



**Covenant  
House**  
Opening Doors for Homeless Youth



# Human Trafficking & Sexual Exploitation: Increasing Community Capacity and Response



Delta Family Resource  
Centre September 4,  
2019

# Housekeeping



9:30 - 10:30

Presentation

10:30 - 10:40

10 minute break/stretch

10:40 - 11:20

Presentation

11:20 - 11:30

Questions/Evaluations

Rest Room Breaks

😊 + Resources, slides will be made available

# Covenant House Toronto

- Canada's largest homeless youth agency, 3,000 young people annually
- 24/7 Crisis shelter, transitional housing on-site and in community, provision of comprehensive services: education; counseling; health care; employment assistance; job training and aftercare
- Youth aged 16-24
- Over past 34 years served almost 90,000 young people

# Objectives

- To **raise awareness** of the issue of Human Trafficking: locally; municipally; and nationally
- To begin to **increase and build** organizational & individual **capacity** to support survivors of Human Trafficking
- To **increase opportunities** to **interrupt** and **disrupt** the **crime** of Human Trafficking within our communities

# Specifically...

1. Define human trafficking
2. Begin to explore the spectrum of engagement/activities of human trafficking and sexual exploitation
3. Identify the risks of exploitation and early warning signs
4. Develop scripts and responses to support disclosures
5. Increase knowledge of how Trauma can impact and interfere with engagement and case planning
6. Identify community resources to assist survivors
7. Reinforce the need for Self-Care

# New pair of 'eyes'....





# URBAN RESPONSE MODEL

	<b>PILLAR 1: Prevention &amp; Early Intervention</b>	<b>PILLAR 2: Direct Services to Victims</b>				<b>PILLAR 3: Learning and Transfer of Knowledge</b>
<b>Focus:</b>	<b>Prevention &amp; Early Intervention</b>	<b>Crisis Intervention</b>	<b>Stabilization</b>	<b>Transition</b>	<b>Independence</b>	<b>Research &amp; Evaluation</b>
<b>Initiatives:</b>	<ul style="list-style-type: none"> <li>• Multi-media Campaign</li> <li>• In-school presentations</li> <li>• Parent &amp; educator forums</li> <li>• Online resources</li> <li>• Community training</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated crisis beds</li> <li>• Coordinate referral systems</li> <li>• 24-hour emergency response team</li> <li>• Counselling</li> <li>• Healthcare</li> <li>• Advocates, case management</li> </ul>	<ul style="list-style-type: none"> <li>• Legal/court support</li> <li>• Immigration issues</li> <li>• Counselling</li> <li>• Healthcare</li> <li>• Advocates, case management</li> <li>• PEACE Project</li> </ul>	<ul style="list-style-type: none"> <li>• CHT's transitional living facility</li> <li>• Educational programs</li> <li>• Employment training</li> <li>• Counselling</li> <li>• Healthcare</li> <li>• Legal/court support</li> <li>• Advocates, case management</li> <li>• Mentoring/peer support</li> <li>• PEACE Project</li> </ul>	<ul style="list-style-type: none"> <li>• Housing support, CHT community apartments</li> <li>• Access to employment services</li> <li>• YIT worker</li> <li>• Mentoring/peer support</li> <li>• Aftercare</li> <li>• PEACE Project</li> </ul>	<ul style="list-style-type: none"> <li>• Gap analysis of services and supports</li> <li>• 3, 6 &amp; 9 mo. program evaluations</li> <li>• Process evaluations</li> <li>• Researching needs of trafficking survivors Centre of Excellence</li> <li>• Tools kits</li> <li>• Best practices</li> </ul>

# Anti-Trafficking Services- Housing

## *Crisis Beds*

2 beds

Open Intake, low barrier  
Short term stay

## *Intermediate Housing*

Avdell Home

6 beds

Brief Appraisal  
6 month stay

## *Transitional Housing*

Rogers Home

6 beds

Referral & Interview for  
Intake

2 year stay option

# Anti-Trafficking Services- Advocate Team

## Covenant House Toronto Stats:

- Case management
- Court Supports
- Training, community advocacy and consultations

<b>Cases to Date</b>	182
<b>Active</b> (approx.)	52
<b>Crisis Beds</b> (since Oct. 2015)	91
<b>Before the Court</b>	38

# HOW DO YOU DEFINE IT?



# Shared Definitions

Sex Trafficking has 3 major elements:

