



Peel Institute on Violence Prevention

Human Trafficking Preliminary Literature Review

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Introduction

Human trafficking is a social issue of growing concern across the globe. The estimated number of individuals affected by human trafficking worldwide is 20.9 million people (Hemmings et al., 2016). Human trafficking is defined as, “all acts involved in recruiting, harbouring, transporting, providing, or obtaining a person for compelled service or commercial sex acts through the use of force, fraud, or coercion”(CdeBaca & Sigmon, 2014).

While there are various forms of human trafficking that require attention, the focus of this paper will be trafficking for the purposes of sex work. A common factor in human sex trafficking is the movement of victims across borders from poor nations to affluent nations, however domestic human trafficking also exists (Bernat & Winkeller, 2010). For example, Peel Police (2012) stated that over half of the human trafficking cases in Canada have occurred in Peel Region, including both Mississauga and Brampton.

There exists minimal evidence-based research on the needs of victims of human trafficking, and the services that are available to them. It is however noted that the health needs of this population are similar to those of other marginalized groups such as migrant labourers, victims of sexual abuse or domestic violence and victims of torture (Williamson, Dutch & Clawson, 2008). Due to the fact that there is little research reported, similar populations can be examined to provide a foundation for the treatment of this population (Williamson et al., 2008). The focus of this paper is to examine the current literature to determine the needs of victims, services available globally?? Or (in Peel region) and the gaps in these services.

Who is Being Trafficked?

Human Trafficking is acknowledged to be a global human rights violation. Trafficking represents “a denial of the person’s rights to liberty, integrity, security and freedom of movement” (Gajic-Veljanoski & Stewart, 2007). Besides being a human rights violation, it is an issue of violence against women and a violation of women’s rights. As stated by the Peel Institute on Violence Prevention’s Report, “Women’s rights are human rights” (2017).

According to the National Human Trafficking Hotline there are 20.9 million victims of human trafficking globally. The victims of human trafficking include men and women, however the majority of victims are women. “Although men may also be impacted by such forms of violence, women continue to be the primary victims of these abuses, thus making gender a key health determinant of violence” (Riutort, Rupnarain & Masoud, n.d). Victims of human trafficking have diverse educational and economic backgrounds, but individuals in vulnerable states, such as low economic status, will have increased vulnerability of becoming victims of human trafficking. Stats Canada has reported that in 2014, there were 206 reports of human trafficking in Canada, with 93% of the victims being female, 47% between the ages of 18 and 24, and 25% under the age of 18 (Stats Canada, 2014). In Canada, women and girls from Aboriginal communities are particularly vulnerable (Trafficking in Persons Report, 2016). In many provinces such as British Columbia, Alberta and Manitoba, over 50% of the trafficking victims are from an Aboriginal background (Barrett, 2013). Indigenous communities are often victims of discrimination from the difficult legacy of colonization. Due to this discrimination, Indigenous women are more likely than other, non-Indigenous Canadians, to experience poverty, poor living conditions, and violent crimes. As well they are also less able to leave violent circumstances (The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2017). In addition, police and justice systems have enabled violence against Indigenous women and girls because they have

failed to adequately protect them from this violence and hold perpetrators accountable (The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2017). Therefore, simply being Indigenous and female can put someone at risk for violence. This can help to explain why many of the victims of human sex trafficking in Canada are of Aboriginal descent.

While there is no single profile to a victim of human trafficking, there are many risk factors, including gender, age, race, and economic and social status. Runaway and homeless youth as well as lesbian, gay, transgender and bisexual individuals are placed at an increased risk of human trafficking (National Center of Safe Supportive Learning Environments, 2017). Overall, there is no one determinant to define who will become a victim of human trafficking, but as Riutort, Rupnarain & Masoud (n.d.) state, “To understand fully the status of an individual, multiple determinants impacting the individual must be recognized” (pg. 6).

Sex Trafficking Trends in Canada

In 2013, the Task Force on Trafficking Women and Girls in Canada collected information on sex trafficking across Canada from key stakeholders that can help to depict a more accurate portrait of human trafficking in Canada. Information from British Columbia, Alberta, Manitoba, Ontario, Quebec, and Halifax has determined six trends that can be identified.

