



**Survivors of Sex Trafficking in Ontario:  
COVID-19 and its Impact on Accessing Support Services**

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*The information contained in this report was compiled by an independent researcher, based on interviews conducted with participants and research conducted through news and academic articles, and do not necessarily reflect the views of Fight4Freedom or any of its representatives.*

## Abstract

The COVID-19 pandemic was an unprecedented global event that led to restrictions across all parts of society in an effort to curtail the virus and reduce the impact on hospitals and health care systems. The restrictions impacted movement and gatherings, as well as limited or totally stopped businesses and organizations from operating in-person. The restrictions continued to evolve for the course of over two years, impacting people's ability to access services. The pandemic led to a striking increase in mental health related crises, and the limited access to services exacerbated its impact on all aspects of people's lives.

People who are considered vulnerable, including victims and survivors of sex trafficking, were put at an increased risk due to limitations in services to protect and support them. Survivors of sex trafficking shared their experiences attempting to seek services during the pandemic and the impact it had on their recovery. They shared recommendations for how to move on better from the pandemic, as well as how governments and organizations could learn from this pandemic to prepare for a possible future event that could result in similar restrictions, in a way that would be more trauma-informed and therefore lead to less damage for survivors.

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## Introduction

The COVID-19 pandemic was an unprecedented event that impacted all aspects of life over the course of nearly three years. As it swept the world, resulting public health measures were put in place to keep individuals and entire countries safe, in an attempt to prevent hospitals from being overwhelmed due to the speed at which the virus spread. One of the most controversial and most impactful measures that was put in place across Ontario, Canada, as well as much of the rest of the world, was a shut down of any non-essential services. Public Health units and governments had to act quickly and put restrictions in place

immediately to stop health services from becoming overwhelmed as the virus quickly ravaged communities. Governments around the world defined their own restrictions in response to the circulation of the virus locally, but many restrictions across the world were similar in nature.

In Canada, each province and territory is responsible for its own public health (Government of Canada, 2016), therefore the restrictions that were put in place throughout the country varied as the pandemic evolved, especially as the virus ebbed and flowed at different rates within different regions.

Primarily, this research aimed to better understand how the pandemic and the resulting service closures and limitations, impacted survivors of sex trafficking and their ability to access supports necessary for their recovery, and to determine what could have been done better to support them during this time, and what can be learned from their experiences, to ensure that, should there be another pandemic or other type of future event resulting in similar closures, services are better prepared and able to better meet their needs to avoid potential pause or regression of many survivors in their recovery, or triggering them through a lack of, or inadequate, supports.

## Methodology

### Rationale

Developing a clearer picture of the impact that the pandemic has had on survivors is thus challenging, though data has begun to emerge, as has literature from experts in the field of human trafficking, it remains relatively limited nonetheless. To form a stronger basis of understanding on the impact of the pandemic on survivors, literature was examined that looked at the links between trafficking and trauma, the pandemic and trauma, as well as literature and preliminary data on trafficking during the pandemic. From there, data on support service provision during the pandemic was examined, and built on with qualitative data from interviews with survivors who accessed services directly related to their recovery from trafficking, at some point immediately leading up to, and/or during, the pandemic.

As services shut down entirely, partially, or switched to remote service provision, this research aimed to better understand the impact this may have had on an already vulnerable group of people, survivors of sex trafficking. Given how impactful the COVID-19 pandemic was to all areas of society, much remains to be learned. The recency also means that there is limited literature on its impacts on all levels of society. While some of the short and medium-term impacts may be known to some degree, some are still being discovered and many long-term impacts still remain unknown time, data and literature on its impacts on various parts of society are somewhat limited, and long-term implications may yet to be felt, which is crucial to acknowledge, especially for services that aim to provide survivors with adequate recovery services short, medium and long-term.

This research aimed to gather responses from twenty adult female-identified survivors of sex trafficking across Ontario, in an effort to capture a wide array of experiences thereby better understanding the unique experiences of survivors, each with unique stories and backgrounds.

## Methods

### Ethics

As this research was carried out independently through a grassroots organization, and not associated with an academic institution, ethics approval was sought through a community-based research ethics committee, based out of Ontario, called Community Based Research Ethics Office (CREO), that seeks to provide ethics reviews and protocols for researchers to easily access supports needed to ethically conduct community-based research. Made up of a mix of community members, academics, researchers, representatives from the nonprofit and government sectors, who have served on ethics review boards.

### Data Collection

Data was collected through one-on-one interviews, to be able to give survivor participants the freedom to be able to speak openly about their unique experiences. Especially given the vulnerability of the participants, this was also decided to help ensure the anonymity and confidentiality of participants.

### Interview Structure

Interviews lasted a maximum of one hour, and were semi-structured, a preferred method of data collection for qualitative research, using open ended questions. This is especially useful when participants have very personal experiences to discuss, and especially so when the topic is a difficult one that may require further discussion or follow up questions (Adams, 2015). The semi-structured interview is not a rigid structure (Adams, 2015), which makes it a preferable method when discussing a personal experience, especially as, despite best attempts to prevent triggering the participants, given the sensitivity of the topic, this is a possibility, and this method allows for the interview to shift gears and return to the questions when appropriate.

### Participant Selection

To ensure that participants met the eligibility requirements, as well as to ensure safety and privacy, research participants were only recruited through Fight4Freedom's extended networks, which includes survivors of sex trafficking as well as organizations and individuals that work with survivors.

\$50 gift cards were used as an incentive for participants, to any Canadian shop of their choice that could be purchased online, as it is more accessible, timely and an added layer of anonymity for participants. The gift cards also ensured that participants felt that their time was valued. Gift cards were used as incentive rather than cash for a few main reasons; participants would be able to receive them directly from the researcher, without anyone from the finance team knowing the name or contact of the research participants, for added security and anonymity. Gift cards are not considered to be payment and therefore do not have tax implications; As the research was funded, there are less complications purchasing gift cards for participants, and tracking receipts for budgeting is much simpler.

Eligibility for the research included the following criteria:

Adults (18 years and older), female-identified, survivors of sex trafficking, located in Ontario, who were using services during the pandemic (when there were restrictions in place).

The reason for this eligibility criteria was that sex trafficking is the most prevalent form of trafficking (Gov. of Canada, 2021), and females represent the vast majority of victims and survivors (CCEHT, 2021). It was also determined that focusing on survivors who experienced the same primary type of exploitation would allow for a wide breadth of experiences and insight, while simultaneously ensuring the scope of the research remained focused.

The provincial restriction was originally determined due to the different restrictions put in place in each province and territory, which also evolved differently throughout the pandemic. While all provinces had restrictions in place to curb the pandemic, and thus services were impacted everywhere, the findings on this research can be generalized for all services throughout Canada and to a large degree internationally, as well. However, as each region does have its own unique characteristics with regards to support services, as well as with public health measures, to ensure consistency and prevent the scope of the research from broadening too much, the focus on Ontario-based survivors was determined. Another reason for this was that Fight4Freedom primarily operates in Ontario and therefore much of its network is also based in Ontario, meaning that one of the primary methods of participant recruitment - through trusted anti-trafficking networks - would be more likely to reach Ontario-based survivors.

