

OCEHT Annual Report on Barriers to Accessing Services by Trafficked Persons in the NCR

January – December 2016

Introduction

One of the reasons that the *Ottawa Coalition to End Human Trafficking* (OCEHT) meets monthly is for service providers to report barriers experienced by their clients (persons who are / have been directly affected by human trafficking (HT)) in the course of seeking / accessing services, supports or resources in the National Capital Region (NCR). The presence of these barriers hinders an effective response that meets the needs of trafficked persons. This report is a summary of barriers identified between January and December 2016.



By sharing information on these barriers, the OCEHT hopes to direct the attention, efforts and funding initiatives of the government and non-governmental sectors to where gaps exist and where service improvement, development or partnership is required. This report will also influence future OCEHT work towards advancing its mandate.

This report is not exhaustive as it only captures the experiences of those service providers who are Members of the Coalition and have been involved in providing assistance to persons who have exited or are exiting a trafficking situation. The greater the OCEHT community / network / membership grows, the larger will be the population of service providers that feeds into these annual reports, and the more comprehensive the information contained in it will be.

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About Us

We are a community-based network of local organizations, service providers and community members, representing a wide variety of sectors, working on a volunteer basis towards the rescue and recovery of persons subjected to all forms of HT. The OCEHT is composed of over 40 Members who sit as either individuals or as representatives of more than 25 organizations. Its mandate is supported by the work of 10 committees along with a group of Observing Members and Network Members, as well as volunteers that coordinate training, Member / volunteer recruitment, events and communications. Our mandate is twofold –

- 1) to meet the acute, immediate and long-term resource and support needs of persons who have exited or are exiting a HT situation, as well as their families and communities, and persons who may be at risk of exploitation for sex, labour/domestic servitude and/or organ removal/harvest (this is done through referral and/or direct provision of services, supports and resources), and
- 2) to provide training to service providers on the indicators of HT (to develop their ability to identify a trafficked person) and on how to respond appropriately.

Our training initiative is motivated by the fact that when a service provider comes across a person who is being trafficked (or has exited a trafficking situation), often the window of opportunity to help that person is so small that if the service provider does not know how to identify the situation as involving HT and/or does not know how to respond appropriately and effectively after they have identified an HT case, that person may slip away and never present again. This may be due to a number of factors such as no further opportunities to present (for example, because they cannot get away from their trafficker or they have been physically injured and are therefore physically incapable), fear for their safety due to threatened reprisal by the trafficker, fear of re-victimization and/or stigmatization by service providers, etc.

Our overall goal is simple: to be action-driven and centred around the person who is / has been trafficked so that a meaningful impact can be made in the lives of as many individuals who have been or are being exploited for sex, labour/domestic servitude and/or organ removal, as possible.

Since sex trafficking does involve a transaction where sexual services are exchanged for money – similar to that which occurs in prostitution – often our organization is wrongly assumed to be abolitionist. As such, it is important to clarify that this perception is simply unfounded. The OCEHT is against exploitation, not prostitution. These are two very different and distinct realities.

The OCEHT is neither a registered charity nor a non-profit corporation, but we are taking steps to acquire this status. In the interim, our work is financially supported by funding grants and private donations; we operate on minimal funds, which serve to limit our reach and potential.

2016: A Year in Review

Building upon the changes implemented in 2015, the work of the OCEHT saw the continuation of great momentum in 2016. Growing membership, partnerships and awareness in the NCR and beyond about the OCEHT and its activities, made 2016 a very productive year. Some highlights are summarized below.

1. Successful training program In 2015, the OCEHT launched the Training Blitz where free training in English and in French is made available to traditional and non-traditional service providers over an 8-day period in January and June. The OCEHT has found these to be a successful way of getting the necessary training on HT indicators and appropriate responses to the right people in the NCR. These training events continued in 2016 and were increasingly popular. However, OCEHT training is not just available during Training Blitz timeframes. It is available anytime, although a nominal donation is requested to cover associated costs.

In 2016, the OCEHT trained a number of different organizations and professionals spanning call centres, teaching candidates, school board staff, youth workers, victim services, health care providers, and interpreters, among others. The OCEHT was especially eager to provide training to helpline operators, hoping to improve the accessibility of services for those affected by HT. While operators are not commonly considered front-line workers, they provide a key service in connecting individuals affected by trafficking with the help and resources they need.

2. Growth in membership and volunteers Overall, the OCEHT saw membership grow by 25% in 2016. New members with a wide range of expertise, knowledge and skills have joined the organization which in turn, has expanded the OCEHT network. This has strengthened the anti-human trafficking community

and has increased communication and connectivity among organizations in the NCR.

Not only have we grown in terms of membership, but also in terms of volunteers. In 2015, we opened our doors to volunteers to support the ever-growing workload as the OCEHT became more organized and recognized. It has proven to be successful and beneficial to the OCEHT overall. In 2016, we saw five new volunteers come on board, who are making a difference in several areas including, but not limited to, events, fundraising, social media and research.

3. Launch of OCEHT Website in French It is known that some people affected by HT have experienced obstacles when seeking / accessing services and resources in different languages (for example, when crossing the Quebec and Ontario border). To help address this barrier, with a view to increasing access to services across the NCR, the OCEHT officially launched its website in French in 2016. All pages and OCEHT material on the OCEHT website are now available in both official languages.



This would not have been possible without the generous collaboration and services of MediaForce, which conducted countless hours of work for us, free of charge. Thank you so much for all that you did and continue to do! It is through the generosity of corporate citizens like this that the work of organizations like ours continues. We would also like to thank the provider of *pro bono* translation services, who has requested to remain anonymous. For all of your time, dedication and efforts, we THANK YOU!

4. Partnership with Freedom Collaborative

The OCEHT is proud to be a partner of the Freedom Collaborative since before its Canadian launch in early 2016 (the OCEHT was part of the pilot of the Canadian chapter). This is an online platform that seeks to integrate every facet of the counter-trafficking movement, enabling advocates, practitioners, policymakers and researchers to contribute to and draw from its collective knowledge base. Through the use of the platform's Freedom Library, International Freedom Registry, and a collaborative interactive map, all those interested in the cause can communicate, exchange resources and collaborate in real time.

