A REVIEW OF HOUSING PRACTICES FOR VICTIMS OF HUMAN TRAFFICKING

YWCA HALIFAX | A TURNING POINT FOR WOMEN

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Contents

Purpose

The purpose of this research report is to summarize safe housing practices and programs across Canada in an effort to gather best practices and operational considerations of housing models across Canada.

Methods

The report relies primarily on existing sources of literature, meeting notes (secondary information), and new primary research gathered through interviews held with service providers who work with individuals who have been sexually exploited and trafficked.

Summary of Programs

The following programs are included in this report:

1. The YWCA Niagara Region (Ontario), 2011

The YWCA Niagara Region operates two 20-bed emergency homeless shelters for women and their children. Both locations are accessible 24 hours a day, seven days a week and are available for women sixteen years of age or older. Within the youth shelter, there is bed priority for those who identify as sexually exploited. Operating out of the emergency shelter locations, transitional housing is available for single women and single women and their children. Women must be sixteen years or older and free from substance use with a willingness to learn new skills. Clients work with staff to set goals that will allow them to gain independence through skills development training, support, advocacy, and referrals to other programs and services. The YWCA also operates a fully subsidized women's residence for women capable of living independently but in need of advocacy and support which offers skill development programs including resume building, job searching skills, apartment hunting skills, budgeting, advanced goal setting, and other self-esteem building programs. Off-site supported transitional housing is offered for women ready to live independently with support available on an as-needed basis. Lastly, the YWCA Niagara Region has developed a drop-in program for sex workers on St. Catharines street in Toronto, Ontario.

Source of information: Secondary review of information

2. Covenant House: Rogers Home (Ontario), 2016 & Avdell House (Ontario), 2018

Covenant House provides 24 hours a day, seven days a week crisis shelter for at-risk, homeless, and trafficked youth. The shelter reserves three beds for survivors of human trafficking who are in emergency/crisis-situations. These beds are a part of an emergency response protocol that is supported by the Toronto Police Human Trafficking Enforcement Team, Victim Services, and other community partners. Covenant House provides comprehensive services including education, counselling, healthcare, employment assistance, job training, and aftercare are offered. Services are available to all youth aged 16 to 24. The program has provided service for sixty-nine individuals. Covenant House has developed an "Urban Response Model" involving:

Prevention and Early Intervention:

- Multi-media campaign and in-school presentations to warn girls of the signs of luring and trafficking
- Training sessions for those in relevant fields, such as hotel staff, to recognize potential trafficking and luring incidents

Services (Crisis Intervention, Stabilization, Transition and Independence):

- 24-hour emergency plan and response team and dedicated crisis beds
- Case management and personalized supports (safety plans, court support, addiction and trauma counselling)
- Transitional housing program with wrap-around services
- Peer mentorship, health promotion and access to the agency's community apartments

Research and Evaluation:

- Gap analysis of existing services and systems
- Evaluation of prevention and intervention strategies/plan
- Evaluation of program model and emergency response protocol
- Development of resources to be shared through an online hub

Rogers Home, opened in 2016, provides a specialized transitional housing program for young, female-identified victims of sexual exploitation and trafficking and forced marriage, aged 16-24. The program is cultural non-specific. The housing model has been developed and guided by a Sex Trafficking Advisory committee inclusive of social workers, criminal justice personnel, the Toronto Sex Crimes Unit, mental health specialists, victim services agencies, and survivors of human trafficking. The program is intended for young women who have demonstrated a readiness to move towards independence. Housing is available for up to five women at a time, aged 16-24, for a period of two years. Youth workers, trained in trauma-informed care, staff the house 24/7 and there is also a live-in house mentor. On site, Rogers Home offers community-based trauma and addictions treatment as well as access to educational and vocational programming. Clients also have access to wraparound support services through a network of community partners in areas of trauma and addictions support, criminal justice, legal counsel, and health care. Upon leaving the program, clients have access to community apartments and aftercare services. Rogers Home has served eight individuals. The program is completely donor funded.

Avdell House, opened in 2018, provides shorter term crisis-based residential services to female-identified victims of sexual exploitation and trafficking and forced marriage – aged 16-24 – for a period of up to six months. The program is considered to be low-barrier. Individuals are provided with comprehensive wrap-around support and access to safety planning, health care, legal support, mental health and substance use support, and education opportunities and job training.

Covenant House and Avdell House receive a mix of private and public (municipal and provincial) funding.

