

FAMILY SERVICES of PEEL



FAMILY SERVICES of PEEL

Since 1971

GLOBAL CONFERENCE ON HUMAN TRAFFICKING AND TRAUMA: A PUBLIC HEALTH RESPONSE



JUNE 24 – 25, 2019
UNIVERSITY OF TORONTO MISSISSAUGA

BOOK OF ABSTRACTS

This conference reframes the approach to human trafficking, from a criminal justice framework, to one that is grounded in public health and is survivor-informed, trauma-informed, and evidence based.

- Hanni Stoklosa, MD, MPH



Ontario
Trillium
Foundation



Fondation
Trillium
de l'Ontario

An agency of the Government of Ontario.
Relève du gouvernement de l'Ontario.

WELCOME



Chuck MacLean – Executive Director – Family Services of Peel

On Behalf of Family Services of Peel – Peel Institute on Violence Prevention, I would like to welcome you to the Global Conference on Human Trafficking and Trauma: A Public Health Response. It is our hope that this Global Conference will enable survivors, visionaries, researchers and practitioners from different parts of the world to discuss and collaborate towards the elimination of human trafficking all over the world.



Dr. Joan Simalchik – Director of the Women and Gender Studies Program, University of Toronto Mississauga

The Women and Gender Studies Program is pleased to welcome you to University of Toronto Mississauga campus for the Global Conference on Human Trafficking and Trauma: A Public Health Response. The conference is an important opportunity to dialogue - and build support - between survivor-informed stakeholders. Survivors, community members, service providers, and academics from many different parts of the world, need to play a role in addressing human trafficking and its traumatic aftermath. These two days will open the way to sharing ideas, perspectives and resources to do both. We look forward to working, learning and organizing with you.



Dr. Hanni Stoklosa – Executive Director, HEAL Trafficking

Welcome to Toronto and the inaugural Global Conference on Human Trafficking and Trauma: A Public Health Response.

HEAL Trafficking is a global network, in 35 countries, of over 2,600 survivors and multi-disciplinary professionals who are fighting trafficking from a public health perspective. We believe that we cannot arrest or prosecute our way out of human trafficking, that we must focus upstream on prevention and interventions which address fundamental vulnerabilities to trafficking. If we ignore the racism, societal inequities, lack of worker rights and demand for cheap goods, which drive so much of trafficking, our efforts to fight trafficking will be in vein.

HEAL Trafficking is pleased to partner with Family Services of Peel – Peel Institute on Violence Prevention, the Women and Gender Studies Program, and the University of Toronto Mississauga to bring you a schedule packed with some of the brightest researchers, educators and advocates in North America.

Enjoy Toronto and the Global Conference on Human Trafficking and Trauma: A Public Health Response. Meanwhile, if there is anything we as the hosts can do to enhance your networking or learning experience, please do not hesitate to contact me.

GLOBAL CONFERENCE SCIENTIFIC COMMITTEE MEMBERS

Hanni Stoklosa

MD, MPH, Executive Director of HEAL Trafficking

Firdosi Mehta

MD Adjunct Professor, University of Toronto, Dalla Lana School of Public Health

Monica Riutort

MA, Manager, Peel Institute on Violence Prevention - Family Services of Peel

Joan Simalchik

Director of the Women and Gender Studies Program, University of Toronto Mississauga

Elsabeth Jensen

Associate Professor and Director of the Graduate Program, School of Nursing, York University

