

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

January – December 2017

Introduction

The membership of the *Ottawa Coalition to End Human Trafficking* (OCEHT) meets monthly to discuss Coalition operations, as well as trends, initiatives, progress and challenges of the anti-human trafficking movement in the NCR. Meetings also offer an opportunity to network, and to be consulted on barriers experienced in access to services, supports or resources in the NCR by persons affected by human trafficking (HT). These barriers prevent the needs of trafficked persons from being met fully or effectively.



This report is a summary of barriers identified between January and December 2017. 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 the direction of future OCEHT work.

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 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

The OCEHT is a platform for local agencies and organizations, service providers and relevant community members involved in service delivery, representing a wide variety of sectors, to come together and work towards the rescue and recovery of persons subjected to all forms of HT. Given the complex, multi-layered, cross-disciplinary nature of resource and service needs of trafficked persons, no single organization / agency is equipped to address all of the needs of any given trafficked person. It is for this reason that Coalitions comprised of grassroots, frontline professionals (such as ours) are particularly important. The standards that govern the operations of the OCEHT have been deliberately aligned with the codes of ethics/conduct that govern the professions of our Members. This is because we recognize the grave responsibility of our organization in the community and towards trafficked victims; adherence is guarded and taken seriously.

The OCEHT is composed of over 40 Members who sit as either individuals or as representatives of more than 25 organizations. The Coalition is supported by the work of six committees along with a group of Observing Members, Network Members, as well as volunteers. Our organization is volunteer-based and no one is on payroll. Having a positive impact in our community is the only

payment we seek. Our work is financially supported by fundraising events, funding grants and private donations; we operate on minimal funds, which serve to limit our reach and potential.

Our overall goal is to make a meaningful impact on the lives of as many trafficked individuals as possible. Our mandate is twofold –

- 1) to meet the 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 (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 know how to respond appropriately.

Our training program is premised on a philosophy of not charging for knowledge. This, we believe should always be the guiding philosophy if the motivation is truly to help those who have been trafficked given that in many cases, their lives depend on the dissemination of this knowledge. The Coalition's training program strives to ensure that when a service provider comes across a person who is being trafficked (or who has exited a trafficking situation), that service provider can maximize the small window of opportunity by providing optimal help to that person. If the service provider does not know how to identify the case as HT and/or does not know how to respond appropriately, that person may never present again. This can be due to a number of factors, including no further opportunities to present (i.e., because they cannot get away from their trafficker or they have been physically injured and are physically incapable), fear for their safety due to threatened reprisal by the trafficker, fear of re-victimization and/or stigmatization by service providers, etc.

2017: A Year in Review

In 2017, the work of the OCEHT saw the continuation of momentum carried over from 2016. Growing membership, partnerships and awareness in the NCR and beyond, with and about the OCEHT and its activities, made 2017 a very productive year. Some highlights are summarized below.

1. Changes to the OCEHT Training Program – Increased Accessibility.

After training over 100 service providers from different organizations and professions spanning teaching candidates, school board staff, youth workers and victim services, among others, the OCEHT Training Committee announced in late 2017 that January 2018 would see the last Training Blitz, as the training program would be changed to make it more accessible. The Training Blitz, which occurred twice a year (January and June), offered free training sessions to traditional and non-traditional service providers over an 8-day period. (Training was also available for groups of providers outside of the Training Blitz period at a nominal donation).

After a successful 3-year run, feedback from trainers, Members and participants indicated that this delivery model was no longer practical. In addition, it was observed that since the training was free, participants would register and not always show up, thereby taking up spots and forcing other service providers to wait for the next Training Blitz in order to access the training at no cost.

Accordingly, the delivery model of the training program was changed to make training available on the second Tuesday of each month (except August and December), with two days available in January (anti-human trafficking month) at a cost of \$10 per person. Training for groups of providers outside these dates will continue

to be available upon request, at a nominal donation requested to cover associated costs.

The OCEHT anticipates this to be a more effective way of getting the necessary training to service professionals in the NCR. Feedback thus far has been positive. We look forward to expanding the reach of our training program even further in 2018.