Source of information: Interview and secondary review of information

3. Sexual Assault Support Centre of Waterloo Region (Ontario),

The Sexual Assault Support Centre of Waterloo offers a specialized anti-trafficking program available to all genders aged fourteen and over, regardless of immigration status, and partners of adults who have exited. The program uses a trauma-informed, harm reduction, feminist approach to provide wrap-around services to those who have previously experienced sexual exploitation, those experiencing sexual exploitation, and those who are at risk of experiencing sexual exploitation. Services are provided for free and are confidential and non-judgemental. The centre currently works with 21 clients. The program is a pilot project with government funding.

Source of information: Secondary review of information

4. Trauma Recovery for Exploited Youth (TREY) (Nova Scotia), 2017

TREY provides residential services for young women who have been sexually exploited or trafficked. The residential program is long term and focused on stabilization and trauma recovery. The service is available for those who are female or transgender, 16 years of age and over, and is culture non-specific. Currently, the program serves three women and has the capacity for six women. Referrals which cannot be taken on due to capacity are waitlisted. All participants have been from Nova Scotia. TREY is a charitable organization.

Source of information: Interview

5. Deborah's Gate (British Columbia), 2009

Deborah's Gate is considered first stage housing where the goal is to help build a foundation for individuals to eventually move on to second stage programming. This is done through a focus on emergency and stabilization as well as recovery.

Deborah's Gate provides residential services for female, transgender, and two-spirited individuals who have experienced sexual exploitation or trafficking, or, labour-exploitation or trafficking. The targeted age group is eighteen years of age or older. The program is open to Canadians and foreign nationals, including those with no status or outstanding status (e.g., those who have an active removal order). Most often the program supports those in high profile and high security circumstances, as well as those with very high levels of risk, complex and cooccurring mental health and addictions issues, and cases with complex criminal justice and immigration or legal components. The program is provided for free and provides funding to cover the cost of travel to and from the program for those who are located across the country. Deborah's Gate is the only first stage program in Canada with a high security element and does not require a first stage of stability. Deborah's Gate serves ten individuals at a time and an average of 24 to 28 individuals engage in the program each year. Individuals who cannot be taken on by the program are waitlisted. The program works with a full-time 24/7 outreach team that provides case coordination and case management for any individual who is waitlisted. The program has served individuals from Nova Scotia.

Source of information: Interview

6. RESET Society of Calgary (Calgary), 1989

The RESET Society of Calgary provides residential services for women who have been sexually exploited or trafficked. The service is available for those who are female or transgender, 16 years of age and over, and is culture non-specific. RESET has capacity for twenty-four women at a time and waitlists those who cannot be served by the program at the time. The program has served individuals from Nova Scotia.

RESET has three phases: stabilization and observation, residential life skills, and follow-through care. The first phase is four weeks long and the focus is on looking after individuals' immediate needs such as seeing a doctor, the handling of legal issues, and applying for social assistance. Basic programming is implemented. Residents observe a sleep and eat schedule. Cell phones and internet use is not allowed during this time. The second phase is a year long residential life skills program. The third and final phase is six to twelve weeks of follow-through care whereby individuals work with a community team to gain support in pursuing education or employment. While some may remain in the residential program, others have moved on to independent living at this time. The program receives some federal funding as well as donations.

Source of information: Interview

7. Transition, Education, & Resources for Females (TERF) - New Directions (Manitoba), 1986

New Directions provides residential services designed for young people – female and transgender – aged 16 to 21 who are transitioning to second stage housing and are further along the path of recovery. The program has room for six individuals and those whose needs cannot be met are waitlisted. The program has not encountered individuals from Nova Scotia. The program is funded through the provincial government.

Source of information: Interview

8. The YWCA Moncton (New Brunswick) Residential Program for Sex Workers, 2016

Funded by the Department of Justice, the YWCA Moncton provides safe and affordable housing for individuals who are looking to exit the sex trade to individuals of any gender. The program is considered culturally non-specific. Based on a housing first and client-centred model, the program aims to first provide stabilization through safe housing with the option to benefit from strengths-based programming. There are five units that are designated for this program. The YWCA has also been able to draw on units available through its Housing First program which offered scattered units within the area in order to meet the growing need for safe housing for individuals looking to exit the sex trade. Currently, there are ten individuals housed with the program. Individuals whose needs cannot be met by programming are waitlisted. This program has encountered individuals from Nova Scotia.

Source of information: Interview

Literature Review Sources

The follow sources of existing literature were consulted.

1. Clawson, H. J., Grace, L. G., Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, & United States. (2007). *Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking*. Washington, DC: U.S Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

Clawson & Grace (2007) describe residential programs and facilities serving minors who have been victimized by sex traffickers across the United States. Four facilities are described: Girls Educational and Mentoring Services (GEMS), Transition to Independent Living (TIL) program, Standing Against Global Exploitation (SAGE) Safe House, Children of the Night, and Angela's House.