5. Caged No More film In April of 2016, the OCEHT, along with other anti-trafficking organizations, partnered with Tricord Media for the release of a Christian film titled *Caged No More*. This film raises awareness of HT and aims to help connect anti-trafficking organizations.¹ While the OCEHT is a non-denominational organization, it pursued this opportunity to reach out to the religious communities that comprise part of its network, for the purpose of initiating important conversations, sharing important information on HT, as well as raising funds for its operations. The showing events will continue into 2017. Please check the OCEHT social media and website for updates.

6. Partnership with Canadian medical students

In June 2016, the OCEHT was approached by medical students from a Canadian University advocating for the inclusion of HT education in the pre-clerkship curricula of Canadian medical students. Believing that the current medical curricula do not appropriately highlight the role of medical professionals in identifying and supporting trafficked persons, the medical students sought OCEHT's official support for pursuing an initiative to support relevant changes to the curricula. To this end, the OCEHT provided a letter of

support to the Canadian Federation of Medical Students (CFMS) to incorporate elements such as HT statistics, screening protocols, and information on victim support services into Canadian medical school curricula. This resulted in the OCEHT acquiring a seat on a national board composed of medical students and other anti-human trafficking organizations, set up to work towards incorporating HT education into medical school curricula.

7. OCEHT Organ Removal / Harvest Committee

2016 was an exciting year for the OCEHT Organ Removal / Harvest Committee. In June 2016, a new committee head was appointed who was instrumental in identifying several new activities that will be pursued in the coming year, including: the development of a training program targeting the health sector; implementation of a data collection project; and the production of an animated information video. In the interim, an information presentation was delivered to all OCEHT members. It was well-received and requests have already been received for the presentation to be repeated to medical professionals outside the OCEHT.

8. Widespread Recognition

As the OCEHT has gained momentum in its activities, our organization has also gained recognition across all sectors. This has resulted in requests for OCEHT's participation in various events, including the following:

- **February 2016:** Alongside Noy Thupkaew (a renowned independent journalist who reports on HT and exploitation through the lens of labour rights), the head of the OCEHT Victim Services Committee, served as a panelist for LEVEL at the University of Western Ontario Law School in London, Ontario. LEVEL works to create tangible social change by empowering future justice champions. In 2016, the theme of LEVEL's Canadian Chapter was "forced labour, exploitation and human trafficking." The audience was comprised of future lawyers.

¹ *Caged No More*, 2016 (<http://www.cagednomoremovie.ca>)

- **March 2016:** the OCEHT Youth Committee participated in a consultation with the Ontario Women's Directorate to provide feedback to the Ontario Ministry of Children and Youth Services regarding the barriers that the Committee has identified.
- **April 2016:** the OCEHT partnered with PACT-Ottawa and delivered a workshop on HT to teacher candidates at the University of Ottawa. The aim of this workshop was to help prepare future teachers for the challenges unique to the field of education.

HT and the Needs of Survivors

According to the *Criminal Code of Canada*, a person is guilty of the crime of HT if he/she “recruits, transports, transfers, receives, holds, conceals or harbours a person, or exercises control, direction or influence over the movements of a person, for the purpose of exploiting them or facilitating their exploitation”.² In Canada, the legal definition of trafficking in persons is about exploitation and does not require movement. Exploitation occurs where a person causes another person to –

*... provide, or offer to provide, labour or a service by engaging in conduct that, in all the circumstances, could reasonably be expected to cause the other person to believe that their safety or the safety of a person known to them would be threatened if they failed to provide, or offer to provide, the labour or service.*³

Exploitation can occur by means of force or threat to use force; by means of deception; or by means of the abuse of a position of trust or authority.⁴ Exploitation also

occurs where these means are used for the purposes of the removal of tissue or organs.⁵

HT occurs both across borders and within a country and does not discriminate against sex, race or class. Although women, youth and Indigenous Persons appear to be the most targeted in our region.

Human trafficking is not human smuggling. These are two different crimes. Human smuggling involves inducing, aiding or abetting one or more individuals in the crossing of an international border without a passport, visa or other travel documents. Smuggling is a business relationship that ends upon arrival at the agreed upon destination – there is NO exploitation. Still, these two crimes are often referenced interchangeably because it is not uncommon for a human smuggling transaction to turn into a HT situation.

Human trafficking is also not prostitution, although in the case of sex trafficking it does involve a transaction where sexual services are exchanged for money. Still, in prostitution there is no exploitation. In prostitution, the person providing sexual services has control over their earnings, conditions of work, which clients they service and what sexual services they perform. This is not so in sex trafficking.

Each case of HT is uniquely different – from the length of time a person was subjected to exploitation, to the age that they were forced into the trafficking situation, to their unique experience of exploitation. Also unique is how the survivor has processed that experience. As a result, persons who have exited or are exiting a trafficking situation present with a wide range of immediate and long-term support and resource needs. Some may need several more services than others, some for a shorter period of time than others, depending on psychology, age, healing stage and experience. From

² *Criminal Code*, RSC 1985, c C-46, s 279.01(1).

³ *Criminal Code*, RSC 1985, c C-46, s 279.04(1).

⁴ *Criminal Code*, RSC 1985, c C-46, s 279.04(2).

⁵ *Criminal Code*, RSC 1985, c C-46, s 279.04(3).

legal services and health care in the short-term, to addiction treatment and life skills training in the long-term, the type of needs will also vary between survivors. These needs should be prioritized and addressed based on the individual person. For these reasons, a standard, one-size-fits-all service response to HT is not possible and should not be pursued if it is to be effective. Two fundamental elements however, are required across the board - the response must be action-driven and centred around the person who is / has been trafficked. In other words, every survivor needs safety, respect, a timely response, involvement in the decision-making that affects their healing process, services that are culturally appropriate and follow-up. Ensuring safety – of survivor and service provider – is always the first priority and something that needs to be continually assessed and reassessed throughout the individual’s healing and recovery. The goal of any service provider in responding to a survivor of HT is to assist in their individual healing and in regaining control over their lives so as to contribute to their resumption of independent living within the community. This begins with a response from service providers that is uniquely customized to each individual seeking escape and/or healing from being exploited in a HT situation.

