EVALUATION REPORT

Mobile Sex Trafficking Prevention and Counselling

Services Clinic in the Region of Peel Project

2021- 2024

Peel Institute of Research and Training,
Family Services of Peel

May 27, 2024

Women and Gender Equality Canada

Femmes et Égalité des genres Canada

Table of Contents

External Evaluation Report
Mobile Sex Trafficking Prevention and Counselling Services Clinic in the Region of Peel Project 2021- 2024

I. INTRODUCTION

Family Services of Peel (FSP) believes that women's rights are human rights. The organization urges government and service providers to respond appropriately ensuring the rights of women within the sex trade are protected and that every encountered case is approached and resolved from a human rights lens. Consequently, the Peel Institute on Violence Prevention (PIVP), now known as the Peel Institute of Research and Training developed and adopted the following human trafficking definition over the years:

"Human trafficking is the recruitment, transportation, transfer, harbouring or receipt of persons by improper means (such as force, abduction, fraud, coercion, deception, repeated provision of a controlled substance) for an illegal purpose, including sexual exploitation or forced labour" (Source: Ontario Taking Steps to End Human Trafficking, Ministry of the Status of Women, 2016).

In 2018 the Institute developed a 'Human Trafficking Needs Assessment' that provides evidence to understand and respond to the unique needs of survivors of human trafficking in the Region of Peel. It highlights that the response should be in proportion to the unique needs of Human Sex Trafficking (HST) survivors by acknowledging their history of trauma and its profound impact on their lives. Strengthen survivor-centred approaches by focusing on survivor's physical and psychological safety and preventing triggering or re-victimizing are central to our work. Services providers involved in serving HST survivors or victims should reflect and acknowledge how their practice and perspectives may be informed by their social, religious, and cultural backgrounds, impacting directly or directly the support delivery to HST survivors/victims.

As a further step, PIRT designed a project proposal to provide support for survivors or victims of HST in Peel, grounded in Human Rights containing freedoms and entitlements (Health and Human Rights. SIDA 2002). The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, torture, exploitation and non-consensual medical treatment and experimentation. The entitlements include the right to a system of health prevention and protection which provides equal opportunities for people to enjoy the highest attainable level of health (Health and Human Rights. SIDA 2002).

The proposal was approved and agreed by the Minister for the Department for Women and Gender Equality (WAGE) and Family Services of Peel (FSP) in 2021 under the project title 'Mobile Sex Trafficking Prevention and Counselling Services Clinic in the Region of Peel' (the HST project).

The present external evaluation report provides evidence of the promising practices encountered during the implementation of the project, and recommendations for its strengthening, adaptation and escalation.

II. DESCRIPTION OF THE HST PROJECT

The HST project was a 38-month project led by FSP and conducted from February 15, 2021 to March 31, 2024. The initiative was developed and implemented as a pilot project to advance knowledge and enhance support for victims and survivors of HST.

The mobile sex trafficking prevention and counselling services clinic was implemented by a team of health, social and research professionals, and survivor leaders to provide health trauma-informed care for survivors/victims of human trafficking. It was a collaborative effort with different partnerships and organizations in the Region of Peel that included survivors, community leaders, health, justice, faith, and social services.

The project had the following objectives:

1. Create a mobile model of health and counselling services for survivors of human sex trafficking, who usually do not have easy access to, or prefer not to utilize traditional health care facilities or counselling services, in Mississauga, Brampton and Caledon.
2. Apply an anti-oppression, anti-racism, and equity framework to the work done in Human Sex Trafficking in the project development, implementation, services delivery, and evaluation.
3. Apply a human sex trafficking primary prevention strategy through lunchtime group presentations at industrial sites, schools, churches, and recreational centers.
4. Instill awareness and knowledge of human sex trafficking, reproductive health, trauma, women's rights and a positive appreciation of one's sexuality among survivors of human sex trafficking.
5. Provide education and preventative health screening and trauma services, focusing on human rights and women's rights.
6. Develop community-based and research-based evaluation through surveys, and medical and counselling charts, in collaboration with Peel Public Health and other health and social services organizations in Peel.
7. Assess the impact of the mobile clinic on underserved and high-risk HST communities.

The project was initially launched virtually from the FSP's headquarters at 5975 Whittle Rd, October 2021, due to restrictions imposed as public health measures during the COVID-19 Pandemic. A team of health professionals, including a family physician, lab technician, nurse, coordinator, survivor leaders, and clinicians, were engaged as a mobile clinic team. Virtual services were initially offered through phone and video calls. In 2022, FSP secured a clinic bus through a partnership with the Canadian Mental Health Association, Peel Dufferin, which enabled providing services directly to potential clients. This positively improved accessibility.

A marketing strategy was created and launched to raise awareness of the Mobile clinic and its services and delivery process. The Mobile clinic's main services and processes included intake, followed by a physician's consultation that comprised health assessments, biomarker tests and medication prescriptions (if needed). The Mobile Clinic coordinator connected the client to a nurse for blood work and other biomarker test collection. The collected biospecimens were sent to Dyna Care labs and/or Peel Public Health for processing. Biomarker test results were then communicated to the Mobile Clinic clients, and if further testing was required, the physician made a referral to appropriate hospitals or specialists for further health services or care. The Mobile Clinic coordinator also assisted in the referring process for such clients who were referred by the Mobile Clinic health team to trauma counselling at FSP and other agencies, as well as to other support services, including shelters, food banks, and other social support services.

The project followed and contributed the following national and provincial anti-human trafficking strategies. The Government of Canada's strategy to combat human trafficking involves empowering victims and survivors and preventing crimes from taking place. Ontario's anti-human trafficking strategy supports survivors through specialized services, raises awareness of the issue through training and public awareness campaigns, equips frontline service providers to prevent human trafficking before it occurs and to take action early, and gives law enforcement the tools and resources they need to hold offenders accountable.

Additionally, the project addressed the lack of and accessibility of services for high-risk or survivors of HST. At the international, regional and national levels, government, international, and non-governmental organizations have established plans of action, conducted training, developed policy tools, and conducted a variety of other activities to counter the phenomenon of trafficking in persons (Davy, 2016), with limited success. There remain few services for survivors of Human Sex Trafficking, and even when offered, these services are usually not accessible and do not create safe spaces to be accessed.

III. OBJECTIVES OF THE PROJECT EXTERNAL EVALUATION

The Peel Institute of Research and Training (PIRT) of FSP developed the evaluation of the HST project to provide evidence of the success and scalability of the promising practices encountered during its implementation and delivery.

IV. EVALUATION FRAMEWORK AND METHODOLOGY

To identify the project's promising practices the equity and anti-oppression framework has been used in each of the following stages of the evaluation cycle: formative, process and impact evaluation as shown in Figure # 1 below.

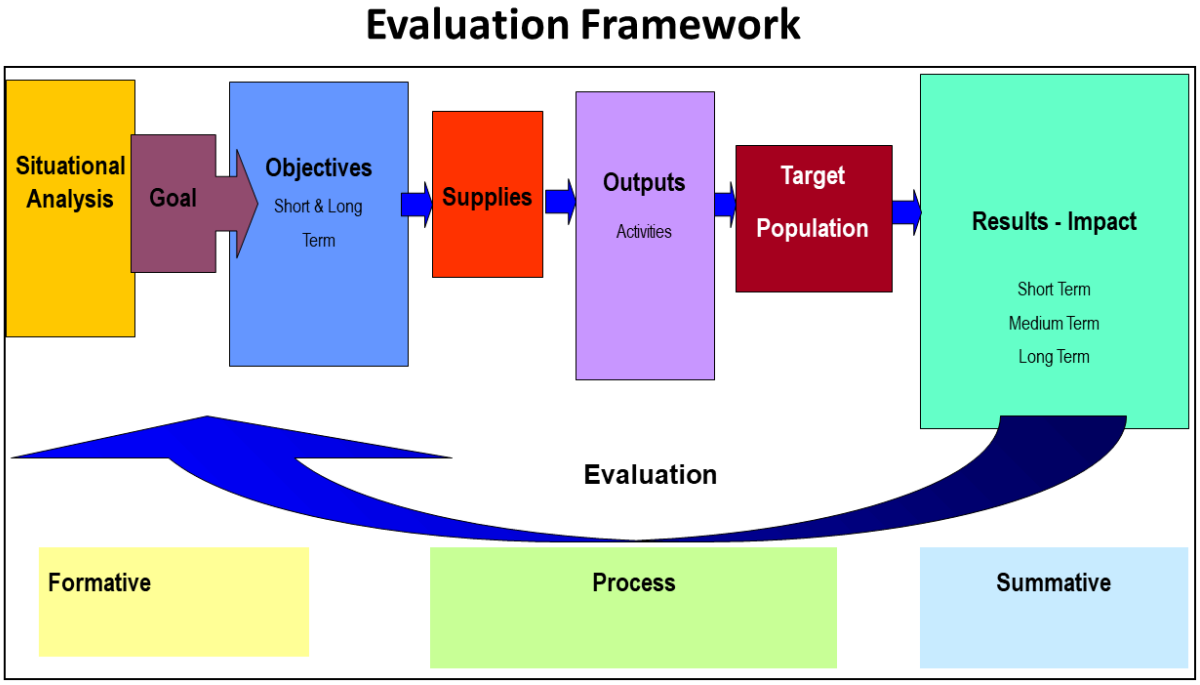


Figure 1: Evaluation Framework

The evaluation used the following sources of information that were generated during the stages of design and implementation of the project:

1. Literature review
2. Consultation with staff and collaborators
3. Review of forms and data collection processes
4. Interviews and surveys with staff and collaborators
5. Review of clinical data obtained from Mobile Clinic users
6. Review of administrative reports produced throughout the project

The project involved the following collaborators to refer clients served by the mobile clinic:

1. Our Place Peel
2. Victim Services of Peel
3. Cedarvale Community Hub
4. Dixie Bloor Community Centre
5. Embrave Women's Shelter
6. E. Fry Society
7. Pathways Community Hub

Dynacare was the medical laboratory organization for biomarker test processing. Rising Angels was initially a part of the program to provide the clinic with referrals, but it did not follow through.