2. International Organization for Migration. (2007). *The IOM handbook of direct assistance for victims of trafficking*. Geneva: International Organization for Migration.

The International Organization for Migration (2007) has provided best practices in a number of areas of providing services for victims of trafficking.

3. Barrett, N. A. (2010). *An exploration of promising practices in response to human trafficking in Canada* International Centre for Criminal Law Reform and Criminal Justice Policy, Univ. of British Columbia.

International Centre for Criminal Law Reform and Criminal Justice Policy (2010) identifies effective NGO victim service programs that have been successful in rehabilitating trafficking victims.

Findings

The following sections of the report summarize our findings of residential service provisions for individuals who have been sexually exploited and trafficked. Overall, we have remained focused on operational and programming elements of the services that have been consulted.

The housing providers consulted in this report were most connected to child and family services (2), victims' services (1), other service providers that work to exit trafficked women and girls (1), women's health services (1), and other service providers that work with the homeless population (i.e., shelters) (1).

General

Length of Stay

In most programs, maximum length of stay was considered to be 'client-driven'. This was dependent on a variety of things including participant's readiness to move on; the length of time they had been exploited as impacting social skills, mental and physical wellness, employability; the presence of learning disabilities; and whether or not the participant had completed enough programming to move on to more independent settings. For some housing providers, participants needed to continue taking steps forward in their recovery in order to remain in programming. For programs with a defined maximum length of stay, it ranged from two to three years. On average, length of stay in each program ranged from eight months to two years. In their study of residential facilities, Clawson & Grace (2007) found that service providers, law enforcement, and survivors advocated for a minimum length of stay of at least 18 months to provide sufficient time to build trust with service users, provide therapies to address trauma, and begin rebuilding their lives (p. 4).

Intake Process

Most housing providers received referrals from a variety of sources including the individual seeking housing services, a service provider working with the individual, a government agency (provincial Child Placement Services), or a family member. One provider required an external referral. One program used a phone intake line. Another program developed a protocol so that once an individual arrived at hospital, an advocate would be dispatched to consult. After a referral had been received, intake interviews were used in order to determine suitability for the program.

The first step of the intake process was often a basic screening done over the phone after which an arranged intake interview would be scheduled to assess further. This process was described as a time to establish rapport and learn more about individuals, as well as to inform the individual of program guidelines. Individuals were given the opportunity to ask questions about the program. In most programs, the intake interview is a lengthy process during which individuals were asked about their background and experiences, their needs, and their goals moving forward. More specifically, assessments were done in the following areas:

- Presence of support systems (e.g., emergency contacts, family support, service support, education support)
- Exploitation history
- Criminal history
- Family history

- Medical history (including mental health concerns, medications)
- Readiness for change
- Level of education

Some housing providers highlighted the importance of giving individuals time to process and reflect on the information they had received before making a decision to commit to the housing service.

For all housing providers, confidentiality was greatly emphasized during the intake process. It was often required that individuals sign relevant documentation to ensure confidentiality of information (e.g., housing location) and confirm their agreeance to program requirements and rules. Housing providers also stressed the importance of speaking to the survivor themselves. This was done to properly assess readiness as sometimes referred parties would push individuals into programming, regardless of readiness, which negatively impacted meaningful participation in programming. One housing provider required consent from individuals in order to advocate for them with other service providers related to recovery and housing as well as on matters of social development (i.e., income assistance) during assessment.

More than one housing provider described completing an assessment to determine the urgency of an individual's situation to get into programming when the program's capacity had been reached. The following factors are considered: What is the urgency, risk, and complications for the individual? Are there any survivors currently in the program that have been perpetrated by the same individual? What is the individual's level of motivation to exit? To assess the urgency of the situation and level of exploitation for those who did not readily self-identify as being exploited, one housing provider would ask the following questions: When was the last you worked? Where do you sleep most often? Where do you work most? Are you independent? When did you last use? Where do you get income from? Another provider described using Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), a prioritization tool often used by housing providers working with the chronically homeless population in order to determine acuity.

Use of Risk Assessment Tools

Two providers noted the use of risk assessment tools during the intake process which were used to assess level of exploitation as well as to identify individual goals in order to inform case management planning. Informed by research, the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) assessment tool is made up of a set of national core measures and a set of optional measures to determine community priorities.