Important Non-OCEHT Developments in 2016

1. Ontario’s Strategy to End Human Trafficking In June 2016, the province of Ontario, announced its commitment to *Ontario’s Strategy to End Human Trafficking*, establishment of a Provincial Anti-Human Trafficking Coordination Office, and planned investment of up to \$72 million aimed at increasing awareness and coordination, enhancing justice-sector initiatives and improving survivors’ access to services. The strategy’s focus is on four specific areas: prevention and community supports, enhanced justice

sector initiatives, Indigenous-led approaches, and provincial coordination and leadership.



The OCEHT supports all initiatives that are aimed at improving the response to persons affected by HT.

2. Expansion of the Youth in Transition Program (YIT)

In February 2014, the Ontario Ministry of Children and Youth Services launched the Youth-in-Transition Worker (YITW) Program where YITWs work with youth who were formerly in the care of children’s aid societies and Indigenous child well-being societies in order to connect them with educational, employment, housing, life skills, mental health and other supports in their communities. This is to support youth in navigating through the transition from care to adulthood. The Ministry is currently funding 60 Youth-in-Transition Workers (YITWs), located in 49 community agencies across Ontario.

In 2016, the Ministry announced its plans to expand the YITW Program under *Ontario’s Strategy to End Human Trafficking* by funding an additional six YITW positions. These workers will be placed in communities with high rates of HT (hubs), which include the Greater Toronto Area, Golden Horseshoe (e.g. Hamilton, Niagara Falls), Ottawa, Windsor, London, and Thunder Bay. Ontario is a major centre for HT in Canada, accounting for roughly 65 percent of police-reported cases, nationally. Youth in and from care are among those individuals who are most vulnerable to HT.

3. New age of protection On December 8th, 2016 the Minister of Child and Youth Services tabled Bill 89: *Supporting Children, Youth and Families Act 2016*.⁶ This is an important piece of legislation because it responds to the efforts of the Children's Aid Society and other youth services that have advocated for increasing the age of protection from 16 to 18 years. The Bill aims to put the interest of children first by:

- raising the age of protection from 16 to 18 years, thereby extending protection services for a longer period, which includes safe living conditions and education support;
- focusing on early intervention to help prevent children and families from reaching crisis situations at home;
- making services more culturally appropriate for all children in the child welfare system, including Indigenous and Black children and youth, to help ensure they receive the best possible support;
- improving oversight of service providers, so that children and youth receive consistent, high-quality services across the province.

The province will also explore the option of creating a single adoption agency for the entire province, helping to place more children in stable and supportive permanent homes.

One of the gaps identified by the OCEHT Youth Committee in the *OCEHT 2015 Annual Report* was the lack of legal safeguards for youth aged 16 to 18 years of age. This is a critical barrier because it negatively impacts the ability of the Children's Aid Society and law enforcement to protect children within this age group. It also negatively affects service providers in

their ability to appropriately support children under the age of 18 years. The OCEHT is extremely pleased with the progress that has been made in this regard and is eager for the certain positive impact that this legislation, once passed and implemented, will have on the front line work supporting youth who have been exploited through HT.

4. Human Trafficking Unit at the Ottawa Police Service – Now full time and permanent The Ottawa Police Service (OPS), along with other local police departments, formed a Human Trafficking Unit in 2014 as part of a pilot project to combat HT in Ontario. At this time, the unit consisted of one sergeant and four police officers who worked part-time.⁷ One of the barriers identified in the *OCEHT 2015 Annual Report* was the absence of a full-time unit dedicated to HT within the OPS. The OCEHT considered this to be an essential component of an effective response to HT in the NCR and officially submitted a letter of support to this effect.

In late 2016, the OCEHT was advised that the OPS Human Trafficking Unit would be made a full-time, permanent unit effective January 23, 2017. The OCEHT is very happy about this development and looks forward to continued collaboration and partnership with the new and veteran officers of this unit in their efforts to improve and strengthen the response to persons who are in or exiting a trafficking situation.

General Barriers (ongoing)

Unfortunately, most of the barriers identified in the *OCEHT 2015 Annual Report* continued to exist in 2016 and have not been fully addressed. These have been summarized and/or listed below.

⁶ http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4479&detailPage=bills_detail_the_bill

⁷ Ottawa Police Service, Annual Report 2014, p. 24 (<https://assets.documentcloud.org/documents/2771822/Ottawa-Police-Service-2014-Annual-Report.pdf>)

1. No safe place dedicated to persons who have been trafficked, including transitional housing.

This barrier has been identified on multiple occasions throughout each year that the OCEHT has been gathering and collecting information, and, anecdotally, may be the most notable barrier faced by those who have experienced HT. Those who have been trafficked are being housed at various organizations in the NCR on an emergency basis; most are not suitably trained or equipped to take in a trafficked person. As mentioned in the *OCEHT 2015 Annual Report*, this raises other risks and problems such as re-victimization of persons who have been trafficked.

In 2016, service providers further reported that female youth in particular, are being discharged from hospitals back into unsafe environments due to a lack of safe housing. The OCEHT is hopeful that the change in the age of majority will help to address this problem for young women; however, the problem remains for trafficked persons over the age of 18 years. The OCEHT Safe Place Committee continues to conduct research and analysis on options for safe housing in the region with the goal of developing initiatives and pursuing solutions to address this need. However, due to a lack of resources and funding, work has been slow.

2. No official local response protocol.

Several other barriers reported throughout the year, point to one main barrier: the lack of an official local response protocol in the NCR. This has negatively impacted communication / connectivity between organizations, especially across cities and provinces; fluidity and transition of services for those who have experienced trafficking; broken communication between service providers and those who have experienced trafficking; and a fragmented response, at times resulting in the individual's needs not being fully met or met at all.