A Move from the Street to Indoors

“The solicitation of sex for purchase has moved from the streets to behind closed doors, facilitated by internet advertising sales” (Barrett, 2013, pg. 13). This move is particularly concerning because it now makes it more difficult for law enforcement or others to spot these victims, and also facilitates the sale of younger victims (Barrett, 2013).

Trafficker “boyfriends”

The term boyfriend refers to men who will treat women and girls very well near the beginning, but will over time pressure them with violence and romance into selling sex for profit. This can be referred to as the “Romeo” technique and can also be seen throughout Europe and the United States (Barrett, 2013).

First Trafficked When Young

Reports from service providers and the Canadian courts demonstrate that the average age of victims is younger than in previous years, averaging around 13-14 years old (Barrett, 2013). “It is thought that traffickers seek younger victims both to service a demand for sex with those who look young and because younger victims are easier to manipulate and control (Barrett, 2013, pg. 14).

Histories of Poverty and Sexual Abuse

Trafficked women are most often poor with histories of physical and sexual abuse. Many come from homes that lack a positive masculine influence, which at this point has not been generally discussed in sex trafficking literature (Barrett, 2013).

Aboriginals Over-Represented but Under-Investigated

“Several studies on human trafficking in Canada have concluded that the majority of people trafficked for sex within Canada are Aboriginal” (Barrett, 2013, pg.14-15). This has been a trend noted in provinces such as British Columbia, Alberta and Manitoba. Majority of the population of sexually exploited women and girls in these areas are Aboriginal compared to the average population of Aboriginal people living there. For example, in Winnipeg 70-80% of exploited children are Aboriginal, where only 10% of the population is Aboriginal. In Vancouver, 40-60% of the prostituted women and girls are Aboriginal, where only 10% of the population is Aboriginal and in Edmonton, 60% of its victims

are Aboriginal versus the 5% of its total population (Barrett, 2013). This causes concern because, “the RCMP reports that majority of identified domestic sex trafficking victims in Canada are Caucasian, Canadian females between 14 and 22 years old who are recruited to work in the sex industry” (Barrett, 2013, pg. 15). This demonstrates that they are not accurately depicting the victims of sex trafficking, which makes it difficult to prevent these crimes from occurring as often as they are.

Increasing Asian Exploitation, but Difficult to Gain Victim Cooperation

There is a notable increase in the exploitation of Asian women across Canada. “The RCMP’s 2010 threat assessment cited Montreal, Calgary, Edmonton, Ottawa, Toronto and Vancouver as cities of concern, with some women being transported between these cities and possibly the US to engage in prostitution” (Barrett, 2013, pg. 16). It has been noted that these women were both foreign nationals as well as Canadian citizens and that most of these cases range from 20-46 years old, unlike the Aboriginal cases (Barrett, 2013). There is also a reluctance of cooperation from Asian trafficking victims, with complex reasoning involving cultural values.

Methodology

The following criteria were applied to the search of the literature research:

Inclusion:

- Peer-reviewed articles and grey literature that explore human trafficking, the needs of victims of human trafficking, the services in place to help these victims and the aspects missing from these services.
- Studies from global, North American, Canadian, and local perspectives
- Peer-to-peer support methods
- Studies published from 2004 to 2017

Exclusion:

- Violence from labour trafficking
- Articles not published in English
- Literature on legislation and punishment of traffickers

Databases	Search Terms Used
Google Scholar	Human Trafficking; physical health; mental health; women's rights; human rights; needs; services OR programs; violence against women; peer-to-peer support; moral support; Post-traumatic stress disorder (PTSD); determinants of health
CINAHL	Human Trafficking; women OR men; PTSD; anxiety OR depression; needs; services; violence against women
ProQuest	Human Trafficking; needs; services; Mental health; PTSD; anxiety OR depression
Scholars Portal	Human Trafficking; men OR women; needs; services; peer-to-peer support; moral support; PTSD
EBSCO	Human Trafficking; needs; services; peer-to-peer support; violence; human rights; women's rights; PTSD

Over 80 articles were reviewed for this literature review and 59 articles were chosen based on our search criteria.

Limitations

There are several limitations to this research. For one, a number of the studies do not have a large enough sample population and can therefore not accurately be applied to a larger population. In addition, the only articles included in this literature review are written in English, restricting studies from countries that are written in other languages. Considering human trafficking is a worldwide issue, this is a limitation to the amount of research available.