Finally, the decision to only interview adults was made because this research sought to understand the impact that the pandemic had on individual survivors, and services for youth and children are often more limited, or require parental or guardian accompaniment or sign-off. There were also ethical considerations when interviewing anyone who was not an adult, given the topic of the research, and the interviews being remote, as well as the limited support available to research participants, directly through Fight4Freedom, which would not have been available for youth or children.

## Limitations

### Demographics of Participants

While there were several reasons for the selected demographics in this research, this inevitably leads to a gap in knowledge as the gender or sex, age, and location of the survivors that were interviewed, may have impacted the services they received and their experiences with them. The research questions were kept relatively high level as the service restrictions in the pandemic impacted most people, and most services, regardless of age, and gender. However, as the restrictions did evolve differently in the different provinces and countries, the information collected in this research is limited as the participants spoke of their experience in Ontario, and the services available and experiences of clients using adult services or services for youth or children, might also be different, and not captured in this project.

## Participant Numbers

The originally planned number of participants for the study, twenty, was selected as part of a funding application for the research project. This proved to be incredibly difficult to achieve, due to a number of factors. The research team did five rounds of calls for participants, both through widespread and personalized communications directly to the Fight4Freedom Human Trafficking network, as well as through wider networks of other trafficking organizations operating inside Ontario, as well as throughout Canada. While 18 respondents expressed interest, there was a high rate of participant drop-off, resulting in a total of nine research participants for the study. The study was extended significantly from its originally expected six month duration, due in large part to this, in an attempt to secure more research participants. Eventually, 10 months after the initial call out, due to the extended duration of the research as well as the backdrop of the pandemic evolving and lockdowns being removed entirely, organizational networks through whom to spread the call for participants being exhausted, and funding timelines, the research team decided to move forward with the analysis and report with the nine participants.

## Accessibility

To make this research as accessible as possible to survivors across Ontario, the interviews were conducted online, so that participants could be interviewed from anywhere in the province, without having to travel. In understanding that recovery from trafficking often comes with instability and poverty, as well as fear for safety, which could mean limited access to internet-compatible devices, attempts were made to ensure that the research was accessible to participants without the internet, with a phone option being offered instead of video call. While two survivors did connect with the researcher over phone initially to express interest, zero interviews took place over the phone. Regardless of the attempt to make this study more accessible to gather experiences from more diverse survivors, this was a limitation for the study.

## Anonymity and Confidentiality

As a way to provide an additional level of anonymity for participants, to feel comfortable in sharing their experiences in as much or little detail as they wished, participants were explained the process of the interview, and all participants were given the option of selecting a pseudonym or one would be provided for them. While all interviews were conducted remotely, participants were informed that their video was not required to be on if they did not wish for it to be, but the primary researcher who conducted the interviews kept her video on to ensure confidence that the discussion was in fact being used solely for the purposes of this research project. As an additional level of precautions, only the research team had access to the interviews and names of participants, even the finance team who issued the gift cards incentives were only provided with the pseudonym of each participant, and the gift cards were distributed to the researcher who then sent them to the participants by email.

Despite best attempts to ensure anonymity and confidentiality however, there may have been some experiences or views that participants did not share entirely, due to fear of safety, or guilt, and this report is based solely on what participants did express.

## Types of Services

As every survivor has different needs during their recovery, we looked at support services that survivors accessed related to their recovery, but kept it open as to which types of support services this entailed. Since the survivors interviewed for this research were all at different stages and timelines in their recovery from sex trafficking, this meant that the services they considered crucial to their journeys also differed. Restrictions at different points during the pandemic also became slightly more specific, sometimes differing for different kinds of services or groups. The experiences of the participants therefore not only differ as their own personal journeys and recovery experiences are unique, but also the impact of the pandemic on the services themselves differed somewhat, creating even further diversity in the experiences of these respondents.

## Evolving Pandemic Restrictions

Another limitation to the research is the status of the pandemic and its evolution. As the research took place over the course of over a year during the pandemic, and the pandemic and its resulting restrictions evolved constantly, the experiences of survivors were also very diverse, as the expectation was that they had accessed or attempted to access, support services at some point during the pandemic. Different points of the pandemic had very different levels of restrictions, some much stricter than others, therefore the restrictions to services that participants shared about, were also very diverse in their experiences.

# Background

To form a stronger basis of understanding on the impact of the pandemic on survivors, literature was examined that looked at the links between trafficking and trauma, and the pandemic and trauma, as well as literature and preliminary data on trafficking during the pandemic. While data on the implications of the pandemic on human trafficking and increased exploitation, as well as the methods of exploitation, began to be documented, the impact on survivors themselves did not exist, and this research study aimed to fill that gap by looking at data on support service provision during the pandemic, then building on it with qualitative data from interviews with survivors who accessed services directly related to their recovery from trafficking, at some point immediately leading up to, and/or during, the pandemic.

## What Human Trafficking is

Human trafficking is a crime that is committed around the globe, where human beings are a commodity that are bought and sold for the gain of another. In Canadian law, human trafficking is defined as "...the recruitment, transportation, harbouring and/or exercising control, direction or influence over the movements of a person in order to exploit that person, typically through sexual exploitation or forced labour" (Canada Department of Justice, 2021). As of 2017, there are an estimated 40.3 million people trafficked worldwide each year (International Labour Organization, 2017).

Human trafficking occurs when there are three elements present: The Act, The Means, The Purpose. The Act is at least one action committed against another, including recruitment,

transportation, transfer, harbouring, receiving, giving benefit to, or controlling, a person, by using at least one Means, such as violence or the threat of violence, coercion, abduction, fraud, deception or the abuse of power or position of vulnerability, for the Purpose of exploitation, such as sexual exploitation, sexual exploitation, forced labour, slavery or servitude, organ removal or forced labour (Government of British Columbia, 2014).

There are several different types of exploitation that an individual who has experienced human trafficking may face. They include sex trafficking, forced labour, and organ trafficking. Sex trafficking is “any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. (Government of Canada, 2021). It is also important to note that in Canada, sex between an adult, and someone under the age of 18 is illegal. Other forms of human trafficking include forced labour, which is the exploitation of a person for their labour or service, often in poor and unsafe conditions, organ trafficking, which is the exploitation of a person for the removal of their organs to be sold for transplantation on the black market, and forced marriage, which is the sale of people, to be used as brides (Canadian Human Trafficking Hotline, 2021).

Human traffickers use different strategies to control their victims, including rape, physical, mental and emotional abuse, confinement, threats, forced drug use, deception, theft of identification, and shame (Young, 2019).

While anyone could fall victim to human traffickers, there are populations of people that are more vulnerable to being exploited for the purpose of human trafficking. Factors including instability, both personal and political, racism, gender, poverty, mental health, addiction, disability, lack of community, all increase a person’s vulnerability to exploitation (Government of British Columbia, 2014). In incidents reported in Canada, 97 percent of victims were women and girls (Cotter, 2020), and 73 percent of victims were under the age of 24 (Cotter, 2020).