Service providers have expressed a lack of awareness regarding available services in the NCR that support those who have experienced HT, and report that they would benefit from an inventory of services for the NCR. Ideally, this would form part of the response protocol, along with a quick reference guide that would serve to remind those who have already received full training, of relevant information when assisting a trafficked person.

A local response protocol would standardize the response to someone who has experienced trafficking and would, if followed, ensure that support is well-rounded and holistic in meeting their needs. The protocol would also eliminate communication barriers and serve to support a continuum among services. For example, it has been observed that women who are being sexually exploited are presenting to clinics and health centres with their trafficker and are allowing their traffickers to accompany them into the exam room. Having a standardized response would help clarify the necessity of establishing a safe space for all and give an indication of how to accomplish this task.

The OCEHT has begun work on developing a local response protocol, but due to a lack of resources, progress has been slow.

3. Limited number of traditional and non-traditional service providers across all sectors have received training on HT.

There continues to be an increasing need and demand for training for traditional and non-traditional service providers. It has been reported that due to a lack of knowledge on the indicators of HT and how to appropriately respond, individual needs are not being met and those who have experienced trafficking are being overlooked entirely, in some cases.

Training on HT indicators is necessary for those working in the night entertainment industry; this

includes security staff and bartenders. It has been found that recruitment, especially of women for sexual exploitation, occurs in many nightclubs, exotic clubs and bars. Although employees of these establishments are not traditional service providers, they may come into contact with persons in a trafficking situation and it is important that they understand how to identify the situation and appropriately respond.

Another type of service provider that has been specifically identified as needing training on HT, are persons working in dispatch for emergency calls. It has been reported that some calls are not being properly triaged and that HT incidents are being missed. This leads to an inappropriate response which would be made effective if all dispatch operators had a clear understanding of the indicators of HT.

Additionally, those who have experienced trafficking prefer therapists and counselors who have been specifically trained on HT and its effects on an individual. It has been reported that there is a lack of understanding of HT among service providers who provide counseling, leaving the trafficked person feeling as though they are not being fully heard or understood. This serves to discourage trafficked persons from seeking this service in fear of being judged and/or re-victimized.

The OCEHT will continue to reach out and respond to the demand for training of traditional and non-traditional service providers through Training Blitz events and outside these events, with the hope of addressing these needs. (The OCEHT provides training outside of the Training Blitzes but a nominal donation is requested to cover costs associated with that training).

4. Lack of permanent funding schemes.

There exist many organizations in the NCR and beyond that do wonderful work in fighting HT and in

responding to persons who have been exploited. Most are funded by private donations and/or funding schemes that have an end date. Regardless of their effectiveness, once funding stops and cannot be renewed, continuing the initiatives is a challenge and their impact is minimized.

Other organizations, like the OCEHT, are supported by volunteered time and inconsistent private donations. In fact, all Coalitions across Canada are run this way, at times facing a serious risk of closure. This risk is a result of a lack of a reliable and permanent source of funds to cover costs associated with things such as a website, email accounts, marketing / information material, training, meeting venue and equipment, accountants, and carrying out various processes (i.e. volunteer recruitment, pursuing and maintaining charitable status, etc.). A risk of closure is often compounded by burnout on part of members and volunteers who are unable to keep up with the ever-increasing workload that must be done outside of their paid employment and the demands of private life. As a result, committed and hardworking members and volunteers often resign and the operations of Coalitions are negatively impacted.

Coalitions are critical to establishing and maintaining connectivity between all stakeholders in the fight against HT; they are key to establishing a wrap-around holistic response that involves a continuum of care; and they are key for community asset building of sustainable services, supports and resources that seek to meet the needs of those who are in or are exiting a trafficking situation. For this reason, permanent funding for staffing of at least one position for every Coalition to support operations in a consistent manner and to retain corporate knowledge of its operations, should be made available.

5. Other barriers identified in 2015 that continued to exist in 2016.

- Lack of after-hours services.
- Many persons who are experiencing trafficking do not identify as such.
- No local or national 24 hr/day, 7 day/week hotline.

General Barriers (New in 2016)

1. Clandestine Nature of HT is on the rise.

The clandestine nature of HT makes it difficult to ascertain its true ascent.⁸ This makes it difficult to gauge where and how much HT is happening. Service providers indicate that traffickers are using the internet in new and unique ways to recruit and exploit persons.

Furthermore, the rise in online forums and accessibility to the masses has also created barriers in addressing HT in the NCR. This is especially evident among the younger population whose main form of communication is over the internet. Due to the clandestine nature of HT and easy / inexpensive online access, this remains a problem. More and more, OCEHT is seeing the recruitment and grooming for HT happening online.

In addition, an increased presence of “private member clubs” in the NCR has been observed. Although, these clubs are being set up as legitimate business with liquor licenses, OCEHT is receiving reports that they are in fact “brothels” and HT is taking place there.

2. Lack of knowledge about, and resources for, trafficked persons who are members of the LGBTQ2 community.

For the most part, society operates from a heteronormative perspective which excludes

individuals who identify as Lesbian, Gay, Bisexual, Trans, Queer and/or Two-Spirited (LGBTQ2). Relating to the world with a view that promotes heterosexuality as the normal or preferred sexual orientation,⁹ inadvertently results in increased vulnerability to violence and discrimination against the LGBTQ2 community. This results in their exclusion and isolation.

LGBTQ2 youth have overlapping vulnerabilities putting them at an increased risk of HT. Social isolation and peer violence limits access to services and support networks. LGBTQ2 homeless youth are three times more likely to participate in survival sex and risky sexual behavior than their heterosexual counterparts.¹⁰ This makes them particularly vulnerable to HT. However, service providers report a lack of resources geared towards the LGBTQ2 community in general, and their experience with HT, specifically. Moving forward, the OCEHT intends to establish an LGBTQ2 committee focused on gaining more information and insight into the experience of trafficked persons who are members of the LGBTQ2 community, with a view to improving their access to services, supports and resources.