Due to the clients' transient characteristics, the project did not receive clients' feedback.

The evaluation performed constituted a mixed-methods approach to assess the project, incorporating both quantitative and qualitative techniques. This includes statistics, the case study analysis for identified HT survivors and a thematic analysis of interviews and surveys with staff and service providers.

V. RESULTS AND PROMISING PRACTICES

To analyze the project's promising practices, this report includes informal and formal sex workers as HST survivors, as well as non-HTS survivor clients who used the project's Mobile Clinic. The mobile clinic has identified and served 4 human sex-trafficking survivors which represents 2.6 % of the total clients (N=152) served. Additional case analyses were conducted on the four identified survivor cases to better characterize the health, behavioural, and social factors and challenges and barriers surrounding them.

By analyzing primary data from the Mobile Clinic clients and information from secondary sources (project implementation, services delivery, and marketing campaign), the following five practices have been identified as having potential for replicability, adaptation, and escalation:

1) Sexual Health and Trauma Counselling as a Strategy Against Human Sex Trafficking.
2) A Triage System to Build Safety Pathways for HST Survivors
3) Identifying Challenges and Barriers to HST Survivors
4) Mobile Services as part of a Hybrid Service Model with new IT technologies
5) Community Engagement, Social Media and Cultural Competency

1. Sexual Health and Trauma Counselling as a Strategy Against Human Sex Trafficking

By providing services to underserved and hard-to-reach individuals in the communities of Peel Region, the mobile clinic was able to identify four human sex survivors among the vulnerable populations served, including new immigrants and people who were at risk of sexually transmitted (STI) and other genital or urinary tract infections.

Served clients: The HST clinic served 152 clients from October 2021 to March 2024. The majority of clients came to the clinic for assessment and treatment of STI diseases and other genital and urinary tract infections (91%), followed by birth control (6%), Human papillomavirus (HPV) vaccination (1.3%), trauma counselling (1.3%) and menstrual disorders (e.g., menorrhagia) (0.4 %).

Removing access barriers: The HST Mobile Clinic showed a positive effect in decreasing barriers to access sexual health and trauma counselling through its accessible location (the Mobile Clinic was located in different areas across Peel, such as shelters and parking lots), hours of operation (the clinic offers its services Fridays and Saturdays) and languages (Spanish, English) to attract young women, immigrants and people who did not have the Ontario Health Insurance Plan or have difficulties to access traditional health services. **Figure 2** illustrates the profiles of the clients served by the Mobile Clinic and the barriers that the clinic helped to reduce.

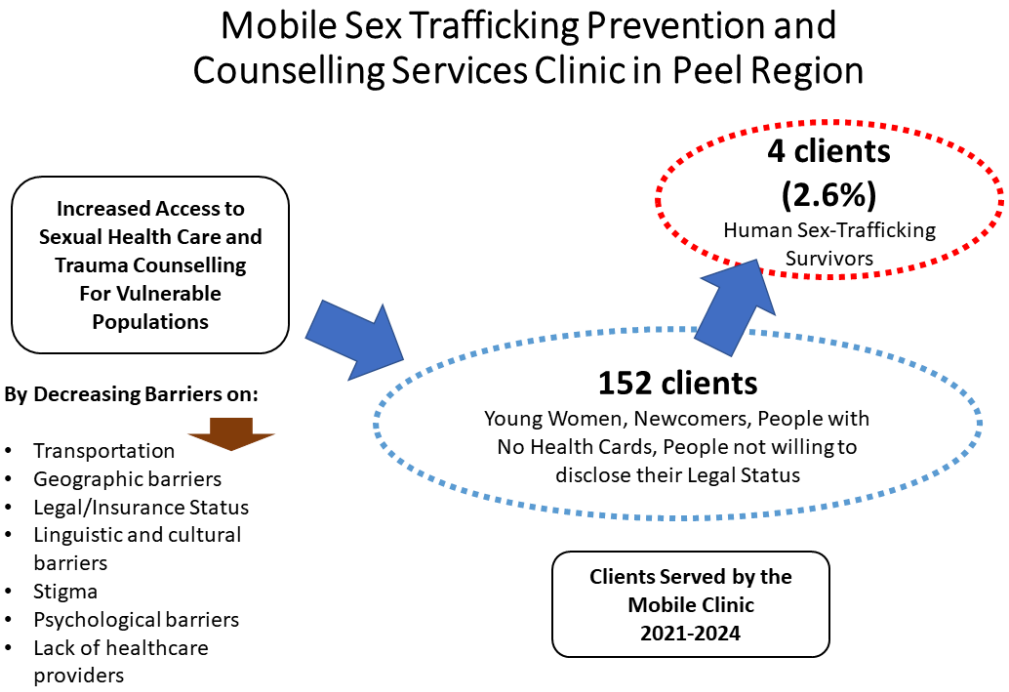


Figure 2: HST Mobile Clinic as a Strategy Against Human Sex Trafficking

Clients' demographic characterization: Most clients served by the HST Clinic were female (123 out of 152), representing 81 % of the total clients, followed by 19 % of males (29 out of 152). More than half of clients (67 %) were adults between 18 and 34 years old (102 out of 152), whereas the group of clients aged 35 to 44 represents 20% of total clients (31 out of 152), followed by clients aged 45 and over (12 %). Clients aged under 18 years of age only represented 1% of the clients.

Serving clients with diverse immigration status: Two-thirds of the clients (67 %) were migrants who came from diverse countries such as Mexico (22 %), Ukraine (9%), Colombia (5%), India (4 %), Kenya (3%), Jamaica (3%), Pakistan (3%), the Philippines (2%), and other countries like Bahamas, Egypt and Ethiopia. Clients born

in Canada represent 11% of the Clinic Mobile users, and 22% of clients did not disclose information about their country of origin. Most of the served clients come from Mississauga (28 %), Toronto (24 %), Brampton (18%) and other areas of the GTA such as Etobicoke and North York.

Languages spoken by clients: Nearly half of the clients (45 %) spoke other languages than English as their native language, while 14 % spoke English as a second language. Only 26 % of clients were native English speakers, and 15% of clients did not disclose their language

Health card holders: More than half of the clients (60%) served by the Mobile Clinic did not have the Ontario Health Insurance Plan (91 out of 152), while 40% of clients had it.

Confidentiality space: Another positive factor in reducing service barriers is the confidentiality maintained by the HST mobile clinic, allowing clients to access services without disclosing sensitive information such as marital and legal residency status. Nearly 60 % of the clients reported their marital status as single, followed by married or common-law (18%), and divorced or separated (4 %). Almost 20 % of clients did not disclose their marital status information. There was a high rate of undisclosed information about legal residency status (93 %).

From the staff surveys performed during the first year and a half of the mobile clinic implementation, it was noted that many clients were newcomers who did not have OHIP, and people or persons who did not want to disclose their legal residency status. By reducing these accessibility barriers, the likelihood of indirectly reaching HST survivors increased. Clients also spread awareness about the existence of the mobile Clinic by word of mouth.

Some of the staff testimonies are the following:

"Helping people in need of sexual health services"…"Connecting with people in need of sexual health services, specifically clients without health cards."

"The most positive impact is providing sexual health to many clients plus we can make referrals to FSP Trauma services."

"Clients without health cards are always grateful for our services.
A few tested positive for STIs and needed treatment."

"One patient called, her voice was low as a whisper and said: "I will call later, not now…", she hung up the phone several times with the same number. The counsellor presumed that the client had a problem, maybe someone was cornering her. After an hour the counsellor dialled the phone number and the client was comfortable, asking for STIs to check for unsafe sex practices."

"A 20-year-old client came for STI and trauma [counselling]. She referred or invited other clients to our services."

At the end of the project implementation, feedback from staff confirmed the impact of the mobile clinic in decreasing barriers for vulnerable populations where human sex trafficking survivors can be reached:

"We have serviced a very vulnerable and marginalized patient population, that otherwise does not have easy access to the medical services. We reach out and provide them with essential sexual health investigations, treatment and counselling."

"The connection to the community and providing access for sexual health-related concerns that may have been otherwise difficult to access."

"Supporting members of various backgrounds and identities with a safe, confidential space to get the help they needed."

Setting a preliminary parameter for the scalability of this promising practice, it can be proposed that the HST mobile clinic is a positive and impactful strategy for reaching and serving human sex-trafficked survivors. This is mainly because the project succeeded in reaching and serving a broader population at risk of sexually transmitted infections.

Based on the data collected from this pilot experience, it is estimated that for every one hundred clients served by the mobile clinic, there would be at least one human sex trafficking survivor served by the clinic per year. By implementing various mobile clinics simultaneously in many locations, particularly in a wider geographical area, the chances to reach more HT survivors would increase.

2. A Triage System to Build Safety Pathways for HST Survivors

Another promising practice identified is the establishment of safety pathways for potential HST survivor clients, which started with triage using a flagged communication system across the Mobile Clinic.

As human sex trafficking is a complex, hidden problem which always operates covertly; the higher rates of undisclosed information suggest that there are complex difficulties in recognizing survivors exclusively from the data provided by clients and needs to be complemented by their interaction with the staff at different stages of the services provided by the mobile clinic.