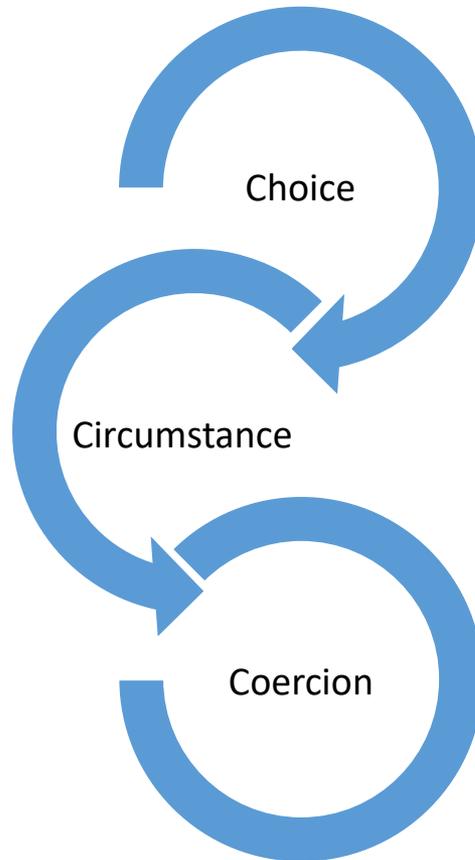
- Control
- Exploitation
- Threat to Safety

# Shared Definitions

In 2005 Criminal Code added the following section, 279

- 1 Trafficking in persons
- 2 Material benefits
- 3 Withholding documents
- 4 Trafficking in Persons under 18

# Spectrum of Engagement



# Survivor/Victim “Profile”

- Demographic (age, gender, socio-economic)
- Low self-image, poor self-esteem
- Mental health challenges (cognitive, psychiatric)
- History of abuse (sexual, mental, neglect)
- Isolation, lack of connectedness
- Substance use or addictions
- Precariously housed

# Trafficker Profile

- Predator/socio/psychopathic personalities
- Opportunistic
- Pro-social traits manipulated
- Transcends race, gender, socio-economic backgrounds
- Often same backgrounds as victims/survivors

# Victims of Sex Trafficking

Red flags – signs to help identify a victim:

## Environmental/Situational

- Suspicious employment situation/claims to work nights
- Arrives at meeting with “companion” who tries to speak for them
- Has more than one cell phone

## Verbal/Emotional/Psychological

- Providing contradictory information
- Suicidality, depression
- Fearfulness, anxiety, displays trauma symptoms

## Physical

- Untreated injuries, explanations inconsistent with injuries
- Multiple STIs or abortions
- Evidence of sexual abuse and/or violence – bruises, **branding, unusual tattoos**

# Victims of Sex Trafficking

## Warning signs:

- Fears consequences of identifying as victim
  - retaliation by trafficker
  - deportation (foreign national)
  - social services interventions (especially for youth who previously experienced abuse or harassment in foster care placements)
- In crisis mode
- Trouble recounting history/details
- May not self-identify as victim
- Loyalty to trafficker(s) TRAUMA BOND
- Cultural/language barriers
- Mistrust of professionals
- Limited understanding of rights

# Best Practices: Engaging a Victim of Trafficking

- Use the same words the youth is using and do not correct them
- Be open to unfamiliar narratives and stories
- Create a safe space for talking. Always speak to your youth privately.
- Always use professional interpreter services when a language barrier exists. DO NOT rely on a friend, associate or family member of the victim for interpretation services.
- Use a trauma-informed, non-judgemental approach.
- Keep them informed. Be as transparent as possible.

# Ask Simple, Direct Questions

- Are you in a personal or work relationship with a person who physically harms or threatens you?
- Do you feel safe at home and/or work?
- What are your working or living conditions like?
- Where do you sleep? Where do you eat?
- Have you been hurt while working on the job either by someone you work for or with?
- Can you leave your job or situation if you want?

# Ask Simple, Direct Questions

- Can you come and go as you please?
- Is anyone forcing you to do anything you do not want to do?
- You seem in a hurry to leave. We are here to help you. What is making you feel anxious to leave right now?

# If you think a youth is being exploited: **DO**

## **Communicate messages of hope**

- You have rights.
- You are not alone and not to blame.
- You are entitled to services and help.

## **Make referrals**

- Connect your youth with an appropriate service provider

# If you think a youth is being exploited: **DON'T**

- **Do not** try to rescue the youth.
- **Do not** ask about the youth's immigration status.
- **Do not** contact authorities without youth's permission (unless mandated to do so).
- **Do not** make promises you can't keep.

# Risk Assessment



1

Imminent physical danger

- Is the Pimp close by or in another jurisdiction?
- Does she have a safe space to stay?
- Has family been threatened?
- Are drugs and alcohol factors?
- Is there a need for a Safety Plan?
- Are there any mental health concerns?

2

On-going physical safety

- Does she have a Facebook (Social M) account? Recommend they be shut down.
- Does she have a cell phone? Remove SIM.
- Are there other victims involved?

3

Creating Care and Support Network

- Is Family a support?
- Explain role of HTET and other community supports
- Secure safe housing (need for physical move?)

# Approaching Community Organizations

- Call police only with victims' permission
- Accompany victim to community agency if necessary
- Be transparent – keep victim informed
- Be an advocate
- Make calls on their behalf in their presence

# If an identified youth isn't ready to accept help: **DO**

## **Validate/normalize their feelings**

- Reassure them that they have the choice not to accept your help at that time

## **Provide information**

- Many trafficked persons will seek assistance for their situation when they feel safe and able to do so
- Tell the youth where they can go for help in the future (i.e., provide other options where they may be more comfortable seeking help)
- Make sure to communicate options verbally since traffickers are likely to destroy written instructions if they are found



## CASE STUDIES – PRACTICE A

### Setting:

Community drop in centre

You work as a ‘community support worker’ in a local community drop in centre. It provides food, showers, clothing and case management supports to members of the community. Families and individuals.

