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29

**Sexual exploitation in
Australia: Victim-survivor
support needs and barriers
to support provision**

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Celebrating

50 years

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Abstract

Sexual exploitation can have significant short- and longer-term impacts on victim-survivors. However, there is currently a lack of research exploring the support needs of sexual exploitation victim-survivors accessing support in Australia, and barriers to support provision. To address this knowledge gap, we analysed case management records for 50 victim-survivors of sexual exploitation in Australia and conducted interviews with 12 victim-survivor caseworkers.

On average, victim-survivors required support across six domains, the most common being financial hardship, mental health, social isolation and housing and accommodation. The most crucial barriers to service provision were systemic in nature. For example, some victim-survivors on temporary visas were ineligible for government funded medical services, affordable housing or welfare schemes, which placed significant financial burdens on victim-survivors and support services.

These findings demonstrate that to support the recovery of victim-survivors, services need to be funded appropriately to ensure they can provide holistic wraparound interventions.

Executive summary

Victim-survivors of sexual exploitation in Australia often do not receive the support they need to recover. Their needs can be extensive and complex, and a range of barriers prevent support services giving them this help.





There is currently a lack of research documenting the support needs of victim-survivors of sexual exploitation accessing support in Australia, as well as barriers to providing victim-survivors the support services that facilitate their recovery journeys. This information is crucial for the development and improvement of support services.

We analysed case management records, administrative data and interviews with caseworkers to identify and describe support needs and barriers for 50 victim-survivors of sexual exploitation in Australia.

In this report, we define sexual exploitation as situations in which a perpetrator uses coercion, threat or deception to force a victim-survivor to provide sexual services, or prevents them from leaving the place where sexual services are being provided (whether in a commercial or private setting).

Support needs of sexual exploitation victim-survivors

The analysis found that the primary support needs of victim-survivors related to the following domains: financial hardship (90%), housing and accommodation (78%), employment and education (63%), mental health (90%), physical health (53%), alcohol and drug use (14%), social and community engagement (80%), safety (58%), legal (78%) and visa issues (74%), and domestic and family violence (52%).

Victim-survivor characteristics (n=50)	
	100% self-identified as female 52% were 26 to 35 years old
	86% were subjected to exploitation in a commercial setting
	87% had been trafficked to Australia 70% were born in South-East Asia or East Asia
	77% were on a temporary visa, most commonly a bridging visa (35%)
	61% had at least one child
	54% required an interpreter

Most victim-survivors had multiple co-occurring support needs. On average, victim-survivors required support across six domains throughout their engagement with service providers. The support needs of victim-survivors were also intertwined. For example, the mental health of victim-survivors was harmed by uncertainty surrounding their residential and visa status and housing instability. Their inability to access basic necessities often triggered periods of emotional distress and anxiety and impaired their overall recovery journey.

Key domains of support identified for victim-survivors of sexual exploitation

 <p>Financial hardship</p>	<p>Most victim-survivors were financially stressed because of debts associated with housing (eg rental arrears), supporting dependants, medical bills, legal costs and unemployment. Some victim-survivors had financially abusive partners, meaning that even when they were employed they did not have access to funds needed to support themselves.</p>
 <p>Housing</p>	<p>Many victim-survivors did not have secure and stable housing and had to live in crisis accommodation for periods of time, move houses frequently or live in hotels. Crucial to victim-survivor safety and stability was accommodation that prevented perpetrators from locating them, that was an appropriate living environment for their children and that was in a location with easy access to support networks and services.</p>
 <p>Employment/ Education</p>	<p>Victim-survivor employment and education needs included support to work safely and legally in the sex industry, to transition from the sex industry to other forms of employment, and to commence or complete studies.</p>
 <p>Mental health</p>	<p>Many victim-survivors were diagnosed with post-traumatic stress disorder, anxiety and/or depression. Symptoms included traumatic flashbacks, feelings of hopelessness and worthlessness, emotional dysregulation and suicide ideation. Seven victim-survivors had support needs related to their use of alcohol and/or illicit substances.</p>
 <p>Physical health</p>	<p>Physical health issues included sexual health problems, dental and vision problems, unplanned pregnancy, physical injuries and chronic pain. Many of the health issues victim-survivors experienced were caused or made worse by exploitative working conditions.</p>
 <p>Social and community engagement</p>	<p>Victim-survivors often said they felt lonely and socially isolated. Many victim-survivors expressed anxiety about their ability to participate in community activities and form friendships because of language barriers, lack of access to transport and internalised stigma associated with their exploitation.</p>
 <p>Legal</p>	<p>Victim-survivors commonly reported legal issues, including those related to their visa (eg breaching conditions), as well as criminal or civil proceedings (eg rental arrears).</p>
 <p>Safety</p>	<p>Safety concerns primarily centred around victim-survivors' fears of being located and harmed by individuals or networks involved in their exploitation. Several victim-survivors reported that they had received threatening messages from the perpetrators or their acquaintances, including threats directed towards their children or other family members.</p>
 <p>Visa status</p>	<p>Most victim-survivors required support for issues relating to lapsed visas, restrictive visa conditions and visas being linked to their relationship with the perpetrator or an abusive partner. Risk of deportation was a major stressor for victim-survivors.</p>
 <p>Domestic and family violence</p>	<p>Most commonly, the domestic and family violence reported by victim-survivors or identified by their caseworkers was perpetrated by a current or former intimate partner. However, a small number of victim-survivors described family violence involving a former partner's family members.</p>

Barriers to supporting sexual exploitation victim-survivors

The analysis identified several key barriers to supporting victim-survivors of sexual exploitation in Australia. Consistent with previous literature, barriers could be broadly classified as occurring at the individual, interrelationship or systemic levels (Judge et al. 2018). Examples of individual-level barriers included victim-survivor fear of retribution from perpetrators and their associates; feelings of shame and embarrassment due to internalised stigma associated with their exploitation and involvement in the sex industry; and impacts of exploitation on victim-survivor mental health and day-to-day functioning. Interpersonal barriers related to the inability of support services to gain the trust of victim-survivors. Caseworkers noted that victim-survivors were particularly wary of engaging with mental health professionals, law enforcement and medical professionals. However, caseworkers reported that they themselves had difficulty gaining the trust of a small number of victim-survivors.

Finally, there were a number of issues within the broader Australian service support system that negatively impacted the ability of caseworkers to provide sexual exploitation victim-survivors the support they needed. These included:

- victim-survivors' visa and residency status;
- access to suitable and consistent accommodation;
- support service eligibility being linked to criminal justice processes; and
- access to interpreters.

Discussion and conclusion

The support needs of sexual exploitation victim-survivors spanned seven key domains, ranging from financial hardship and access to stable housing, through to mental and physical health and social and community connections. All victim-survivors in the sample had complex and co-occurring support needs, attributable to their victimisation experiences as well as pre-existing vulnerabilities made worse by their exploitation. However, the specific issues faced by victim-survivors varied significantly across the sample, highlighting the need for flexible and responsive service delivery.

Caseworkers' ability to support victim-survivors was impaired by a range of individual, interrelationship and systemic barriers. In particular, victim-survivors struggled to engage with support services if their primary needs—such as housing stability, financial and residential security, and personal safety—were not being met. However, the most significant barriers to caseworkers meeting the primary needs of victim-survivors were systemic in nature. Many victim-survivors were ineligible for government funded services, including Medicare, due to visa restrictions. This placed significant monetary strain on victim-survivors and the support services that would cover these expenses where possible. Support services for sexual exploitation victim-survivors need to be funded appropriately to ensure they can provide holistic interventions, offer immediate safety and support longer-term recovery. What safety and recovery looks like will depend on the individual circumstances of each victim-survivor, but it will likely require stable accommodation, financial and residential security, accessible and affordable mental and physical health care as well as informal networks of support.

Introduction

Defining sexual exploitation

There is no single and consistent legal definition of sexual exploitation that is used internationally. However, the term is practically understood in Australia to refer to situations in which a perpetrator uses coercion, threat or deception to force a victim-survivor to provide sexual services, or prevents them from leaving the place where sexual services are being provided, whether in a commercial or private setting (Baxter 2020). Sexual exploitation can be reasonably subsumed under definitions of slavery, servitude, forced labour and debt bondage where these occur in the context of the victim-survivor providing sexual services (United Nations Office on Drugs and Crime 2015).

Sexual exploitation may also co-occur with other forms of modern slavery, including forced marriage, domestic servitude and labour exploitation. For example, in the context of forced marriage, sexual exploitation may be a consequence of forced marriage, or forced marriage may be the means by which a victim enters into a situation of sexual exploitation. Therefore, sexual exploitation can include situations where the victim-survivor is deceived about the type of services they will be providing, but also situations where they knowingly and willingly provide sexual services but are deceived about, for example, the length of their stay, living or working conditions, how much they will earn and any debt incurred.

Prevalence and impact

Globally, sexual exploitation is the most commonly detected form of human trafficking and modern slavery (HTMS; United Nations Office on Drugs and Crime 2021). In Australia, one-quarter of the 1,839 HTMS cases reported to the Australian Federal Police (AFP) between 2004 and 2021 related to sexual exploitation (24%, $n=439$; AFP, personal communication, February 2022). However, understanding of the prevalence of victimisation is currently limited for various reasons, including under-reporting and barriers to victim identification (Richards & Lyneham 2014). Research conducted by Lyneham, Dowling and Bricknell (2019) found that, for every victim-survivor of HTMS detected in Australia, another four go undetected.

Sexual exploitation is a complex crime that can have considerable short- and long-term impacts on victim-survivors. Research has noted the significant mental health support needs of victim-survivors due to their exposure to repeated traumatic events while being exploited (Miller et al. 2007), as well as physical, sexual and reproductive health issues that may be caused or exacerbated by exploitative work conditions (Bick et al. 2017; Miller et al. 2007; Rajaram & Tidball 2018). Further, sexual exploitation victim-survivors are often financially dependent on their perpetrators (Roe-Sepowitz, Gallagher et al. 2014), which makes it likely they will experience housing and financial insecurity, and inadequate access to medical care.