2. Increased Indigenous Participation.

The OCEHT is excited to report that 2017 saw a large number of First Nations, Inuit and Métis (FNIM) organizations join the Coalition, and influence Coalition operations and initiatives. The intent of the Coalition has always been to forge strong partnerships with Métis, First Nations and Inuit communities as these partnerships are important in the fight against HT. We look forward to strengthening our collaborative efforts and growing in our united impact.



3. Growth in Membership and Volunteers.

Although operational demands of, and resource shortages in their own organizations caused some Members to withdraw membership, the overall OCEHT membership saw growth in 2017. 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. We always welcome new Members willing to bring their grass roots experience to the OCEHT table and work collaboratively within the professional standards established by our membership.

4. Canadian Ambassador for Freedom Collaborative.

Throughout 2017, the OCEHT continued to strengthen its partnership with Freedom Collaborative to become its Canadian Ambassador. Freedom Collaborative 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. Dissolution of OCEHT Committees.

Non-profit organizations experience ebbs and flows in their membership and evolution against changes in landscape, trends and progress (or regression) regarding the issue that they are mandated to work on. The Coalition is no exception and after positive legislative changes in the age of protection, as well as investment in a new residential treatment program in the NCR (*A New Day*), the decision was made to dissolve the Youth Committee, as well as the Safe Place Committee. In exchange, the coming year will see the Coalition streamline its work and resources to focus on addressing other service delivery gaps and barriers.

6. OCEHT Labour/Domestic Servitude Committee.

2017 was an exciting year for the OCEHT Labour / Domestic Servitude Committee as it ended with the appointment of a new head and several members. Since then work has begun on the development of a training

course focused on this form of HT and on a workplan of initiatives that the Committee will undertake. 2018 promises to be an exciting year for this Committee!

7. Widespread Recognition.

As the OCEHT has gained momentum in its activities, our organization has also received widespread recognition. This has resulted in requests for OCEHT's participation at various events, including:

- **March 2017:** the University of Ottawa chapter of the Canadian Lawyers Association for International Human Rights hosted a panel on online human and sex trafficking; the OCEHT accepted an invitation to participate in the panel, which resulted in a fruitful exchange with law students.
- **March 2017:** Policy Brew, a non-partisan policy discussion forum, invited the OCEHT to provide panellists for a discussion on HT with a goal to educating citizens and policy professionals on important policy issues. OCEHT panellists were well-received, the discussion was very engaging and some attendees even joined the Coalition as volunteers afterwards to become actively engaged in our organization.
- **April 2017:** 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.
- **October 2017:** The OCEHT accepted an invitation to participate in a study being conducted by Dr. Natalya Timoshkina at Lakehead University, focused on the HT of the elderly. The study aims to develop a working definition of trafficking of the elderly, to find out how much is known about this problem in Canada, to identify primary resources available to trafficked elderly and to determine future research priorities. Known forms of

trafficking of the elderly include: forced begging, forced criminal activity, forced labour, financial exploitation, sexual exploitation, and abduction and torture to extort ransom. Work on this study will continue into 2018.

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”.¹ 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.*²

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.³ Exploitation also occurs where these means are used for the purposes of the removal of tissue or organs.⁴

HT occurs both across borders and within a country and does not discriminate against race or class, although

women, youth and Indigenous Persons appear to be the most targeted in our region.

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 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. 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.

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

² *Criminal Code*, RSC 1985, c C-46, s 279.04(1).

³ *Criminal Code*, RSC 1985, c C-46, s 279.04(2).

⁴ *Criminal Code*, RSC 1985, c C-46, s 279.04(3).

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.

Important Non-OCEHT Developments in 2017

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*, the 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. Further to this, in 2017, the provincial government awarded funding to a number of OCEHT members, most notably *A New Day*, which is the region's first ever, residential treatment program dedicated to victims of HT.



A New Day was granted funding to establish a long-term residential program where survivors of HT have an opportunity to embark on a healing journey, acquire essential life skills and meet personal, educational and vocational goals, so as to resume independent living within the community. *A New Day* provides an essential service, filling a significant gap in the local response to HT by providing a safe and supportive environment for survivors to heal and rebuild their lives; survivors are empowered to move forward and develop confidence to succeed.