Needs

The effects of human trafficking can result in a number of physical, emotional and mental health needs for survivors; these effects are substantial and long-term (Powell, Asbill, Louis & Stoklosa, 2017). Based on the literature, there are various needs of victims of human trafficking, and not all survivors require the same interventions. In the research, there are common needs seen among a majority of victims of human trafficking. These include, “emotional and moral support, legal assistance, safe housing, high school diploma or General Education Diploma assistance, identification documentation, job training, resume and job searching assistance, medical and dental appointments, cell phone assistance, child care, transportation, safety planning, and clothing and food assistance” (Wirsing, 2012). However, this does not include everything, and new needs may arise with each client. Needs of victims can grow daily.

Emotional Support

Emotional and mental health needs may be the most critical of them all, as it is the most debilitating on their everyday lives. All of the literature has stressed that many of these victims experience Post Traumatic Stress Disorder (PTSD), depression, anxiety, self-hatred, dissociation, despair, and difficulty with interpersonal and intimate relationships (Williamson et al., 2008). In addition to this, victims have been known to suffer from other mood disorders including panic attacks, obsessive compulsive disorder, fearfulness, and hopelessness about the future (Williamson et al., 2008). In one study of over 100 trafficked women, 41.5% reported attempted suicide (Powell et al., 2017). Victims of human trafficking have often been involved in very traumatic experiences such as extreme violence, death threats, serious injury, rape, and psychological abuse (Global Alliance Against Trafficking in Women, n.d.). Having been exposed to this type of trauma may lead to a multitude of

emotional and psychological symptoms, however it is important to remember that not all victims experience trauma in the same way.

Many of the victims of human trafficking require immediate and ongoing emotional support and psychological assistance. This need goes beyond just focusing on the victim post-trafficking, but also extends to previous life experiences. Many of the individuals that are trafficked have experienced high levels of sexual and physical violence prior to being trafficked (Hemmings et al., 2016). In a study performed by Hopper (2017), “the large majority of youth in this sample (91%) reported a history of victimization prior to the trafficking experience, including directly experiencing physical, sexual, or verbal/psychological abuse, as well as witnessing violence” (pg. 165). Having experienced victimization in the home, made this population vulnerable and put them at risk for being trafficked. This further demonstrates the need to provide these individuals with the proper emotional support after escaping from trafficking, as they will now have additional trauma.

Physical Health

Physical health needs are of great concern to post-trafficking victims as well, because this can also affect their activities of daily living. Children who are involved in sex trafficking may be more prone to physical illness because of their immature physical systems (Bernat & Winkeller, 2010). There are a number of physical issues associated with trafficking victims which include headaches, stomach aches, difficulty breathing, hair falling out, frequent colds, low blood pressure, sexually transmitted diseases, frequent urinary tract infections, and issues with bowel incontinence (Hopper, 2017). These are just some of the physical symptoms that these individuals can encounter. Hopper (2017) states that some of the girls reported head injuries resulting in confusion, mental slowing and other cognitive difficulties. It can be said that these symptoms may represent the body’s way of experiencing psychological stress through physical symptoms, which can be associated with complex trauma

(Hopper, 2017). With that said, there is an urgent need for these victims to seek medical attention to help deal with their physical issues in addition to their emotional health.

Peer-to-Peer Support

There is a necessity for the victims of human trafficking to have contact with others who have also been victims of human trafficking. Often, victims are unwilling to acknowledge the trauma and exploitation they have experienced. As a result, many survivors are reluctant to seek treatment. However, when working with others who have had similar experiences, many individuals feel more at ease. A study of a group intervention for sexually exploited girls by Hickie & Roe-Sepowitz (2013) showed that discussing their experiences in a group setting with others who have been through the same type of trauma had a positive impact of feeling supported and validated by others. This mutual aid allowed them to feel comfortable in opening up about their experiences and understanding that they are not alone. As well as having a group of peers to talk to, there are recommendations for a “co-facilitator that is a survivor of sex trafficking as this individual is able to build rapport, provide a sense of authenticity, and be a role model to group members” (Hickie & Roe-Sepowitz, 2013). With the use of a co-facilitator and a trained professional, this group intervention can be very effective. However, it is important to keep in mind that group intervention does not work for everyone, and individual therapy may need to be considered.