Sexual exploitation can also have a detrimental impact on victim-survivors' identities, dignity and feelings of safety (Koegler, Preble & Tlapek 2021; Lanctot et al. 2021; McGlynn et al. 2021). Even where victim-survivors of sexual exploitation do not experience long-term mental and physical health issues, the impact on their sense of self, trust in others and place in the community can be significant (McGlynn et al. 2021).

Although not all victim-survivors of sexual exploitation experience the impacts described above, many will require intensive and ongoing support to recover and heal. However, internationally, several studies have identified significant barriers to both engaging victim-survivors in support services, and meeting their needs once they have engaged. These barriers include:

- perpetrator control over victim-survivors (Mumey et al. 2021);
- victim-survivors fearing retaliation from perpetrators (Mumey et al. 2021);
- financial barriers (Gonzalez, Spencer & Stith 2019; Mumey et al. 2021);
- language barriers;
- lack of self-identification as a victim-survivor (Duncan & DeHart 2019);
- substance abuse disorders (Gonzalez, Spencer & Stith 2019; Langton et al. 2022); and
- lack of victim-survivor and practitioner understanding of support systems (eg not knowing where to go or what support services exist; Mumey et al. 2021).

Further, victim-survivors may fear judgement (Gerassi et al. 2017), stigma (Mumey et al. 2021) and not being treated as a victim-survivor (Duncan & DeHart 2018; Langton et al. 2022) by service providers. These barriers are further complicated by the high levels of internalised blame, shame and trauma experienced by sexual exploitation victim-survivors (Langton et al. 2022; Mumey et al. 2021; Ravi et al. 2017).

Another barrier identified in the literature is non-specialist service providers' inability to identify and support victim-survivors due to a lack of understanding of sexual exploitation and modern slavery more generally. For example, cases may present as domestic and family violence (Richards & Lyneham 2014), or victim-survivors can be misclassified as consenting sex workers (Farrell & Pfeffer 2014) or present as perpetrators of HTMS (Duncan & DeHart 2019). Further, service providers may avoid discussing sexual exploitation because they do not want to appear judgemental, they view these discussions as another person's role, or they lack confidence in their ability to have these conversations and address the range and depth of needs of sexual exploitation victim-survivors (Duncan & DeHart 2019; Gerassi & Pederson 2021).

Importantly, many of the impacts of sexual exploitation on victim-survivors, as well as the barriers to accessing support, are comparable to those of other victim-survivor cohorts, particularly individuals who have been subjected to domestic, family and sexual violence. However, researchers, practitioners and advocates have noted that even though sexual exploitation victim-survivors are affected similarly to individuals who experience other forms of violence and abuse, their support needs are 'extensive, deeply ingrained, and required longer-term approaches than typical for other clients' (Duncan & DeHart 2019: 529). Further, research has noted the unique barriers to supporting sexual exploitation victim-survivors, such as survivors being classified as both victims and offenders (eg by law enforcement in jurisdictions where sex work is illegal), survivors not identifying as victims of crime, and service providers not understanding their treatment needs (Duncan & DeHart 2019; Roe-Sepowitz, Gallagher et al. 2014).

On this basis, scholars have argued that sexual exploitation victim-survivors require services specifically designed to address their support needs (Duncan & DeHart 2019). However, developing and improving such services requires an in-depth understanding of:

- the support needs of victim-survivors;
- the barriers to providing services to address these needs; and
- the nature and outcome of victim-survivors' interactions with support services.

Considering the differences between international jurisdictions in the support systems available to sexual exploitation victim-survivors, as well as visa frameworks and victimisation pathways, there is a need for region-specific data and evidence (Hoyle, Bosworth & Dempsey 2011). Although research has explored the support needs of victim-survivors of other forms of HTMS in Australia (eg forced marriage; Lyneham & Bricknell 2018), there is currently little evidence that documents the support needs of sexual exploitation victim-survivors (Davy 2015; Flynn, Alston & Mason 2014). The current study addresses this knowledge gap.

Research aims and methods

The purpose of the current study is to answer the following research questions:

- What are the support needs of sexual exploitation victim-survivors in Australia?
- What is the nature and outcome of sexual exploitation victim-survivors' interactions with support services in Australia?
- What are the barriers to providing services to sexual exploitation victim-survivors in Australia?

To address these research aims, we collaborated with two Australia-based organisations that provide case management support to victim-survivors of sexual exploitation: Australian Red Cross and Project Respect. Australian Red Cross delivers the Australian Government's Support for Trafficked People Program (STPP). Established in 2004, the program is available to persons who are suspected victims of HTMS. To access the Support for Trafficked People Program, the suspected victim must either be an Australian citizen or hold a valid visa, which may be granted through the Australian Human Trafficking Visa Framework. At the time of writing, the AFP was the only agency (government or non-government) that could make referrals to the program. To access ongoing support through the program (beyond the initial period of support), the victim-survivor must participate in the investigation of their matter.

STPP support periods and eligibility

At the time of data collection, all suspected HTMS victim-survivors referred to the STPP could receive 45 days of support, regardless of their decision to participate in the AFP's investigation of their matter. From 2018, victim-survivors of forced marriage referred to the STPP were eligible for up to 200 days of support. As of 2023–24, the initial period of support offered to victim-survivors of HTMS (other than forced marriage) has been extended to 90 days.

To access ongoing support through the STPP beyond this initial period, the victim-survivor must participate in the investigation of their matter (except in cases of forced marriage). If the investigation does not proceed, the victim-survivor is no longer eligible for support.

The only exception to this is forced marriage; while the referral must still be made by the AFP, victim-survivors are eligible to receive 200 days of support from the Support for Trafficked People Program regardless of whether the AFP chooses to investigate the matter or whether the victim-survivor actively participates in criminal justice processes.

Project Respect is a specialised service that since 1998 has supported women (and, more recently, gender diverse people) with experience in the sex industry or who have experienced trafficking for sexual exploitation. Project Respect receives referrals from a range of government and non-government organisations, as well as self-referrals. Victim-survivor cooperation with an investigation is not an eligibility criterion, and support is not time limited.

Australian Red Cross clients are aware that the reason they have been referred to the STPP and are eligible for support is related to suspected sexual exploitation. However, Project Respect clients may access support related to past or current work in the sex industry, and experiences of exploitation may not be initially disclosed. Further, individuals who receive support may never be confirmed as victim-survivors through a legal process for a range of reasons, including that they choose not to cooperate with criminal justice processes, or that investigators or prosecutors choose to discontinue legal proceedings. In some cases, this might be because investigators or prosecutors determined that sexual exploitation did not occur (although another offence may have occurred), but in other cases it may be because of difficulties associated with collecting necessary evidence and low prospects of conviction (Lyneham 2021).

The sample included in the current study comprised all sexual exploitation victim-survivors who received support from Australian Red Cross and/or Project Respect at some point during the period 2015 to 2020 for whom case notes were available. (In some situations where the victim-survivor disengaged soon after being referred, no case notes were recorded.)

To be included in the sample, victim-survivors did not need to have left the service by the end of 2020, and they could have started receiving support prior to 2015. Further, consistent with contemporary understandings of sexual exploitation in Australia, victim-survivors could have been subjected to sexual exploitation in the sex industry (commercial or private) or in personal (domestic or household) settings. However, victim-survivors who experienced sexual exploitation in the context of a forced marriage were not included in the sample.

Fifty victim-survivors were identified for inclusion in the study. These included 24 victim-survivors who received support from Australian Red Cross, 17 who received support from Project Respect, and nine who received support from both organisations (either concurrently or at different points in time) during the observation period (2015–2020). Of this sample, 21 victim-survivors were active clients of either service provider and 29 had exited and were not receiving support at the time of data extraction.

To answer the research questions, we analysed three core datasets:

- administrative data maintained by each service provider extracted for the sample (limited to basic sociodemographic information such as age, gender, country of birth and visa status);
- case management records extracted for the sample; and
- interviews with caseworkers and other staff from each service provider.

Case management records were maintained by Australian Red Cross and Project Respect caseworkers for individual clients and comprised case notes and intake, assessment and exit information. Case notes were made by caseworkers at regular intervals throughout the victim-survivor's engagement with the service, and contained de-identified information about client circumstances, interactions, referrals, progress against goals, and support needs. Intake, assessment or exit information qualitatively and/or quantitatively tracked client progress across key domains (eg housing, legal issues, employment and education, culture and identity). Only information relevant to the research was provided by both Australian Red Cross and Project Respect.

The study also involved semi-structured interviews with 12 Australian Red Cross and Project Respect staff. Staff were identified for participation in an interview based on their role as a caseworker who provided direct case management support to at least one victim-survivor included in the final sample (based on agency administrative records). An agency subcontracted by the research team (Agora Consulting) approached interviewees to participate and conducted the interviews. Interviews were carried out in accordance with an interview schedule developed by the research team, informed by a review of the literature and consultations with Australian Red Cross and Project Respect. Semi-structured interviews were selected because the research was exploratory in nature, and to allow the interviewer to pursue unanticipated lines of enquiry.

Each interview focused on a single client, so some participants were interviewed more than once if they had managed multiple clients in the sample. The 12 staff members provided information about 16 of the 50 clients included in the final sample. Interviews sought information about the support journey of individual clients and focused on their strengths, support needs and support experiences across relevant domains. It was not possible to interview caseworkers about all victim-survivors in the sample because some were no longer working for the services. Interviews were electronically recorded for accuracy and transcribed prior to analysis.