2. New Age of Protection.

On June 1, 2017 *Bill 89: Supporting Children, Youth and Families Act 2016*⁵ received Royal Assent. This legislation responds to the efforts of the Children's Aid Society and other youth services that have advocated for an increase in the age of protection. As of January 1, 2018, the age of protection was raised from 16 to 18 years, thereby extending protection services for a longer period, which includes safe living conditions and education support to reduce homelessness and HT. The legislation also focuses on early intervention to help prevent children and families from reaching crisis situations at home.

This development addresses one of the gaps identified in previous years by the OCEHT Youth Committee regarding the lack of legal safeguards for youth aged 16 to 18 years of age. This barrier negatively affected

⁵ http://www.ontla.on.ca/bills/bills-files/41_Parliament/Session2/b089ra_e.pdf

service providers in their ability to appropriately support children under the age of 18 years. The OCEHT is extremely pleased with this development and expects a positive impact on frontline work that supports youth who have been exploited through HT.

General Barriers (ongoing)

Unfortunately, many of the barriers identified in the *OCEHT 2016 Annual Report* continued to exist in 2017. These are summarized below.

1. No official local response protocol.

There is no 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 to remind trained frontline service professionals of relevant information when assisting a trafficked person.

Even when organizations and services are known, the OCEHT has been advised that there are challenges around confidentiality and sharing information between agencies that interfere with a seamless service delivery experience by the victim.

A local response protocol that is developed with the involvement of local organizations 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, serve to support a continuum among services and might even serve to address the confidentiality challenges associated with the exchange of victim information. It is important to keep in mind that requiring a victim to re-tell their story to each new service provider is re-victimizing

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

While the number of service providers that have been trained is growing, there remain a large number of providers that have not been trained. 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 appropriately met or those who have experienced trafficking are being overlooked entirely, in some cases. The need for training therefore continues to exist. For example, the OCEHT received information throughout 2017 that group home staff do not feel that HT is their problem to deal with and that information on how to respond to HT is often not acted upon or passed along. Overall, there is a resistance to acknowledging that children are being trafficked out of group homes. Similarly, the medical community resists acknowledging that victims of HT present in hospitals and medical clinics seeking care in the presence of traffickers or under threat of traffickers. These are just a few of the missed opportunities to assist trafficked persons.

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. This is particularly true in cases involving victims who are male and/or who are members of the LGBTQ2 community.

The OCEHT will continue to reach out and respond to the demand for training of traditional and non-traditional service providers through its training program, with the hope of addressing this need.

3. 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, fundraising events 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, 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 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.

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

Little is known about the extent to which trafficked victims identify as Lesbian, Gay, Bisexual, Trans, Queer and/or Two-Spirited (LGBTQ2). This is largely because this type of data has either not been collected or has been collected in a non-standardized way. Further, a fear of re-victimization through discrimination has resulted in the non-disclosure of gender identity and/or sexual orientation. This lack of data has prevented the investment of resources to develop an understanding of the LGBTQ2 HT experience and of the corresponding unique resource and service needs of trafficked persons who are LGBTQ2 (which is a prerequisite for the development of dedicated services).

While victim support services are available to all, LGBTQ2 victims typically choose not to access such services because they operate from a heteronormative perspective, which is exclusive to individuals who identify as LGBTQ2. Relating to the world with a view that promotes heterosexuality as the normal or preferred sexual orientation, inadvertently results in increased vulnerability to violence and discrimination against the LGBTQ2 community. This results in their exclusion and isolation.

Service providers report a lack of services and resources in the NCR that are geared towards the LGBTQ2 community in general, and towards their experience with HT, specifically. However, such services are essential. Founded upon inclusiveness, they would offer a safe place to disclose gender identity and sexual orientation and to access resources and services, including mental health services related to trauma stemming from gender identification and sexual orientation. Anti-trafficking frontline professionals and representatives of the criminal justice system also need to be trained on LGBTQ2 identities and vulnerabilities from a HT perspective in order to administer justice in an appropriate manner when dealing with cases involving members of the LGBTQ2 community. For example, LGBTQ2 homeless youth are three times more likely to participate in survival sex and risky sexual behavior than their heterosexual counterparts⁶. This makes them particularly vulnerable to HT, while social isolation and peer violence limit access to services and support networks.