Accurate data on human trafficking is difficult to get, due to the nature of organized crime, often prolonged victimization, and fear of survivors in reporting, amongst other reasons, data that does exist on both a global and Canadian level, show that sex trafficking is the most common, and that women and girls are the most likely to be victims. The CCEHT found that “...the most common type of trafficking identified [in Canada] in 2019-2020 was sex trafficking (71%), followed by labour trafficking (7%)” (CCEHT, 2021). Ontario had the vast majority of cases in 2019, with 62 percent of Canada’s police reported human trafficking incidents (Ibrahim, 2021).

### Trauma & Human Trafficking

Trauma is defined as “...the result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening, and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014). Disempowerment and disconnection are core components of trauma (Herman, 1992).



The “experience of human trafficking includes profound, prolonged, often repeated trauma for the person being trafficked...[it’s an] experience of dehumanization and of physical, emotional, sexual, and economic violence over time [that] cause significant impacts on the personal development and well-being of survivors...[such as] post-traumatic stress disorder, anxiety, suicidal ideation, Stockholm syndrome, substance abuse, depression, and difficulty forming trusting relationships and reintegrating into society” (Santos et al, 2020).

Sex trafficking in particular can cause intense trauma, as a repeated form of exploitation, that includes a betrayal of trust, and a sense of inescapability, which can lead to long-term trauma in victims, which may include impacts such as a disruption of psychological and possibly physical functioning, shame, survival-based behaviour which may include limited ability to think long-term, and an inability to trust (Covenant House Toronto, 2023).

## COVID-19

COVID-19 is a coronavirus disease caused by the SARS-CoV-2 virus. It is a respiratory illness and is called COVID-19 as it was first identified in 2019 (WHO, 2022), even though the pandemic itself was announced by the World Health Organization in March of 2020. In Canada, the provincial governments began calling a ‘State of Emergency’ between March 14-22, 2020 (Breton & Tabbara, 2020). Globally, governments responded by taking measures to reduce the spread of COVID-19, as hospitals and medical facilities were quickly overrun. In most cases this meant closing all non-essential services or services that could be done remotely, reducing and in many cases preventing non-essential travel, and reducing capacity to essential services and social gatherings. In Ontario, social gatherings were limited to a maximum of 5 people to 100 during the summer months of 2020 but returned down to limits of 5 people gathering together in the fall of 2020 due to increased infection rates (CIHI, 2022). The restrictions in Ontario, and across the country and indeed around the world, continued to shift and change on a regular basis for over two years (JDSupra, 2022) after the pandemic started.

## COVID Impacts on Human Trafficking

As the COVID-19 pandemic is still very recent at the time of writing, literature on the impacts of the pandemic on human trafficking is still limited.

What we do know is that globally, financial insecurity intensified during the pandemic which increased the vulnerabilities of marginalized people to trafficking. 81 percent of the global workforce was impacted by full or partial workplace closures, and nearly 1.25 billion people were out of work or facing reduced hours or layoffs at some point during the pandemic (Tech Against Trafficking, 2020).

Especially while the restrictions were in place, traffickers were likely charging more for services due to higher risks associated with running during the lockdowns (Bobrow, 2020). Due to restrictions of in-person meetings, online exploitation was also on the rise. The increased number of people doing school or working online, paired with an increased use of social media, increased the potential for exploitation online, of human traffickers.

## COVID and Support Services

Survivors of sex trafficking often need many types of support to exit their exploitation, mental health support, life and job skills training, finding safe and stable housing, support in dealing with the trauma they endured, learning to trust, there may also be need for legal help, education, family reunification, physical health, and more. Research has shown that the accumulation of prolonged and overlapping traumatic experiences that victims of human trafficking endure, survivors often experience comorbidities in both mental and physical health (Marti Castaner, Fowler, Landers, Cohen & Orjuela, 2021).

The UNHCR estimated that in 2020, upwards of 75 percent of humanitarian operations were halted by the pandemic and accompanying restrictions (Bobrow, 2020). This was paired with a decrease in funding to not-for-profit organizations, including those supporting survivors of human trafficking (Tech Against Trafficking, 2020). The Canadian Centre to End Human Trafficking (CCEHT) distributed a survey to service providers early in the pandemic (April - May 2020), to learn how their services were impacted. The majority indicated they were accepting referrals but were modifying services with reduced hours, remote communication, and giving priority to crisis situations over “non-urgent” service needs. Due to new and constantly changing health and safety measures, many shelters also imposed stricter housing rules, reduced capacity, and offered temporary hotel placements (Canadian Centre to End Human Trafficking, 2021).

## Participant Findings

Participants ranged greatly in their experiences, and length of time that they have been in recovery from trafficking, with some having been relatively recently out of their exploitation, and others, for over a decade. The broad range of survivor experience was especially useful for this study, as it showed the impact that restrictions had on survivors at all levels of their recovery, further illustrating the immense impact that the pandemic had on survivors.

Types of services that participants accessed ranged greatly; they included counseling services, food banks, human trafficking-specific support services and retreats, self-care, mental-health related and wellbeing services, peer support groups, chiropractors, general practitioner medical doctors, hospitals, career and job services, sheltered housing, correctional re-entry services, and social workers. While not all services mentioned were specific to trafficking recovery, all were used as part of their recovery, which all participants shared was a holistic process, which includes all aspects of their lives, including physical, mental, emotional, spiritual, as well as trauma or survivor-specific.

While there was a diverse range of experiences by participants related to pandemic restrictions, all respondents expressed that the restrictions impacted their recovery in some way. The respondents had widely different perspectives as to their ability to access support during the lockdowns, and their experience thereof. Pseudonyms for respondents were: Jenny, Angel, Dolly, Rose, Erin, Sara, Raven, Lyla and Barb.

## Gaining Access to Services

When the pandemic hit, many people, including the participants, experienced a surge in mental health crises, including anxiety, depression, and for some, suicide ideation. When attempting to seek support, participants shared the long wait times, with some services completely shut, others with extremely long waitlists, of several months or longer, due to the increase in demand and limited service provision that was a result of restrictions on numbers of people gathering, creating an even longer backlog for mental health services, than there was prior to the pandemic. Not having anywhere to turn to for support during times of crisis was a concern that half our respondents shared, which was especially daunting for survivors who were recently out of their exploitation. One respondent, Erin, shared that she felt suicidal and despite requesting support through publicly funded health care, it took several weeks to get support and even then it was offered remotely. She insisted on getting in-person support, but her monthly appointments with a counselor were regularly either canceled or changed to a phone call due to the ongoing restrictions. Another respondent explained that she did not have her own phone or tablet or computer and was unable to therefore access any support she needed. She shared that she ended up checking herself in at the hospital in order to get support. Three respondents shared that they felt at higher-risk of being re-exploited due to not having a 'lifeline', and were worried about their own survival. As respondent Dolly explained it, "they closed everything that was good for your mental health". Often, services that were still operating were completely full, or they became much more difficult to navigate than they had been before the pandemic, which was described by respondents as "daunting", "not compassionate", "rude", "challenging" and even "impossible".