Family Support

Involving the family in helping victims post-trafficking is an important need, as their family members can be a great support system for them as well. However, many family members may not have a full understanding of human trafficking and this can cause the family to place a stigma on the victim, causing them to feel embarrassed or ashamed. Therefore, it is important to include the family

so that they are able to understand this situation as abuse and as a crime rather than blaming their family member (Global Alliance Against Trafficking in Women, n.d.).

Proximity of Services

While there are some services available, there are not many, and they are often spread over large areas. This forces clients to have to travel long distances and without their own means of transportation, this might mean long rides on public transportation (Powell et al., 2017). Some victims also stated they were forced to move back to the same area where the trafficking took place, and this meant that they ran into their traffickers. When this happens, clients no longer attend their appointments and no longer receive treatment. Therefore, the location, number, and proximity of available services is crucial for maintenance of treatment.

Services for Men

There is a lack of services available for men, and this is often because of the assumption that men do not want to get psychological help, because of the stigma of men showing emotions. This represents a large area of unmet needs because “Men who have been trafficked have similar mental health problems and needs as trafficked women” (Global Alliance Against Trafficking in Women, n.d.). As the needs are the same for both men and women, it is important that there are services available equally to men, as there are to women.

Reintegration

Many of these individuals may lack the skills necessary to obtain a job and achieve economic stability after escaping their trafficking. In many cases, these clients do not receive the full array of integration services they need, such as assistance with finding and maintaining employment, finding affordable and long-term housing or help with citizenship status (Powell et al., 2017). Resolving these

basic necessities will increase the likelihood of consistent use of services, but without them, some of these individuals will end up back in the trafficking system. Therefore, providing ways for victims to have access to these is critical in having clients continue their care and continue on a healthy path to recovery.

In addition, a study by the *Standing Against Global Exploitation Everywhere* (SAGE) project states that many of these people need legal services as well as assistance with benefits (Gibbs, Walters, Lutnick, Miller & Kluckman, 2015).

Services

According to researchers, one of the gaps in service provision to victims of human trafficking are inconsistent screening practices (Hemmings et al., 2016). In order to effectively treat these individuals, it is important to be able to identify them, especially in health care settings. Most victims of human trafficking would experience complex trauma, and this factor should be considered when developing a screening tool. However, the services that are currently available are as follows:

Therapeutic Supports

Considering the number of human trafficking survivors suffering from PTSD and other mood and anxiety disorders, there are several therapeutic supports that have been found to be successful at managing the psychological consequences of human trafficking; the most prominent of these therapies being behavioural, cognitive and psychodynamic. Each of these therapies has a positive influence on the patient's behaviours and feelings by altering how the patients understand their experiences (Williamson et al., 2008). Additional therapies include eye movement desensitization and reprocessing, stress inoculation training and exposure therapy (Williamson et al., 2008). Cognitive-behavioural

therapy, exposure therapy and stress inoculation training, in particular, have been successful in preventing the development of PTSD when used with female victims of sexual violence.

Additional types of therapy that have been proven to be successful are yoga, art therapy, aromatherapy, animal assisted therapy, mindfulness, and breathing techniques. These therapies had a general outcome of an increase in characteristics such as hope, and increased self-awareness, and a decrease in trauma-related symptoms including anxiety and dissociation (Polaris, 2015).

Substance Abuse

Those patients suffering from substance abuse will need therapeutic supports as well because it is important to not only address the substance abuse itself, but also the underlying trauma that caused the substance abuse or the treatment is not likely to be effective (Williamson et al., 2008). Other services available as stated by the Department of Justice Canada (n.d) include community service agencies, detox programs and treatment centres, hospital services and housing.

Peer-to-Peer Supports

Peer-to-peer support has a positive influence on the recovery of human trafficking victims. As little research has been done on the effects of trafficking on victims, there are not many peer support groups available. One organization held weekly group counselling sessions specifically for women from Southeast Asia, and this meeting allowed to women to connect with each other, eventually referring to each other as family (Global Alliance against Trafficking in Women, n.d.). Whereas Hickie and Roe-Sepowitz (2013), describe a pilot group intervention created for domestic minor sex trafficking victims. This group intervention revealed that being in a group setting with peers who had the same experiences made the participants feel open and comfortable and they were able to come to terms

with their experiences and reduce stigma, allowing them to accept and seek treatment (Hickle & Roe-Sepowitz, 2013).