Chandra Coomaraswamy

MA, Consultant, Peel Institute on Violence Prevention - Family Services of Peel

TABLE OF CONTENTS

04 PLENARY A Dialogue on Human Trafficking E. R. Jackson, K. L. Maass, N. Timoshkina, S. Taneja, A. Smoke, N. Kaminski, R. Bruder	40 LABOUR TRAFFICKING International and National Cases of Forced Labour T. Končar, C. Wald, J. Sathyandran and L. A. Mata
09 PLENARY Sex Trafficking & Commercial Sex R. Dhungel, E. R. Jackson, B. Mutta	43 TRAUMA, MENTAL HEALTH AND ADDICTION Trauma-Informed Approaches S. Taneja, A. Meier, J. Cox
12 PLENARY Labour Trafficking L.A. Mata, V. Belazelkoska, A Taggart	46 ROUND TABLE DISCUSSION Training on Trauma Screening S. Rampersad, E. Jensen
15 POSTERS Poster Presentations A. Greenblatt, Y. Samim and M. Beam, S.S., J. Campos-Amaller, K. McGarva, H. Thind	47 ADVOCACY Advocacy and Community Response R. Dhungel, J. Downey and J. Brown, S. Chauhan and M. Riutort
20 PUBLIC HEALTH RESPONSE Human Trafficking Solutions in Public Health J. Cox, B. Nascimento and R. Loewen	50 HEALTH Public Health Response D. Chen, A. Garg and P. Panda, F. Rigby and S. Poirier
22 COLLABORATION AND COORDINATION OF SERVICES Services Available for Survivors C. Coomaraswamy, S. Gilbert and E. Lipinski, K. Beale	53 HUMAN TRAFFICKING Sex Workers and Sex Trafficking Cases E. Lam, K. Church, J. Benn-John and M. Smith
25 NEEDS ASSESSMENT Needs Assessment Completed From Backgrounds M. Riutort, P. Panda and A. Garg, H. Iyer	56 WOMEN'S RIGHTS Human Rights are Women's Rights - Marginalized Communities S. Rupnarain, K. Gibbons and A. Arguello, O. Oluseun
28 SERVICES AND PROGRAMS Analysis of Services/Programs N. Carswell, M. Bochar, N. Timoshkina	59 SOCIAL DETERMINANTS OF HEALTH Surveys and Other Papers on Sociological Roots of Health K. Yama, D. El Islambouly, H. Evans
31 HUMAN TRAFFICKING – INDIGENOUS Focus on Indigenous Women M. Compton, J. Wilson and R. Jones	62 HOUSING Housing Services K. L. Maass, M. P. Conte
33 MEDIA PRESENTATIONS Video and Skype Presentations A. Allsopp, C. Heggie, T. Brabo	64 EDUCATION Prevention and Awareness Cases M. Henderson, K. Snider and J. Inglis, H. Stoklosa
36 PLENARY A Dialogue on Services and Research H. Stoklosa, S. Rupnarain	67 MALE AND TRAUMA Case Studies of Male Survivors of Trauma S. Chauhan and M. Riutort, A. Worifah, T. Končar and J. Campos-Amaller
37 SEX TRAFFICKING Sex Trafficking & Commercial Sex S. Gambóias, M. Fearon and M. Muise, N. Kaminski	70 TRAUMA, MENTAL HEALTH AND ADDICTION Trauma Training Programs E. Jensen, J. Simalchik, S. Khan

PLENARY

A DIALOGUE ON HUMAN TRAFFICKING

ELYSSA ROSE JACKSON

Name of the Organization: Atlohsa Family Healing Services

Professional affiliation: Indigenous Advocate & Anti Human Trafficking Coordinator

Elyssa Rose Jackson is an Anishnaabe Kwe, of the Marten Clan from Kettle & Stony Point First Nation. Elyssa felt the effects of intergenerational trauma within her family and community while growing up in Kettle Point and still today, she continues to witness these impacts. An honors graduate of Fanshawe College, Elyssa currently resides in London, Ontario with her son. As the Indigenous Advocate & Anti Human Trafficking Coordinator at Atlohsa Family Healing Services, she leads the anti-human trafficking program, Okaadenige. Okaadenige is rooted in a holistic framework, informed by Indigenous knowledge and delivered in a culturally safe environment. Okaadenige supports Indigenous and non-Indigenous survivors of human trafficking, exploitation and sexual abuse. Through her work, Elyssa has successfully connected those at risk and survivors with services and supports, as well as equipping the next generation of Indigenous youth with the tools, knowledge and empowerment to identify and avoid recruitment into human trafficking. Elyssa carries a strong passion for advocacy and has the voice for it. She is an active member of the London community, dedicated to ending violence against Indigenous people and devoted to the recovery of culture and revitalization of healing and wellness in all our communities.

Okaadenige – A program for Indigenous Survivors of Human Trafficking

Based out of London Ontario, Okaadenige, a program that has been developed in response to the over representation of Indigenous women in human trafficking in London and surrounding Indigenous communities. Despite making up only 4% of the Canadian population, Indigenous women make up roughly 50% of trafficking victims (Roudometkina & Wakeford, 2018). Okaadenige bridges a gap in services and supports for Indigenous survivors and their families.

Okaadenige, an Ojibwe word meaning “he/she braids things” refers to Atlohsa’s three-strand approach to addressing human trafficking: Prevention, awareness and support services. The main components of Okaadenige include support services and referrals, education and outreach, and the provision of an ongoing survivors circle.