Many publicly-funded health services had restrictions as to who could access them, as is common practice for provincial healthcare. Residents of Ontario had to be physically in the province to be able to access any Ontario publicly funded health services, even when they were offered fully remotely. Two respondents shared that they had family or friends in other provinces who invited them out to help them feel more supported and less isolated, but then they were unable to access their regular mental health services in Ontario, not due to technical issues but due to the restrictions put on public health provisions, even though they were only being offered online.

## Comfort Levels and Remote Services

As with most things pandemic-related, participants' experience with remote services varied widely. One participant, Cassie, expressed that it is difficult or impossible to build trust with a worker over the phone or even through video calls online, and that impacts the support one can receive. Four of the respondents felt that remote services did not work for them, and due to their past experiences with exploitation, privacy and safety was of top concern, especially around peer support groups, as they wanted to stay off camera due to not feeling safe, or knowing who could be on the other end, off-screen. With online groups, fear of not knowing who may be watching behind the scenes, including fear of a trafficker hiding behind another participant's camera, made several respondents not want to keep their cameras on for services. Many of the peer support groups required that everyone keep their cameras on, to add that personal element, and so that participants could see one another to build trust. Angel explained that she felt uncomfortable in peer groups online with cameras off as she

did not know who was there and also worried that someone with bad intentions could be lurking, and gathering information on survivors to find a way to find or further exploit them. She did say that her experience also included some peer groups online that asked all participants to turn their camera on at the beginning and show their health card, as a vetting process, but that they could then choose to keep their cameras off for the rest of the group.

Other participants shared that the remote service options were a blessing to them, as it made seeking support much more accessible, reducing the amount of travel time, as well as costs associated with commuting. Four of the respondents shared that they would not have been able to access all of the services they used, had they not been remote. Respondent Rose, shared that for five years she did not have access to her kids and would need to rent a vehicle to go to court to fight for access, and put herself at risk by being there as the gang that trafficked her was around, but during the pandemic, she could use web technologies to video call which helped her financially and in terms of her physical safety. She also shared that in the one year of pandemic restrictions, she got more accomplished through being able to access services, classes, and literature online, than she estimated she would have in at least four years, as she lives in a rural area, with limited transportation, and limited service provision. She also shared that as someone with a disability, physically getting to services often posed a challenge to her, on top of the financial constraint of commuting, often to other cities to access the specialized services she required.

#### Inexperienced Workers

Some respondents expressed a concern that the workers they had were inexperienced, specifically on supporting the needs of trafficking survivors.

For instance, Lyla explained that when seeking support, she found that case workers often lacked training or experience with human trafficking and treated her like a victim of domestic violence, not recognizing the nuances of being a survivor of exploitation. Barb shared a similar concern, explaining that her case workers also blurred boundaries, and forced her to take therapy which she wasn't ready for. She offered that connecting with a case worker you can trust is also essential to the process, and that many services don't allow you to change your worker if you don't get along with them or have issues with their approach, which leads to difficulties getting the most out of the services that are set up specifically for supporting survivors. While this was a problem she experienced even before the pandemic, it was even more frustrating for her when there were even more limited alternative supports and many of the case workers she dealt with were remote, which added an additional barrier to trust building.

#### Impact of the Pandemic on Personal Recovery

While all the respondents shared some issues they encountered during the pandemic, not all felt that they were completely worse off due to it. Respondent Jenny shared that while initially she felt really isolated and worried about her survival due to previous battles with mental health and addictions, she felt that after the pandemic, she was further along in her recovery, as she was able to use the time to become more comfortable with solitude, and

started to access online courses that many organizations offered for free during the pandemic that had been financially inaccessible to her before.

## Recommendations

Recognizing that many of the impacts of the pandemic and related restrictions will have ripple effects, some of which we have started to feel, and others which may still take time before we begin to feel them, is important in the way that we as a province, a country, and indeed as a society, move forward from the COVID-19 pandemic. A two-pronged approach that both addresses the ongoing impacts of the pandemic on vulnerable communities, and prepares to ensure that any future pandemics or similar crises, are responded to differently to avoid further traumatizing vulnerable communities, including survivors, is vital in moving forward from this pandemic, and building trust and safety for survivors, and showing that their experiences and needs do matter. Survivors who participated in this research were asked to share what recommendations they have for services to move forward after the pandemic, to address the new and increased issues that have emerged through the pandemic, many of which they themselves experienced, as well as what they would like to see done differently, in the event of another similar crisis, to avoid the same problems that they, and other at-risk communities, faced, in trying to recover and rebuild their lives, during the pandemic.

The following are a combination of recommendations, that were either made directly by survivors who participated in this research, or by the researcher through inferences made during her interviews with the participants of this research. As adults with agency who have lived experience, their voices were often quashed or ignored throughout the pandemic in decision-making processes and support provision, even at services designed to offer trafficking-specific support. Their experiences and the recommendations that stem from them, must be considered in order to build and rebuild trust.

### Moving Forward After COVID-19

The impacts of the pandemic will be felt by all sectors of society for a long time to come, and as efforts to move forward are developed and evolved, recognizing the specific impacts on survivors, and other vulnerable or at-risk communities, must be at the forefront in re-building, through short, medium and long-term approaches at all levels of society - starting from government support, trickling down to non-profit and community support.

#### *Government Financial Support*

While the mental health impacts of the pandemic on individuals and society as a whole, are not entirely measurable, countless studies throughout the pandemic pointed to the fact that there was increased stress and a rise in mental health issues exacerbated by the pandemic. It was well established that vulnerable people were at higher risk due to the restrictions and isolation caused by the pandemic. Many people fit under this category, including victims of exploitation, and the hidden nature of human trafficking, paired with the decrease of job opportunities, increase of online activity and isolation, redirection of priorities of law enforcement, amongst other factors, survivors and victims of human trafficking were at heightened risk for further exploitation (UNODC, 2021; IOM, 2021; Global Initiative, 2021).

The mental health implications were widespread even amongst populations not considered vulnerable, but there was disproportionate suffering on those already experiencing vulnerability around safety or mental health (Rahman, M., et al., 2021). At the time of writing, with COVID-related restrictions removed, many services have long backlogs (WHO, 2022) and thus their ability to provide the much needed, and in many cases overdue, care patients and clients need is continuing to be minimized. Although the government spent a lot of money during the pandemic supporting businesses and people who lost employment to survive, more government funding for services is crucial to help them play catch up and address ongoing client needs, but many people, especially high needs clients, may have increased support needs due to symptoms and vulnerabilities exacerbated during or by, the pandemic.

