2.63%
Some High School	14	18.42%
High School Diploma	26	34.21%
Some College/University	22	28.95%
Undergraduate Degree/College Diploma	8	10.53%
Graduate Degree	4	5.26%
TOTAL	76	100.00%

Table 11. Income

Annual income	Count	Count (%)
Less than \$20,000	15	19.74%
\$20,000-\$39,999	47	61.84%
\$40,000-\$59,999	8	10.53%
\$60,000-\$79,999	1	1.32%
\$80,000+	4	5.26%
Prefer not to answer	1	1.32%
TOTAL	76	100.00%



Table 12. Relationship status

Relationship Status	Count	Count (%)
In a relationship / relationships	19	25.00%
Married / Common law / Co-habiting	25	32.89%
Separated / Divorced	12	15.79%
Single	20	26.32%
TOTAL	76	100.00%

Table 13. Living situation

Living situation	Count	Count (%)
With partner(s) only	12	15.79%
With family (e.g. parents, children, grandparents), including partner	36	47.37%
Live alone	14	18.42%
Experiencing homeless	5	6.58%
With roommate(s) / friend(s)	9	11.84%
TOTAL	76	100.00%

Table 14. Child welfare system

Have you had any experience with the child welfare system?	Count	Count (%)	If yes, was your involvement with the child welfare system?	Count	Count (%)
Yes	31	49.21%	For yourself (presently)	15	48.39%
No	31	49.21%	For your children / support with parenting	7	22.58%
Prefer not to answer	1	1.59%	For yourself (previously)	9	29.03%
Did not answer	13	17.11%	TOTAL	31	100.00%
TOTAL	63	82.89%			



Table 15. Foster care system

Have you had any experience with the Foster Care System?	Count	Count (%)	If yes, was your involvement with Foster Care?	Count	Count (%)
Yes	30	54.55%	For yourself (presently)	19	39.58%
No	25	45.45%	For your children / support with parenting	11	22.92%
Did not respond	21	27.63%	For yourself (previously)	4	8.33%
			Prefer not to answer	6	12.50%
TOTAL	55	72.37%	TOTAL	40	83.33%

Table 16. Physical violence

Physical Violence	Never	Once	Occasionally	Often	Total	YES (Once + Occasionally + Often)
You were strangled (choked) by someone using their hands	10 (13%)	24 (32%)	34 (45%)	7 (9%)	75	65 (87%)
You were strangled (choked) by someone using a ligature (such as a rope, telephone cord)	19 (25%)	29 (39%)	21 (28%)	6 (8%)	75	56 (75%)
You were shaken roughly	9 (12%)	31 (42%)	24 (32%)	10 (14%)	74	65 (88%)
You were punched or hit on the head with a hand/fist	12 (16%)	26 (35%)	26 (35%)	11 (15%)	75	63 (84%)
You were hit on the head with something hard	11 (15%)	31 (41%)	25 (33%)	8 (11%)	75	64 (85%)
You lost consciousness as a result of being strangled (choked), hit, punched, kicked	14 (19%)	33 (44%)	20 (27%)	8 (11%)	75	61 (81%)
You were given or took drugs that made you lose consciousness (black out)	10 (13%)	32 (43%)	23 (31%)	10 (13%)	75	65 (87%)
You accidentally or intentionally overdosed on drugs	8 (11%)	38 (51%)	26 (35%)	2 (3%)	74	66 (89%)



APPENDIX D:
**INTERVIEW AND FOCUS GROUP
QUESTIONS**

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APPENDIX E:
**INTERVIEW AND FOCUS GROUP
DEMOGRAPHIC DATA**

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APPENDIX F:
**INTERVIEW AND FOCUS GROUP
CODEBOOK**

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APPENDIX G:
**NATIONAL STRATEGY ON ENDING
HUMAN TRAFFICKING**

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