The statistical analysis of the data from the intake and clinical forms of the clinic showed the following results:

- There was a significant relationship between the number of sexual partners and HST survivors, where HST survivors are more likely than non-survivors to have five or more sexual partners in the past year. X2 (Chi-Squared test) (1, N = 152) = 43.925, $p < .005$.
- The relation between mental health challenges and HST survivors cannot be discarded as the data showed that all HST survivors had experienced mental health challenges such as abuse and trauma, and complex mental disorders (e.g., depression, schizophrenia).
- However, due to the small number of HTS survivors no statistical difference was found between the cases who were identified as HST survivors and non-survivors regarding mental health challenges. X2 (Chi-Squared test) (1, N = 152) = 0.168, p-value 0.6819 not significant at $p > .005$.
- Since no male HST survivors were identified by the clinic and the small number of males served by the mobile clinic, statistical tests cannot be performed to analyze potential differences based on biological sex and gender.
- No statistical differences were found between HST survivors and non-survivors regarding their countries of origin or their possession of the Ontario Health Insurance Plan. X2 (Chi-Square test) (1, N = 152), no significance at $p > .005$.

The ability to perform a multivariate analysis was limited due to the small number of HST survivors and the lack of disclosed information (e.g., ethnicity, legal and marital status, etc.). This limitation hinders the exploration of additional variables associated with HST, such as age, gender, sexual orientation, ethnicity, country of origin, and marital and legal residency status.

Based on the evidence and lessons learned during the implementation phase of the project, a simple triage and alert communication system has been developed and is presented in the following HST vulnerability chart (**Figure 3**).

Simple Triage Coloured System

Vulnerability Chart

Number of Sexual Partners in the Past Year	Presence of Mental Health Challenges		
	Low Challenges	Moderate Challenges	High Challenges
1-2 partners	GREY	YELLOW	RED
3-5 partners	YELLOW	YELLOW	RED
More than 5 partners	RED	RED	RED

Figure # 3: Triage – Vulnerability Chart

The triage system proposed is reinforced with the practice performed by the staff during the implementation of the project to discover the best signs to identify possible human sex trafficking survivors with limited disclosed information. Some of the staff testimonies include:

"Often, the most significant sign that a client was involved in HST was their disclosure of their past sexual history"

"Their complaints and medical history. Communication was restricted, promiscuous, and overly sexual for age or situation. There might be evidence of physical abuse, STIs, or sexual violence."

"Other clients were open and up-front about their involvement, and part of this was likely because they were in places of safety, i.e shelters, where they felt safe to disclose. "

"Signs indicating the client is involved in human sex trafficking: suspicious about confidentiality, repeatedly asking to affirm confidentiality, unaware of the location of ID documents, not forthcoming about what they do for a living."

"When asked about a way of communication, they are often stripped of their cell phones and health cards."

The flagged coloured vulnerability chart is designed to be used in a triage and communication system that starts from the intake process passing through the medical assessment and follow-up treatment.

A triage system would allow the identification of individuals by groups of risk based on two main parameters: The number of sexual partners in the past year and the presence of mental health challenges.

- **Grey Flag:** Include clients with one or two sexual partners in the past year and with low challenges in their mental health. The action for this group would be more promotional and focused on the medical treatment based on the main reason clients reach the clinic.

- **Yellow Flag:** Include clients with one or two sexual partners in the past year with moderate challenges in their mental health. It also includes clients with 3 to 5 sexual partners in the past year with low or mild mental health challenges. The action for this group would be preventative with assessment, treatment and follow-up of their sexual health and mental health outcomes.

- **Red Flag:** Include clients with more than 5 sexual partners in the past year whether they have mental health challenges or not. It also includes clients with less than 5 sexual partners in the past year who have high mental health challenges. The action for this group would be concentrated on their sexual health and mental health outcomes, as well as establishing safety pathways to healthcare and the activation of additional support from other organizations.

A synthesis of the triage system with the target population and prioritized actions and resources is shown in Figure # 4.

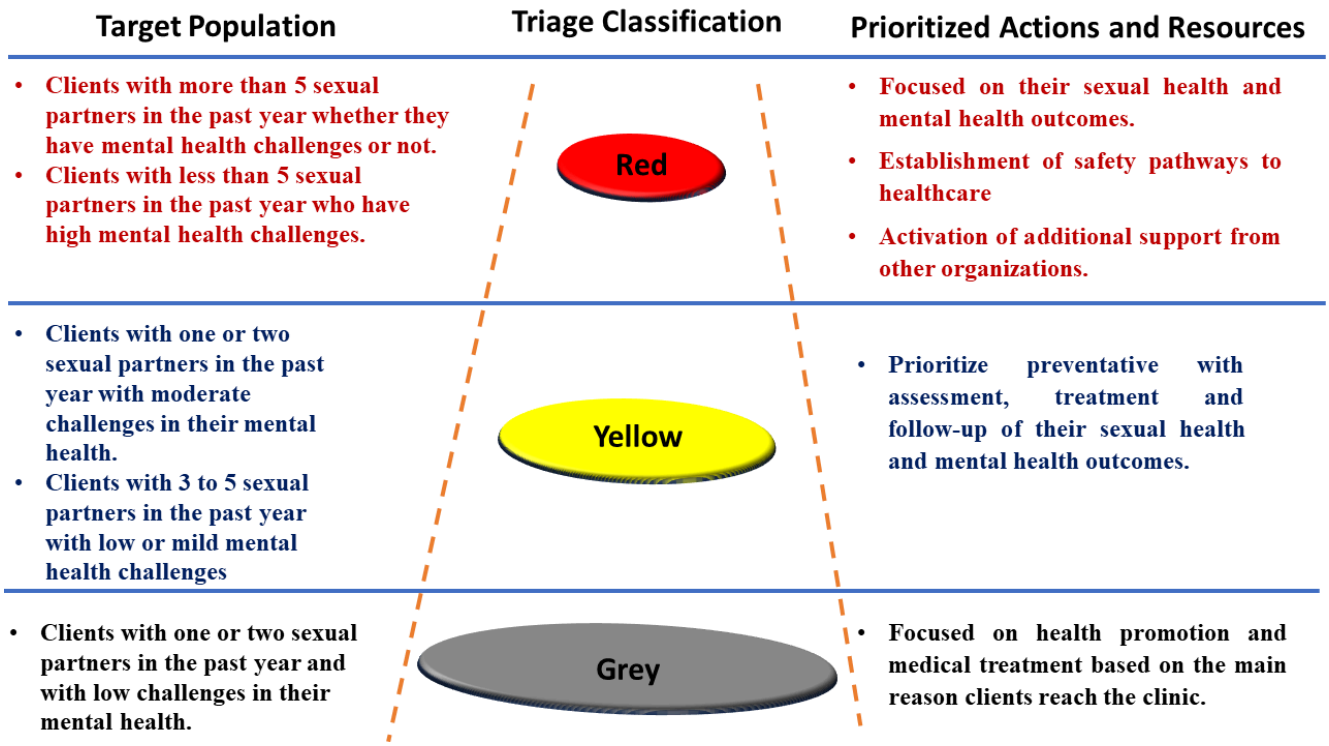


Figure # 4: Triage: Target Population and Actions

The triage would also be a faster and more effective way of communication among the staff of the mobile clinic and the different service providers to address the needs of the population served by the clinic and at the same time prioritize activities and resources that are focused more on the outreach of human sex-trafficking survivors and establishing safety pathways for them.

The use of the triage and communication system proposed integrated into an escalated mobile clinic intervention in a broader geographical area, would improve the efficiency and efficacy of mobile clinics and have a positive impact on the targeted population, for example, various sexual health and trauma counselling mobile clinics can operate simultaneously in different locations to reach human sex trafficking survivors.

3. Identifying Challenges and Barriers of HST Survivors

To describe and analyze the challenges and barriers encountered in providing services to human sex trafficking survivors a summary of the cases is presented in the below graph (**Figure # 5**).