The Canadian government did pledge \$19 million in 2020 towards the five year five-year National Strategy to Combat Human Trafficking (Government of Canada, 2020), a specific fund for pandemic-related supports for trafficking victims and survivors would help in combating the increased trauma and the stalling, impediment and in some cases regression of their recovery journey that many survivors endured due to the pandemic and related restrictions.

#### Emergency Planning

The unpreparedness on all levels was a major reason that organizations were unable to provide adequate services during the pandemic. This was the case in the government as well as directly at service providers. Planning emergency response measures specific to each service, including different modalities, platforms, and approaches, to have a plan in place to be able to continue to provide essential services even under varying degrees of restrictions, is essential to preventing the kinds of issues that arose during the pandemic, as well as the backlogs that were created.

#### Addressing Backlogs

Many services that did operate during the pandemic, were running with limited staffing due to restrictions imposed on capacity, frontline workers burnout, and staff catching COVID, and other similar service providers closing down. Due to this, many services started to have backlogs. While the backlogs did begin to lessen once restrictions were lifted, many services continue to experience backlogs from during that time, even nearly three years after the pandemic started. Addressing service backlogs as a priority, by hiring on more staff, including part-time or temporary staff, extending business hours, offering better salaries, benefits, tax reductions, or incentives of other kinds, to frontline workers or staff in high-risk settings or settings with high rates of burnout.

#### Including Survivors in the Conversation

All of the respondents shared at least one negative experience with services that were meant to support them, either before or during the pandemic, and expressed that survivors' voices are often not included in policies, education and services. Including survivors, as people with lived experience, when creating projects, or policies, is the best way to both ensure that survivors get the support they actually need, not what professionals who have never experienced that type of trauma first-hand, assume they need, while also

compensating them, and recognizing their efforts to move on, and support other survivors. Survivors should be the ones sitting on Boards for all anti-trafficking organizations, and they should be prioritized as staff in hiring. As Rose put it, “the more that survivors are included in survivor led activities the more things can change.”

Survivors also may be better placed to understand the ever-changing lingo that is used by traffickers and exploiters, and be able to help in anti-trafficking efforts.

### Post-Pandemic Specific Mental Health Support

The ongoing effects of the pandemic on mental health is likely to take many years to truly understand, but it has been widely recognized that it led to an increase in mental health and related issues around the world (Kaiser Family Foundation, 2023; World Health Organization, 2022; Unicef, 2023; CTV, 2022; MHA, 2022). While the mental health crises that are plaguing communities may not be entirely due to the pandemic and the resulting restrictions and isolation, it exacerbated existing issues, and many people are still struggling, even three years after the pandemic first started. Prioritizing mental health services that are diverse in modality, specialty, and model accessible, affordable, and individualized, is an essential component to helping people, especially vulnerable and high-risk individuals, including survivors, to be able to move past the pandemic in a fair, timely, and appropriate way.

### Survivor-Specific Supports

Creating a space specifically to give survivors of sex trafficking, a community. A recommendation to develop an online portal for survivors, with a strict vetting process, aimed at supporting them with various aspects of recovery, including a job board specifically geared to survivors, with employers who are sensitive to trauma, and want to support survivors in their employability, along with other resources, and a forum where users can share recommendations on places or resources that they have found or tried.

Another recommendation was that services for survivors should include self-defense, and training on policies, the law, how to get support and other related topics survivors as a tool to aid them and help them feel some agency in their recovery.

Offering survivors free or reduced fees for education is another way to help empower them to move on from their exploitation and gain marketable skills to then join the workforce in a more accessible way.

### Hybrid Models

Much like many workplaces have shifted to hybrid models in the aftermath of the pandemic, three respondents suggested that this should also be offered in service provision wherever possible. Having both options ensures that survivors are not restricted from accessing services they need due to distance, or financial constraints, or fear of safety, but providing the option to access supports in-person if they wish, is vital as well for reducing isolation, building trust, and creating community. The pandemic showed that many services can indeed operate remotely, and while operating strictly online, along with other social restrictions, did create a sense of isolation for many, learning from the benefits it provided to

others, and having the option to choose what works best, is a step in giving survivors the agency to decide what works best for them in their own recovery.

### Focus on Being Trauma-Informed

Every respondent in this research expressed concern over the lack of trauma-informed response that they experienced during their time seeking services during the pandemic, even services that alleged their practices were trauma-informed.

Trauma-informed care is defined as "...an approach to care that acknowledges...the need to have a complete picture of a patient's life situation...in order to provide effective...services with a healing orientation" (Trauma-Informed Care Implementation Resource Center, 2021). It is an approach taken in social services that brings attention to the fact that support seekers have encountered trauma that may manifest in different ways, and while there is no one approach to trauma informed care, some common approaches include trustworthiness, transparency, choice, collaboration and peer support (Trauma-Informed Care Implementation Resource Center, 2021).

In the case of the research participants, not all the services they used were specific supports for vulnerable people or even people who have experienced exploitation. But, all services, whether anti-trafficking related or otherwise, would be able to support clients better if they take a broad approach and not assume the needs of those seeking their care, and work openly and collaboratively with their clients.

Another crucial element to offering trauma-informed care is to consider language and terminology. Especially with regards to sexual health services for survivors of sexual exploitation, using the same terminology as is used across the board with other clients, can be harmful. Participant Sandy recounted an experience after her exit from trafficking, in which she was asked about her 'partners' which made her feel uncomfortable disclosing that she had been exploited, and the men who had sex with her were in fact 'Johns' - people who pay for sex - not her partners. Language can create a barrier for survivors to speak openly about their experience with medical practitioners, out of shame, or fear of judgment. Sexual health nurses asking clients about the number of partners, is also a barrier that may lead survivors not to disclose out of fear of judgment.

Mandating training and re-training on trauma-informed care, sensitivity, and compassionate communications, for all mental health workers, social workers and others working in support services was recommended as a way to ensure that new understandings of trauma and psychology are continually learned by those providing care, as well as to ensure that despite their experience, they are reminded regularly, of the importance of their behaviour and communication, in the care they provide. Recovery from exploitation is not always linear, and it should not be expected to

### Intersectionality

While this has become a popular term in political discourse, recognizing the overlapping oppressions that clients face and how that can impact them on their day-to-day lives as well as in their ability to seek support, is crucial for services to be able to build trust and better meet the needs of survivors. While we have laws around tolerance, there are many subtleties that are not hate crimes but still prevent survivors from feeling safe or heard while



attempting to get the support they need. All types of services, but especially anti-trafficking, mental health and physical health care, should look at their policies and practices to ensure their service providers are religiously and culturally sensitive, representative of the people they serve.

For Indigenous organizations, while many do prioritize hiring of Indigenous workers, there are often non-Indigenous workers and it is crucial for them to have a solid understanding of Indigenous cultures, history, and ways of knowing and being, and to let the Indigenous workers and clients be the ones who make the decisions in those services.

### In the Event of a Future Pandemic

While much planning post-pandemic is focused on moving forward after more than two years of changing restrictions, and slowly figuring out, and mitigating, the effects. But despite this, taking lessons from what was often referred to as 'unprecedented' times during the pandemic, is essential should another 'unprecedented' event occur at some point, which may lead to similar restrictions, and therefore similar effects, if policy makers, governments, organizations, services, and society at large, are not prepared.