PRAPARE core measures include:

- Race
- Education
- Ethnicity
- Employment
- Migrant and/or seasonal farm work
- Insurance
- Veteran status
- Income

- Language
- Material security
- Housing status
- Transportation
- Housing stability
- Social integration and support
- Address/neighbourhood
- Stress

PRAPARE optional measures include:

- Incarceration history
- Safety
- Refugee status
- Domestic violence

Due to the need to complete intermediary steps before accepting individuals into programming (i.e., intake assessments), most programs were not able to provide emergency housing. However, one provider described keeping an emergency bed for exploited and/or trafficked individuals brought in by police.

Determining Program Suitability

When making decisions about accepting clients, providers described looking at two main factors: 1) whether or not the individual met the mandate of the program, and 2) degree of readiness to change. For some providers, these factors were one in the same. In terms of program mandate, providers required that individuals had experienced sexual exploitation or trafficking and that they met the requirements related to age and gender. Additionally, two housing providers insisted that individuals be fleeing some level of risk in order to meet the mandate for programming. This was necessary for one provider in terms of the high-security element of the program. For another provider, this was necessary to avoid mixing low-risk and high-risk individuals in an effort to reduce further harms (e.g., deeper entrenchment, victimization). This consideration was echoed by other providers, highlighting to need to consider the make-up of clients currently in the program; more specifically, in terms of recovery stages. With regards to readiness, providers required that individuals demonstrate readiness to change. One provider described using a readiness check to establish this.

To determine factors that would prevent an individual from entering programming, most providers decided on a case-by-case basis. Many providers identified that they were currently working with individuals with active addictions and substance use. As such, the majority of programs did not require that participants be substance-free to enter programming. Most programs required that individuals with addictions be currently accessing addictions treatment, such as detox programming or opioid replacement therapy (e.g., methadone, suboxone). However, more than one program did not require engagement in addictions treatment. It was required that all medications being used for addictions treatment be supervised by a physician. In terms of mental health, one provider highlighted that some consideration of the severity of mental health needs of individuals to ensure the program was able to provide adequate support and ensure the safety of clients and staff. One program was able to work with

pregnant women or women with children. Two providers described working with individuals who had been involved in the criminal justice system.

Substance Use Policies and Programs

Housing providers dealt with substance use by program participants in a variety of ways. One provider described allowing participants on site after use and allowing for a period of respite before rehabilitation – such as detox programming – was pursued. To ensure of safety of others, another provider described separating those using substances from other participants. Given the transitional nature of many of the housing programs, participants were encouraged and supported in accessing addictions support such as detox programming and counselling.

In terms of off-site services, providers described drawing on partnerships with provincial addictions services to access facilities for detox and addiction support and counselling for participants. Through a partnership, one provider was able to bring an addictions counsellor on-site to work with participants in areas of addictions, health, and exploitation from a harm reduction and stages of change perspective. Two housing providers offered on-site mental health and addictions support through counselling. Most programs did not offer on-site detox programs however one provider was able to offer full-time psychosocial rehabilitation programming on-site. The program, developed specially for the exploited/trafficked population and with survivors, offers mental health and addiction support for the first three months of a participant's stay. It is run by a registered psychiatric nurse and involved a large team of registered therapists. Using a trauma-sensitive lens, participants engage in day programming encompassing group and individualized support as well as specialized education and support related to exploitation.

Harm Reduction Models

All programs were considered to be harm-reduction focused. With regards to substance use, this meant supporting and encouraging participants to work towards lessening use. In practice, this varied in each program. More than one providers acknowledged participants' use but required that use take place off-site. One provider worked with participants to enforce guidelines around the storage of substance use paraphernalia. Another provider required that participants have a 'base' of sobriety or participate tape-off sobriety (i.e., replacement therapies). One provider described challenging around accommodating participants with medical marijuana prescriptions in light of the program's rule restricting on-site substance use.

Harm reduction transferred into practice in the following ways:

- Providing safety bins for needles
- Daily check-ins
- Formulating safety plans
- Naloxone training
- Staff accompaniment to clinic

With regards to sex work, two housing providers acknowledged program participants' ongoing reliance on sex work and suggested that this would not result in a program exit, but that participants were prohibited from engaging in sex work on site.

Location and Structure

The majority of programs (n = 5/6) were located in urban settings. Housing locations included residential areas, high-rise buildings, apartment buildings, or multi-level buildings. In their study of residential facilities, Clawson & Grace (2007) found that three out of four of the residential programs were located in urban areas, away from areas known for prostitution. One program was located in a rural area. Participants in the study suggest that this enables greater access to support services. Further, they suggest that recovery can only occur in the context of the victim's triggers and that victims must learn how to navigate the environment that they will be returning to (p. 5). Others believe that those with PTSD, such as human trafficking victims, are better able to recover away from daily triggers such as areas of exploitation.