3. Lack of knowledge about, and resources for, trafficked persons who are male.

There is a general lack of information and training on males who are or have been exploited as part of HT. There are few to no victim services, resources and supports, including safe spaces that are dedicated to males who have been trafficked. In 2014, out of 206 HT cases in Canada, the majority of the victims were female (93%) and the majority of the accused were male (83%).¹¹ The OCEHT suspects that the number of males being exploited is higher than 7%, however, due to stigma related to disclosure and a lack of resources for

⁸ Canadian Crime Stoppers
(<http://www.canadiancrimestoppers.org/media/Crime%20Stoppers%20q&a.pdf>)

⁹ Oxford Dictionary

¹⁰ Gaetz, S. (2004). “Safe streets for whom? Homeless youth, social exclusion, and criminal victimization.” *Canadian Journal of Criminology and Criminal Justice*, (46) 423-455.

¹¹ Trafficking in Persons in Canada, 2014 (www.statcan.gc.ca)

males, there are less reported cases. Consequently, the majority of efforts target females with little to no options for men who have experienced HT.

The OCEHT has been informed by men identifying as victims of HT that they have experienced challenges in accessing services customized for their demographic. This is a gap that requires attention. The OCEHT has identified organizations which may be well-positioned to provide such services and moving forward, it intends to reach out to them, amongst others, to offer training and work collaboratively to improve the response available to this population.

Barriers within the Health Care Sector

1. No detox treatment centre for those who have exited a trafficking situation.

Availability in detox centres in the NCR continues to be limited. The Ottawa Withdrawal Management Centre residential service provides 6 beds for women and 20 beds for men over the age of 16. There are no emergency beds available for those whose safety is compromised or who need more immediate services, including people who have experienced HT. Furthermore, there is no residential detox for individuals under the age of 16 years. Seeing as there is often substance abuse involved among those who have experienced trafficking, this shortage of beds is a huge barrier for individuals seeking much-needed support. Often this causes the person to return to their trafficker as a means to maintain / satisfy their addiction.

2. Lack of a standardized health care response protocol in the NCR.

Awareness amongst health care professionals is on the rise due to the efforts such as the OCEHT training program; however, there still continues to be a lack of a standardized health care response in the NCR for those

who have experienced HT. Needs will vary depending on the person and their experience, however, there are standard matters that should be addressed for every individual (this includes responding in a trauma-informed manner, separating a trafficker from the patient who has presented for medical care, communicating in a relevant manner, knowing where to refer the patient, etc.). A response protocol serving as a guide is necessary for the local health care community.

The only reason a trafficked person may present to the medical community for a second time, is if they need more treatment for a medical issue. This is because trafficked persons who appear healthy are most profitable to traffickers. It is vital therefore that as soon as a trafficking case appears before any medical professional, he/she has the tools to respond in a timely and appropriate manner. This includes a response protocol that takes into consideration safety factors, etc.

The OCEHT response protocol currently being developed will contain a health care component. In addition, the OCEHT anticipates that the collaborative work with the Canadian Federation of Medical Students will assist in bridging this gap by bringing further awareness to the medical community.

3. Lack of ongoing long-term care.

In addition to short-term needs, long-term care is necessary to treat chronic conditions resulting from the repetitive trauma and for routine health screening. It is commonplace that those who have experienced trafficking are seen by several different providers for acute complaints, but have trouble accessing long-term, ongoing primary care.

Barriers related to the Administration of Justice

1. Lack of training of all police officers within the OPS.

All law enforcement should be trained on HT to help identify cases of trafficking and to strengthen the law enforcement response once identification is established. As trafficked persons are suffering from varying degrees of trauma, it is also recommended that law enforcement receive training on how to be trauma-aware and trauma-informed when dealing with such individuals. This will not only strengthen the response but would also serve to encourage trafficked persons to present to the police.

The Human Trafficking Unit is unable to respond to all suspected HT-related cases, and therefore, regular duty officers are sent out. Most have not been trained in HT.

2. Lack of trust towards the police.

The NCR is fortunate to have a unit within the OPS that is dedicated to responding to cases of HT. This unit encourages all cases of HT to be directed to it with a goal to assist those who are being exploited. The unit is committed to taking whatever steps are within their means to make the interaction with them as comfortable and non-intimidating as possible. Still, a lack of trust towards the police continued to be identified as a barrier in 2016. With the establishment of full-time, permanent status of the Human Trafficking Unit, the OCEHT looks forward to partnership and collaborative work with this unit in our collective efforts to establish and strengthen trust between trafficked persons and law enforcement.

3. Absence of dedicated police units outside the NCR.

HT is a crime that is often on the move to ensure anonymity of the trafficker and the trafficked (although movement is not required for it to be a crime). While most people who experience trafficking in Canada are

Canadian, movement between cities and provinces is common.

Tracking, investigating / processing HT cases / charges and providing assistance to individuals who have experienced HT, becomes more difficult and complex when many multiple locations are involved. This is compounded by the fact that most police departments do not have a unit dedicated to HT, which means working with police departments that have limited knowledge on HT and are often dealing with multiple priorities. This can negatively impact the prosecution of HT charges, thereby serving as a barrier for anyone wanting to come forward to report cases of HT.

4. Lack of training of all those involved in the justice system.

Individuals who experience trafficking have multiple encounters with professionals from the Criminal Justice system. As such, judges, lawyers, probation officers and other criminal justice professionals would benefit from trauma-informed training and training on how to identify and appropriately respond to cases of HT. Informed judges and lawyers would strengthen the criminal justice response through increased prosecution rates and severity of sentencing; which would not only invoke confidence in the judicial system on part of trafficked persons, but would also likely have a deterrent effect upon traffickers.