Moving forward, the OCEHT intends to gain more information and insight into the experience of trafficked persons who are LGBTQ2, with a view to expanding its network and building community assets to improve access to services, supports and resources.

5. Lack of knowledge about, and resources for, male victims of HT.

Awareness of the issue of HT has been spreading, but unfortunately not all victims of HT are receiving the same attention. This is a challenge, as services, supports and resources are typically geared towards women and children, leaving male victims with virtually no options.

⁶ Gaetz, S. (2004). "Safe streets for whom? Homeless youth, social exclusion, and criminal victimization." *Canadian Journal of Criminology and Criminal Justice*, (46) 423-455

Males are typically victims of sex trafficking and labour trafficking (agriculture, hospitality, domestic work). However, the extent to which males are trafficked is unknown because there is a lack of research and data on this target group. This creates information gaps that result in a response that ignores this group of victims, leaving them without supports and services, including safe spaces that are dedicated to males (a number of frontline professionals have reported to the OCEHT the many challenges they have been facing in placing male victims into shelters and housing). In addition, anecdotal evidence indicates that males do not report being victims of HT due to a fear of stigmatization, questioning of their sexual orientation, and an overall awareness that there are no supports or resources in the NCR specifically dedicated to male victims. This is thought to encourage re-entry into trafficking situations.

Training of frontline workers about the HT experience from a male perspective is necessary to initiate a response that appropriately meets the needs of male victims. The Coalition is not aware of any training in the NCR that is specifically focused on the heterosexual male as victim. This must be coupled with the investment of resources, as well as stakeholders working together, in order to develop male-centred programs, services and resources.

6. Other barriers identified in 2016 that continued to exist in 2017.

- Lack of after-hours services.
- Many persons who are experiencing trafficking do not identify as such.
- Lack of space in shelters / inappropriate shelter referrals for victims of HT (those who have been trafficked are being housed on an emergency basis at organizations that are not usually suitably trained or equipped to take in a trafficked person. This raises

other risks and problems such as re-victimization of persons who have been trafficked).

- No local or national 24 hr/day, 7 day/week hotline.
- Clandestine nature of HT is on the rise as traffickers continue to use the internet in new and unique ways to recruit and exploit persons.
- No detox treatment centre for those who have exited a trafficking situation; no addiction treatment services for youth.
- Lack of a standardized health care response protocol in the NCR.
- Lack on ongoing long-term health care.
- 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.

General Barriers (New in 2017)

1. Cross-Provincial / Jurisdictional Challenges.

Communication between organizations, agencies, shelters and service providers regarding HT cases across provinces and jurisdictional lines is a challenge. It has been reported to the OCEHT that the response to victims who cross the Ontario / Quebec border is failing them “over and over again”. It is unclear how this barrier/gap can be improved, but at minimum, officials of both provinces need to engage in discussion and invest resources to research these challenges, in order to inform possible solutions and improve the current situation.

2. Intersectionality of mental health issues and HT.

There is a lack of information about the intersectionality of mental health issues with HT, although anecdotal

evidence indicates that victims with mental health issues are more vulnerable to HT. Research and data are required on this issue to inform the development of appropriate services and resources for trafficked victims with learning disabilities and mental health issues.

Barriers related to the Administration of Justice

1. Lack of training of ALL police officers.

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 encourage trafficked persons to present to the police.

In Ottawa, when the Human Trafficking Unit is unable to respond to a suspected HT-related case, regular duty officers are sent out. Many have not been trained on HT.

2. Under-resourced Human Trafficking Unit (HTU).

The HTU at the Ottawa Police Service is understaffed. With only one sergeant and four officers, it is unable to respond to all cases in a timely manner, despite its hard work and efforts. Reports from OCEHT Members in 2017 indicated that there was no follow-up in a number of reported cases. Clearly, investments are needed to equip the Unit with additional resources.

3. Lack of training of those working in the criminal 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 should be required to undergo 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 an improved treatment of victims during the court process, increased prosecution rates and more severe sentencing; which would not only invoke confidence in the judicial system on part of trafficked persons, but would likely have an increased 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 2017, as did most of the barriers experienced by youth in the *OCEHT 2016 Annual Report*:

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.

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 counselors are uniquely positioned to positively impact the lives of our youth. Resources for research, focused training and responses are required.