Most providers described having a communal environment consisting of a shared kitchen and common area with separate bedrooms (sometimes bachelor units) – and sometimes bathrooms – for participants. One provider described using a housing with roommate settings. Another program housed individuals in scattered units within apartment buildings. Programs that accommodated women with children were often grouped together.

Keeping Locations Undisclosed: Challenges and Best Practices

Housing providers faced challenges in keeping their locations private and undisclosed to the public. For most providers, keeping the location private was a "matter of trust" with participants. More than one provider spoke about the difficulties encountered when participants were required to provide an address while working with government systems (i.e., getting a new ID, applying for income assistance).

Best practices in keeping locations private included:

- Confidentiality waivers to be signed by participants and anyone coming to the program
- Unmarked buildings
- Secure buildings
- Use of PO box for mail
- Not allowing visitors or tours of the facility
- Separate programming location in instances when service providers offered more than one program
- Holding meetings with other service providers at a main office or in the community
- Providing as many services in-house as possible
- Safety planning
- Keeping programming out of notoriously dangerous areas
- Briefing clients on what to do if they are questioned about where they live (i.e., what do you do if you are in an emergency room and need an address?)
- Should a participant intentionally disclose, they may be required to leave the program for a time

In order to maintain confidentiality, one provider dealt directly with landlords from which the housing was provided and did not disclose program participants' information to landlords at any time.

Staffing

Three programs described having live-in staff. Two programs used a family/ community model. Three programs were described as multi-staffed. One provider described a 24/7 response model involving the

use of law enforcement and victims' services. One program utilizes a live-in mentor who provides companionship and support to participants. One program did not utilize day time staff as participants attended full-time day programming off-site. Other programs were staffed by a variety of professionals including child and youth workers, advocate workers, registered therapists, intensive case managers, coordinators, and residential treatment workers. One program relied on check-in staff who worked in case management roles. Only one provider utilized volunteer staff.

Safety

Risks to Safety

Generally, providers described the greatest risks to staff and participants in terms of any form of harm to a person. One provider described a three-level system to describe the seriousness of potential offences. The third level involves the most serious of offences including criminal activities and theft, sexual and physical abuse, dangerous activity likely to result in physical injury to a person, and drug and alcohol use on the premises.

Overall, providers did not perceive a high level of risk to safety of participants. However, more than one provider discussed the potential for risk to safety when mixing high-risk and low-risk individuals in terms of further victimization. One provider described dealing with some territorialism among participants as a result of someone new entering programming. Concerns were raised about the potential for risk to safety when working with individuals who are using substances to cope and are not yet able to self-regulate. For one provider, the two major areas of risk were related to housing location being revealed as well as peer recruitment. Lastly, providers highlighted the risks for program participants who accessed educational and employment opportunities off-site. This was mediated by offering as many programs and supports on-site as possible and accompanying individuals to and from services in the community. In terms of risks to staff, the need for staff self care, proper training, debriefing, check-ins, and flexibility were highlighted. Providers pointed to the impact of "intense" relationships formed while working with individuals with high acuity and the likelihood of vicarious trauma and staff burnout.

Security Protocols

In response to working with individuals who are using substances, one provider described the use of safety planning and safety protocols. An example of this would be doubling up on staff working directly with individuals. In order to safety plan for individuals who are using substances, the program would ensure that the user not be alone, have access to on-call help through the program, and keep naloxone kits available.

The International Organization for Migration (2007) suggests that the first step in protecting victims of trafficking and staff working with them is to identify and assess levels of risk. This involves continuous risk assessment as well as risk assessments done in response to specific incidents and should be done in collaboration and consultation with law enforcement authorities. Documented risk management plans should be set in place and revised back on the presence of changing or new risks.

Partnerships with Law Enforcement

Most programs described working closely with municipal, provincial, or specialized law enforcement. Some of the ways in which programs worked with law enforcement included:

- Information sharing

- Providing tours for trusted law enforcement
- Working relationships and open lines of communication with police working in the area of trafficking
- Providing training in sexual exploitation and trafficking for police in areas of indicators and questions to ask
- Police referral pipeline
- Providing safety education for program participants
- Assisting program participants with legal matters (e.g., dealing with warrants, escorting women to court)
- Working together to build relationships with people who are being trafficked through community groups
- Aid in emergency situations

One provider described working with police to implement a pilot project for a community outreach team consisting of a police officer, a social worker, and an experiential person. The outreach team would provide training, information, and outreach in at-risk areas. Another provider described working closely with police with regards to requirements around missing persons when working with youth.