The objectives are achieved through: Rapport/trust building; counselling; safety planning; access to traditional services and knowledge; Elders; medicines; an ongoing bi-weekly Survivors Circle; referrals to local Indigenous agencies; weekly outreach at Atlohsa’s Indigenous women’s shelter; prevention programs for youth at schools in rural and urban communities; a weekly Women’s Circle at Fanshawe College; a week long Survivor’s Retreat; and the promotion of human trafficking awareness through the organization of and participation in community events and conferences.

The success of Okaadenige is evident through the individuals who have been reached since the launching of this program. Okaadenige has not only provided strength based, culturally appropriate services and supports to human trafficking survivors, but has also equipped the next generation of Indigenous youth with the tools and knowledge to avoid recruitment into human trafficking. Understanding what human trafficking means, and that it is happening in our communities, is key to reversing the trend of Indigenous women & people being at a greater risk of recruitment.

Okaadenige furthers current knowledge by facilitating an understanding of Indigenous communities, and the contribution of colonization and inter-generational trauma to involvement in human trafficking. Harmful stereotypes about Indigenous Canadians are still rampant in society today.

Indigenous people are survivors who have persevered through centuries of mistreatment and adversity. As Canadians, we need to acknowledge the history and work together with Indigenous communities to support healing and end human trafficking.

KAYSE LEE MAASS

Kayse Lee Maass is an Assistant Professor in the Department of Mechanical and Industrial Engineering at Northeastern University. Prior to joining the faculty at Northeastern University, Dr. Maass was a Research Associate in the Department of Health Sciences Research at the Mayo Clinic and received her Ph.D. from the Department of Industrial and Operations Engineering (IOE) at the University of Michigan in 2017.

She is a recipient of multiple NSF grants, the NSF Graduate Research Fellowship Program Award, the INFORMS Section on Location Analysis Dissertation Award -Runner Up, the Richard and Eleanor Towner Prize for Outstanding PhD Research, the INFORMS Judith Liebman Award, the IOE Outstanding Graduate Student Award, and the Joel and Lorraine Brown Graduate Student Instructor of the Year Award. Dr. Maass currently serves as the INFORMS Section on Location Analysis Treasurer and is a member of the H.E.A.L. Trafficking Research Committee.

Her research focuses on the application of operations research methodology to social justice, access, and equity issues within the supply chain management, humanitarian logistics, and healthcare contexts. She is particularly interested in using her analytic background to address human trafficking and mental health issues, and currently leads numerous related transdisciplinary research efforts.

Optimal placement of shelters for human trafficking survivors: An illustrative example of mathematical models serving as decision support tools

Long-term shelters play a critical role in the stabilization and empowerment of trafficking survivors and entail a large investment. In the United States, survivors of human trafficking exist in every state. However, in 2018, the majority of states lacked dedicated residential shelters for trafficking survivors. Even in states with shelters, data suggests that demand greatly exceeds capacity, and significant disparity exists between states with respect to the legislative environment and provision of auxiliary services for survivors.

The objective of this research is to illustrate the benefit of using mathematical modeling approaches to serve as a decision support tool for service providers, policy makers, non-profits, and other stakeholders to quickly identify the optimal victim services capacity expansion plan.

Using concepts from health and social welfare economics, we develop a linear programming optimization model that allocates a budget for establishing long-term shelters in a manner that maximizes a measure of societal impact while respecting budgetary constraints. We measure this impact via a societal value quantified by a combination of labor productivity gained, reduction in juvenile arrests, disability-adjusted life years averted, and legislative environment, adjusted for the demand for shelters and the current number of shelters available, less construction and operating costs. We illustrate the utility of the model via a case study that allocates a budget among a candidate set of residential shelters for sex trafficking survivors in the United States.

Solutions obtained through the multifaceted optimization model are evaluated to be 44 - 76% more valuable than making the shelter location decision based on a single factor, such as locations with the lowest cost or highest demand.

Our approach also provides value to governmental and nonprofit decision-makers, as it offers a means to effectively allocate scarce resources and enables sensitivity analyses to examine the effect of small changes in the budget on the optimal location of shelters. Model results are not intended to serve as the final decision regarding a capacity expansion plan; rather, they are recommendations that can augment the decision-making process.