The OCEHT continued work in 2017 in this regard by training educators and school board staff through its training program, 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.

Barriers experienced by Indigenous Peoples

The OCEHT is comprised of six Committees, each working on a particular aspect of HT. One such Committee is the First Nations, Inuit and Métis (FNIM) Committee which is made up of Ottawa-based organizations and individuals that represent these communities. The role of the FNIM Committee is to centre the voice of First Peoples in Canada, specifically those residing and working in the Ottawa region. Founded on principles of honesty, integration and community well-being, the Committee works to address common and unique issues regarding exploitation. The main goals of the committee are to break down barriers for First Peoples to participate in conversation, as well as to access culturally safe resources for the betterment of their communities.

1. Inclusion and Acknowledgment.

One of the most common barriers faced by individuals and organizations that participate in the FNIM Committee is the lack of inclusion as equal partners by mainstream committees and organizations doing anti-exploitation work for FNIM communities. This is identified as a barrier because FNIM organizations feel as though some, not all, mainstream partners fail to see the importance of reconciliation in this field of work and more so the importance of culture, community connection and support to truly address issues of HT and exploitation. In many cases FNIM partners have only been called to the table for information on how to support clients and/or to provide cultural sensitive training.

2. Lack of cultural awareness and implementation of culturally safe protocols.

Cultural awareness of the difference between First Nations, Inuit and Métis people along with how to implement culturally safe protocols has been a reoccurring barrier identified by clients, FNIM organizations who work with mainstream or pan-Aboriginal organizations. For example, frontline workers who encounter a client that self-identifies as Inuit or Métis refer them sometimes to Indigenous Friendship Centres that are often rooted in a First Nations philosophy. While many folks may choose to go to such services because of a lack of culturally specific services in Ottawa, this is not the case and frontline workers need to understand that current cultural referrals are an important aspect of trauma informed service provision. More importantly, the Committee also notes that they are often called upon for cultural support or training once organizations are unable to retain FNIM clients, rather than during program conception and throughout the development and implementation stages to ensure inclusiveness is incorporated at its foundation and core. This is a barrier

because it presents itself as if Indigenous issues and peoples are an after-thought to program development and implementation.

3. Lack of resources for FNIM anti-exploitation work.

Many of the organizations that sit on the FNIM Committee noted that their funding is not long-term and sustainable to do meaningful and impactful anti-exploitation work in their communities. The lack of funding in the presence of overt needs, as in the case of Missing and Murdered Women and Girls inquiries, shows a significant need to invest in FNIM programming and organizations.

Barriers related to HT for Labour Trafficking / Domestic Servitude

1. Lack of standardized data collection mechanism and dedicated services.

HT for the purpose of labour exploitation (labour trafficking) and domestic servitude is given little attention by researchers, as well as the media. Occurring in the broader context of exploitation, it encompasses a range of unlawful activities including industrial breaches (breaking laws such as overtime pay, minimum wage, record keeping), unlawful discrimination (a person or a group of people, are treated less favorably because of race, gender, religion etc.), and criminal offences (threats, extortion, sexual assault, etc.). In Canada, labour trafficking most commonly occurs in the hospitality sector, nail salons, food service industry, agriculture and construction. These industries take advantage of undocumented workers, who work long hours for little or no wages through coercive means involving fear, intimidation, violence, and others. Without standardized data collection, the lack of information makes the provision of appropriate services rather challenging. The FCJ Refugee Centre in Toronto

provides specialized services to migrant workers affected by exploitation and labour trafficking. The OCEHT is not aware of any similar services in the NCR that are dedicated to survivors of labour trafficking. Examples of services that may be required include: interpreters to overcome language barriers; legal services for advice on rights in Canada and options regarding legal status; replacing confiscated documents; social services to access monetary aid, transitional or permanent housing; medical attention/treatment, etc.

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, which introduces various complexities involving legal status in Canada. 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 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.