There are also peer-to-peer services available through the *Girls Educational Mentoring Services (GEMS)*, a strength-based leadership program which enables women empowerment (Lloyd, n.d). Peer support groups have been proven to have many therapeutic benefits as they are helpful in re-building self-confidence and help to address feelings of isolation (Global Alliance Against Trafficking in Women n.d).

Why Services are Not Used

Some of the reasons that these victims' needs are not being met are due to the fact that there is not only a lack of availability, but also a reluctance to use them. Many young people choose not to use these services for fear of being reported based in prior maltreatment or their current trafficking engagement (Gibbs et al., 2015). A variety of projects were evaluated such as SAGE, STOP-IT and Street work, and the median length of which participants engaged in these services ranged from 65 days, 117 days, and 15 days respectively. It was noted that the reason for clients discontinuing services was due to the absence of other means to meet survival needs (Gibbs et al., 2015). This demonstrates that these victims do not feel safe to come forward and seek help, for fear of being reported. They need assistance to see themselves as victims of crime rather than targets of blame.

What Services are lacking?

While there are effective services available, there are still aspects of these services that need to be improved upon. Powell et al. (2017) stated that if there was no case manager or main point of contact, the client did not receive the full range of services that were available due to miscommunication or poor coordination (pg. 4). In addition, there is a shortage of mental health

professionals who are trained to address the unique needs of human trafficking survivors. When not properly trained, the treatment can be ineffective or even cause more harm (Williamson et al., 2008).

There is also a lack of evidence based trauma treatment that works with this population. Researchers need to move beyond anecdotal stories to produce more studies with rigorous designs and methodologies (Powell, Dickins and Stoklosa, 2017).

Further trauma-informed healthcare is needed to care for victims of human trafficking. This care must be culturally sensitive in order to meet particular needs (Hemmings et.al. 2016). Other considerations include a lack of gender sensitive language and culture specific services for clients. This can change how survivors respond to this care and could see this as a barrier (Powell et al., 2017). There needs to be cultural consideration regarding referrals to counselling as victims come from many different cultures and we cannot assume that women or men from all cultures would respond to counselling. Many victims from developing countries may not necessarily go to counselling (Yakusho, 2009):

Western approaches, such as counselling, may not be appropriate for this client group [43]. In qualitative work by Aron et al. [39], victims described wanting other services, outside of one-to-one therapy, to address their emotional needs such as acupuncture. Victims described their experiences of one-to-one therapy as often shameful and blaming, and they found that western-style talk therapy did not always resonate with their cultural backgrounds. (Hemmings et al., 2016, pg. 5)

As stated by (Hickle & Roe-Sepowitz, 2014), there is a need for the development of residential treatment centers, group homes, foster care agencies and homeless and runaway youth shelters that can help victims in their transitional period to recovery (p. 5).

Conclusion

Overall, there are significant unmet needs of this population, and a lack of evidence based research to focus on the main issues associated with this type of trauma. There is, however, a good base of research from which to begin an assessment of these needs. As well there are a variety of services available, but not nearly enough to facilitate recovery for a larger number of human trafficking survivors. This leaves room for further research, **especially with survivors themselves**. Overall, the services found to be most effective regarding treatment of this population are peer-to-peer support, physical health support, and reintegration services. Further research will identify more of these needs, as many are developed each day depending on the individual. Conducting further research will also determine ways to better implement strategies to serve victims and survivors of human trafficking.