A note about terminology

Throughout this report, we use two terms to refer to individuals with lived experience of sexual exploitation who received support from Project Respect and/or Australian Red Cross: *client* and *victim-survivor*. The terms *client* and *service user* are used by staff at Australian Red Cross and Project Respect to refer to individuals receiving support from their organisations. The term *victim-survivor* is consistent with the international literature (see, for example, Hoyle, Bosworth & Dempsey 2011). However, it is important to note that individuals included in the study sample may not identify as either victims or survivors and may not consider their experience to be related to sexual exploitation or modern slavery.

Ethics approval

This research was approved by the Australian Institute of Criminology's Human Research Ethics Committee. This committee is registered with the National Health and Medical Research Council and ensures that the Institute's research is conducted according to the *National statement on ethical conduct in human research* (National Health and Medical Research Council 2018).

Analysis

Administrative data extracted for the sample of victim-survivors were analysed using Stata software. The case management records and interview transcripts were analysed using NVivo and MAXQDA software, in accordance with qualitative content analysis methods. Qualitative content analysis is a method that 'classifies written or oral materials into identified categories of similar meanings' (Cho & Lee 2014: 3). Text was coded line-by-line and then into broader categories in accordance with an analytic framework developed by the research team. The framework was informed by consultations with representatives from Australian Red Cross and Project Respect; the entry, intake and exit assessment forms used by these services; and a review of the literature. However, the framework was flexible; where new themes emerged during the coding process, they were integrated into the framework. To ensure inter-coder reliability, coding was initially undertaken by one author with checks being undertaken by another. Comparable approaches have been used by the research team on other projects involving the analysis of qualitative text-based datasets, including sentencing remarks (Boxall et al. 2022), and interview data (Lyneham & Bricknell 2018). The high-level codes included in the framework are provided in the *Appendix*.

Importantly, barriers to support provision were defined as factors that had a negative impact on the ability of service providers to engage victim-survivors in their own or other support services initially, or to maintain this engagement. Because the sample comprised victim-survivors who had already been in contact with one or both organisations, barriers associated with identifying victim-survivors of sexual exploitation in the first instance (eg lack of knowledge among victim-survivors about services available) were not the focus of the analysis.

Final sample

All victim-survivors included in the final sample identified as female. Half of victim-survivors (52%, $n=26$) were aged 26 to 35 years and one-quarter (22%, $n=11$) were aged 36 to 45 years (see Table 1).

Only two victim-survivors were born in Australia. Half were born in South-East Asia (54%, $n=27$), 16 percent were born in East Asia ($n=8$), and eight percent were born in Southern and Central Asia ($n=4$) or Sub-Saharan Africa ($n=4$).

At the time of referral, 10 victim-survivors (21%) had secure residency status in Australia, as citizens or permanent residents. In comparison, 77 percent of victim-survivors ($n=37$) were living in Australia on a temporary visa and one victim-survivor had no valid visa. The most common forms of temporary visas were bridging visas (35%, $n=13$), student visas (24%, $n=9$), tourist visas (19%, $n=7$) and partner visas (8%, $n=3$). Most victim-survivors had experienced exploitation in a commercial setting (eg a brothel; 86%, $n=43$) and been trafficked to Australia (87%, $n=41$).

Table 1: Victim-survivor characteristics ($n=50$)		
	<i>n</i>	%
Age		
15–17 years	1	2
18–25 years	7	14
26–35 years	26	52
36–45 years	11	22
46–55 years	4	8
56–65 years	1	2
Place of birth		
South-East Asia	27	54
East Asia	8	16
Southern and Central Asia	4	8
Sub-Saharan Africa	4	8
Oceania and Antarctica	4	8
North-East Asia	2	4
South America	1	2
Required an interpreter	27	54
Visa status at time of referral^a		
Australian citizen	6	13
Permanent visa	4	8
Temporary visa	37	77
No visa	1	2
Exploitation setting		
Commercial	43	86
Private	7	14
Evidence of trafficking^b		
Yes	41	87
No	6	13

a: Information missing for 2 victim-survivors

b: Information missing for 3 victim-survivors

Source: Service needs of sexual exploitation victim-survivors 2015–2022 [computer file]

Most victim-survivors had at least one child (61%, $n=30$; see Table 2). Of these victim-survivors, 43 percent had children living in Australia during their period of support, while a similar proportion had children living overseas, typically with extended relatives (47%; eg grandparents, aunts and uncles). Of the 11 victim-survivors who had more than one child, three had children living both in Australia and overseas.

Table 2: Victim-survivor family characteristics ($n=50$)		
	<i>n</i>	%
Any children^a		
Yes	30	61
No	19	39
Number of children		
1	19	63
2	7	23
3	2	7
4	2	7
Location of children^b		
Australia	13	43
Overseas	14	47
Australia and overseas	3	10

a: Information missing for 1 victim-survivor

b: The location of children could change throughout a victim-survivor’s period of support, particularly if family reunification was part of a victim-survivor’s support plan

Source: Service needs of sexual exploitation victim-survivors 2015–2022 [computer file]

Limitations

There are some limitations associated with this study that should be noted. First, a primary source of information used for the current analysis was case management records. While these provided real-time information about the day-to-day and systemic issues caseworkers encountered during their engagement with victim-survivors, they were subject to reporting bias. In particular, it was unclear from the records whether certain support needs or barriers were not present in specific cases or simply were not referred to. As such, the subsequent analysis is unlikely to provide an exhaustive list of the support needs of sexual exploitation victim-survivors.

Relatedly, the current study did not involve direct engagement with sexual exploitation victim-survivors, for example as part of interviews or focus groups. While this information would have been valuable in both identifying and describing the support needs of these victim-survivors, we decided to focus on analysing case files and stakeholder interviews for a few reasons. In particular, interviews and focus groups may have unintentionally excluded the voices of victim-survivors who for various reasons did not want to participate in these intrusive research methods. Although participating in interviews and focus groups can be an empowering and meaningful experience for victim-survivors (Campbell et al. 2010; Rosenbaum & Langhinrichsen-Rohling 2006), it can also be confronting and intimidating to disclose sensitive and personal information to a researcher, particularly if they have no pre-existing relationship.

Further, because of concerns about retraumatisation, researchers may need to limit their samples to victim-survivors who are well progressed in their recovery journeys and so have the resilience to participate. These factors in combination mean that interview samples, while rarely purporting to be representative, may be skewed towards 'success stories' and those who are willing and able to discuss their experiences. Considering the aim of this project was to understand the range of support needs and barriers to providing support to sexual exploitation victim-survivors more generally, we needed to identify alternative means of including the voices of a range of victim-survivors.

Finally, the data extraction period for this project included the first 12 months of the COVID-19 pandemic, which resulted in significant and extended periods of 'lockdown' conditions in Australia. The impact of the COVID-19 pandemic on service provision to victim-survivors of gender-based violence such as intimate partner violence (see, for example, Pfitzner, Fitz-Gibbon & Meyer 2022) and to migrant populations (see, for example, Segrave & Pfitzner 2020) have been reported elsewhere. We decided not to refer specifically in this report to the impact of the pandemic as a barrier to service delivery because it was only relevant for a small proportion of the overall sample.

Support needs of sexual exploitation victim-survivors in Australia

This section of the report describes the support needs of victim-survivors included in the sample, as identified by analysing case management records and interviews with Project Respect and Australian Red Cross staff. The analysis found that the primary support needs of victim-survivors related to the following domains:

- financial assistance;
- housing and accommodation;
- employment and education;
- health and wellbeing;
- social and community engagement;
- safety, legal and visa issues; and
- domestic and family violence.

Financial assistance

Most victim-survivors (90%, $n=44$) required support for financial hardship experienced prior to and throughout their engagement with service providers. Financial support provided to victim-survivors included short-term and one-off payments to cover basic necessities and living expenses (eg food, clothing, toiletries and mobile phones), crisis accommodation (eg a hotel room), transportation, private rental bonds and furniture, visa application costs, and the cost of medical care (where not covered by government welfare). Further, caseworkers supported victim-survivors with longer-term financial stability and independence by guiding them through application processes for welfare support (eg living allowances, rental allowances and child support payments), helping them open bank accounts, establishing debt repayment plans (eg for formal and informal loans, credit cards, gambling debt and infringement notices), and referring them to organisations that provide financial counselling, budgeting and debt repayment advice.

Housing and accommodation

Approximately three in four victim-survivors (78%, $n=38$) required housing or accommodation support. This included crisis and emergency accommodation upon leaving situations of exploitation (eg in hotels, refuges and women's shelters), short-term accommodation to prevent homelessness while transitioning between lodgings throughout their period of support, and longer-term housing solutions (eg private rentals).

Victim-survivors expressed a need for safe and appropriate housing options, as they had experienced unstable and unsafe living arrangements prior to receiving support and throughout their period of support. For example, they may have been living with perpetrators of sexual exploitation or domestic and family violence, living at workplaces where they were exploited, sharing accommodation with large numbers of housemates, staying with friends or acquaintances, or living with housemates whose behaviours made them feel unsafe and insecure. Crucial to victim-survivor safety and stability was accommodation that:

- prevented perpetrators from locating them;
- was an appropriate living environment for their children;
- ensured victim-survivors felt their privacy was respected; and
- was in a location that allowed easy access to positive support networks and services (eg health services and counsellors).

As demonstrated in the extract below, housing stability was seen by many victim-survivors as a necessary first step to their safety, security and recovery. Without this, many felt they were not able to focus on other aspects of support and recovery.