Thus far, human trafficking research has primarily focused on qualitative studies, statistical estimations of prevalence, and insights generated from economic models. However, this presentation will provide the audience with an illustrative example of how additional mathematical models can serve as a decision support tool for anti-human trafficking efforts.

NATALYA TIMOSHKINA

Name of the Organization: School of Social Work, Lakehead University Orillia

Dr. Natalya Timoshkina is an Associate Professor in the School of Social Work and an Adjunct Professor in the Women's Studies Department, Lakehead University, Ontario, Canada. She has been involved in research and advocacy initiatives regarding human trafficking since 1998. She has published, presented, and consulted extensively on the subject of human trafficking, particularly sex trafficking of women and girls.

Examining social enterprise as a trauma-informed model for labour market (re)integration of sex trafficking survivors

Social enterprise is a hybrid organizational form, which integrates principles of business enterprise with social sector goals – e.g., to provide flexible and creative approaches to professional skills development and income-generation for hard-to-employ population groups. Sex trafficking survivors' complex experiences of trauma, combined with other mental and physical health issues, the lack of support systems, and non-existent or extremely fragmented employment histories, impede their (re)integration into the labour market and participation in mainstream employment training programs. In light of this, social enterprises specially designed for this population and known as "Freedom Businesses" have sprung up around the world. Yet they are non-existent in Canada. Furthermore, none have been evaluated. The objective of the study from which findings are reported here was to examine social enterprise as a potential model for trauma-informed labour market (re)integration programming for adult female survivors of sex trafficking in Canada.

The study found that EWISEs yielded significant social impact, giving their members a sense of identity, belonging, and healing. Financially, however, they were very difficult to sustain and, at best, could serve merely as stepping stones for women seeking employment. Unexpectedly, Sistering's peer-employment program was identified as more promising than an EWISE.

The results of this study suggest that some of the main keys to EWISE's effectiveness is being trauma-informed and offering its workers opportunities to develop skills beyond merely employment skills (in particular, life skills), and that participation in EWISEs alone does not guarantee long-term economic stability. Women's ability to exit sex trafficking and to escape poverty depends on multiple micro and macro factors, with education being one of the most crucial. These findings advance current knowledge on EWISEs and labour market (re)integration programs, particularly for sex trafficking survivors.

Further research on trauma-informed Freedom Businesses, peer-employment, and other creative employment and educational programs for sex trafficking survivors is imperative.

SONIA TANEJA

Name of the Organization: Yale School of Public Health, Yale School of Medicine

Professional affiliation: Medical Student, Yale School of Medicine

Sonia Taneja, MSc, MD candidate, is a current student at the Yale School of Medicine. She received her BA in Psychology from Yale College and her MSc in Public Health (Health Services Research) from the London School of Hygiene & Tropical Medicine. As a Yale Parker Huang Fellow to India, she studied the social determinants of mental health in women engaged in intergenerational sex work. Her other significant prior experiences include working with South Asian community-based domestic violence organizations in New York City, incorporating health justice in medical education at Yale, and training in community-based participatory research methods working to scale a mental health intervention for parenting women as a MOMS Partnership Fellow at Elevate: A Policy Lab to Disrupt Poverty and Elevate Mental Health at the Yale School of Medicine. She plans to pursue a career that combines clinical practice and community-based participatory research at the nexus of sexual and mental health for adolescents and families that are experiencing gendered violence and trauma.

Does method of entry into sex work impact mental health outcomes among female sex workers in India?

While mental health amongst sex workers has been avidly studied within various South Asian contexts, the specific avenues of entering sex work have not been differentiated in prior studies nor examined in terms of their influences on the mental health of sex workers. Women of the Perna caste in New Delhi engage in intergenerational sex work after marriage, a historically motivated and culturally normalized practice in which there is long-term awareness of these expectations from a young age. For women trafficked into the Sonagachi red light district, the largest in Asia, there is most commonly a stark entry into the sex trade through deception, and more acute emotional and physical trauma.

Our objective is to understand the differences in mental health symptomology among Indian women who have experienced differing methods of entry into sex work by comparing women in the Perna community of New Delhi and women trafficked into the red light district in Sonagachi in Kolkata.

Fourteen Perna women and 17 women trafficked women in Sonagachi, all associated with a non-governmental organization operating in New Delhi and Kolkata were sampled via a community mobilizer network and interviewed using the Hopkins Symptom Checklist-25 (HSCL-25), components of a Harvard Trauma Questionnaire, and a socio-demographic questionnaire.