References

- Abas, M., Ostrovski, N., Prince, M., Gorceag, V., Trigub, C., Oram, S. (2013). Risk factors for mental health disorders in women survivors of human trafficking: A historical cohort study. *BMC Psychiatry*, 13(204).
- Ahn, R., Alpert, E.J., Purcell, G., Konstantopoulos, W.M., McGahan, A., Cafferty, E., . . . Burke, T.F. (2013). Human trafficking: review of educational resources for health professionals. *American Journal of Preventative Medicine* 44(3). 283-289 9.10.1016/j.amepre.2012.10.025
- Aron, L., Zweig, J. M., & Newmark, L. C., (2006). *Comprehensive services for survivors of human trafficking: Findings from clients from three communities: Final report*. Washington, D.C.: Urban Institute: Justice Policy Center. Retrieved from http://webarchive.urban.org/UploadedPDF/411507_human_trafficking.pdf
- Baldwin, S., Eisenman, D., Sayles, J., Ryan, G., & Chuang, K. (2011). Identification of human trafficking victims in health care settings. *Health and Human Rights*, 13(1), 36-49. Retrieved from <http://www.jstor.org/stable/healhumarigh.13.1.36>
- Beatriz Alvarez, M., Alessi, E. J., (2012). Human Trafficking Is More Than Sex Trafficking and Prostitution. *Affilia*. Vol 27(2). Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/0886109912443763#articleCitationDownloadContainer>
- Bernat, F., & Winkeller, H. (2010). Human sex trafficking: The global becomes local. *Women & Criminal Justice*, 20(1-2), 186-192.
- Bisson, J.L., Ehlers, A., Matthews, R., Pilling, S., Richards, D., Turner, S. (2007). Psychological treatment for chronic posttraumatic stress disorder. Systematic review and meta-analysis. *Br J Psychiatry*. 190: 97-104. 10.1192/bjp.bp.106.021402.
- Busch-Armendariz, Noel B.; Nsonwu, Maura B.; and Cook Heffron, Laurie (2011) Human Trafficking Victims and Their Children: Assessing Needs, Vulnerabilities, Strengths, and Survivorship. *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 2 : Iss. 1 , Article 3. Retrieved from <http://digitalcommons.library.tmc.edu/childrenatrisk/vol2/iss1/3>

- Cary, M., Oram, S., Howard, L. M., Trevillion, K., & Byford, S. (2016). Human trafficking and severe mental illness: An economic analysis of survivors' use of psychiatric services. *BMC Health Services Research*, 16(1-8). Doi:10.1186/s12913-016-1541-0
- CdeBaca, L., & Sigmon, J. N. (2014). Combating trafficking in persons: a call to action for global health professionals. *Global Health, Science and Practice*, 2(3), 261–267.
<http://doi.org/10.9745/GHSP-D-13-00142>
- Clawson, H., Salomon, A., Goldblatt, G. (2008). Treating the hidden wounds: Trauma treatment and mental health recovery for victims of human trafficking. *Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services*. Washington, DC
- Clawson, H., Dutch, N. (2008). Addressing the needs of victims of human trafficking: Challenges, barriers, and promising practices. *Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services*. Washington, DC
- Clawson, H.J., Small, K., Go, E.S., Myles, B. (2004). Human trafficking in the United States: Uncovering the needs of victims and the service providers who work with them. *Int J Comp Criminol* 4:68–95.
- Davy, D. (2015). Understanding the support needs of human trafficking victims: A review of three human trafficking program evaluations. *Journal of Human Trafficking*, 1(4), 318-337.
- Department of Justice Canada (n.d). *from the ground up: working with survivors for Survivors*.
- Deshpande, N. A., & Nour, N. M. (2013). Sex Trafficking of Women and Girls. *Reviews in Obstetrics and Gynecology*, 6(1), e22–e27.
- Doherty, S., Oram, S., Siriwardhana, C., Abas, M. (2016). Suitability of measurements used to assess mental health outcomes in men and women trafficked for sexual and labour exploitation: A systematic review. *Lancet Psychiatry*, 3(5). 464-471.
- Domoney, J., Hoard, L. M., Abas, M., Broadbent, M., & Oram, S. (2015). Mental health service responses to human trafficking: A qualitative study of professionals' experiences of providing care. *BMC Psychiatry*, 15 289-297. Doi: 10.1186/s12888-015-0679-3
- Gajic,veljanoski, O., & Stewart, D. (2007). Women trafficked into prostitution: Determinants, human rights and health needs. *Transcultural Psychiatry*, 44(3), 338-358.
- Gibbs, D., Walters, J., Lutnick, A., Miller, S., & Kluckman, M. (2015). Services to domestic minor victims of sex trafficking: Opportunities for engagement and support. *Children and Youth Services Review*, 54(7), 1-7.

Global Alliance Against Traffic in Women (n.d). *unmet needs :emotional support and care after trafficking*.

Goldenberg,S. (2015). Supporting the mental health of trafficked people. *Lancet Psychiatry*, 2(23). 1048-1049.