“

... locating appropriate housing has been a key goal for the client. It is understood that she has lived in inappropriate accommodation in the past; such accommodation types included sharing with others whose behaviours made her feel unsafe (involved with narcotics, stealing her possessions from her room), and living at her workplace (the premises where she was involved in sex work). (Case management records, victim-survivor 2)

However, housing instability was an ongoing issue for many victim-survivors during their entire period of support and is not easily resolved (see also Mebalds & Garcia Daza 2021). Housing instability often exacerbated other issues, such as victim-survivors' mental health. The prospect of homelessness or inappropriate accommodation could lead victim-survivors to return to precarious living arrangements, including residing with perpetrators of exploitation and domestic and family violence:

“

[Victim-survivor] stated that she would rather stay with her [abusive] ex-partner than in a refuge again. [Caseworker] discussed the housing supports and options available. [Victim-survivor] stated that if she were to move out from her ex-partner's property, she would prefer to stay in accommodation where she has privacy and her own space ... [The refuge staff] are worried about her safety and that of the [other residents] and would like to move her out of the house as it is now not safe for her, considering the threats that have been made to her by her ex-partner. (Case management records, victim-survivor 28)

Caseworkers supported victim-survivors by identifying housing and accommodation options and discussing them with victim-survivors to see if they met their needs. Further, caseworkers made referrals to crisis accommodation and organisations who specialise in housing and accommodation support; assisted with longer-term public housing and private rental applications; provided financial assistance for short-term accommodation and bond for private rentals; and advocated on behalf of victim-survivors such as by writing letters of support, making phone calls and liaising with accommodation providers.

Employment and education

Nearly two-thirds of victim-survivors (63%, $n=30$) required employment and/or education support (see Figure 1). A further 10 percent of victim-survivors ($n=5$) were ineligible for such support as work or study rights were not attached to their visa. However, caseworkers supported these victim-survivors to understand their employment and education rights and responsibilities so as not to breach their visa conditions, and explored options for obtaining a visa with these rights.

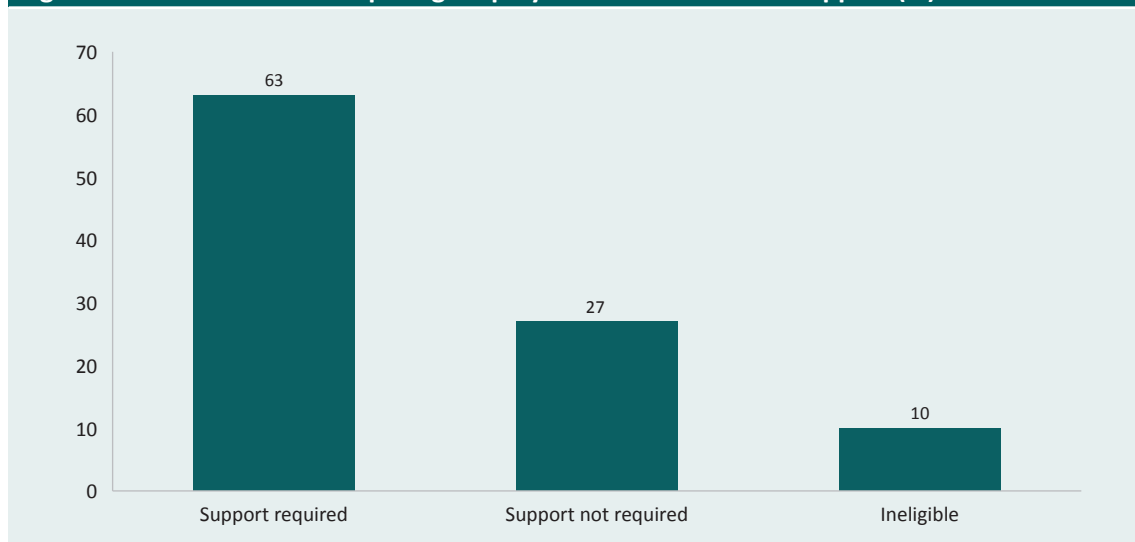
Victim-survivor employment and education goals varied and included working safely and legally in the sex industry, transitioning from the sex industry to other forms of employment, and commencing or completing studies. For victim-survivors who wished to pursue safe and legal work in the sex industry, caseworkers helped them reduce the risk of exploitation and violence and understand their rights and responsibilities.

Caseworkers supported victim-survivors to identify appropriate employment or education opportunities based on their interests and current or attainable skills and qualifications.

Caseworkers then supported victim-survivors to apply for jobs or enrol in courses, and prepare for and attend interviews and classes. Victim-survivors were also referred to specialist employment organisations and attended employability programs, internships and work experience placements to improve their work readiness. Further, service providers removed financial barriers to engaging in employment and education by reimbursing course fees, internet and phone bills and the costs of computers, software and accessories.

Importantly, caseworkers assisted victim-survivors to enrol in English language courses. The majority of the victim-survivors spoke English as a second language and just over half (54%, $n=27$) required an interpreter to engage with caseworkers and other service providers (see Table 1, page 8). Enrolment in English language courses was seen as necessary in different situations to increase the employment opportunities of victim-survivors, to address education enrolment criteria (ie some courses have a minimum English language proficiency requirement), or to facilitate community and social engagement.

Figure 1: Victim-survivors requiring employment and education support (%)



Note: Information missing for 2 victim-survivors

Source: Service needs of sexual exploitation victim-survivors 2015–2022 [computer file]

Health care

Mental health

Ninety percent of victim-survivors had mental health-related support needs that were identified during their engagement with service providers ($n=45$; see Figure 2). Many victim-survivors had been diagnosed with post-traumatic stress disorder, anxiety and/or depression. Symptoms associated with these disorders included traumatic flashbacks, feelings of hopelessness and worthlessness, emotional dysregulation, panic attacks, compulsive behaviours, forgetfulness, agoraphobia and social avoidance. Further, approximately one-third of victim-survivors had experienced suicidal thoughts, engaged in self-harming behaviours or attempted suicide either prior to or during service provision (38%, $n=19$).

Caseworkers supported victim-survivors by making referrals to trauma-informed counselling services, booking appointments with counsellors and assisting victim-survivors to understand their diagnoses, mental health plans and management regimens. Further, victim-survivors required ongoing emotional support from caseworkers, which typically took the form of empathetic, non-judgemental and trauma-informed conversations to help victim-survivors recognise their own strengths, create goals for the future and make progress towards achieving them.

Victim-survivors' mental health was impacted not only by their experience of exploitation but also by uncertainty surrounding their residential and visa status, housing situation and financial hardship. These stressors often triggered periods of emotional distress and anxiety, and impaired their overall recovery journey.

Physical health

Consistent with the international literature (Miller et al. 2007; Roe-Sepowitz, Gallagher et al. 2014), approximately half of victim-survivors had support needs related to their physical health (53%, $n=26$). Physical health issues reported by victim-survivors or identified by caseworkers included sexual health problems, dental and vision problems, unplanned pregnancy, physical injuries and chronic pain. Supports required by victim-survivors with physical health issues included information about accessible health services, help booking medical appointments, assistance understanding diagnoses and health management plans, and advocacy when dealing with health professionals. Many of the victim-survivors also required financial assistance to pay for medical treatment.

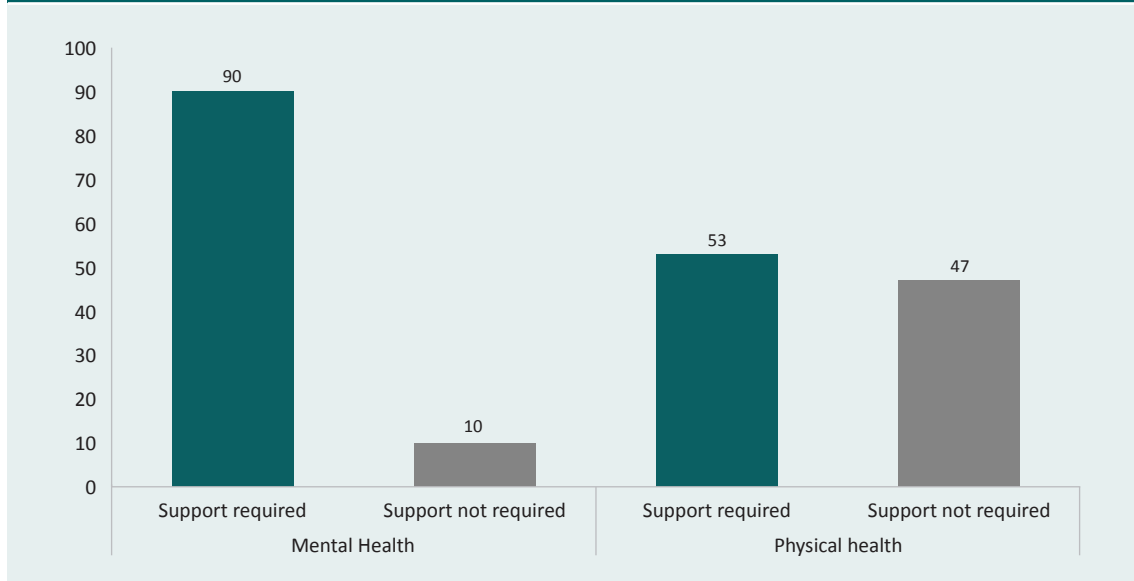
Some health issues were pre-existing and not necessarily caused by experiences of exploitation. However, many of the health issues were exacerbated by exploitative working conditions—for example, working long shifts and seeing numerous customers per day.

In other situations, the physical health issues of victim-survivors were caused by their exploitation. For example, several victim-survivors contracted sexually transmitted infections and, as demonstrated in the extract below, had unplanned pregnancies. In most cases, this was attributed to being coerced or manipulated into having sex without a condom, or condoms being removed during sex without their permission (ie stealthing). Several victim-survivors also reported physical injuries attributable to their exploitation.