Barriers experienced by Youth

Youth – particularly those who are homeless and street-involved – are especially vulnerable to HT. This continued to be true throughout 2016, as did most of the barriers identified in the *OCEHT 2015 Annual Report*, as follows (except the last, which is new to 2016):

1. Inability to keep at-risk youth away from traffickers once they have presented to service providers.

Traffickers are experts at their “game”, with promises of a lifestyle that is often more appealing to youth than one that is structured and regulated at home or in a residential program. As a result, parents and service providers are frequently unable to protect and/or keep child(ren) safe at home / in residential care when they AWOL (leave / run away).

In the NCR and surrounding areas, approaches or interventions that are specialized in HT are scarce for youth under the age of 16 years and for their caregivers. While there are multiple service providers in the Ottawa area that work with, and support youth and their families, service providers frequently work in isolation of one another. Increasing inter-agency collaboration is needed to better understand supports and service options available to trafficked youth and their families. Unless a youth is placed in a facility with staff who are trained in HT and use appropriate interventions to stop youth from leaving, they continue to run and put themselves at risk.

There exists a need to develop an evidence-based response protocol for at-risk youth. This would go a long way in providing protection against traffickers, ensuring safety of children and ultimately in helping to prevent HT within this demographic. The OCEHT Youth Committee has begun work towards the development of such a protocol. However, due to resource constraints, progress has been slow.

2. The exchange of sex for drugs / alcohol is increasingly normalized by youth

There is a normalization of the “game” and risky sexual behaviour among youth. However, due to the legal age of consent, no youth can willingly consent to be a sex trade worker; it is sexual exploitation. However, youth

are glamorizing this lifestyle and increasingly becoming more interested, and therefore more vulnerable to HT.

Information workshops for students and parents in schools on various 'trending' issues, including sexting, dating violence, etc., education on HT are needed. Additional topics of focus can include things like social media safety and regular education regarding the importance / elements of healthy relationships.

Ultimately, awareness raising on the issue of human rights needs to be systematically entrenched (incorporated into school curricula), coupled with the training of educators and guidance counsellors in schools who need to know how to identify at-risk students and students who are already being exploited, and how to respond appropriately. Educators and guidance counsellors are uniquely positioned to positively impact the lives of our youth. Resources for research, focused training and responses are required.

The OCEHT has already begun work in this regard by training educators and school board staff during / outside of its Training Blitzes and delivering workshops to teaching candidates at the Teaching Choices Symposium hosted by the University of Ottawa. Still, more needs to be done in this regard. More specifically, training on HT, including indicators and appropriate responses should be incorporated into the curricula for educators.

3. Families are not educated on HT and do not know how to support their at-risk / exploited children

There is a need in our community to establish a program to educate families of trafficked youth so that they can support their children and work towards preventing their exploitation, or work towards their healing and recovery. Familial support can have a profound impact upon the life of an affected youth.

Further, counselling services should also be made readily available for family members of those who have been trafficked. For example, learning about the pain and suffering endured by a child while they were being exploited can have a traumatizing impact upon a parent or sibling. In such cases, family support for the exploited child may not be possible until such counselling is pursued first.

4. Lack of addiction treatment services for youth.

The Children's Hospital of Eastern Ontario (CHEO) does not provide detox services, and most detox services in the NCR are for persons who are over the age of 16 years. This poses as a barrier to healing and recovery as HT and substance use often come hand in hand. As a result, youth risk returning to their trafficker as a means to maintain / satisfy their addiction.

Barriers experienced by Indigenous Peoples

The OCEHT continues to work with the Indigenous community to improve access to HT-related services and resources. Specific efforts are being made to collaborate with this community as they are a population that is vulnerable to HT. Unfortunately, despite these efforts, all barriers identified in 2015 continued to exist in 2016, and are summarized below.

1. Non-Indigenous service providers lack the ability to respond to trafficked persons in a culturally appropriate manner

It is important for non-Indigenous service providers who come into contact with Indigenous Persons who have been trafficked and/or are at-risk, to recognize and honour Indigenous knowledge, and acknowledge and safeguard values and cultural identity. When culture is respected in word and in action, it respects cultural

integrity and builds a foundation towards the healing of Indigenous survivors of HT.

The response of a non-Indigenous service provider to a trafficked Indigenous Person must include an acknowledgement of the diversity among Indigenous Persons and showing of appreciation for the trafficked person's culture. This can foster trust with the service provider, as well as cultural continuity in that Indigenous Person's self-identity and a desire for healthier personal continuity.

Most service providers understand the value of culture; however they do not have the proficiency or resources to connect Indigenous trafficked persons with the culturally appropriate services that are available. As a result, there is a lack of availability of culturally appropriate care by non-Indigenous service providers, including a lack of services and resources in Cree, Inuktitut, Mohawk and/or Algonquin languages. Accordingly, resources are required for information gathering and sharing on available services; for training of non-Indigenous service providers on culturally appropriate responses to persons who have exited or are exiting a trafficking situation; and for translation.

2. Lack of accurate data about HT of Indigenous Persons.

Current information on HT of Indigenous Persons links exploited Indigenous girls with prostitution, rather than HT. This results in gross inaccuracies in the available data, which currently shows an overrepresentation of Indigenous girls in prostitution. Such an outcome distorts the HT situation in Indigenous communities and shifts focus and resources away from the development of important prevention and response initiatives. The absence of a standardized mechanism at a national or local level for collecting information on the HT of Indigenous Persons, further hinders the development of a response that is appropriate and effective.

3. Indigenous Persons who are exiting or have exited a trafficking situation are not presenting to law enforcement.

There is general consensus that Indigenous Persons simply do not report to law enforcement. This is dangerous to Indigenous Persons who have or are exiting a trafficking situation.

Indigenous Peoples' perceptions of the police have historically been shaped by a culture of oppression and economic domination against them.¹² There have been many assertions that racism still remains a driver of contemporary policing, contributing to the continued negative perceptions of law enforcement by Indigenous Peoples. The role police played in the assimilation of Indigenous People has also negatively impacted perceptions of law enforcement. A situation that is further exasperated by under-policing in cases of violence against Indigenous women, who believe they are viewed as less worthy.¹³

Efforts to engage in positive dialogue between law enforcement and Indigenous communities are essential to bridging this gap and restoring partnership and collaboration that will result in a meaningful impact.