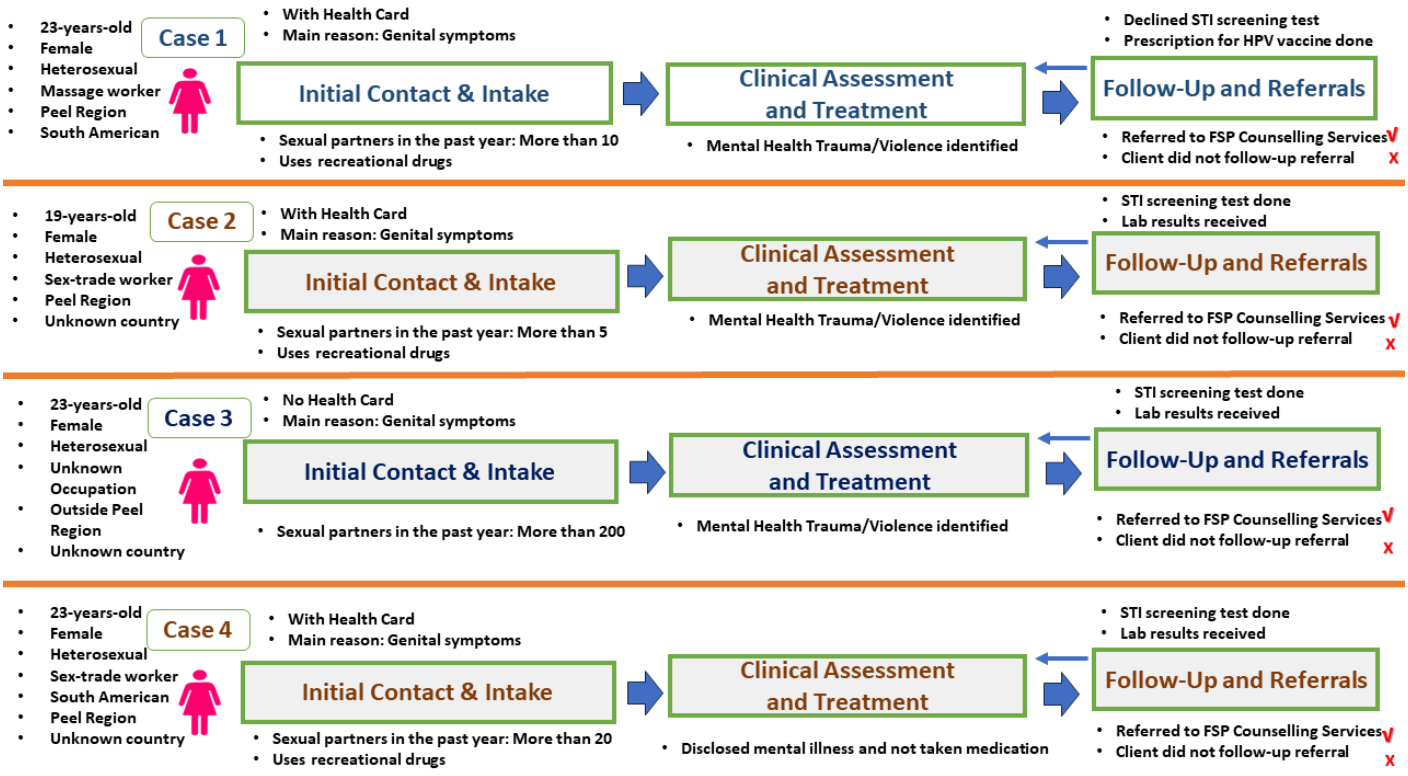


Figure # 5: Human Sex Trafficking Survivors Cases

Analysis Case 1:

The client is a 23-year-old woman who lives in Brampton and was born in Columbia. As a victim and survivor of human sex trafficking, Case 001 exemplifies the intricate interplay of financial constraints, sexual exploitation, reproductive health, and probable mental health issues, all of which are complex and layered. The example reiterates how urgently comprehensive healthcare services catering to the special requirements of trafficking survivors and others partaking in high-risk sexual activity are needed. To address the complex needs of people like Case 001, there is an urgent need for follow-up care, mental health assistance, access to preventive programs, and trauma-informed care.

Analysis Case 2:

This case illustrates the intricate interplay between socioeconomic vulnerabilities, healthcare access, needs related to reproductive health, and trafficking victimization. The example emphasizes the significance of providing complete healthcare services, such as STI testing and assistance to victims of human trafficking. Key areas for intervention could be trauma-informed care, intervention, continuing systematic and comprehensive healthcare monitoring, mental health assistance and counselling, access to secure housing, and referrals to external support systems and resources as needed. The instance emphasizes the necessity of a comprehensive strategy which could start by introducing trauma-informed care to assess and support the existing multilayered needs of persons affected by human trafficking and associated vulnerabilities.

Analysis Case 3:

It presents a complex and concerning story of a young woman who is a survivor of human sex trafficking and has engaged in high-risk sexual activities with 200+ partners. The case highlights critical vulnerabilities, including exposure to violence, inconsistent condom use, gaps in reproductive health screening, and potential reproductive health issues. There is a need for comprehensive healthcare services tailored to address the physical, mental, and social needs of trafficking survivors, including trauma-informed care, reproductive health screenings, mental health support, advocacy services, and access to stable housing. The case underscores the importance of a holistic approach to address the multifaceted challenges faced by individuals impacted by human trafficking.

Analysis Case 4:

The case presents a complex picture of a young woman who is a victim of human sex trafficking, engaged in high-risk sexual practices, and has a history of STIs and substance abuse. The case has significant multiple vulnerabilities, including mental health challenges, substance use, lack of

consistent healthcare access, and potential housing instability. There is a need for comprehensive healthcare services tailored to address the physical, mental, and social needs of trafficking survivors, including reproductive health screenings, mental health treatment and support, substance use counselling, safe sex education, and access to stable and secure housing. The case underscores the importance of a holistic approach to address the multifaceted challenges faced by individuals impacted by human trafficking and related vulnerabilities.

Overall Analysis of the Cases:

As Figure # 5 illustrates, most identified HST cases were young females, primarily immigrants from South America. Genital infection symptoms, HPV vaccination, and STI testing drove their visits to the Mobile Clinic. Mental health issues, STI history, and long-term trauma exposure were notable factors in their health profile. Most clients reported inconsistent condom use and engaged in various sexual practices (oral, vaginal and anal sex). Risky behaviours like substance use were observed in some cases, though positive health behaviours like Hepatitis B vaccination and cervical cancer screening were also noted. All cases reported experiencing physical and psychological violence from their exploiters. The Mobile Clinic provided initial assessments, biomarker testing, cervical screening, and follow-up visits for test results and health reassessment. However, it's important to note that not all cases accepted to undertake biomarker-based assessment for STI and attended the follow-up visit.

Mental health counselling referrals were offered to all clients, and treatment for STIs or infections was prescribed based on individual needs. The four cases illustrate the dire circumstances faced by survivors of HST, marked by communication challenges alongside severe physical illness, trauma, and violence. The absence of established pathways to safety and health exacerbates these challenges, as survivors struggle to access ongoing support and mental health services beyond the initial assistance provided by the Mobile Clinic, which is not enough to address their intersecting, complex and multidimensional needs and effectively aid them to exit HST and associated circumstances (e.g., safety housing, food access, safe and secure employment, financial support, specialized health services)

4. Mobile Services as part of a Hybrid Service Model with new IT technologies

Another promising practice that emerged during the implementation of the project is the Hybrid Service model that was put in place. At the beginning of the project, the clinic started with consultations over the phone due to the social distance restrictions of the COVID-19 pandemic prevention measures. Progressively the project performed in-person consultations in a fixed location and then served clients at the van of the mobile clinic at different locations.

To deliver the mobile service, FSP secured a bus through a partnership with the Canadian Mental Health Association, Peel Dufferin, which enabled providing services directly to clients in creating accessibility. Partnerships with service providers such as Elizabeth Fry, Our Place Peel, Regeneration, Peel Career and Assessment Centre, and business locations have allowed visibility within Mississauga Brampton and Caledon.

There was a total of 311 visits to the mobile clinic, 39% of clients had one visit to the mobile clinic (60 out of 152), while 35% used the clinic 2 times and 25 % visited the clinic more than 3 times.

- The top referral sources of information about the clinic were health or social agencies (12%), friends (8%) and social media (2%) but there is a high proportion of clients that did not provide this information (78%).

- There is a seasonal pattern of visits to the mobile clinic with waves or peaks during the period 2021-2024, which suggests the relation between the number of visits with the promotion and advertisement activities of the project.
- The type of appointment of the mobile clinic has changed from exclusively virtual due to the lockdown measures of the COVID-19 pandemic to a hybrid model with more in-person appointments (Figure # 6).

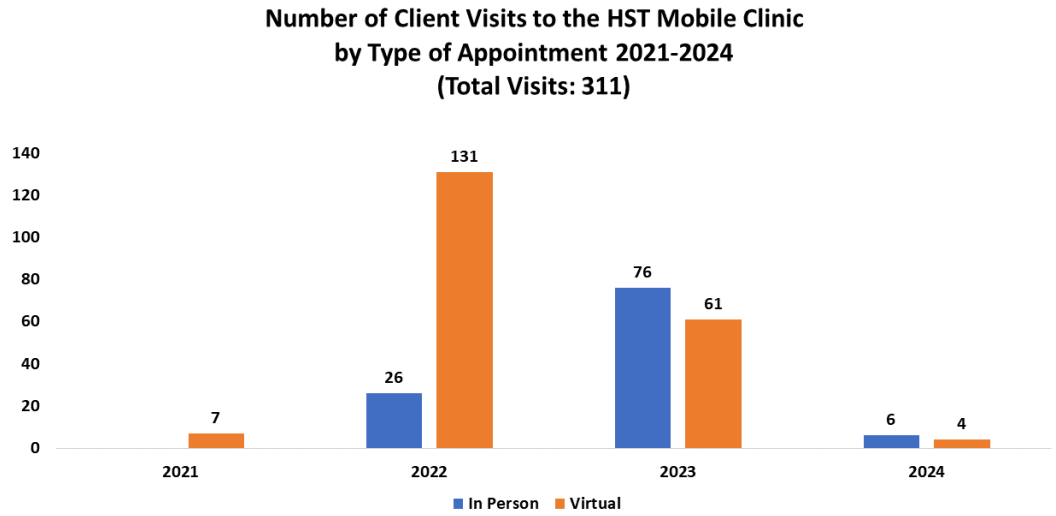


Figure # 6: HST Mobile Clinic: In-Person and Virtual Appointments

Feedback from the staff survey has identified the following challenges in the implementation of the mobile clinic:

"Accessing locations for which community agencies would allow for the Mobile clinic to be on-site.".

"Having community partners advise potential clients that the services provided were more than sexual health-related, and having to turn away people who were misinformed."

"The weather was often prohibitive in providing services. The heater in the van did not always work and as a result, it was too cold to operate the clinic safely."

"The limited number of hours and set schedule. Friday afternoons were optimal as the service locations had staff available to support their clients. Saturday mornings were less busy, with locations having less staff support".