Housing providers highlighted challenges related to working with law enforcement resulting from officers being moved or transferred out of positions after relationships had been established.

Surveillance Technology

All but one provider used some form of surveillance technology or other technology related to safety. Four providers described using security cameras on the exterior of the housing; one provider described using surveillance inside the housing as well. Other security measures included video and audio security systems, motion lights, intercoms, code door or keyless entry, and a peek hole.

Facilities studied in Clawson & Grace's (2007) study utilized safety measures including: undisclosed locations, security cameras and alarm systems, 24-hour staffing and presence of security guards, unannounced room checks and drug screens, limited phone use, supervised or no access to the Internet, locked doors at all times with staff and residents buzzed in and out of the facility, and pre-approved/screened contact lists. As well, the facilities maintained close relationships with law enforcement and provided ongoing training for staff and residents.

Balancing Participant Privacy and Safety

Service providers described a number of ways in which the housing programs aimed to balance clients' privacy and autonomy while ensuring safety. Often, programs began with many boundaries and structures in place which tapered off as an individual progressed in programming and recovery. Providers discussed the importance of giving choice to participants as their choices had often been taken away from them through exploitation. This meant both being clear and specific about program requirements, and, soliciting agreement from participants. One example of this was checking rooms or cell phones in the presence of participants with their consent. In terms of personal spaces, most providers allowed participants to lock their rooms. More than one provider described doing room checks to monitor substance use, hygiene, and ongoing mental health. As well, providers sought to actively involving clients in their case management plans. For some providers, the level of autonomy given to participants was a matter of their own level of comfort, especially in terms of participants

accessing the community alone. In practice, this may look different for each individual participant and is thought of as client-driven.

Two providers described a thirty-day period of time after a participant entered programming in which freedom and autonomy were highly limited. Participants were required to have staff accompaniment whenever in the community and bedroom doors were not to be locked. Further, one program required that participants not have their own cellular devices and access to internet was limited. Past the initial thirty-day period, participants were able to lock their doors and move more freely in the community (i.e., observed curfew or sign-out procedures).

For one provider, autonomy was built in to the structure of the program. The program did not use any form of group therapy or case planning that involved processing individuals' experiences within a group. This was important in terms of peer recruiting, as well as to prevent further victimization. As well, maintaining boundaries was emphasized in programming in terms of limiting the sharing of personal experiences and stories among participants.

Confidentiality was highlighted as an important part of maintaining participants' privacy. In practice, this meant only sharing and receiving the need-to-know – or essential – information about participants with other service providers. Need-to-know information was defined as the basics to keep participants safe and to create programming plans with them. Providers pressed the importance of being aware of provincial laws in terms of confidentiality and privacy in matters of information sharing as well as being mindful of individual rights, especially in the areas of health information. Further, providers stressed the importance of obtaining service user's permission to share their personal information in all circumstances.

Peer Recruitment: Challenges and Best Practices

Provider described varying levels of peer recruiting within programs. Some programs had not yet or rarely encountered issues related to peer recruiting while others cited ongoing issues.

Best practices in dealing with peer recruiting included:

- Sensitivity to the possibility of peer recruiting during the screening and intake interview, as well as asking contextualized questions
- Staff monitoring of participant conversations
- Being aware of behavioural dynamics of participants
- Engaging in ongoing conversations with program participants regarding peer recruitment
- No use of group therapy
- Information sharing with agencies, such a police, who would be aware of individuals who may be involved in peer recruiting

One provider highlighted the importance of informing participants of the consequences of recruiting youth, such as criminal charges, as well as the need to work those who may have been victimized by peer recruiting.

Rules and Policies

Many service providers implemented house rules. Examples of house rules included:

- Rules around physical and emotional harm
- No weapons
- No sex or sex work on-site
- Designated smoking areas
- Participate in chores
- Permission needed for visitors
- Program participation
- No entering other participants' rooms
- Personal hygiene
- No abusive language or physical abuse
- No threats to others' health, safety, or wellbeing
- No substance use (drugs or alcohol) (3)
- No dealing in substances
- Curfew (4)
- Rules related to visitors (e.g., no visitors or only approved visitors)

In terms of what may lead to program exit, more than one provider pointed to situations or behaviour of an ongoing (i.e., persistent) and serious nature. One program operated using a three strikes rule. This means that a participant could be removed from program for any behaviour that was considered harmful to themselves or someone else such as swearing, disrespect, or stealing. In another program, participants were forbidden to be in contact with their trafficker during the first month of the program. If they were to be in contact past the first month, they would be exited from the program and start again. This rule also applied if a participant were to use drugs or alcohol. Three providers suggested that violence was not tolerated and would result in a program exit. One provider highlighted that revealing the location of the housing would lead to an exit, as well as peer recruiting.