Goździak, E. B., Bump M. N., (2008). Data and Research on Human Trafficking: Bibliography of Research-Based Literature. Retrieved from Data and Research on Human Trafficking: Bibliography of Research-Based Literature Hemmings S., Jakobowitz1 S., Abas M., Bick D., Howard L., Stanley N., Zimmerman C. and Oram S (2016). Responding to the Health Needs of Survivors of Human Trafficking: A Systematic Review. *BMC health service research*. 16:320 DOI 10.1186/s12913-016-1538-8

Hickle, Kristine E and Roe-Sepowitz, Dominique E (2014) Putting the pieces back together: a group intervention for sexually exploited adolescent girls. *Social Work With Groups*, 37 (2). pp.99-113. ISSN 0160-9513

Hopper, E. (2017). Polyvictimization and developmental trauma adaptations in sex trafficked youth. *Journal of Child & Adolescent Trauma*, (10)2, 161—173. Doi:10.1007/s40653-016-0114-z

Hossain, M., Zimmerman, C., Abas, M., Light, M., Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health*, 100(12). 2442-2449. Doi: 10.2105/ajph.2009.173229.

Human Trafficking growing in Peel. (2012, May 7). *Brampton Guardian*

Kidane, W. (2011) Understanding Human Trafficking and its Victims. *Seattle Journal for Social Justice*. Vol. 9 (2), Retrieved from <http://digitalcommons.law.sealeu.edu/sjsj/vol9/iss2/1>

Kiss, L., Pocock, N., Naisanguansri, V., Suos, S., Dickson, B., Thuy, D., Zimmerman, C. (2015). Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: An observational cross-sectional study. *Lancet Global Health*, 3(3). e154-e161.

Lloyd, R. (n.d). *from victim to survivor, from survivor to leader*. Girls Educational

Logan, T.K., Walker, R., Hunt, G. (2009). Understanding Human Trafficking in the United States. *Trauma, Violence, & Abuse*. Vol. 10(1). Retrieved from

<http://journals.sagepub.com/doi/abs/10.1177/1524838008327262#articleCitation> Download Container

- McCauley, H.L., Decker, M.R., Silverman, J.G. (2010). Trafficking experiences and violence victimization of sex-trafficked young women in Cambodia. *Int J Gynecol Obstet*, 110(3): 266-267. 10.1016/j.ijgo.2010.04.016.
- McGough, M. Q., (2013). Ending Modern-Day Slavery: Using Research to Inform U.S. Anti-Human Trafficking Efforts. *National Institute of Justice*. Retrieved from <https://www.nij.gov/journals/271/pages/anti-human-trafficking.aspx>
- National Center of Safe Supportive Learning Environments (2017). *Risk Factors and Indicators*. Retrieved from <https://safesupportivelearning.ed.gov/human-trafficking-americas-schools/risk-factors-and-indicators>
- National Human Trafficking Hotline (n.d). *The Victims* Retrieved from <https://polarisproject.org/victims-traffickers> Mentoring Services.
- Okech, D., Morreau, W., & Benson, K. (2012). Human trafficking: Improving victim identification and service provision. *International Social Work*, 55(4), 488-503.
- Oram, S., Khondoker, M., Abas, M., Broadbent, M., & Howard, L. (2015). Characteristics of trafficked adults and children with severe mental illness: A historical cohort study. *Lancet Psychiatry*, 2(12). 1084-1091.
- Oram, S., Stöckl, H., Busza, J., Howard, L., & Zimmerman, C. (2012). Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: Systematic review. *PLoS Medicine*, 9(5), 1-13. Doi:10.1371/journal.pmed.1001224
- Orme, J., and Ross-Sheriff, F. (2015). Sex trafficking: Policies, programs, and services. *Social Work*, 60(4), 287-294. Doi:10.1093/sw/swv031
- Ostrovski, N.V., Prince, M.J., Zimmerman, C., Hotineanu, M.A., Gorceag, L.T., Gorceag, V.I., . . . Abas, M. (2011). Women in post-trafficking services in Moldova: diagnostic interviews over two time periods to assess returning women's mental health. *BMC Public Health* 11(232) doi:10.1186/1471-2458-11-232
- Panigabutra-Roberts, A., (2012). Human Trafficking in the United States. Part I. State of the Knowledge. *Faculty Publications, UNL Libraries*. 290. doi:10.1080/01639269.2012.736330
- Polaris. (2015). Promising practices: An overview of trauma-informed therapeutic support for survivors of human trafficking.
- Potocky, M. (2010). Effectiveness of services for victims of international human trafficking: An exploratory evaluation. *Journal of Immigrant & Refugee Studies*, 8(4). 359-385