"The most challenging situation we faced was the lack of reliable contact information for some of our patients. We often call the provided phone number repeatedly to communicate lab work results to patients, with no one answering. "

"*The high prevalence of mental illness amongst our patient population, which results in the low level of compliance with the proposed treatment and follow-ups."*

"Even if we see patients in shelters, their stay is usually for a limited/short period."

Some of the service providers that collaborated with the project have mentioned the following benefits and challenges:

"The Mobile Health Clinic is very helpful for the community. We were able to connect the clients for cervical cancer screening (Pap test) regardless of their immigration status."

"This is very helpful for those who do not have a health card or family doctor. Since it is a mobile van, we were able to reach out to the clients for whom transportation is a big barrier".

"Language barrier is something we would like to mention as the majority of our clients are newcomers and do not speak English".

"Days and timings of the van are very limited."

An emerging promising practice encountered is the combination of virtual consultations over the phone with a fixed location to facilitate safe and in-person consultations or medical tests at times clients are available that would strengthen the efficacy of the mobile clinic and overcome the challenges found in an exclusively mobile service model, for example, the clinic has performed successful translations via conference calls when the client needed it and booked appointments in a fixed location to clients previously served in the van of the mobile clinic.

5. Community Engagement, Social Media and Cultural Competency

Based on the feedback survey received from staff, table 1 below summarizes the places and strategies to reach women, children, LGBTQ2S+ and men affected by human sex trafficking:

Table 1: Places and Outreach Strategies

Places the HST project can go	Outreach Strategies
• Airports, hotels, motels, sports and fitness clubs, spas and massage places. High schools, colleges, and	• Social media platforms. Local newspapers, workshops and some public festivals.

universities. Shelters, food banks, churches and neighbourhoods.	

a. Challenges encountered by staff to reach and serve HST survivors

"The human sex trafficking component of the project is difficult to do because the team is not trained to communicate and approach well clients with so many barriers, trauma and legal situations involved."

"There are many barriers because of the very secretive and controlling environments in which clients are involved. HST - community hard to infiltrate. HST has been going on forever".

"Lack of an integrated marketing strategy: "We need a good advertisement strategy, to get our service with the phone number known and reach the intended patient population"

"Establish a more robust communication pathway, identifying key processes and who is responsible for each task."

"More coordination among agencies: "We need to implement policies with the police, hospitals, legal - courts, lawyers, judges and so on".

"We need some training in how to approach the population affected by human sex trafficking and how to communicate with them".

"I think that the voice of the clients will be key for the project not only on the evaluation but also operational on the ground".

b. Opportunities Identified by Staff for Community Engagement in the HST Project

"There is a huge potential in this project to leverage various committees that are set (e.g. violence against women) and form community partners focusing on human sex trafficking."

"The mobile clinic can be part of the working plan of Trillium partners, women's shelters, shelters for homelessness, and survivor aid agencies."

"There is an opportunity to screen out trauma by embedding the FSP trauma counselling tool in the project."

c. Social Media for Marketing the HST project:

A dissemination of promotional materials through social media was developed by the team of the Social Innovation Project, University of Toronto Mississauga (UTM) to support the Mobile Sex Trafficking Prevention of the HST project.

The main purpose of the social media activities was to address the lack of knowledge and awareness about human sex trafficking. There were two target audiences: the first one was students, faculty, and professionals of the UTM; the second one was the general public to direct vulnerable persons toward the mobile clinic.

About social media materials for the general public, a campaign Instagram page was designed and launched (Figure # 7) which included 3 main topics: a) What is sex trafficking? b) Who are the survivors? (with the inclusion of stories from survivors) and c) HST clinic promotion.

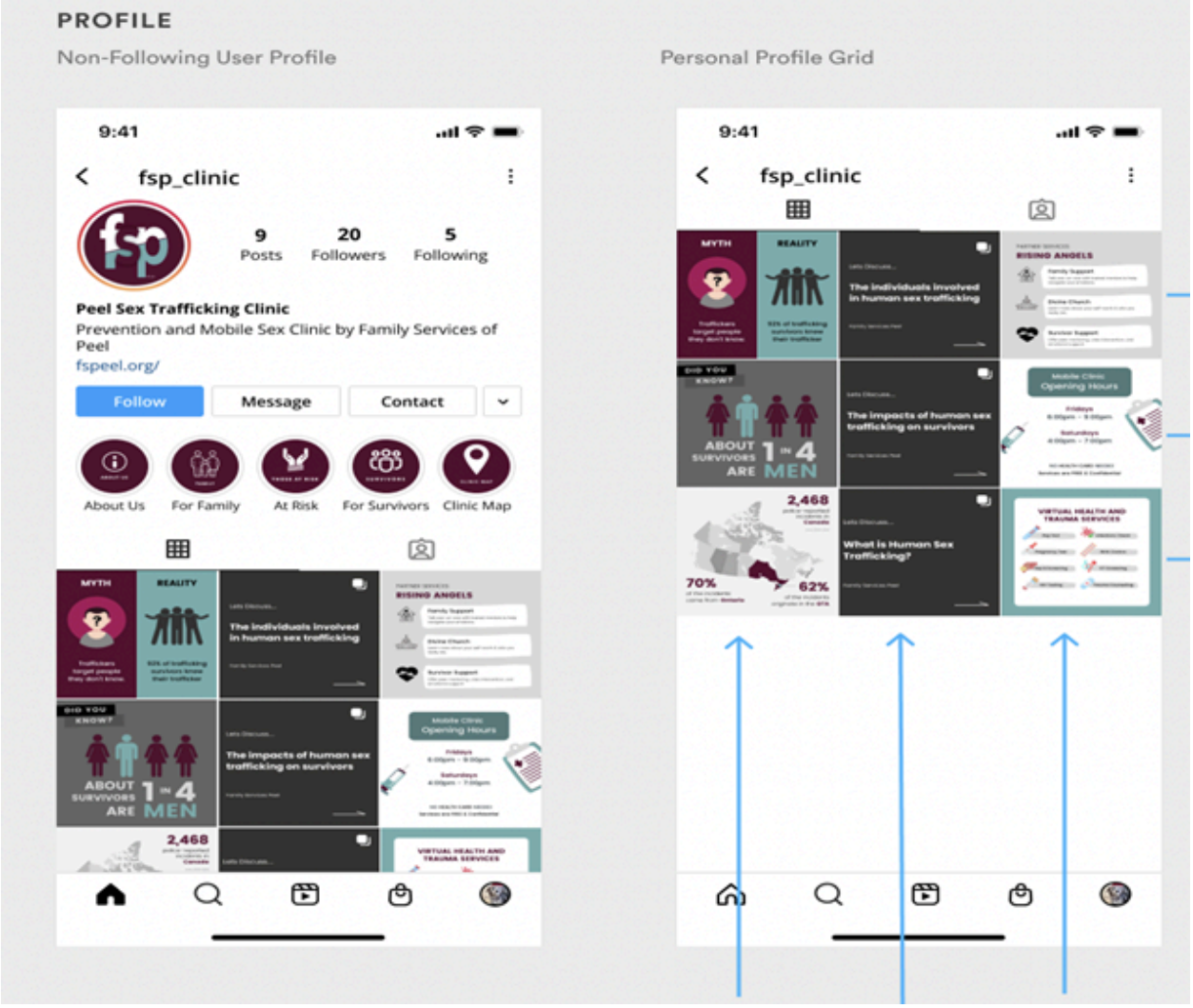


Figure 7: Instagram Page – HST Mobile Clinic

The social media campaign was performed from January 2022 to March 2022. The results of this experience showed there is a gap between what was planned and what was achieved. The initial planned goals were:

a. Increase brand awareness. Followers count at least 100 people

b. Reach of weekly social media posts: 20 people
c. Boost brand engagement: Likes, shares, and comments per post: 10 people

However, only 9 posts are seen on the FSP clinic page on Instagram with only a few likes. All the 9 posts were released on the same day, i.e. February 22, 2022.

As a promising practice, the brief social media campaign showed the potential to advertise the HST mobile in virtual spaces aligned with the most updated information about the current location of the mobile clinic at any given moment. Promotional materials on social media also showed the potential to create awareness among human sex trafficking survivors, their families and friends, as well as service providers to encourage survivors to reach the mobile clinic when they need it. The challenges found and practices that can improve the marketing strategy are shown in Table # 2 below.