4. Lack of capacity in Indigenous communities to respond to HT.

Resources are needed to support Indigenous communities in dealing with the issue of HT. Aboriginal women are rather alone in their work against sexual exploitation of girls, especially on reserves, where they face resistance from various sections like chiefs and counsels.¹⁴

¹² Rodin, J. 2005. *Aboriginal Peoples and the Criminal Justice System: Ipperwash Inquiry*.

¹³ Amnesty International. 2004. *Stolen Sisters: A Human Rights Response to Discrimination and Violence against Indigenous Women in Canada*.

¹⁴ Save the Children Canada, 2000.

Research is needed to examine whether Indigenous communities may create a safe place within their own Indigenous resurgence paradigm that is “rooted, accountable and transformative”¹⁵ for trafficked persons. Often a trafficked person’s sense of self and sense of life is cheapened or indifferent. Bringing these persons back onto the land that embodies their traditional cultural practices and long-term strategies, can contribute to the restoration of their integrity and provide them with a foundation for healing. In other words, healing can be enhanced through experiences that are lived through against the backdrop of cultural continuity.

5. Lack of alliances between Indigenous and non-Indigenous service providers and communities.

The need for non-Indigenous service providers to form productive alliances and collaborations with Indigenous service providers is paramount if the needs of trafficked persons of Indigenous descent are to be met without prejudice or judgement. In other words, Indigenous Persons who have exited a trafficking situation must have access to services, supports and resources that assist in their healing in a culturally relevant way, if they so choose, even if they present to non-Indigenous service providers. These alliances can be built through organizations like the OCEHT Indigenous Committee or through partnerships built between other organizations. Whatever the means, the alliances must be formed for both sides seek a common goal - an end to HT and neither can achieve this on its own.

NOTE: Identifying and acting upon opportunities for collaboration between Indigenous and non-Indigenous service providers and agencies is likely to result in increased prosecutions against traffickers.

¹⁵ Taiaiake Alfred. 12 November 2015, Carleton University. *A Talk by Taiaiake Alfred: Research as Indigenous Resurgence*. <http://carleton.ca/aboriginal/cu-events/a-talk-by-taiaiake-alfred-research-as%20indigenous-resurgence/>

6. Lack of a resource for non-Indigenous service providers to obtain information pertaining to Indigenous culture, services, supports and resources.

There is no one-stop-shop for non-Indigenous service providers to go to once they have determined that the individual who has exited a trafficking situation is of Indigenous descent and wishes to access Indigenous services available in the NCR. Such a resource (such as a hotline, or other tool) is necessary to quickly provide information needed to meet the culturally-specific needs of the trafficked person, including shelter, food, clothing, non-emergency medical needs, Elder requests, access to land-based activities (i.e. where the trafficked person wishes to go into the woods for a walk with an Elder or tradition keeper), etc.

7. Lack of safe housing and support that specializes in servicing trafficked persons of Indigenous descent.

The need for safe environments that value and recognize the inherent cultural integrity of Indigenous survivors of HT cannot be stressed enough. This must be coupled with options for long-term housing that include access to supports and resources in accordance with a person's needs, such as ongoing day-to-day peer support, so that they have every opportunity to recover from the devastating effects of the trauma they have experienced. Currently, no housing that specializes in supporting trafficked persons of Indigenous descent is available.

Barriers experienced by Francophones in Ontario and Anglophones in Quebec

Through its Francophone Outreach Committee, the OCEHT work to improve access to services, supports and resources by trafficked persons who speak either of the official languages, continued. Unfortunately, despite

these efforts, barriers identified in 2015 continued to exist in 2016.

1. Unreliable access to services in language of choice.

Persons who have exited a trafficking situation who speak French and live in Ontario experience difficulty in accessing services in French. The same is true of those who speak English and live in Quebec. This is stressful and often serves to re-victimize the person seeking assistance. Having to recount the exploitative experience is difficult on its own, but to feel as though one is not understood because of a language barrier is frustrating and can discourage the person from presenting again or seeking further assistance. This can result in the person returning to their trafficker because of a perceived lack of options available to them.



Training of service providers about the services, supports and resources available in each official language across the NCR, as well as improved coordination of services between Ontario and Quebec is necessary for meeting the needs of persons who have been exploited through HT.

Barriers related to HT for Labour / Domestic Servitude

1. No standardized data collection mechanism on labour trafficking and domestic servitude in the NCR or at a national level.

There is a lack of accurate and appropriate data on labour trafficking and domestic servitude at a local and national level, which is essential to improve understanding of the problem that can in turn be used to

direct resources and in the end, contribute to a more effective response.

2. Collaboration between federal and municipal government agencies, as well as local organizations needs improvement.

In Canada, those who have been exploited for labour and/or domestic servitude are typically foreign nationals. This introduces various complexities involving legal status in Canada. Often, the official government / law enforcement response does not address the unique needs of those who have been exploited in this way. Many feel that due to their legal status in Canada (or lack thereof), they do not have, or are not given an opportunity to seek services, supports and resources, choosing instead to be deported.

Collaboration between government agencies and local organizations must be improved, particularly in cases involving exploited persons who have no legal status in Canada. Specifically, local victim services organizations should be given access to such persons to ensure that exploited individuals fully understand their rights in Canada and are given an opportunity to have their needs met, along with an opportunity to pursue legal status, if that is their choice.

Barriers related to HT for Organ Removal/Harvest

1. Lack of a legal definition and government leadership.

The *Criminal Code of Canada* criminalizes exploitation of a person for the purpose of removing an organ or tissue.¹⁶ However, there is an absence of jurisprudence regarding this provision, which is necessary for providing a working definition.

¹⁶ *Criminal Code*, RSC 1985, c C-46, s 279.04(3).