“

[Victim-survivor] became pregnant shortly after arrival in Australia and shortly after having worked in [brothel]. She fell pregnant from a customer ([victim-survivor] had two customers when the condom broke/got lost, as [victim-survivor] was new to the industry no one explained to her what to do in this situation or that some customers do this [sic] actions on purpose). (Case management records, victim-survivor 39)

Figure 2: Victim-survivors requiring health support (%)



Source: Service needs of sexual exploitation victim-survivors 2015–2022 [computer file]

Alcohol and drug use

Seven victim-survivors had support needs related to their use of alcohol ($n=7$) and/or illicit substances ($n=2$). Drugs used by victim-survivors included crystal methamphetamine (ice), cannabis and prescription medications. It was unclear from the data whether substance use disorders were attributable to the exploitation experiences of victim-survivors (eg drug use as a coping mechanism) or whether the perpetrators used substance dependence as a mechanism for facilitating and maintaining exploitation.

In two cases, the victim-survivor had already stopped using alcohol or drugs at the time of engaging with the service but required emotional and practical supports to maintain sobriety. As demonstrated in the extract below, caseworkers supported them emotionally when they expressed a desire to resume using alcohol or drugs and connected them with specialised support groups and drug counsellors.

“

[Victim-survivor] is also craving drugs and is triggered and kept saying she doesn't know how much longer she will survive. I discussed attending NA [Narcotics Anonymous] and the benefits of this and that [victim-survivor] can call me even just to cry/vent or if she decides to use [drugs] to call [me] because I will never tell her what to do but we can always explore postponing the craving while we talk and then re-evaluate. (Case management records, victim-survivor 49)

The support needs of victim-survivors who were still using illicit substances varied considerably, depending on their readiness to change. Victim-survivors who were ready to stop using sometimes requested access to affordable drug rehabilitation programs. For victim-survivors who were unwilling or unable to stop using drugs or alcohol, their support needs included advice on mitigating their risk of experiencing significant harm while using drugs, and help accessing refuges and housing where they would not be evicted due to their drug use.

Social and community engagement

So far, we have focused on the physiological support needs of victim-survivors (ie warmth, shelter, food) and their clinical needs. However, literature has identified that developing informal support networks comprising friends, family and community members is crucial for both the general wellbeing of victim-survivors and ensuring they have longer-term access to support once formal services are required to disengage (Okech et al. 2018).

Four in five victim-survivors were assessed as having social and community engagement support needs (80%, $n=39$). Victim-survivors often referred to feeling lonely and socially isolated, saying they had few if any friends in Australia that they felt could provide them with emotional and other support. While many victim-survivors said they were interested in forming new friendships and engaging in community activities, they expressed anxiety about their ability to do so because of language barriers and lack of access to transport.

To support victim-survivors to develop social and community connections, the service providers sometimes held social events and encouraged clients to attend and meet each other. This included community lunches, camping trips and art therapy sessions. However, victim-survivors had mixed responses to these events. Some found them beneficial as they were concerned about forming friendships with people outside of the sex industry because they were afraid of being asked about their past, and of being shamed for their sexual exploitation and involvement in sex work. Other victim-survivors did not want to associate with people who had shared experiences of exploitation or sex work. Service providers also sought to improve victim-survivor social and community connections by financing their participation in recreational activities (eg paying for gym memberships) or driving lessons and offering information about how to use local public transport systems.

Safety, legal and visa issues

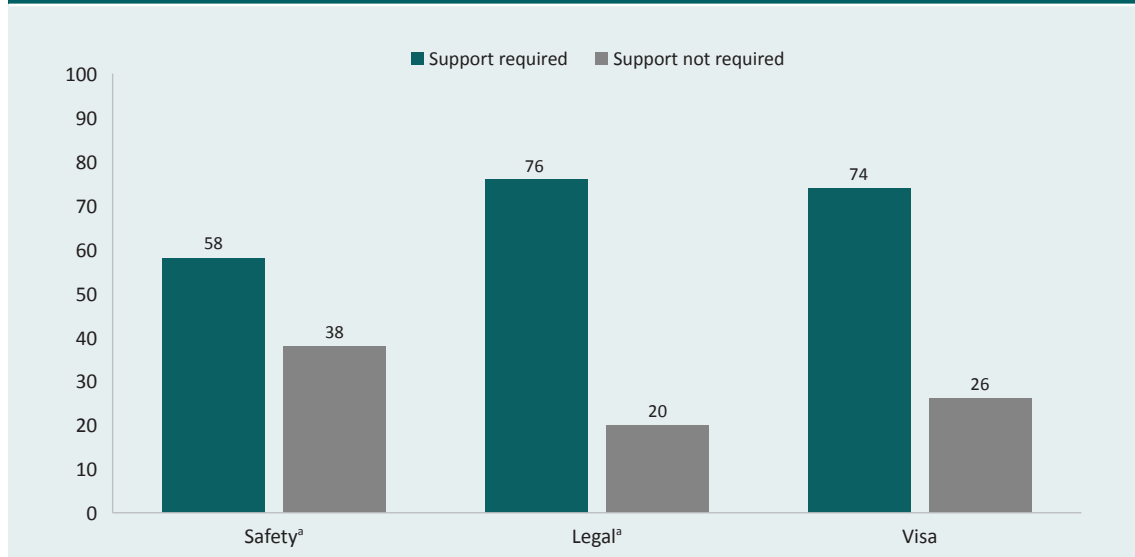
Three-quarters of victim-survivors required support for legal issues (76%, $n=38$) or visa issues (74%, $n=37$), and more than half required support to address safety concerns (58%, $n=29$; see Figure 3).

Safety concerns primarily centred around victim-survivors' fears of being located and harmed by individuals or networks involved in their exploitation. Victim-survivors reported being concerned that perpetrators would seek retribution against them for leaving their exploitative situation or reporting them to authorities. Several victim-survivors reported receiving threatening messages from perpetrators or their acquaintances, including threats directed towards their children and other family members. It was unclear from the data whether these incidents were reported to law enforcement and, if so, whether there was any follow-up. Further, a small number of victim-survivors believed that they were being stalked and monitored by the perpetrators and their networks. Other safety concerns raised by victim-survivors included the risk that, if they were repatriated, they could be persecuted or criminalised due to having worked in the sex industry in Australia.

Caseworkers assisted victim-survivors with these concerns by safety planning, including working with them to prepare emergency contact lists, checklists of important items and escape bags in case they needed to move locations suddenly. Other supports included assisting victim-survivors to acquire new mobile phones, and identifying accommodation in safe locations (ie a different city or state to perpetrators and places of exploitation).

Caseworkers also assumed a coordination role, connecting victim-survivors with legal and immigration services for advice and support related to civil and criminal proceedings (including charges against victim-survivors and family court matters), and to rectify issues related to visa status or to explore options for transferring to a different visa. In addition, caseworkers obtained visa documentation and replacement passports, and offered an important support role for victim-survivors who engaged with investigators and prosecutors.

Figure 3: Victim-survivors requiring support for safety, legal and visa issues (%)



a: Information missing for 2 victim-survivors

Source: Service needs of sexual exploitation victim-survivors 2015–2022 [computer file]

Domestic and family violence

Half of victim-survivors required support for past or current experiences of domestic and family violence (52%, $n=26$). Most commonly, the violence reported by victim-survivors or identified by their caseworkers was perpetrated by a current or former intimate partner. However, a small number of victim-survivors also described family violence, typically involving a former partner's family members.

Common domestic and family violence behaviours described by victim-survivors included stalking, physical violence, verbal abuse, threats (including threats of deportation) and financial abuse (see extract below). A small number of victim-survivors described experiencing persistent and serious forms of sexual abuse, characterised by high levels of manipulation, coercion and violence.

“

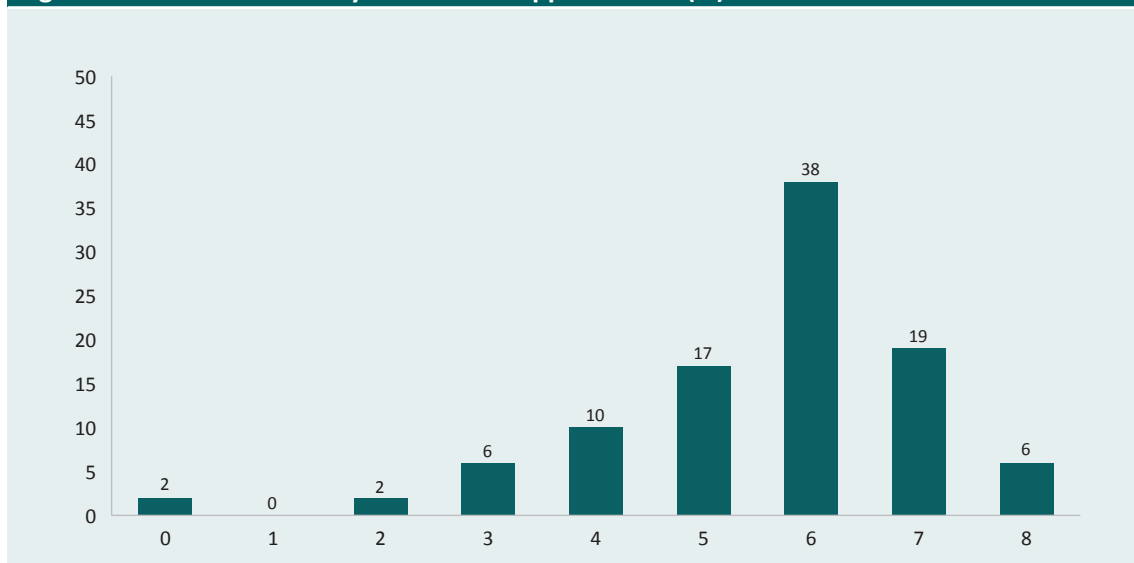
[Victim-survivor] advised that when she first arrived in Australia, her Aunt gave her \$150 each week to assist with her English classes. [Victim-survivor] advised that her husband used to take the money when she was asleep. Her Aunty also gave her \$2000 for personal items, which he also took. [Victim-survivor] said that he did not allow her to have any money. (Case management records, victim-survivor 34)

The support needs of victim-survivors differed depending on whether they were still in the relationship with the abuser. Among those who had separated, support needs included immediate safety planning and legal advice about applying for protection orders and parenting orders for shared children. Victim-survivors whose residency in Australia was linked to their relationship with the abuser also required help applying for an alternative visa. Once these immediate safety issues had been addressed, caseworkers could focus on supporting victim-survivors to recover from their abuse, compounded by the trauma of their sexual exploitation. This typically involved referring victim-survivors to domestic and family violence-informed counselling sessions and services. For women who were still in a relationship with their abuser, support needs included referrals to domestic and family violence services, emotional support and validation of their experiences.