Cell Phone and Internet Use: Challenges and Best Practices

Housing providers described ongoing struggles in monitoring participants' cell phone and internet use as to ensure safety and prevent further victimization. All providers were aware of how trafficking is facilitated through social media apps and through the use of the internet. At the same time, housing providers acknowledged that participants who attended school would need access to internet and so more than one provider provided participants with Wi-Fi. Most providers reflected on the importance of building trust with participants in order to ensure cell phones were being used in a safe manner. As well, this was done so that clients would feel more comfortable and would be more likely to report if they had been contacted by their exploiter.

More than one provider described an initial period of time after an individual entered programming in which cell phone and internet access were prohibited which was referred to as "digital detox". One provider described not providing access to the internet at all.

Best practices around cell phone and internet use included:

- Turning the location feature off
- Providing computer access in areas of the house where there is lots of activity and opportunities for supervision
- Using filters to limit internet access; blocking access to some social media outlets

- Monitoring cell phone activity
- Should participants be responsible for paying for their cell phones, have them provide a budget which demonstrates that they are able to afford the cost
- Determining access to cell phone and internet based on a participant's progress in the recovery process
- The use of 'spot checks'

Programming

Period of Rest

Most programs allowed for a period of rest upon the intake of new clients. Periods of rest ranged from one day to a few weeks and often coincided with a program's initial assessment/stabilization period. However, most providers suggested that participants were able to rest and tend to their health at any point, should the need arise.

Mandatory Programming

Most programs did not have mandatory programming and overall participation in rehabilitative programming and supports were client-driven. Two providers described implementing mandatory participation in some basic programming. Requirements around this were in relation to skill-building programming, such as budgeting, mentoring, boundaries, and life skills. One provider who offered off-site individual living opportunities required that participants agree to weekly home visits from case management. Two programs utilized a stipend economy in which participants were given stipends for completing chores and other tasks.

Programming Models and Best Practices

Descriptions of programming in housing services varied considerably and often depended on whether or not housing services were part of a larger organization that offered a range of programs to multiple populations.

One provider offered full day programming for participants in connection with a larger umbrella program involving the following areas:

- Academics
- GED
- Co-dependency
- Self esteem
- Addictions and the sex trade
- Relapse prevention
- Empowered employment
- Money management
- Healthy mind/healthy body
- Emotional intelligence
- Recreation
- Affirmations
- Creative expressive

- Healthy relationships
- Choices

Another program accessed day programming run by a team of social workers, educators, support workers, a nurse, clinical person, and a psychologist which involved:

- Daily classroom work
- Schooling to provide education credits
- Personal development work
- Cultural work

Other providers offered programming in the following areas:

- Beauty and self-image
- Boundaries
- Mentoring
- Healthy relationships
- Music
- Equine therapy
- Personal goal development
- Recreation
- Cooking classes
- Alternative therapies (e.g., art therapy, pet therapy, equine therapy, light therapy
- Gardening
- Wellness programming (2)
- Life and living skills development (e.g., laundry, budgeting, cooking, tenant rights) (4)

In terms of best practices, the International Centre for Criminal Law Reform and Criminal Justice Policy (2010) has identified effective NGO victim service programs that have been successful in rehabilitating trafficking victims. The first program falls into the category of 'survivor leadership and mentoring'. A report prepared by the International Centre for Criminal Law Reform and Criminal Justice Policy (2010) highlights the Girls Educational and Mentoring Services (or GEMS), a program based in Harlem in New York City. The program provides services to commercially sexually exploited and domestically trafficked youth and served approximately 280 girls or young women between the ages of 12-21 in 2009 (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010).

The report suggests there are two aspects that contribute to the program's success: its survivor leadership, and its mentoring program. GEMS suggests that survivors need to be at the forefront of the anti-trafficking movement as the voices and experiences of survivors are integral to the development and implementation of the programs designed to serve them (International Centre for Criminal Law Reform and Criminal Justice Policy (2010). Further, when victims are able to see those who have experienced and overcame the challenges they too face, they can be empowered to make the transition themselves (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010; Clawson & Grace, 2007). Secondly, GEMS services are geared towards empowering girls to develop their individual skills in a strengths-based environment (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010). In this way, girls are able to grow and build leadership qualities that are best suited to her individuality (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010).