Discussions at the international level have considered distinctions between “HT for the purposes of organ removal / harvest” and “organ trafficking”, highlighting that although there may be linkages in some cases, these are two different crimes with very different policy implications. The distinctions are summarized below:

- a) **HT for the purpose of organ removal / harvest:** involves the removal of an organ from a person without their consent or against their will;
- b) **Organ trafficking:** involves the transport and illegal transplant of organ(s) for financial gain (donor may have consented to having an organ / tissue removed and may have received payment and adequate medical care in return).

There is agreement in the international community that all types of HT require criminalization and that their victims require protection. However, when it comes to the sale of organs / tissue, one position is that individuals should have the right to do what they want with their own bodies, including selling their organs / tissue. This position is complicated by the reality that those who buy and those who sell organs are typically desperate (e.g. illness, poverty, etc.), which raises questions about who should be criminalized for their part in the illegal organ trade (also known as the *Red Market*). There is consensus, however, that brokers who participate in the Red Market strictly for their own financial gain (they are not donors or recipients), should be penalized.

In Canada, these questions remain as there is a lack of government leadership on this complicated issue. The challenge is that a lack of leadership prevents detection and serves to facilitate conditions that enable this form of HT to continue unabated.

2. No information about HT for the purpose of organ removal and / or harvest in the NCR or at a national level.

Information on this issue is minimal and anecdotal. It is thought that this form of HT is even more clandestine than HT for sexual exploitation or labour exploitation. The reality is that there is a much greater demand for organs in Canada than there are available organs, yet anecdotal evidence suggests that the excess demand is being met through other, unknown means. Resources are needed to investigate and collect data on this issue so that combative efforts can be initiated and work can commence on mobilizing a response to meet the needs of persons exploited in this way.

3. Lack of public knowledge and awareness.

The truth is that unless you are in need of an organ or tissue and your life is at risk if this need is not met, you likely are not aware that the Red Market exists. Despite films such as *The Bleeding Edge*¹⁷, *Tales from the Organ Trade*¹⁸ and *Human Harvest*¹⁹, there is almost no public knowledge or awareness about the Red Market or HT for this purpose. Moreover, when the public is exposed to information on this issue (for example, through films such as these), the perception is that this issue happens in other countries and does not affect Canadians, directly or indirectly. To suggest otherwise, carries great stigma, particularly in light of the information and data deficit that surrounds this issue and its presence in Canada. This is compounded by the lack of government leadership which appears to be intentionally absent as evidenced by the Department of Justice, which publically stated in 2015 that “[t]here have been no known cases of trafficking in persons for the purpose of organ removal in Canada. Canada’s

¹⁷ *The Bleeding Edge*, 2015 (<http://thebleedingedgemovie.com/>)

¹⁸ *Tales from the Organ Trade*, 2013 (<http://www.talesfromtheorgantrade.com/>)

¹⁹ *Human Harvest*, 2014 (<http://www.humanharvestmovie.com/>)

regulated health-care system may provide safeguards in this regard”.²⁰ That cases have not been identified does not mean that none exist.

4. Lack of central registry for organ donation.

"Canada has an extensive network of transplant programs and registries. It had 60 active programs across all provinces in 2004."²¹ There is no central registry for organ donation — for persons awaiting an organ or for potential donors. In Canada, health care is largely managed at the provincial level and as a result, each has its own organ donation and transplant system, with its own policies and protocols. This results in a system that is fragmented whereby matching donors with recipients is often done regionally or provincially and rarely done across provinces and large distances.

Plagued with long wait times for receiving an organ – average is 3.5 years – the system for organ donation in Canada does not work. This is causing Canadians to resort to the Red Market in desperation. What many don't know is that the brokers who pocket on average 95% of the total transaction amount, are often linked with organized crime groups as well as terrorist groups, who use this money to commit further crimes and terrorist acts. ISIS is a very good current example.²²

Investments are needed in the area of research to gather information and conduct an evaluation of best options for establishing linkages between provincial / territorial registries so that information on donors and waiting

²⁰ *A Handbook for Criminal Justice Practitioners on Trafficking in Persons*, pg. 26 February 2015 (<http://www.justice.gc.ca/eng/rp-pr/cj-jp/tp/hcjpotp-gtpupjp/hcjpotp-gtpupjp.pdf>)

²¹ *Canadian Bioethics Companion* (<http://canadianbioethicscompanion.ca/the-canadian-bioethics-companion/chapter-7-organ-donation/>)

²² “ISIS Trafficking Body Organs of Living People”, 1 March 2016 (<http://www.globalresearch.ca/isil-trafficking-body-organs-of-living-people/5511314>)

recipients can be matched with a view to reducing wait times, so that Canadians cease feeling like they have no option but to resort to the Red Market.

Moving Forward ...

Moving into 2017, the OCEHT extends an invitation to new members of, and partnerships with, organizations that work to meet the needs of persons who are in or are exiting a trafficking situation, for we are only as strong as our membership. We will intentionally be seeking partnerships with organizations servicing the Indigenous community, LBGTQ2 community and organizations that work with men, in our quest to break down barriers and advance our mandate. We also hope to expand our membership to include greater representation from the provincial government.

As initiatives are announced and developed at the federal and provincial level, the OCEHT hopes that it will continue to be consulted on where these investments are best directed. As has been evidenced by this report, much remains to be done if the response to persons who have suffered exploitation through HT is to be effective and its impact is to be meaningful and lasting.

Meanwhile, the OCEHT will press on with its training efforts, community asset building and service initiatives. The OCEHT has a very exciting year ahead, which will build upon the momentum that continued in 2016. Specific activities being pursued include:

- roll-out of a data collection mechanism for gathering information on HT incidents in the NCR;
- a heightened / more active role of the OCEHT in its partnership with Freedom Collaborative;
- fundraising events in the Spring and Fall of 2017;
- obtaining charitable status; and

- continued development of the Hotel Initiative (a program framework has been developed and partnerships with local hotels have begun to form).

In the interim, we hope that you will share this report widely so that it may affect positive change in the current response to trafficked persons, who suffer from the violation of their most basic human rights on a daily basis.

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