### Communication

Respondents understood the restrictions as a pandemic response but two expressed that in their experience with services, they were not given a compassionate response by their service providers, as to the reasons for, or explanation of, the restrictions and impact on the services they received. While restrictions were government mandated, and many services likely expected that all service users knew about them and understood the repercussions on service provision, not everyone knew the extent, or understood the reasoning behind the restrictions. Services could better support all of their clients, by providing clear, concise information on any restrictions, not making assumptions that all clients know what they are, what they mean, and why they are in place, especially as the restrictions evolve over time, Recognizing too that people had a diverse levels of acceptance of the pandemic response, and that a clear explanation, and respectful listening goes a long way in providing support to clients, who may all have a different level of understanding, or experience of, the pandemic and its related restrictions.

### Triaging Clients

Another recommendation one participant made was that services could triage clients, especially in mental health care. Having a process for determining who has higher needs and knowing how to serve and support them, especially in an emergency. Creating programming that is specific for high-needs clients even in a pandemic, who may need more touch points, or require in-person support and create a plan to be able to provide them with this, even if there are social restrictions.

### Dedicated Restrictions Specifically for the Vulnerable

As the pandemic evolved and restrictions changed tiers, there were different rules applied for different types of services, with less restrictions on services deemed to be 'essential' (Government of Canada, 2021). As medical and mental health professionals, social workers, and at-risk communities alike expressed throughout the pandemic, the impact was especially

hard on people who relied on support of community, peer networks, or services, to remain safe, or in recovery. Putting the needs of survivors and other at-risk communities at the forefront in planning, by including support services for them as essential, allowing them to operate when other deemed non-essential services could not, or when restrictions were in place but with limited capacity, making some wider allowances for these services to operate at a higher capacity in-person, by keeping the safety, and mental health of survivors as a priority when determining what is considered essential and non-essential, and what restrictions are. Services themselves could change their operating schedule, location, and capacity, as many did, meeting outside, or online.

### Digital Access and Fluency

Three survivors shared that they did not have access to their own computer at home, thereby restricting their ability to access services they needed, when they became remote. While many people have smartphones that have video calling technology, the expectation of many services was that everyone had access to a device that they could use, which was not the case. While some services started to loan devices capable of video calling to clients who did not have them, not all services had the funds to do so, and the time and expense of finding out which clients needed a device, coordinating the logistics of getting the devices to them, required additional time, and money, for already strapped for resources organizations and companies.

While technological reliance has become more and more common over the last decade, there are many people who also do not have strong technology skills and do not know how to, or feel comfortable or safe, using smartphones, tablets, or video calling.

In this post-pandemic society, technology has become a core component of most people's lives in Ontario, and indeed around the world, and recognizing this, and embedding wider access within services, especially services that are dedicated to support at-risk communities, is vital. Policies of services should also include clear, simple language, and easy to access information on privacy with a real human being who is available to answer questions or concerns in a timely manner, regarding the technology, so that clients who do borrow technological devices to be able to access support, without fear. Devices that should be made available, and sanitized, for public use, should include not only computers or tablets with access to the internet, but also telephones.

Digital inclusion is also a focus that organizations should consider, as not everyone has the same level of knowledge on using devices. When providing service users with technology, offering different levels of training, so that no one is left behind, due to an assumption that they know how to use technology, regardless of age, or socio-economic status. Assumptions on the part of organizations can lead to embarrassment of service users when they seek help, so creating a program that can help educate on how to use devices of different kinds, and for different levels, is an additional service that would benefit many.

## Increase Staff Numbers

While restrictions led to less people allowed in a confined space, limiting the services available, and with the virus spreading, staff sometimes went off sick with COVID, and others that were in close contact, including colleagues, also had to self-isolate, adding to the limitations of services, and longer waitlists. Having higher numbers of staff, as well as on-call staff, especially at anti-trafficking, health and mental health services, will help to ensure that there are always people available to support clients even in the event of a pandemic, to avoid the backlogs that resulted in this pandemic.

## Collaborative Support

Social workers and other anti-trafficking workers may have knowledge and understanding of trauma and best practices for client support, the different expectations, triggers and needs of clients cannot be met by a one-size-fits-all approach. Where possible, case workers should tailor their support collaboratively with the clients, including whether they should meet in-person or remotely, whether cameras need to be on in remote settings, schedule of meetings, referrals, timelines, language used, and so on. While many services do this, the experience of many of the survivor respondents was that they were treated in a belittling, condescending way, without the ability to express their individual needs with receiving support, but were instead, told how the support service ran, and they needed to fit within the existing model. While in some instances, such as hospitals, food banks, chiropractors for instance, this may be more difficult to change, other services, especially anti-trafficking specific services, would be able to build trust and therefore better serve their clients, if the survivors felt their voices were being heard, and they had some agency in their care, instead of simply being treated as a victim who needs rescuing.

Especially under circumstances, such as lockdowns or restrictions that limit the availability of services, understanding the impact that these restrictions may have on the clients, and working in specific protocols, schedules, activities, approaches, to respond to different clients' needs, including not assuming that their needs prior to the restrictions remain the same during the restrictive period, is essential for services to consider in order to avoid triggering or further traumatizing clients when they do get support.

Understanding that due to restrictions, numbers of clients was restricted, sometimes number of staff was as well, and for many services, modality or location also shifted, including options within service provision, to be able to better support the clients, should be top of mind in any planning for pandemic response. This could include shorter sessions to ensure that more clients are able to get support, offering choice of modality if applicable, in-person or remote, extending hours to be able to continue to support clients who need it, even if the number of people allowed within a space at any given time is restricted, and continuing to evolve the service provision and response on an ongoing basis, with feedback from the clients, throughout the entire process.

# Conclusion

## Summary

Restrictions imposed to curb the spread of the COVID-19 pandemic led to difficulties for many, in accessing services. For survivors of sex trafficking, this meant that many of the services they needed as part of their recovery from exploitation, were either shut down completely, only accessible online, had long waitlists, significantly reduced service, or a combination thereof. The effect of these restrictions meant for many, feeling that their life line was removed and their safety, security, and overall recovery, was impacted. The move to remote services did benefit some survivors, as it made them much more accessible. In moving on after the pandemic, it is recommended that governments, organizations, agencies, and businesses, try to learn from the pitfalls that came from being unprepared in offering support in rebuilding and preplanning for possible future similar catastrophes, by including the voices of survivors in policy and program development, to be able to better support them. This report offered recommendations made by survivors in Ontario, including government financial support, addressing backlogs, emergency planning, including survivors in the conversation, survivor-specific supports, hybrid delivery models for services, focusing on being trauma-informed, triaging clients, intersectionality, dedicated restrictions for survivors and vulnerable or high-risk individuals, collaborative support, increasing staff numbers, better communication, digital fluency, prioritizing emergency planning, and survivor-specific supports.