- Powell, C., Asbill, M., Louis, E., & Stoklosa, H. (2017). Identifying gaps in human trafficking mental health service provision.
- Pure Point International (2017). *Washington DC: Our Missing Black Girls- Race and Human Trafficking?* Retrieved from <http://the-purepoint.com/washington-dc-our-missing-black-girls%E2%80%8A-%E2%80%8A-race-and-human-trafficking/>
- Reid, J. (2010). Doors wide Shut: Barriers to the successful delivery of victim services for domestically trafficked minors in a southern U.S. metropolitan area. *Women & Criminal Justice*, 20(1-2). 147-166.
- Ruitort, M., Rupnarain, S., and Masoud, L. (n.d.). Framework on anti-racism, anti-oppression and Equity: Factoring the determinants of health and persisting inequities in services delivered for survivors of violence in Canada. Mississauga, ON. Canada. *Peel Institute on Violence Prevention - Family Service of Peel*
- Twigg, N. M., (2017). Comprehensive car model for sex trafficking survivors. *Journal of Nursing Scholarship*, 49(3), 259-266. Doi: 10.1111.jnu.12285
- The Peel Institute on Violence Prevention's Report (2017). Violence against women: A public health concern. Mississauga, ON. Canada. *Peel Institute on Violence Prevention - Family Service of Peel*
- Vicente, P. (2017, May 6). Human Trafficking in Peel. *Brampton Focus*. Retrieved from <https://www.bramptonfocus.ca/human-trafficking-peel/>
- Viergever, R.F., West H., Borland, R., Zimmerman, C. Health Care Providers and Human Trafficking: What do They Know, What do They Need to Know? Findings from the Middle East, the Caribbean, and Central America. *Frontiers in Public Health*. 2015;3:6. doi:10.3389/fpubh.2015.00006.
- Violence Prevention Task Force (n.d.). Violence: The social context of Violence. *Violence Prevention Task Force*
- Weitzer, R. (2014). *New Directions in Research on Human Trafficking. The ANNALS of the American Academy of Political and Social Science*. Vol 653, Issue 1, pp. 6 – 24. Retrieved from <https://doi.org/10.1177/0002716214521562>
- Williamson, E., Dutch, N., & Clawson, H. C. (2008). Evidence-based mental health treatment for the victims of human trafficking. *Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services*. Washington, DC

- Williamson, E., Dutch, N., & Clawson, H. C. (2008). *National symposium on the health needs of human trafficking victims: Post-symposium brief*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.
- Wirsing, Knowles E. (2012). Outreach, collaboration and services to survivors of human trafficking: The Salvation Army ATOP-IT program's work in Chicago, Illinois. *Social Work & Christianity*, 39(4), 466-480.
- Zimmerman C., Hossain M., Yun K., Roche B., Morison L., Watts C. (2006). Stolen smiles: The physical and psychological health consequences of women and adolescents trafficked in Europe. London, England: London School of Hygiene and Tropical Medicine. Retrieved from <http://genderviolence.lshtm.ac.uk/files/Stolen-Smiles-Trafficking-and-Health-2006.pdf> Google Scholar
- Zimmerman C., Hossain M., Yun K., Roche B., Morison L., Watts C. (2006). Stolen smiles: The physical and psychological health consequences of women and adolescents trafficked in Europe. London, England: London School of Hygiene and Tropical Medicine. Retrieved from <http://genderviolence.lshtm.ac.uk/files/Stolen-Smiles-Trafficking-and-Health-2006.pdf> Google Scholar
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- Department of State. (2016, June). *Trafficking in persons report*. Retrieved Nov. 2, 2017, from <https://www.state.gov/documents/organization/258876.pdf>
- Task Force on Trafficking of Women and Girls in Canada. (2013, May). *An assessment of sex trafficking*. Retrieved Nov. 13, 2017 from <http://www.canadiancentretoendhumantrafficking.ca/wp-content/uploads/2016/10/Assessment-of-Sex-Trafficking-in-Canada.pdf>
- Stats Canada. (2014). *Trafficking in persons in Canada, 2014*. Retrieved Nov. 13, 2017 from <https://www.statcan.gc.ca/pub/85-002-x/2016001/article/14641-eng.htm>

The National Inquiry into Missing and Murdered Indigenous Women and Girls. 2017. *Interim report: Our women and girls are scared*. Retrieved Nov. 14, 2017 from <http://www.mmiwgffada.ca/files/ni-mmiwg-interim-report-en.pdf>