The proportion of cases with anxiety and depression, as assessed by the HSCL-25 in Perna and Sonagachi sex workers, was high and significantly greater than for the general population, but not statistically different from one another. Risk factors amongst Perna women with a high prevalence of mental health symptoms, however, differed from Sonagachi women and indicate distinct pathways of symptom development in both groups.

While both groups had significant trauma exposure, risk factors amongst Perna women included feeling 'trapped' and concern for the entry of their daughters into sex work, despite high levels of social support, whereas women in Sonagachi reported low levels of social support. These findings suggest that programs to address human trafficking should take into account entry method into sex work, particularly experiences of social support, when designing programs for mental health.

Given that experiences of entering the sex trade are complex and varied, delineating between methods of entry may allow for more tailored mental health interventions. Acknowledging and leveraging the distinctive strengths and barriers of each group engaged in sex work may enhance uptake and effectiveness of services.

ASHLEY SMOKE

Ashley Smoke is a Peer Development Worker at Moyo Health Services and has worked there in a variety of capacities as a student, volunteer, peer and most recently as the Indigenous Communities Animator. She has a diploma from Sheridan College in the Community and Justice Service Worker Program and was awarded an academic award for being top of her class and graduated with high honors. She comes to this work due to the passion that grew from her lived experience. She has direct knowledge of, and personal experience with, as well as helping others with their struggles with Women's Issues, Sex Work and Human Trafficking, Indigenous Issues, Substance Use and Harm Reduction, Poverty and Domestic Violence. She is extremely passionate as an advocate and loves the work as she enjoys helping others and sharing her story in an attempt to help those who need and want it.

NATALIE KAMINSKI

Natalie is a Harm Reduction Outreach Coordinator in the Region of Peel. She holds a Human Services Diploma, an Addictions and Community Services Worker Diploma and a Social Service Worker Honours Diploma. She's used her lived experience to guide her work at various organizations like Regent Park Community Health Centre, Sistering Toronto, Bloom Clinic and is currently with MOYO Health and Community Services. Her work includes Peel's First Sex Workers Drop In and the Peel Sex Workers Needs Assessment. A founding member and lead organizer of the Peel Drug User Network Group.

RHONELLE BRUDER

A human trafficking survivor, advocate, public speaker, educator, writer, and founder of the RISE Initiative; a grassroots project dedicated to helping spread awareness on issues vulnerable people face and make a direct impact on youth in crisis. Rhonelle has shared her story of overcoming adversity and resilience to international audiences. And uses her voice to advocate for causes that directly impact vulnerable populations.

Rhonelle holds a Master of Science in Health Informatics from the University of Victoria and an Honours Bachelor of Science in Health Services Administration from New York City College of Technology. She is an active community leader, sitting on multiple boards including Massey Centre for Women, the Human Trafficking Advisory Committee, and the Black Students Achievement Community Advisory Committee.

Since launching the RISE Initiative, Rhonelle has been an invited speaker to conferences, educational institutions, and participated in numerous panel discussions. Speaking on issues facing women, youth, and those from diverse and racialized backgrounds. Most recently participated in a roundtable on economic empowerment and entrepreneurship with Canadian, Prime Minister Justin Trudeau.

PLENARY

SEX TRAFFICKING AND COMMERCIAL SEX

RITA DHUNGEL

Rita Dhungel, from the Nepalese heritage, has completed her masters in; Masters in Nepalese History Culture and Archaeology, Masters in Sociology/Anthology (both are from The University in Nepal) and Masters in Social Work (University of Calgary). She has obtained Ph.D. in Social Work from the University of Calgary in 2017 and joined MacEwan University as an Assistant Professor in July 2018. After the completion of her Master's in social work, she joined the City of Calgary as a Community Social Worker and worked with diverse populations/people with socio-economic marginalization in building their communities. By using a Participatory Action Research as empowerment and transformative tools, she had a privilege to work with trafficking survivors for sexual exploitation in Nepal with a focus on reintegration of trafficking survivors in Nepal. Her ethical stance and aspirations for social justice have led her to conduct social justice studies and use an adult learning education model in her teaching and community practice. She strongly believes in promoting transformative and liberatory education through critical pedagogy, experiential learning opportunities and anti-oppressive feminist research.