Table 2. Challenges and associated recommendations to enhance the project's engagement and marketing

Main implementation challenges	Addressing Recommendations
● Lack of Training: The team feels inadequately prepared to handle the complex needs of clients involved in HST, lacking necessary communication and approach skills.	● Provide comprehensive training to team members on effective communication strategies and trauma-informed approaches when working with HST survivors.
● Barriers to Access: Clients operate in secretive and controlling environments, making it challenging to reach and engage with them effectively.	● Develop a robust marketing strategy to increase awareness of services, utilizing a variety of channels such as social media, local newspapers, and community events.
● Marketing Strategy: There is a need for a more integrated advertising strategy to increase awareness of the services provided and reach the intended patient population.	
● Coordination Challenges: The project faces difficulties in coordinating tasks and communication pathways among team members, leading to inefficiencies in operations.	● Establish clear communication pathways and task assignments within the team to enhance coordination and efficiency in project operations.
● Interagency Collaboration: There is a need for improved collaboration among various agencies, including police, hospitals, legal entities, and social	● Strengthen partnerships with relevant agencies through policy development and collaborative initiatives to better support HST survivors.

services, to enhance support for HST survivors.	
• Training Needs: Further training is required on how to approach and communicate with individuals affected by HST, addressing the specific needs of this population.	• Incorporate client feedback into project planning and operations to ensure services meet their needs effectively.
• Intake and Follow-Up Procedures: Processes for intake, referrals, and follow-up with clients need improvement, with a focus on incorporating client feedback into project operations	• Continuously evaluate intake, referral, and follow-up procedures, making adjustments based on client feedback and operational insights to enhance service delivery.

d. Indigenous Model of the HST mobile clinic

The project developed initiatives to partner with the indigenous communities. The visit to Temiskaming Shores in 2022 aimed at building trust, gaining a clearer understanding of indigenous culture and identifying the potential avenues for collaboration with the following organizations:

1. **Keeper of the Circle:** This is a non-profit organization started in 1990 with small funding from the federal government to build women's capacity and leadership to mobilize the community and build resilient indigenous communities. The programs and services are specifically designed for Indigenous women with a focus on employment training, personal support, childcare provision, and food security. Their organization priorities include (a) education and training, (b) climate change and sustainability, (c) leadership and culture, (d) health and wellness, (e) childcare and family services, and (f) housing. It has two sites, one in Temiskaming Shores and the other in Kirkland Lake. Keepers of the Circle is run by the Temiskaming Native Women's Support Group (TNWSG) incorporated in 1997. They are guided by a Council of Wisdom Keepers that is composed of elders from each First Nation community in the territory and the District of Temiskaming Metis Community Council. Keepers of the Circle operates from a framework that is informed by The Seven Grandfather Teachings, Medicine Wheel Teachings, and their Journey Together: District of Temiskaming Indigenous Community Hubs report.

2. **Mino M'shki-ki Indigenous Health Team**: Established in 2018 in a collaboration between Keepers of the Circle, Beaverhouse First Nation, Matachewan First Nation, and the Temiskaming Metis Community Council. They have two locations, one in

Temiskaming Shores and the other in Kirkland Lake. The Mino M'Shki-ki Indigenous Health Team brings together traditional Indigenous healing practices, land-based activities, and Western medicine to promote holistic health, prevent ill health, treat illness, and support Indigenous peoples and their families across their lifetimes. They have a special focus on children, youth, women, families, and Elders. The goal is not only to ensure that the best clinical health care is provided to Indigenous peoples but also to ensure that such care is provided in a culturally informed and culturally sensitive environment. The Health Team offers a variety of programs including clinical services, wellness programs, and traditional and cultural programs.

During the visit, the project presented the equity, anti-oppression, and anti-racism framework developed by Family Services of Peel (FSP) and how that framework is being applied to the human trafficking mobile clinic. The project also promoted a potential collaboration on training, evaluation and developing a bridging program between Indigenous communities and Canadian newcomers, as well as to support other initiatives with the Keepers of the Circle in developing a shelter for women.

The project proposed to the Indigenous Community the integration of the Indigenous Wheel of Health with the Equity Framework to develop an approach that addresses social determinants of health (Figure # 8).

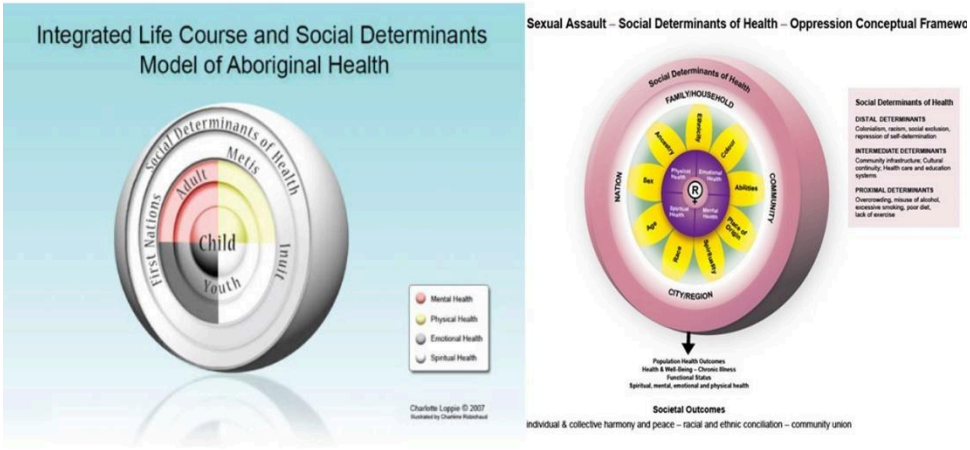


Figure 8: Aboriginal Health and Anti-Oppression Frameworks

Even though the interest in collaboration was highly manifested, little results were gained in performing concrete collaborative actions. Some of the challenges encountered were the early stage of the conversations among relatively new potential collaborators and difficulties integrating Western with Indigenous frameworks of interventions.

Based on the lessons learned and to overcome the challenges encountered by indigenous communities, the following potential promising practices can be proposed to explore in the future.

1. To implement a pilot project of a mobile clinic focused primarily on Trauma Counselling and Addictions. The pilot project would explore the following benefits:
    a. The potential for reaching more human sex-trafficking survivors in a culturally competent mental health counselling setting than a mobile clinic based primarily on sexual health.
    b. The capacity to include human sex-trafficking survivors who overcome their mental health challenges with an anti-oppression and equity approach.
    c. The inclusion of traditional healers in the process and the integration of Western and Indigenous frameworks in the mobile service model.

2. To develop social media campaigns and advertisements that are culturally competent to indigenous communities focused on healing trauma at a personal and community level:

    a. By using social media, the outreach for human sex-trafficking survivors would be expanded.
    b. Would enhance the commitment and collaboration of different organizations involved in the anti-human sex-trafficking strategy.

These potentially promising practices have been identified as an alternative to the little success achieved during the implementation of the project in engaging indigenous communities in the mobile human sex-trafficking clinic.

e. Educational Module for School Children on Human Sex Trafficking

A training module was developed with the collaboration of students from the University of Toronto- Mississauga Campus to educate school children about Human Sex Trafficking. The school students actively participated in games, videos and group discussions where they shared experiences and increased their awareness on the following topics: human sex trafficking definition, relationships, common types of traffickers, possible gateways to human sex trafficking, the signs when someone is groomed for human sex trafficking and how to seek help. The positive results of this experience showed that the educational module is a promising practice that can be included in the HST mobile clinic promotional activities.

f. Promotional Videos of the HST Mobile Clinic and Information Resources

Promotional videos about the HST mobile clinic were posted on the FSP web page to inform the public of this innovative service along with information resources on human sex trafficking. The PIRT also posted relevant information about human sex trafficking policies, literature reviews and research papers.

VII. CONCLUSIONS

The Sexual Health and Trauma Counselling Mobile Clinic has shown to be a positive strategy against Human Sex Trafficking as it has identified and provided services to four (4) human sex trafficking survivors within the vulnerable populations served by the clinic, which represents 2.6 % of the clients.

The lessons learned by the staff and the analysis of data generated by the project have identified the following promising practices, which can be incorporated into a renewed model of the mobile clinic that can operate on a broader scale to address the needs of human sex trafficking survivors:

1. Implement a hybrid service delivery model led by mobile services that combines in-person consultation in fixed locations and virtual services.
2. Develop a coloured-flagged triage that starts from the initial contact with the clinic to build safety pathways for HST Survivors
3. Inclusion of more services in the mobile clinic, such as mental health counselling as most clients reach the clinic once.
4. Use promotional materials in social media through different platforms with specific messages according to the targeted audiences and align with the activities of the mobile clinic.
5. Explore the implementation of a mobile clinic on trauma and addiction counselling that is culturally competent to the indigenous population as an alternative strategy to address human sex trafficking

VIII. RECOMMENDATIONS

To reinforce the effectiveness of the current policies and strategies against human sex trafficking through the implementation of a mobile clinic the following actions are recommended:

1. Build sustained partnerships between human sex trafficking services and labour trafficking with the participation of community organizations to operate an integrated mobile clinic that addresses the needs of both sex and labour trafficking survivors.
2. Promote multi-sectoral awareness campaigns and develop early interventions to build safety paths for human sex trafficking survivors.
3. Develop pilot projects to validate the promising practices found during the implementation of the HST project to design an innovative new mobile antihuman trafficking service.
4. More research needs to be done about the ways people get caught in the trafficking network and how they get out of it.

Appendix 1 – Promotional Resources

HUMAN TRAFFICKING – The Signs

The most apparent signs of an individual being trafficked;

Appearance:

- Dressed inappropriate for weather
- New and expensive items
- Branded and Bruising
- Signs of self-harm
- Malnourished

Demeanor:

- Hostel or Angry
- Anxious and Nervous
- Shy or Submissive

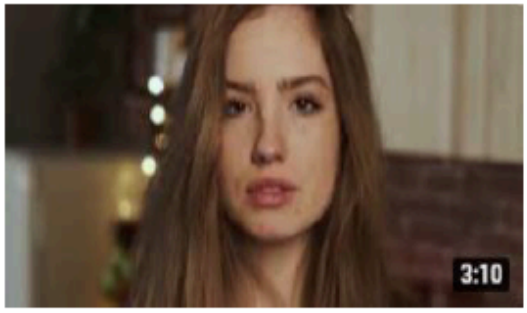
Language:

- Speaks openly about sex
- John, trick, "the life or game
- Boyfriend "daddy" or "My man"

Human Trafficking -The Signs

youtube.com

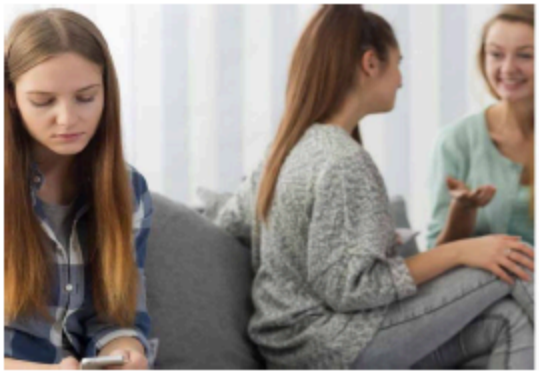
https://youtu.be/kWKFp0o6Su8



Human trafficking is the illegal recruitment, transportation or hiding of someone for the purp...