Some examples of the leadership activities that girls have been able to participate in with their mentors include:

- Speaking on sex trafficking at national and local conferences;
- Testifying at city council hearings and legislative briefings;
- Advocating against sex trafficking in the media, and;
- Provided education and intervention to at-risk girls

Providing vocational training to trafficked persons through programming can hep to protect victims (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010). Extreme poverty and lack of employment opportunities in home countries paired with economic circumstances of trafficked persons in their destination countries contribute to a reliance on traffickers. Vocational training can help to address these factors by aiding with immigration stats and economic prospects (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010). International Centre for Criminal Law Reform and Criminal Justice Policy (2010) highlighted the Italian NGO program "On the Road", which provides job training in its services to trafficking victims to help them reintegrate in society through employment; resulting in economic independence. The program provides renewable six-month residence permits for trafficked victims which enables access to health, education, and the labour market. More specifically, the program provides counselling to address the psychological impact of prostitution and victimization as well as education methods that emphasize social inclusion and individual autonomy through vocational training (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010). "On the Road" arranges employment agreements with companies from various sectors and covers all costs during the trainee program, including a salary. The program emphasizes autonomy through employment by avoiding employment sectors, such as domestic work, that may leave trafficked persons vulnerable to revictimization (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010). The program reports that 90% of trafficked persons who have been assisted through the program have found employment and have become economically independent (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010, p. 40).

Culturally-relevant victim services for Aboriginal victims of trafficking: Survivor-led shelters and transition programs

"Honouring the Spirit of our Little Sisters" is a community-base safe house for adolescent females and transgendered youth ages 13-17 who have been or are at risk for sexual exploitation in Winnipeg, Manitoba. The program offers an open-door, 24/7 home and provides programming that focuses on the physical, emotional, mental, and spiritual development of residents (International Centre for Criminal Law Reform and Criminal Justice Policy, 2010). Programs are focus on self-worth through self-discovery and self-esteem building. The program receives most referrals from Winnipeg Child and Family Services and the Mobile Crisis Unit, however, community and self-referrals are also accepted.

In-house Supports

A variety of supports and services were offered in-house to program participants and were facilitated by program staff or community partners that delivered services on-site. Offering supports in-house was considered to be best practice for service provisions in order to facilitate participant follow-through and to mediate safety concerns related to travelling off-site.

On-site services and supported included:

- Intensive case management (5)

- Clinical work
- Counselling (4)
- Advocacy
- Crisis support
- Safety planning
- Related accompaniments
- Practical assistance
- Support through legal processes (2)
- Support with obtaining housing
- Connections to community supports
- Public education and outreach
- Health and mental health care (3)
- Trauma-based services (2)
- Grade level testing
- Psychosocial rehabilitation
- ESL tutoring
- Employment training
- Clinical support
- 24/7 support line
- GED

The following services were accessed off-site and delivered by community partners or other organizations:

- Counselling
- Employment training
- Addictions services and support
- Healthcare
- Cultural programming
- Recreational programming
- Peer support
- Harm reduction

In terms of services offered in-house, facilities in Clawson & Grace's (2007) study provided:

- **Basic needs.** Each program provided clothes; food; shelter; bathrooms; and a safe place to sleep
- **Intensive case management**. Service users were paired with staff to receive support. Case managers work in collaboration to develop individual plans related to mental and physical health-related goals of building self-worth, self-respect, and self-efficacy.

Regarding best practices, participants in the study advocated for the following programs:

- Mental health counseling/treatment, specifically trauma-informed ongoing mental health services
- Medical screening/routine care
- Life skills and job training programs
- Youth development programming to build on the strengths of each young person

- Education
- Family involvement/reunification

Recommendations

Programs highlighted the need for further funding in a number of areas including:

- Additional paid staff (e.g., peer support, case management)
- Operational costs
- Addictions and mental health support
- Program expansion; more houses
- Recreational programming

Recommendation themes:

Working to provide continuity of care. Housing service providers suggested that first phase housing programs should work to provide linkages to second phase housing, as well as rehabilitation programming if only stabilization programming is provided. As well, should a program enforce length of stay, program participants should have all the resources, support, and connections they need before they move on. A best practice identified in providing continuity of care involved networking and collaborating with other agencies that can provide housing and/or services.

Use of best practices in providing housing services. Housing providers suggested the need for housing services and programming to evolve as the context of sexual exploitation and trafficking changes such as the increasing use of technology and the impact of the fentanyl crisis in Canada.

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