## Generalization

The primary focus of this research was how service limitations impacted survivors of sex trafficking during the pandemic, many of the recommendations can be applied to services for other vulnerable, or high-risk communities. Understanding that survivors of exploitation require flexible, specialized, trauma-informed support, still many of the identified ways that services should work towards better supporting survivors in this post-COVID recovery period, as well as in the planning to avoid similar challenges should a future event lead to similar restrictions, can be applied across the board, especially for medical, mental health, and peer support services.

A key takeaway is that, while the COVID-19 pandemic was unprecedented, referred to as a once-in-a-lifetime event, with modern day global events and challenges such as globalization, technological dependence, increased global mobility, processed foods, climate crisis, and complex global politics, the possibility of another pandemic, or some other event that impacts the entire world at once, while rare, may something that occurs again within the foreseeable future, and it is vital, as we learned from this pandemic, that services, communities, and governments, be prepared for what could lead to social, mobility, and service restrictions, to avoid the catastrophic long-term ripple effects on communities, and individuals, that we saw during COVID-19.

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## Appendix

### Participant Information Sheet

You are invited to take part in a research study. Before you decide if you want to do this, you need to understand why the research is being done and what it will involve. Please take time to read the information on this sheet carefully. Please make sure to ask any questions if anything you read is not clear or if you would like more information. Please also take your time to decide whether or not you want to participate before signing the consent form at the bottom of this form.



## IDENTIFICATION AND DESCRIPTION OF RESEARCH PROJECT

As the COVID-19 pandemic took hold across the world, governments introduced measures aimed at slowing the spread of the virus. The result saw restrictions imposed on many parts of society, including social distancing and limitations or total shutdowns of many businesses and services, including support services that survivors rely on for support in their recovery.

Fight4Freedom is an organization that advocates for justice for individuals impacted by the sex industry and trafficking and works to assist them in finding necessary support systems to support their journey of healing and recovery. The organization includes an education program, outreach program and aftercare.

With funding from Mariann Trust, Fight4Freedom is undertaking this research project, which aims to learn the impact that the pandemic has had on survivors in Ontario. By better understanding what impact the pandemic and limitations of services have had on the well-being of survivors, we can start to address some of the issues that may have come up, and be better prepared for any future possible shutdowns, to ensure that survivors continue to receive the support they need, despite restrictions.

The title of the research project is: ***Identifying the Impacts of the COVID-19 Pandemic on Survivors of Sex Trafficking: Services, Support and Recovery in Ontario***. It is being done by Fight4Freedom. The Research team is made up of a Lead Researcher, Ayesha Amin, and two additional people who will assist with interviews - the Research Supervisor, Gladys Mok, and a Research Assistant, Maria Zekveld.

This project has been reviewed and approved by the Community Research Ethics Board. If you feel you have not been treated according to the descriptions in our information, or your rights as a participant in research have been violated during the course of this project, you may contact the Chair, Community Research Ethics Board, at: Community Research Ethics Office (Canada) Corp. c/o Centre for Community Based Research, 190 Westmount Road North, Waterloo ON N2L 3G5; Email: [creo@communitybasedresearch.ca](mailto:creo@communitybasedresearch.ca) Telephone: 1-888-411-2736.

## BENEFITS OF THE STUDY

As we emerge from the COVID-19 pandemic, better understanding the impact that the restrictions have had on survivors of trafficking who needed support for their recovery, is vital to help ensure that services learn from this. This study aims to make sure that voices and experiences of survivors are included in the recommendations and decision making of services, as they evolve from the pandemic. By knowing the impact that service restrictions had on survivors, services can also prepare in the event that another kind of event takes place that could result in similar social restrictions.

Fight4Freedom works directly with survivors of sex trafficking in Ontario, and has networks with other organizations throughout the province, that work to support survivors as well. The results of this study will be shared with these networks and made publicly available to

support providers. It will also be made available publicly on the Fight4Freedom website for survivors or support services to access.

## **POSSIBLE HARMS OR RISKS**

By participating in this study, you will be asked some questions related to your access to support services during the pandemic. As a survivor, you know best what has worked and what hasn't during the pandemic, and your experience is what we need to hear, to be able to better understand and address the gaps in services during this pandemic, to make sure that survivors needs are addressed. Your voice is the most important one in how services shape any future response to this or any possible future pandemic.

The questions you will be asked in the interview focus on your experience of accessing the services and the impact on your recovery, and do not focus on your experience while being trafficked. But there is still a chance that talking about this may be difficult and cause some emotional distress. Every effort will be made to minimize these risks during the interview. You will be given the option to take breaks in the interview if you need to, and you will be given the option not to answer any questions that you don't feel comfortable with. Finally, a list of distress hotlines that are available to you 24/7 and free of charge, in case you need any support after the interview.

## **WHAT WILL TAKING PART INVOLVE?**

By participating, you will be speaking with one interviewer, one-on-one, remotely (online). You will be asked some questions about your experience accessing support services related to your recovery, right before or during the pandemic. The questions will focus on your experience accessing support services and how the restrictions impacted your experience using them.

The interview will be recorded so that the interviewer can focus on what you are saying, rather than typing your answers. The interview will last approximately one hour, and the interviewer will work with you according to your schedule to find a date and time that works for you to meet sometime in January to February, 2022.

## **WHY HAVE YOU BEEN INVITED TO TAKE PART?**

You have been invited to participate in this research study as someone who is a survivor that has accessed support services related to your recovery right before or during the pandemic. As someone with first-hand experience accessing services during this time, your experience will be very helpful to help us better understand the impact of the pandemic on survivors' wellbeing and recovery.

Participants who meet the requirements of the study and show interest in participating will be selected on a first-come, first-served basis.

## **PARTICIPATION AND WITHDRAWAL**

Participation in this research is completely voluntary. As a participant, you have the right not to respond to any questions during the interview.

You are also able to withdraw at any time before, during, or even after the interview, until March 10, 2022, without giving any reason. If you decide to withdraw after the interview has taken place, all the data collected from you will be immediately destroyed. If you withdraw after March 10, 2022, we will not be able to remove your anonymized data included in the report, but you may still request that any audio/visual recordings and transcriptions be destroyed.

## **COMPENSATION**

As a thank you for your time and participation, you will be compensated with a \$50 (CAD) gift card to a shop of your choice, as long as it can be purchased and delivered to you electronically. The electronic delivery of this gift card will happen within one week of your interview.

## **CONFIDENTIALITY**

The information you share will remain strictly confidential. The information will be used only for the purposes of this research project. Data collected from or about you will not be shared with others or re-used in other research projects unless you consent to this specifically at a future date. Only your name will be shared with our Finance department for the purposes of record keeping for your gift card.

If you require an interpreter for your interview (which will be conducted in English), you will be offered the choice of bringing a trusted person with you to the virtual interview, who can interpret for you. Alternatively, you will also be provided with the option to have a professional interpreter which can be arranged by Fight4Freedom, to interpret/translate during your interview. In the event that a translator/interpreter is used, they will enter into a Confidentiality Agreement with Fight4Freedom, in which they will need to agree to keep all of the information shared, including your name, anonymous and confidential indefinitely.