Family Services of Peel – Human Trafficking, The Signs

Page 4 of 4



4. DISCONNECTING

In additional to separating victims from people they love, traffickers will coerce them into giving up the things they enjoy doing, too. The trafficker's goal is to isolate victims from everything he or she is familiar with in order to exert total control and become the one thing the victim is dependent on and loves.

If a young person suddenly disengages from things he/she used to love doing, like hobbies, after school activities, friend groups, etc, it could be a sign of grooming.

The purpose of the grooming process is for a trafficker to be able to gain full control over their victim and manipulate them into cooperating in their own exploitation.

It's hard to spot the grooming process from outside the relationship – but it's not impossible.

https://id49000027.schoolwires.net/cms/lib/ID49000027/Centricity/domain/43/sdfs/4SignsSomeoneisBeingGroomedforTrafficking.pdf

1. NEW THINGS

Traffickers target vulnerabilities and play on a person's need for value, approval and love. They often play the role of dashing romantic or nurturing father while showering the victim with gifts and signs of affection in order to win them over.

The trafficker sees purchases of expensive gifts like purses, cell phones and fancy meals as an investment in their product, and they will later use these "gifts" as leverage while demanding sex as repayment.

Watch out for unusually expensive or out-of-place gifts that are not from parents or normal providers—these could be a sign of grooming.

2. CHANGE IN BEHAVIOR AND ATTITUDE

Very noticeable changes in a person's behavior or attitude could be a sign of grooming. And while teenage moodiness is not unusual, pay close attention if a young person's attitude drastically changes for no apparent reason.

Dig deeper to find out the root causes of these changes by considering questions like: Is the behavior change related to schoolwork? Is there drama with a friend? Is he or she being bullied? Did the change take place after new influences became involved?

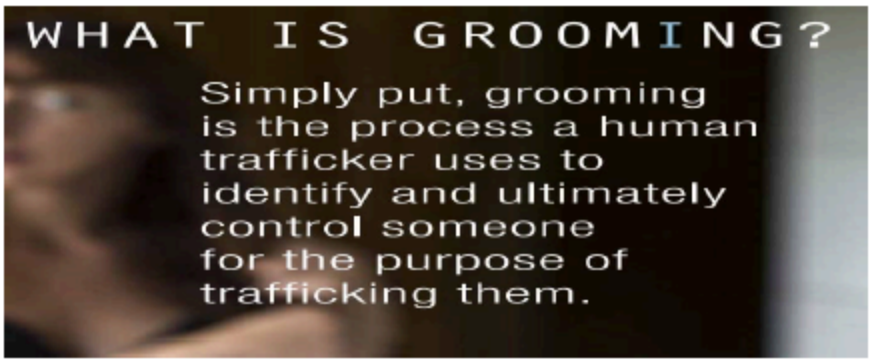
3. NEW FRIENDS

Traffickers often connect with potential victims through social media or by "accidentally" running into them in seemingly safe spaces like church or community events. Once an initial relationship is established, the trafficker will often separate potential victims from those who are important to them in order to gain control. When this happens, you may see a change in friend groups as the victim pulls away from positive role models and people they are familiar with.

Once a victim has been led into altering their friend group, the trafficker often forces him or her to recruit other people by befriending new potential victims in a similar manner. The trafficked victim may brag about how wonderful their trafficker is (often referring to them as an older brother, an uncle or a boss) and may invite potential victims to parties where the trafficker is introduced.

Watch out for changes in behavior and/or friend groups when someone new comes into a young person's life, as it may be a sign of grooming.

The Signs Someone Is Being Groomed for HUMAN TRAFFICKING

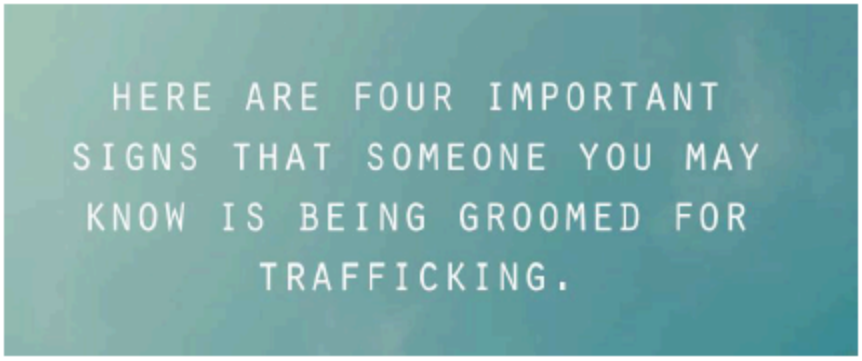


Traffickers typically **identify** someone who is vulnerable and has a need.

They initially come across as friendly and attentive, but that is a tactic to **gain their trust**, learn more about them, and uncover their vulnerabilities.

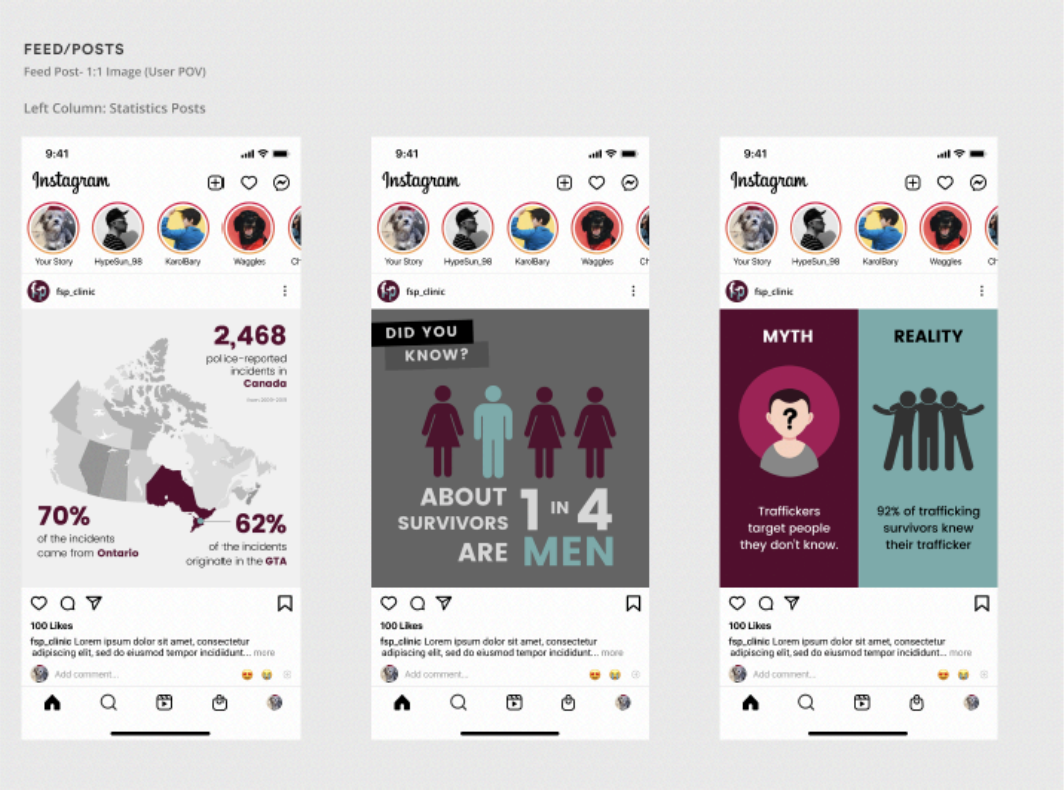
They **fill** the victim's needs by showering them with affection, attention, gifts, and false promises - anything to hook them.

They **isolate** the victim and then the **abuse** begins. Traffickers demand sex as repayment and will use fraud, force or coercion to assert **control** over the victim.

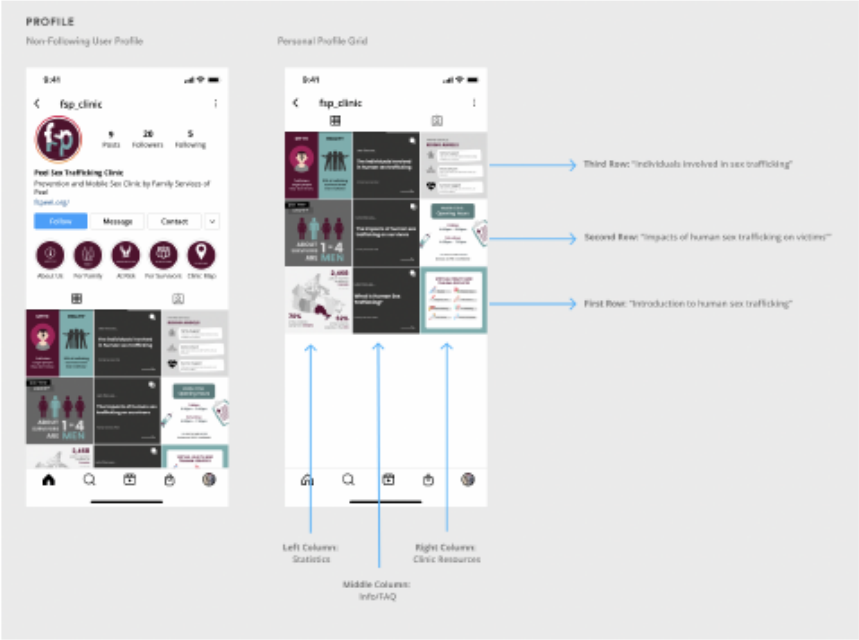


Appendix 2 – FSP Mobile Clinic on Instagram

Posts



Overall Instagram page



Appendix 3 – Educational Module for School Students

See What You Know: Match the Definition Game!