Co-occurrence of support needs

So far, support needs have been described individually as each had a significant impact on the victim-survivor. However, most victim-survivors had multiple co-occurring support needs. The number of support domains identified for each victim-survivor ranged from two to eight. On average, victim-survivors required support across six domains throughout their engagement with service providers (see Figure 4).

Figure 4: Victim-survivors by number of support needs (%)



Source: Service needs of sexual exploitation victim-survivors 2015–2022 [computer file]

Barriers to supporting sexual exploitation victim-survivors in Australia

The analysis identified several key barriers to supporting sexual exploitation victim-survivors in Australia. Consistent with previous literature, barriers could be broadly classified as occurring at the individual, interrelationship or systemic level (Judge et al. 2018). It is important that we acknowledge again that the barriers identified here are not an exhaustive list. Rather, we are focusing on the barriers frequently identified across the sample.

Several of the barriers identified affected the ability of caseworkers and other service providers to engage with victim-survivors as well as the quality of their engagement—in particular, the extent to which the victim-survivor was ‘actively’ engaging with the service. Engagement is broadly defined here as contact between the victim-survivor and the service provider, which could occur in person or remotely via phone, email or videoconferencing technologies (eg Skype). However, for a victim-survivor to be considered actively engaging with a service, they had to demonstrate their willingness to continue to have contact with the service and develop a relationship with their caseworker. Most of the barriers impeding service providers’ ability to engage with and support victim-survivors occurred at the individual and interrelationship levels.

Other barriers identified had important implications for the ability of services to provide victim-survivors with the support that they required, regardless of whether the victim-survivor had engaged with the service. These barriers were primarily structural or systemic in nature.

Individual barriers

Individual barriers were factors specific to the individual characteristics and circumstances of victim-survivors that affected the ability of service providers to engage with them initially and over time. These barriers included:

- shame due to internalised stigma associated with exploitation and involvement in the sex industry;
- not identifying their experience as exploitation;
- fear of retribution from perpetrators and their associates; and
- poor mental health and day-to-day functioning.

Shame and stigma

Several caseworkers noted that they experienced difficulty engaging with sexual exploitation victim-survivors because of their internalised stigma associated with the experience of exploitation. Internalised stigma often manifested as feelings of shame and embarrassment, and denial that they had been exploited (discussed below).

In some situations, feelings of shame and embarrassment were exacerbated by internalised stigma associated with their involvement in the sex industry. Victim-survivors often felt shame regardless of whether they had consented to participate in the sex industry or not—for example, among victim-survivors who knew they were going to work in the sex industry but did not agree to their work conditions (eg long work hours). For some victim-survivors, their feelings of shame and embarrassment were attributable in part to their religious or cultural beliefs. For example, in one case a victim-survivor who identified as Muslim told her caseworker she was worried her family would reject her if they knew about her involvement in sex work. Further, she anticipated that she would not be able to pretend to be happy around them, so they would know something was wrong and force her to tell them. (Case management records, victim-survivor 7)

Internalised stigma associated with exploitation meant that victim-survivors were often reluctant to participate in any local group-based activities as they did not want people in their community knowing about their victimisation or involvement in the sex industry. Further, in some cases victim-survivors expressed anxiety about being seen attending the services by family members and friends, because these services were known to support HTMS victim-survivors and sex workers more generally. Stigma and shame also prevented some victim-survivors from talking about their experiences of exploitation to friends and family members. This had the effect of limiting their access to informal support networks which could have helped them achieve their longer-term recovery goals.

Not identifying their experience as exploitation

It was apparent from the analysis that in some cases, although victim-survivors recognised that they needed various forms of help and consented to engage with support services, they did not understand that they were a victim of sexual exploitation. This appeared to be more likely in situations where the client had initially been willing to work in the sex industry. For example, in one case the victim-survivor was sponsored by her trafficker to come to Australia on a tourist visa, but she was aware that she was actually going to work in the sex industry. Once she arrived in the country she was exploited by the brothel owners, including being paid no wages for her work. There was also evidence she had experienced significant harms at the brothel; her caseworker noted that she was demonstrating symptoms and behaviours consistent with trauma (eg hypervigilance and anxiety), and she had injuries consistent with sexual abuse (eg she was diagnosed with a sexually transmitted infection and presented to hospital with blood in her underwear). Despite this, the caseworker said the client denied being a victim of a crime, stating that she had come to Australia voluntarily and wanted to work in the sex industry. Consistent with other research, the voluntary nature of the client's decision to travel to Australia and work in the sex industry appeared to limit her ability to identify her experiences as exploitative (Hoyle, Bosworth & Dempsey 2011).

Clients who did not self-identify as experiencing sexual exploitation were often described as being reluctant to engage with services in the first place and to maintain their involvement. For example, in the case described above, although the client did ask for help obtaining replacement travel documents so that she could return to her country of origin, she was noted as being very difficult to engage in any other kind of support, including counselling.

This case also demonstrates that clients' inability to identify as victim-survivors may be intertwined with their decision to remain in the sex industry. As noted in earlier sections of this report, after leaving their exploitative situation, some victim-survivors chose to re-enter the sex industry to financially support themselves. While some caseworkers reported that they were aware of this decision and had conversations with their clients about ensuring they would not be exploited again, in other situations the victim-survivor did not tell them when they had re-entered the sex industry and had even lied when asked directly.

Regardless of whether they disclosed their subsequent employment in the sex industry to their caseworker, victim-survivors may have been concerned about being judged or shamed for re-entering an industry in which they had previously been exploited. A caseworker with significant experience supporting sexual exploitation victim-survivors suggested that this cognitive dissonance can lead them to reject labelling their previous experiences as exploitative. Although this hypothesis is supported by other research (see, for example, Hoyle, Bosworth & Dempsey 2011), there is a need to engage directly with victim-survivors to examine their thought processes and their understanding of their victimisation in more detail.

Fear and concerns for safety

A significant barrier to engaging victim-survivors in support services was fear of reprisal from their exploiters. Several victim-survivors had received threats from perpetrators or their associates prior to and after leaving their condition of exploitation that they or their family members would be harmed if they ever left or reported to the police. Oftentimes these threats were explicit; in one case a perpetrator contacted the victim-survivor after she had left the condition of exploitation and told her that if she spoke to the police they would hurt her family and children. The victim-survivor was reportedly terrified by these threats and stopped engaging with law enforcement and contributing to the investigation of her case (victim-survivor 40). Further, several caseworkers noted that victim-survivors they were supporting had received anonymous calls or been stalked by the exploiter or their associates.

In other cases, the threats were implied by the perpetrator or assumed by the victim-survivor. Several caseworkers noted that victim-survivors were afraid of the perpetrators, who they believed would be capable of harming them if they sought support or engaged with the police. This is demonstrated in the below extract:

“

[Victim-survivor] said she feels unsafe leaving her hotel room. Client is afraid of being located by her employer and abducted if she speaks out against him. Client said she was the only one that escaped the brothel and was willing to speak to police thus is fearful the employer will know it is her and will try to find her. (Case management records, victim-survivor 18)

Certainly, because of the intimidation and controlling behaviours of perpetrators and their networks, some victim-survivors appeared to believe that the perpetrator was powerful and would be able to find them no matter where they went. This made victim-survivors fearful of engaging with support services, particularly law enforcement, and exacerbated pre-existing mental health issues.

Mental health

The fear and shame experienced by victim-survivors often exacerbated mental health conditions such as anxiety and post-traumatic stress disorder. Common symptoms reported by victim-survivors during the period after they had exited exploitation included social isolation and avoidance of others, unwillingness to leave their residences, sleeplessness, emotional distress and hypervigilance. In addition to their fear of reprisal, caseworkers attributed victim-survivors' mental health issues to the trauma associated with their experiences, as well as historical victimisation (eg domestic and family violence and child abuse).

As noted in previous sections of this report, in many cases, the caseworker referred the victim-survivor for counselling and mental health support services to manage these symptoms. However, victim-survivors were often reluctant to engage with mental health services. This reluctance was sometimes attributable to their mistrust of others (discussed below), as well as the symptoms associated with their mental health issues. However, even when victim-survivors were willing to engage with mental health services, there were often significant wait times associated with receiving this support, as well as financial barriers (see below).

Crucially, the reluctance of victim-survivors to engage with mental health support services and their deteriorating mental health and wellbeing often made it more difficult for them to pursue other goals in their recovery plans, such as accessing stable accommodation, improving their employment-readiness and contributing to legal processes related to their visa and residency status. The lack of security in the lives of victim-survivors after leaving conditions of exploitation often had a negative impact on their mental health.

Interrelationship barriers

As demonstrated in the extract below, an important barrier to engaging victim-survivors in support services was their inability to trust others. Caseworkers noted that victim-survivors were particularly wary of engaging with mental health professionals, law enforcement (discussed below) and medical professionals. In many cases, this was due to victim-survivors' prior negative experiences with these services, as well as concerns that they would be stigmatised because of their involvement in the sex industry.