3. Barriers of migrant workers.

The long-term goal of migrant workers is permanent residency or citizenship in a new country; a factor that is utilized by exploitive employers as a means of manipulation. In Ontario, caregivers and agricultural workers are not permitted to unionize and are excluded from the protection of basic laws for minimum wage, overtime pay, and maximum number of hours worked

per day. Access to healthcare is also a problem; migrant workers lack information regarding health coverage, while caregivers are not protected under the *Occupational Health and Safety Regulations* in Ontario. Migrant workers are eligible for OHIP (The Ontario Health Insurance Plan), workers under SWAP (Seasonal Agricultural Workers Program) are covered from the day they arrive in Ontario, while workers under National Occupational Classification (NOC) under skill levels C (intermediate jobs; food and beverage servers, retail sales persons) and D (labour jobs; cleaning, agriculture) have a three-month waiting period, during which time the employer is obligated to provide compensatory health insurance. Farm workers holding an H-2A temporary work visa are only permitted to work for the employer that requested the visa. These laws and regulations create a power imbalance, leaving migrant workers at a disadvantage and unable to negotiate the terms of their employment, including working and living conditions, which are often deplorable. Cases usually go unreported for a variety of reasons, including the fear of deportation, fear of compromising prospects of achieving landed immigrant status, and fear of being accused of participating in illegal activities. Additionally, those who may come across victims trapped in a situation of labour trafficking are typically not trained to detect or appropriately respond to HT (e.g. consular officers, labour inspectors, port inspectors, agricultural inspectors, immigration lawyers, etc.). These individuals are uniquely positioned to facilitate a victim's exit from a trafficking situation, yet without this training, exploitation of these individuals continues.

4. Barriers of domestic servitude.

As Domestic Servitude occurs behind closed doors and involves many individuals and organizations, it remains one of the most difficult forms of HT to detect. This form of exploitation can occur through employers or

family members that coerce relatives into unpaid labour. The domestic work sector is a commonly invisible form of labour exploitation in which the workplace is often the living space that in turn triggers social isolation and vulnerability due to extreme control by employers. Poor regulation by the *Employment Standards Act* (ESA), which entitles the worker to minimum wage, paid vacation, hours of work protections, etc., means that worker-employer relationships are often informal - involving a verbal agreement that is typically characterized by exploitation, dependency, and debt bondage. Social isolation can greatly impede the ability of the victim to report exploitation and seek help. The persistent confusion among criminal justice institutions, in sectors of law enforcement and prosecution, of how labour trafficking differs from migrant smuggling, illegal immigration and other forms of exploitation, also hinders the ability to implement preventative measures. As a result, reporting cases to the authorities at times has resulted in the victim being treated as an illegal immigrant and the offender avoiding all consequences. Therefore in order to ensure that cases will be reported, the associated risks must be alleviated and measures must be taken to ensure the safety of victims who are filing a report.

There is a lack of legal protections whose function it is to protect the victims of labour trafficking who have not yet secured immigration status. Legislative gaps and the lack of regulation in regards to obtaining permanent status can affect the ability for people to safely migrate and can directly affect the vulnerability of migrant workers. The lack of operational enforcement officers within the Ministry of Labour creates little incentive and accountability for employers to operate in accordance with the law. Through enforcing and expanding the rights of those with temporary status, the risk of trafficking can be reduced and the resources for those affected by HT for the purpose of labour exploitation can be improved.

5. Absence of laws against forced marriage.

Forced marriage is recognized as a violation of human rights by the United Nations. Unlike an arranged marriage both individuals do not agree or choose to marry the other. Instead, forced marriage occurs when parents, relatives and/or community members use emotional pressure, threats or violence to force one or both individuals against their will to get married. In some cases, the individual may be deceived into leaving Canada under the pretenses of visiting family. Once they arrive in a foreign country their passports and money are taken away and they may be prevented from communicating with others to ask for help.

In Canada, marriage laws vary among provinces and territories, the legal age of marriage is generally 18 years old. However, in some provinces, a person with consent from both parents can be married at age 16 or 17. One report found that 90% of forced-marriage victims in Ontario are Canadian citizens or permanent residents aged 16 to 34 years.⁷ This appears to be a rising trend within Canada. An adult who is forcibly married is at risk of exploitation for labour or sex for the financial gain of their spouse or family. Currently there is no law in Canada against forced marriage, therefore the person responsible cannot be sent to jail. In some cases, the victims of forced marriage may want to protect their families from criminal charges, which can also greatly impede reporting.