You often have a group of teens gather in the space to play billiards or cards and just hang around.

Recently you notice that an older male teen is joining the youth group to the drop in. He appears to be a known acquaintance of another young man in the group. He appears friendly and approachable to staff. The group of youth appear to defer to him and his suggestions and directions. You believe that he has brought marijuana to the group and they are now taking frequent smoke breaks together. You once you saw him entering the space with a LCBO bag which he quietly put in a back pack of one of the youth.

One of the quieter young women in the group has begun to go out for smoke breaks alone with this older person. While they are on the sidewalk outside the drop-in you see him being approached by multiple males, who visit quickly and then leave.

This young woman seems to be flattered by his growing attention and has recently been spotted wearing a new track suit to the drop in.

You know this young woman’s family and are aware that both her parents are away from the home evenings for employment. You do have a good working relationship with them and historically, with the young woman as well.

## CASE STUDIES – PRACTICE B

Setting: Home Visit

You are a Community Liaison worker and have a planned visit with one of your regular client-families. You have been told that the family (which consists of Mom, daughter 17, daughter 14 and son 3) is currently struggling with the disclosure by the eldest daughter that she is engaging in escorting and working at massage parlours.

Mom does not work outside of the home and struggles with depression and anxiety disorders. She receives ODSP and OW as family supports.

When you arrive the daughter is preparing to leave for an unplanned overnight with a new boyfriend. The mother shares that although she does know the boyfriend, she believes through neighbourhood rumors, that he has involvement in the local gang.

The daughter tells that she is working with another girl and they are making lots of money. She adds that she is safe and is driven to condominiums to work, by a driver who then watches out for them. She is thinking about leaving high school to pursue this work and has been offered escorting work in Niagara Falls.

## CASE STUDIES – PRACTICE C

You are a volunteer at a Distress Line. One evening you receive a call from a young woman who self-identifies as being 21 and from the Pakistani community. She describes living at home with her parents and extended family. She tells that she is currently attending school but is struggling to maintain her grades.

She says she recently broke up with her boyfriend of a year and that she wants to talk to you about the legal definitions of harassment. She tells that this boyfriend is also from her same cultural community and is well respected. She says that she has an active restraining order against him for something that happened last year. She believes that he is having his friend's park on her street and sit in their cars and that they once followed her to the local bus stop.

She describes a recent emergency room visit for a suicide attempt where she overdosed on a prescribed medication.

She expresses that her family is unaware of any of this; that they did not know she even had a boyfriend. She worries that all of this would destroy them and asks you to promise not to tell them anything.

When you probe further and ask her if she currently feels unsafe, she discloses that the boyfriend was in fact her pimp and that she worked for him over the course of the past year.

## CASE STUDIES – PRACTICE D

Setting: Community Resource Centre

You are the housing worker at the community resource centre. You meet a 24 year old woman for the first time, who is seeking housing supports. She tells you that she is a sex worker and has been self-employed and escorting for 3 years; that she finds nothing problematic about this and wants you only to help her find housing.

She mentions that she has a 2 year old son but that he is residing with her boyfriend and his family. She is thinking about seeking custody in the future, but until then is happy with visiting when she can.

You notice that she has 4 large bruises on her upper biceps and an open cut on her scalp.

She is dressed appropriately for the weather and the visit to your office, but does have a strong odor of alcohol on her person. She is not slurring her words and respectful in the space.

After the two of you discuss housing options, she mentions that she has an upcoming court case and is wondering if you provide supports. She tells you that she has been subpoenaed as a witness for a sexual assault by her boyfriend on another woman. She says its 'bulls\*&t' but that she has to go, or go to jail.

# Resources

- Toronto Police Service Human Trafficking Team 416.808.7474
- Covenant House Toronto 416.593.4849
  - Michele Anderson 416.886.0944
  - Dillon Dodson 647.462.1304
- Boost 416.515.1100
- East Metro Youth Services 416.438.3697
- Victim Services Toronto 416.808.7694
- Central Intake Shelter Referral 416.338.4766
- Women's College Hospital Sexual Assault Centre 416.323.6040
- Women's Shelter of York Region 905.722.4043 ext. 113
- Barbra Schlifer Clinic: 416.323.9149

# Resources

## Medical

- Women's College Sexual Assault Centre, 416-323-6040 + after hours Mobile units
- Sick Children's Hospital, SCAN, 416-813-6275
- Trillium Health Centres. SA/DVCC , 1-866-863-0511  
24 hours. + Chantel's Place.

# Substance and Detox

- Breakaway, 416-234-1942
- Jean Tweed, 416-255-7359
- Women's Own, 416-603-1462
- Toronto Withdrawal Management Services System Central Access Number, 1-866-366-9513, Toronto #, 416-864-5040



victim services toronto



Walk With Me Canada Victim Services



Ontario Provincial Police