[Victim-survivor] has engaged with counselling services years ago but has stopped seeing her counsellor. She states that she has difficulties opening up to and trusting people. Further, [victim-survivor] doesn't want to leave the house very often, this stops her from engaging with other people, in community activities but also from attending English classes (which in my opinion is a consequence of the above mental health issues). (Case management records, victim-survivor 9)

In a small number of cases, the caseworker reported that they themselves had difficulty gaining the trust of clients. In one situation the caseworker found out that the victim-survivor was being charged with a criminal offence. However, when she asked the victim-survivor about the charges, the client told her that it was none of her business and that her only job was to find her accommodation (case management records, victim-survivor 12). Further, as noted in earlier sections of this report, in a small number of cases, the victim-survivor did not tell her caseworker that she had re-entered the sex industry to financially support herself.

As a consequence of their exploitation, as well as historical experiences of domestic and family violence and child abuse, several victim-survivors were described as being fearful of and intimidated by men in particular. When these victim-survivors were required to engage with male service providers, they would sometimes become emotionally heightened and afraid, which in turn affected how they engaged with the service and the benefit. For example, in one case a victim-survivor called Legal Aid for advice and the person who spoke to her was male. The victim-survivor was triggered by this and so was unable to listen to what he said and did not document any of the information he gave her (victim-survivor 5). Further, in another case, the victim-survivor called the police for assistance when she locked herself out of her apartment. When several male law enforcement officers responded she became extremely frightened and uncommunicative, which led them to assume she was intoxicated (case management records, victim-survivor 33).

Systemic barriers

In addition to the individual and interrelationship barriers identified above, a number of issues within the broader Australian support system reduced the ability of caseworkers to provide victim-survivors with the support they needed. These systemic barriers were:

- visa and residency status;
- lack of access to stable and consistent accommodation;
- support service eligibility being linked to criminal justice processes; and
- access to appropriate and timely interpreter services.

Visa and residency status

As shown in Table 1 (page 8), 77 percent of victim-survivors were on a temporary visa at the time of being referred to Project Respect or the STPP. This had direct and significant impacts on their eligibility for support schemes provided by the Australian Government. For example, at the time of writing, most victim-survivors in the sample who were on temporary visas—and who were not supported by the STPP—were not eligible for Medicare (the Australian Government’s medical insurance scheme). This meant they had to pay full fees to access basic medical services. Considering the significant medical issues experienced by many of the victim-survivors (described above), often as a direct result of their exploitation, this placed serious financial strain on them and in turn on the services supporting them, which would often be required to pay these fees. Similarly, victim-survivors’ residency status had implications for their ability to access government-funded legal services, housing services and financial welfare schemes.

Further, as described in previous sections of this report, many victim-survivors were at risk of deportation, because either their visa had expired or they had not met the conditions of their visa. For example, a small number of victim-survivors were on student visas, which meant they had to be studying full-time to remain in Australia. However, in part due to their experiences of exploitation, most of these victim-survivors had fallen behind in their studies or not even started, and so were at risk of being deported.

Many of the victim-survivors who were being assisted to apply for permanent residency, or to change to a different type of visa so they could remain in Australia, were described by caseworkers as being 'in limbo' for a long time while they waited for their visa applications to be processed. This insecurity significantly contributed to victim-survivors' feelings of stress and fear, which were made worse by their inability to work or access government services while their applications were processed. They were also unable to travel home to visit their families, although in some cases victim-survivors believed they would experience persecution, retribution or ostracism if they returned to their country of origin. Certainly, several victim-survivors told their caseworkers that they were worried about returning home because they believed that the perpetrator and their associates would harm them. In a small number of cases, victim-survivors were worried that their family members would harm them or force them into other forms of exploitation, specifically forced marriage. Many of these issues are demonstrated in the extract below:

“

Previous worker has observed that [victim-survivor's] mental health issues worsened in the lead up to and after dealing with her visa application. [Victim-survivor] expressed fear of potentially having to return to South Korea, as she believes she won't survive in South Korea and that she will be in serious danger (North Korea is even more dangerous for her). She disclosed suicidal thoughts in relation to a possible deportation. (Case management records, victim-survivor 9)

Access to stable accommodation

Most victim-survivors were unable to access and maintain stable and ongoing housing during their engagement with support services. Many victim-survivors had to move repeatedly during their engagement, and were 'couch surfing' or living in motels and hotels at different points. This lack of access to stable housing was attributable to various factors, particularly financial insecurity. Victim-survivors typically lost access to their main or only source of income on leaving their condition of exploitation, making private rental properties unaffordable. Further, as noted above, victim-survivors who were on temporary visas were not eligible for government financial supports (eg rent assistance) or social housing.

Access to stable accommodation was not only a primary need for many victim-survivors (78%, $n=38$); it also had crucial secondary impacts on the ability of caseworkers to engage with victim-survivors and provide them with access to other services. First, housing instability made it difficult for services to contact victim-survivors. In a number of cases, caseworkers recorded that they had been unable to contact victim-survivors because they had moved or their mobile phones had been disconnected. Lack of stable accommodation was also a barrier preventing other services and agencies from contacting victim-survivors. For example, one caseworker recorded that their client had missed an important meeting with another service provider to discuss her application for a long-term visa because the provider had notified her of the appointment via mail. However, the victim-survivor had not received the letter because she had had to move (case management records, victim-survivor 28).

Further, as shown in the extract below, unstable housing made it more difficult for caseworkers to identify suitable services that were accessible to victim-survivors.

“

I rang [victim-survivor] to discuss how she is travelling? [She] is consumed with moving house and unpacking. I explained to [victim-survivor] that I had found [employment service] in [location] which had a training program that provides courses such as business and administration like the medical receptionist course. [Victim-survivor] said no because she has moved to [another location] and it would be too far. (Case management records, victim-survivor 5)

Eligibility for support services

Since its inception, the Support for Trafficked People Program, delivered by Australian Red Cross, has been limited to victim-survivors of HTMS who are referred by the AFP. In practice, this means that sexual exploitation victim-survivors in Australia are only able to access the STPP when their case is reported to law enforcement. Further, although all victim-survivors included in the sample who were referred to the STPP were offered 45 days of support, support beyond that period was only available if they contributed to the investigation of their matter. (As noted, in July 2023 this initial period of support was extended to 90 days.) As such, victim-survivors' ability to access longer-term services under the STPP depends on their willingness to engage with law enforcement.

A major barrier to engaging victim-survivors in support services was their mistrust of specific government agencies, including law enforcement. One reason for this mistrust was victim-survivors' negative experiences of law enforcement in their countries of origin. A number of caseworkers noted that their clients had worked in the sex industry in their countries of birth, where sex work was illegal. In these situations, victim-survivors may have previously been charged and prosecuted for offences related to their involvement in the sex industry, resulting in fines and imprisonment. A small number of victim-survivors also told their caseworkers they had been abused and exploited by law enforcement in their countries of origin. For example, one caseworker reported that their client had been harassed in their country of birth by a police officer who would frequently come to the strip club where she was working.

Other victim-survivors were reluctant to engage with the AFP because they had been charged or prosecuted by Australian law enforcement agencies for their involvement in criminal offences. In some situations, these criminal offences were linked to victim-survivors' experiences of exploitation. For example, while sex work is decriminalised in most Australian states and territories, a small number of victim-survivors had been charged with related offences such as public solicitation of sex work. However, in other cases where the victim-survivors were charged with offences such as theft and assault, the offending did not appear to be directly related to their exploitation.

This said, many victim-survivors included in the sample did engage with law enforcement and participate in the investigation of their case. For various reasons, however, it was common for the AFP to close the investigation without bringing any charges against the perpetrators (see Lyneham 2021). This meant that the victim-survivor was no longer eligible for support through the STPP, which led to victim-survivors being referred to other services or organisations (eg Project Respect). In these situations, caseworkers often described victim-survivors as experiencing feelings of anger, confusion and frustration because they did not understand why the investigation had been discontinued:

“

[Victim-survivor] expressed that it had been good for her to tell her story and that she wanted to help others ... she also expressed anger towards [law enforcement]. She stated that she felt that she had been helping [law enforcement] a lot with their investigation and that she felt that they hadn't been able to support her in return. (Case management records, victim-survivor 39)

Although unwillingness to engage with the AFP was *not* a barrier to victim-survivors being supported by Project Respect, caseworkers who participated in interviews said that their ability to provide support was impacted by limited resourcing. At the time of writing this report, Project Respect was receiving no federal government funding to support HTMS victim-survivors and only limited (state-based) funding to support sexual exploitation victim-survivors. Inadequate funding, and the consequent inability to guarantee continuity of care, was identified as a significant barrier to supporting sexual exploitation victim-survivors.

Access to interpreters

In many situations, caseworkers used interpreters when they met with victim-survivors and would facilitate access to translation services when victim-survivors engaged with other external providers. However, caseworkers often had issues accessing suitable and high-quality interpreter services, which in turn impacted their ability to support clients. For example, in some situations the victim-survivor had been unable to access external services because that service could not provide free interpreter services. This was particularly noted as a barrier for victim-survivors accessing counselling services. In other situations, the use of specific interpreters was not appropriate because the interpreter knew the victim-survivor, the perpetrator or their families. This presented a clear conflict of interest and a potential safety risk for victim-survivors.

Further, caseworkers reported that the quality of interpreter services was variable, impacting their communication and engagement with victim-survivors. For example, in one situation a victim-survivor told her caseworker that the interpreter who had been present during the meeting had not translated the conversation accurately (victim-survivor 23). This was not an isolated incident; a number of caseworkers noted that interpreters occasionally did not translate information accurately for victim-survivors, leading to confusion and frustration among victim-survivors and poorer engagement outcomes.

Discussion

Although sexual exploitation constitutes a significant portion of detected HTMS cases in Australia, research has rarely described or quantified victim-survivors' support needs. The analysis found that the support needs of sexual exploitation victim-survivors spanned seven key domains, ranging from financial hardship and access to stable housing, through to mental and physical health care and social and community connections. All victim-survivors in the sample had complex and co-occurring support needs. In some cases, the support needs of victim-survivors were caused by their exploitation (eg unplanned pregnancies), but in others their experiences exacerbated pre-existing vulnerabilities, which in turn contributed to the complexity of their support needs.