In order to safeguard your confidentiality, the researchers will use their own personal computers that are password protected and will be locked when not in use by them. Any transcribed text or audio/visual will be kept in a folder only accessible by the researchers. Any audio/visual recording will be deleted three months after the study is completed (estimated July, 2022). The transcribed text which will have any identifying information removed, will be kept for one year after. The information you share will be made anonymous before it is included in the final research report so no one outside of the research team will know what you said.

The only way your confidentiality may be broken, is if you say something that makes the interviewer worry about your immediate safety or the safety of someone else, in which case

you will be notified and emergency services may be contacted, and the confidentiality of your participation may need to be broken.

You are encouraged to participate in the interview in a private space, if possible. You will be given the opportunity to participate in an interview according to your schedule to help make sure that you can participate at a time that allows for your privacy to be kept safe. If you are unable to join the interview privately, but still wish to participate, the interviewer cannot safeguard or guarantee your privacy or confidentiality from those around you during the course of the interview.

## **ANONYMITY**

Your information will be completely anonymized and protected, except for the researcher/interviewer, the research supervisor, and the Finance department at Fight4Freedom, and in some cases, whoever recruited you as a participant for the project.

To further protect your identity, you will be given a pseudonym (fake name) when referred to in the final research report, that will not be close to your real or preferred name. You may select your own pseudonym if you like or one can be created for you. If you say anything that the researcher wishes to use as a quote, you will be informed and asked whether you are comfortable in being quoted directly, and if you approve of the quote, which you may freely deny without any penalty at all. If you are quoted, you will be quoted using the pseudonym. If you do allow one of your quotes to be used, you may also revoke your approval of the use of the quote at any time until the research report is finalized.

There will be twenty people interviewed for this research project, including yourself.

## **DATA STORAGE, RETENTION AND PROTECTION**

The interview will be recorded. There will also be a transcript of the interview with all identifying information removed. They will be securely stored on the password-protected, private computer of the researcher/interviewer, which is password protected and not accessible by anyone else. It will also be stored on a shared folder on Google Drive, that is only accessible by the researcher (Ayesha Amin), a second interviewer (Maria Zekveld), and research supervisor (Gladys Mok). The folder cannot be accessed by anyone who is not given specific permission, and the recording will be destroyed three months after the study is completed. The anonymized transcript will be kept for one year. Under freedom of information legislation you are entitled to access the information you have provided at any time until then.

## **FINDINGS AND RESULTS**

The results of this research will be published in a report that will be shared with organizations around Canada that work with survivors. It will also be made available to survivors who would like to see it and published on the Fight4Freedom website. An academic article will also be written that may be published in an academic journal on the topic of trafficking.

A copy of the final research report will be sent to you by email if you wish to get a copy.

## RESEARCH CONTACTS

Lead Researcher: Ayesha Amin - [ayesha@fight4freedom.ca](mailto:ayesha@fight4freedom.ca)

Research Assistant: Maria Zekveld - [maria@fight4freedom.ca](mailto:maria@fight4freedom.ca)

Research Supervisor: Gladys Mok - [gladys@fight4freedom.ca](mailto:gladys@fight4freedom.ca)

## SUPPORT

Given the sensitive nature of the topic, there is a possibility that you may feel uncomfortable or triggered. If at any point you feel uncomfortable or do not wish to respond to any questions, you are under no obligation to do so. You may feel free to skip any of the questions without giving any reason. If you feel the need to stop the interview at any point, you may tell the interviewer, without any reason given, and the interview will be stopped immediately. If after the interview, you feel triggered and need support, you may contact any of the following free Mental Health Crisis services:

[Gerstein Crisis Centre](#) (24/7) - 416-929-5200

[Canadian Human Trafficking Hotline](#) (24/7) - 1-833-900-1010 or [online chat](#)

[Distress Centre of Toronto](#) (24/7) - 416-408-4357 (Toronto), 905-459-777 (Peel), or text 45645 or text SUPPORT to 258258

***If you are in immediate danger/harm, and require emergency support, call 911***

Consent Form

Please retain a copy of this form for your own information and reference.

**I understand that I am invited to participate in the research study named above.** By signing this form in the space provided at the end of this form, I indicate my agreement to participate in the study, have my data collected and used for this research, and acknowledge and agree to all of the information listed above in this form.

Whether I participate in this research, or withdraw from it at any time, I understand that there will be no impact on any relationship I have currently or in the future with Fight4Freedom, or on my participation with any service that I am currently affiliated with, or that I decide to use or be involved with in any way, in the future. I understand that if I choose to participate in this research, I have not waived any legal rights.

## CONSENT TO PARTICIPATION

I, \_\_\_\_\_, have read and understood the above information and I freely consent to participate in this research study by signing in the space provided below.

If I have any further questions about the study, I may contact the researcher or supervisor at any time.

This study has been reviewed and approved by the Ethics Board of the Community Research Ethics Office. If I have any questions regarding the ethical conduct of this study or my rights as a participant, or if I feel that I have not been treated according to the description in this information letter, or my rights as a participant in research have been violated during the course of this research, I may contact the Research Ethics Board at [creo@communitybasedresearch.ca](mailto:creo@communitybasedresearch.ca).

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

### Participant Interview Guide

**What kinds of services related to your recovery from trafficking, did you access during the pandemic or immediately before the pandemic** (meaning accessing support services at some point from January 2020 onwards)?

***If accessed services anytime before March 2020 - how did the service(s) change once the pandemic started?***

*if needing prompting:* Did they continue to operate? Were there any noticeable changes for you in the service from before the pandemic started in March, to after March?

**Do you still access the service(s)?**

***If yes – how did the services continue to change throughout the pandemic after the initial change?***

***If not - when did you stop accessing the services and why?***

***If accessing services started during the pandemic (from Mid March 2020 onwards) – how did the services you accessed during the pandemic meet or not meet your expectations, and why?***

**How has your recovery from human trafficking been impacted by the pandemic?**

**What has the implication been of the pandemic, on your own personal wellness** (mental health, physical health, spiritual well-being, emotional well-being, anything else)?

**What aspects of the services do you think would have been different if there were no pandemic-related restrictions?**

**How would this have made a difference in your recovery journey?**

**Pandemic related restrictions were imposed by the government to help protect people from a deadly virus in an unprecedented global event in which everyone was continuing to learn as things evolved. With the understanding that the restrictions were necessary, can you think of a way that the services you accessed (or stopped accessing during the pandemic) could have operated differently that might have worked better?**

**Outside of the support service(s), did you have any other types of support that helped you get through the pandemic?**

*If needing prompting - such as friends, family, a doctor, support groups, services that you accessed that were not directly related to your recovery from human trafficking, etc.*

**Is there anything that you would like to share about your experience as a survivor during the pandemic, that I haven't yet asked?**