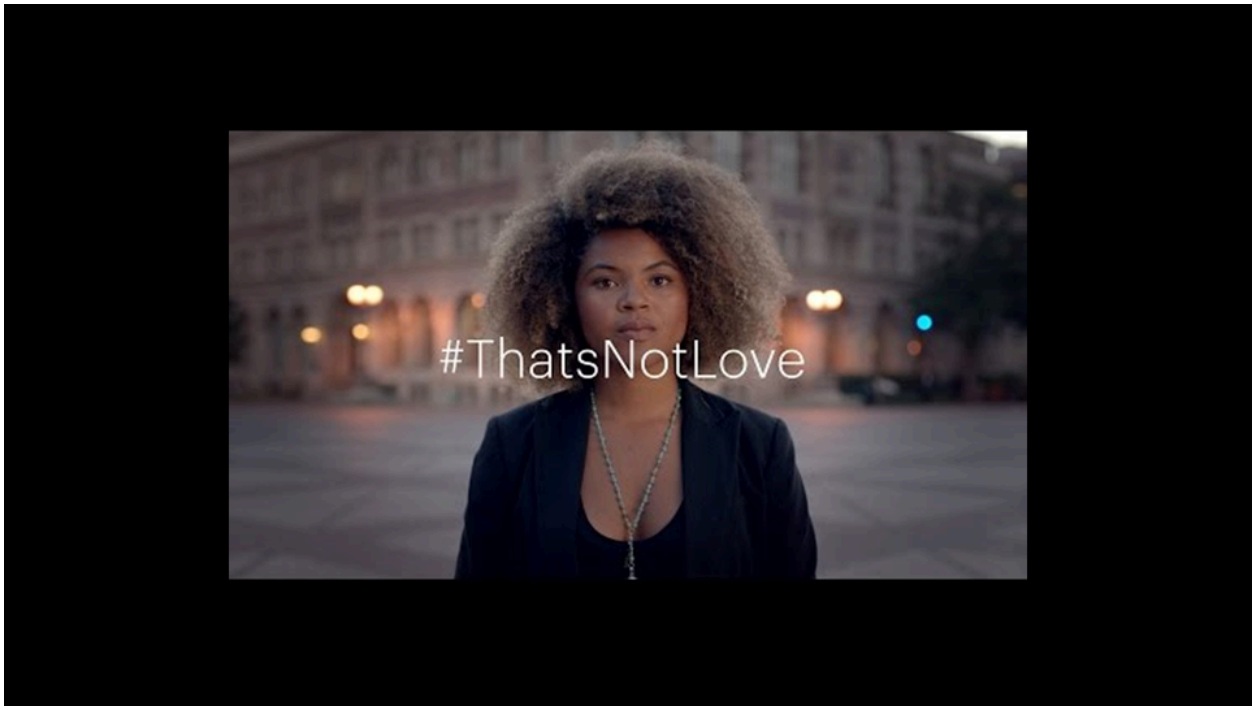
Human Sex Trafficking	Forced or coerced sexual exploitation, not limited to prostitution
Sexual Exploitation	Involves a person profiting from the use of another person's body for sexual services
Grooming	A tactic used for the trafficker to gain full control over their victim and to manipulate them
Consent	A clearly and freely communicated mutual agreement between participants to engage in sexual activity

Let's Talk About Relationships

What is Love?

What does it look like?

What are some red flags that can be disguised as 'green' flags?



01 The Romeo Boyfriend

- Targets people looking for **love and affection**:
  - Romantic love
  - Physical affection
  - A date
  - Someone who wants to be made to feel beautiful

02 Friend Recruiter

- Targets people looking for **friendship and belonging**:
  - Friends who 'get them'
  - A best friend
  - Attention from the cool kids
  - Popularity

03 The Transaction

- Targets people looking for **status and goods**:
  - Money
  - Expensive things
  - Good times and parties

04 The Protector

- Targets people looking for **safety and security**:
  - A safe place to stay
  - An adult to take care of them
  - Someone to listen to them
  - Regular meals

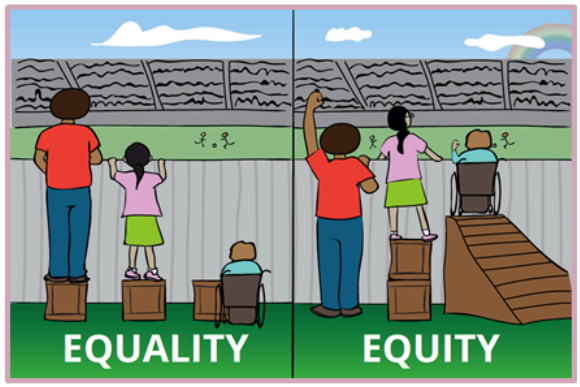
Survivor Centered Approach

We listen to survivors and learn from their knowledge and guidance in our projects.

Women's Rights are Human Rights

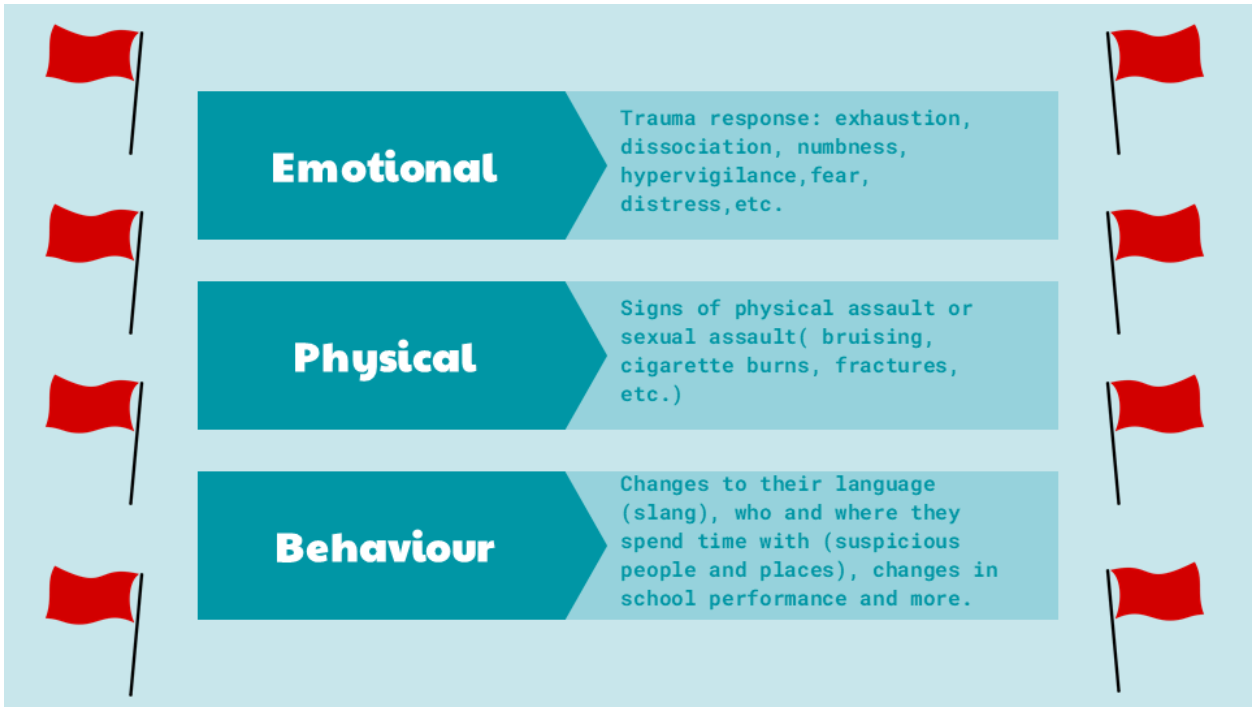
Right to be free from violence and discrimination, to be educated, to own property, to vote and to earn an equal wage.

Using an Equity Framework



Why is equity important?


Social Media
Pimp Culture (Rap Music etc.)
Sugar Daddies / Mommies
Possible Gateways to Human Sex Trafficking
Glamorization of Prostitution and 'Fast Life' in Movies, Music, etc.
Sex Work / Stripping / OnlyFans


Emotional
Trauma response: exhaustion, dissociation, numbness, hypervigilance, fear, distress, etc.
Physical
Signs of physical assault or sexual assault(bruising, cigarette burns, fractures, etc.)
Behaviour
Changes to their language (slang), who and where they spend time with (suspicious people and places), changes in school performance and more.

Family Services of Peel - What do we offer?

Health & Trauma Clinic

- Free & Confidential
- No health card necessary
- sexual health screening, birth control, trauma counselling, pregnancy tests, Hep B Screening, STI Screening, and HIV Testing

Trauma Specific Services

- One-to-one counselling
- Group counselling
- Peer-to-peer
- Education & Support Services

Mobile Health Clinic

- See next slide!

FSP Mobile Health Clinic

Survivor-centered approach

No Health Card required

Hours: Fridays from 2:00pm to 5:00pm and Saturdays from 10:00am to 1:00pm.

Call 416-301-1195 or email mobileclinic@fspeel.org for more information.