Importantly, victim-survivor recovery journeys were disrupted when specific needs were not being met. As such, resolving these issues was a priority for caseworkers. Insecure housing and residency status appeared to significantly hinder the recovery of victim-survivors. Insecure housing and residency status contributed to victim-survivors feeling unable to engage with services and programs aimed at addressing other areas of need (eg mental health counselling), and limited their ability to work with their caseworkers on longer-term plans and goals. Further, the visa status of victim-survivors significantly limited service providers' ability to refer clients to external supports, including medical care, welfare payments, counselling and legal advice. This made achieving support plan goals more difficult and placed additional financial burdens on both victim-survivors and service providers.

Importantly, the findings described so far are not new. Instead, they confirm and reinforce the findings from previous research that financial and housing assistance as well as residency and legal help are crucial for supporting the recovery of HTMS victim-survivors (see, for example, Okech et al. 2018; Stanford et al. 2021) and victim-survivors of gender-based violence more generally (Segrave & Pfitzner 2020).

The importance of flexible and responsive service delivery models

Although most of the support needs of victim-survivors clustered around seven key domains, the specific issues faced by victim-survivors in the sample varied significantly. This was due to various factors. First, the victim-survivors sought support and engaged with service providers at different points in their recovery journey, which affected the nature of the supports they required immediately and in the longer term. For example, victim-survivors who had only recently left their condition of exploitation were focused primarily on ensuring their immediate safety and security, including financial stability and safe housing. In comparison, clients who had exited weeks, months or years prior were more focused on employment stability, developing their informal support networks and long-term mental health and trauma recovery.

Second, the support needs of victim-survivors changed over time. Victim-survivors often fluctuated in their progress towards goals or changed their goals entirely because of changes in their circumstances. Further, specific needs may not have been identified when victim-survivors first entered the service but emerged later, once the victim-survivor and caseworker had developed a more trusting relationship and the caseworker's knowledge of the client improved.

Finally, although almost all of the victim-survivors had left their exploitative situation at the time of data extraction, some had subsequently resumed working in the sex industry. While some victim-survivors sought support to work safely and legally in the sex industry, others sought assistance to leave and find alternative employment.

Overall, the significant differences between client support needs and goals highlights the importance of flexible and responsive service delivery models. The findings also demonstrate that sexual exploitation victim-survivors often have complex needs that require both immediate and longer-term supports, provided by specialist trauma-informed personnel who have an in-depth understanding of their needs. Importantly, victim-survivors may be required to be in contact with services for extended periods of time.

The influence of policy and legislative frameworks in determining support needs

A range of individual, interrelationship and systemic barriers impacted the ability of caseworkers to provide victim-survivors the support they needed. These barriers reduced service providers' ability to first contact victim-survivors and obtain their consent to receive support and to maintain their ongoing engagement with services, as well as the quality of victim-survivor engagement. Other barriers made it difficult if not impossible for caseworkers to arrange access to supports that their organisations were not funded to provide in-house, such as mental health counselling and medical care.

Many of the barriers identified here are consistent with the international literature and therefore not unique to Australia. For example, following their interviews with HTMS support service providers in the United States, Duncan and DeHart (2019) noted that most participants spoke about how difficult it was to engage victim-survivors in support services when they did not realise they had been a victim of a crime. Meanwhile, after interviewing HTMS advocates in Paraguay, Stanford and colleagues (2021) described a lack of affordable housing as a systemic barrier to supporting victim-survivors.

Further, Judge and colleagues (2018) wrote about how symptoms of trauma, such as hypervigilance and anger, can be a barrier to HTMS victim-survivors engaging in support services. The authors also linked victim-survivors' mistrust of others to their exploitation experiences. Mistrust of others is a common symptom of complex post-traumatic stress disorder and can impair victim-survivors' ability to form meaningful relationships with others, including caseworkers (Judge et al. 2018). Although there was little reference to such diagnoses in the current dataset, it appears many victim-survivors had been subjected to multiple forms of violence and abuse over their lifetimes and demonstrated symptoms consistent with complex post-traumatic stress disorder.

However, the legislative and policy frameworks that inform how we in Australia respond to sexual exploitation differ from others found internationally. This means that some of the barriers identified in the current study were different from those identified by service providers elsewhere. In particular, while both this study and the international literature identified the reluctance of victim-survivors to engage with law enforcement as a barrier to engagement, the *causes* of this mistrust and reluctance differ across jurisdictions. The international literature shows that in jurisdictions where sex work is criminalised (eg the United States), victim-survivors were reluctant to engage with the police because of concerns they would be charged with an offence. Because in most Australian states and territories sex work is not an offence, concerns about being criminalised if they reported to the police were not often raised by victim-survivors. Instead, caseworkers more commonly attributed their clients' unwillingness to engage with police to prior negative experiences with law enforcement in their countries of origin.

Addressing the primary needs of sexual exploitation victim-survivors as a first priority

A key theme that emerged from the current study was the importance of victim-survivors having their primary needs met so they could continue to engage with support services. Primary needs included stable housing, financial and residential security, as well as safety. A dominant barrier identified throughout the dataset, relevant for most if not all victim-survivors, was the fear they felt after leaving their condition of exploitation. Exiting their exploitation did not immediately make victim-survivors feel safer or free them from the control of perpetrators. Most victim-survivors were terrified of the perpetrators and their networks, and believed that they or their families would be harmed or killed because they had left. This left victim-survivors feeling vulnerable and unsafe, in turn making them less able to engage with services and law enforcement.

The most significant barriers to caseworkers meeting the primary needs of victim-survivors were systemic in nature. In particular, many victim-survivors who were on specific temporary visas or had no visa were ineligible for various government funded services, including Medicare. This placed significant financial strain on victim-survivors, who had to pay out-of-pocket expenses to access these services, as well as the support services that would cover these expenses where possible. However, even when victim-survivors were eligible for affordable housing and other essential supports, there were often significant wait-lists or limits to the amount of support they could receive (eg financial aid caps). This meant that victim-survivors could not access supports when they needed them, or could not continue to receive the help they needed for recovery.

Taken together, these findings highlight the importance of ensuring victim-survivors feel secure and safe so caseworkers can engage with them meaningfully and support their longer-term recovery journeys (Judge et al. 2018). As noted by one caseworker in the current dataset:

“

I think the environment you would be aiming to create is security; no work on trauma can be made until that basic security is met ... I think people feel most security when there is less uncertainty around housing, visa, job prospect, language, the more security they can feel in those aspects the more we are setting them up to heal from trauma. If that's not in place, it will not happen. (Caseworker interview, victim-survivor 10).

Conclusion

Sexual exploitation victim-survivors have complex and multifaceted support needs and require accessible and specialised services to support their recovery journeys. These services need to be funded adequately so they can ensure victim-survivors' immediate safety, provide holistic interventions, and support their longer-term recovery. What safety and recovery looks like will depend on the individual circumstances of each victim-survivor, but it will likely involve stable accommodation, financial and residential security, accessible and affordable mental and physical health care as well as informal support networks. Further, considering the barriers to victim-survivors being willing and able to engage with police, there is an obvious need for additional community-based referral pathways that do not depend on their engagement with law enforcement. This report provides a valuable resource to help policymakers and practitioners to support, improve, evaluate and fund such services, and to anticipate the needs of sexual exploitation victim-survivors.

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URLS correct as at July 2023

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Appendix: Coding framework

Table A1: Coding framework for case management records (primary and secondary codes only)

Service needs		Barriers to service provision	
Primary	Secondary	Primary	Secondary
Mental health	Complex PTSD Anxiety/depression Suicidal ideation Self-harm Alcohol or drug dependence	Mental health	Anxiety/depression Trust Social isolation
Housing		Housing	
Safety	Perpetrators Privacy/anonymity Housing Visa	Fear (of the perpetrator)	Threats (to self) Threats (to family) Stalking Perpetrator networks Organised crime
Financial	Debts Rent Medical bills Dependants	Financial	Debts Rent Medical bills Dependants Unemployment
Legal	Criminal proceedings Breach of visa conditions Rental arrears Legal counsel Deportation Proof of identity documentation	Legal	Criminal proceedings Breach of visa conditions Rental arrears Deportation Proof of identity documentation Diplomatic immunity

Table A1: Coding framework for case management records (primary and secondary codes only)			
Service needs		Barriers to service provision	
Primary	Secondary	Primary	Secondary
Employment	Training/education Preparing resume/ interview preparation Visa conditions	Employment	Re-entering sex industry Work commitments
Visa	Applications Appeals	Visa	Applications Appeals Processing times
Physical health	Sexual/reproductive health Dental health Chronic pain Pregnancy	English as a second language	Translator availability Translator accessibility Translator suitability Rapport building
Education	Courses Visa conditions	Police	Criminal record Perceptions of police Investigation processes/ outcomes
Social	Connection with community Friendships Family members Children	Funding/service availability	Wait-lists Accessibility HTMS expertise COVID-19 (lockdowns)
Domestic and family violence		Domestic and family violence	Visa status Financial dependence Financial abuse Pregnancy/children Emotional attachment Social isolation
		Trust	Caseworkers Staff turnover Police Mental health services Men

Table A1: Coding framework for case management records (primary and secondary codes only)			
Service needs		Barriers to service provision	
Primary	Secondary	Primary	Secondary
		Shame/internalised stigma	Exploitation Sex industry Anonymity/privacy concerns Cultural traditions Religious beliefs Denial of exploitation Victim-blaming
		Awareness/knowledge of rights	Denial of exploitation

Note: PTSD=post-traumatic stress disorder; HTMS=human trafficking and modern slavery

AIC reports
Research Report

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