⁷ National Post. (2016, September 01). "Taking Action Against Forced Marriage." Retrieved from <https://nationalpost.com/opinion/taking-action-against-forced-marriage>

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.⁸ However, there is an absence of jurisprudence regarding this provision, which is necessary for providing a working definition.

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 harvest / removal:** 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 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

⁸ *Criminal Code*, RSC 1985, c C-46, s 279.04(3).

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 unanswered 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 fact 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*⁹, *Tales from the Organ Trade*¹⁰ and *Human Harvest*¹¹, 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 regulated health-care system may provide safeguards in this regard”.¹² That cases have not been identified does not mean that none exist.

4. Lack of central registry for organ donation.

In Canada, health care is largely managed at the provincial level and as a result, each has its own organ donation and transplant system(s), with its own policies and protocols. There is no central registry for organ donation — for persons awaiting an organ or for potential donors. 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 do not 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,

⁹ *The Bleeding Edge*, 2015 (<http://thebleedingedgemovie.com/>)

¹⁰ *Tales from the Organ Trade*, 2013 (<http://www.talesfromtheorgantrade.com>)

¹¹ *Human Harvest*, 2014 (<http://www.humanharvestmovie.com/>)

¹² *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>)

which use this money to commit further crimes and terrorist acts. ISIS is a very good current example.¹³

Investments are needed in the area of research to gather information, study the different models of successful donor systems around the world, and to develop and implement a system of organ donation that is customized to a Canadian cultural reality. Some examples include presumed consent of organ donation¹⁴, giving transplant priority to organ donors¹⁵, provision of various benefits to living organ donors, subsidization of monetary compensations to donors¹⁶, etc.

5. Lack of organ donors.

Arguably the single cause of HT for the purpose of organ removal and harvesting is the growing number of people in need of an organ transplant, and not enough available organs. In the past decade, over 300 people from Ontario died waiting for a transplant¹⁷, while in 2014 alone, 278 people died due to organ donation shortages across Canada.¹⁸

Canada is among the top ten organ importing countries in the world. Due to an insufficient number of organ donors in Canada, Canadians in need of organs travel abroad to purchase them. Some of these organs are marketed by the brokers to be from “donors” who are in reality victims of HT because their organs have been forcibly extracted, or extracted without their consent.

¹³ “ISIS Trafficking Body Organs of Living People”, 1 March 2016 (<http://www.globalresearch.ca/isil-trafficking-body-organs-of-living-people/5511314>)

¹⁴ “Why 99% of Austrians donate their organs” *Behavioural Design*, 8 Nov. 2015, <http://behaviouraldesign.com/2015/08/11/why-99-of-austrians-donate-their-organs/#sthash.gc2abcE3.dpbs>

¹⁵ “Israeli organ donors to get transplant priority” *The Economist*, 17 Dec. 2009, <http://news.bbc.co.uk/2/hi/8416443.stm>

¹⁶ “Psst, wanna buy a kidney?” *The Economist*, 16 Nov. 2006, www.economist.com/node/8173039?story_id=8173039

¹⁷ “Organ Trafficking” *PACT-Ottawa*, www.pact-ottawa.org/organ-trafficking.html. Accessed 7 March 2018.

¹⁸ “Blood, organ and tissue donation” *Government of Canada*, www.canada.ca/en/public-health/services/diseases/blood-organ-tissue-donation.html#a21. Accessed 7 March 2018

To discourage Canadians from purchasing organs abroad, the donor base in Canada needs to be increased so that the organ demand can be met in a timely and legal manner. One way to do this is to implement social marketing campaigns and educational campaigns to inform Canadians about the importance of organ donation and how it saves lives in Canada and abroad.

Moving Forward ...

Moving into 2018, 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 to strengthen existing partnerships and building new ones, 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 throughout 2017. Specific activities being pursued include:

- continued participation in Lakehead University’s study on the HT of the elderly;
- fundraising events in the Spring / Summer 2018;
- roll-out of a data collection mechanism for gathering information on HT incidents in the NCR;

- advancement of the OCEHT's Hotel Initiative (pilot training and expand partnerships with local hotels); and
- review and adjustment of OCEHT governance and committee structure, with the establishment of new committees.

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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