What “Successful” Reintegration Means to Trafficking Survivors: Implications for Research, Policy and Practice

This presentation exposes an emerging theoretical reintegration practice model and an integrative definition of “successful” reintegration of trafficking survivors informed by an anti-oppressive community-based action research conducted in Nepal. Using the case example of Nepal, the presentation is aimed to: (1) critically understand interlocking oppression that trafficking survivors experience in their reintegration; (2) foster discussions that will allow participants to apply anti-oppression analysis to current anti-trafficking policies and practices; (3) advance knowledge on what “successful” reintegration actually means to survivors; and (4) explore the applicability of the reintegration practice model.

Trafficking survivors for sexually exploitation experience intersectional oppression, including unclear definition of reintegration (law and policy), oppressive judicial system, lack of enforcement law, social ostracism, access to public health services, and employment in their reintegration, which increases their vulnerability to marginalization and making them “doubly victimized”. In collaboration with the Government of Nepal, a range of community-based agencies and national and international non-profit organizations have been working in anti-trafficking efforts with a focus on three anti-trafficking approaches: prevention, prosecution and protection of trafficking survivors. While prevention of trafficking is primarily given to attention, the current protection policies and programs do not adequately meet trafficking survivors’ needs and aspirations. By recognizing the need of understanding their voices and experiences, an anti-oppressive community-based action research was conducted in collaboration with eight trafficking survivors in Nepal.

The integrative definition of “successful” reintegration was centralized, and an emerging theoretical reintegration practice model was collectively developed, using social justice and human rights lenses, which were the most unique contributions of this study. Those results will be shared at the presentation followed by the discussions of their applications in different contexts/situations. This presentation provides a range of practitioners, health professionals and policymakers working in anti-trafficking efforts/public health sectors with opportunities to understand what “successful” reintegration means to trafficking survivors and explore the roles for the different players that they need to play in promoting social justice. This presentation concludes with a critical discussion of how the emerging theoretical reintegration practice model could be applied as anti-trafficking and public health responses in a different context (nationally and locally).

ELYSSA ROSE JACKSON

Name of the Organization: Atlohsa Family Healing Services

Professional affiliation: Indigenous Advocate & Anti Human Trafficking Coordinator

Elyssa Rose Jackson is an Anishnaabe Kwe, of the Marten Clan from Kettle & Stony Point First Nation. Elyssa felt effects of intergenerational trauma within her family and community while growing up in Kettle Point and still today, she continues to witness these impacts. An honors graduate of Fanshawe College, Elyssa currently resides in London, Ontario with her son. As the Indigenous Advocate & Anti Human Trafficking Coordinator at Atlohsa Family Healing Services, she leads the anti-human trafficking program, Okaadenige. Okaadenige is rooted in a holistic framework, informed by Indigenous knowledge and delivered in a culturally safe environment. Okaadenige supports Indigenous and non-Indigenous survivors of human trafficking, exploitation and sexual abuse. Through her work, Elyssa has successfully connected those at risk and survivors with services and supports, as well as equipping the next generation of Indigenous youth with the tools, knowledge and empowerment to identify and avoid recruitment into human trafficking. Elyssa carries a strong passion for advocacy and has the voice for it. She is an active member of the London community, dedicated to ending violence against Indigenous people and devoted to the recovery of culture and revitalization of healing and wellness in all our communities.

Okaadenige - A program for Indigenous Survivors of Human Trafficking

Based out of London Ontario, Okaadenige, a program that has been developed in response to the over representation of Indigenous women in human trafficking in London and surrounding Indigenous communities. Despite making up only 4% of the Canadian population, Indigenous women make up roughly 50% of trafficking victims (Roudometkina & Wakeford, 2018). Okaadenige bridges a gap in services and supports for Indigenous survivors and their families.

Okaadenige, an Ojibwe word meaning “he/she braids things” refers to Atlohsa’s three-strand approach to addressing human trafficking. Prevention, awareness and support services. The main components of Okaadenige include support services and referrals, education and outreach, and the provision of an ongoing survivors circle.

The objectives are achieved through: Rapport/trust building; counselling; safety planning; access to traditional services and knowledge; Elders; medicines; an ongoing bi-weekly Survivors Circle; referrals to local Indigenous agencies; weekly outreach at Atlohsa’s Indigenous women’s shelter; prevention programs for youth at schools in rural and urban communities; a weekly Women’s Circle at Fanshawe College; a week long Survivor’s Retreat; and the promotion of human trafficking awareness through the organization of and participation in community events and conferences.

The success of Okaadenige is evident through the individuals that have been reached since the launching of this program. Okaadenige has not only provided strength based, culturally appropriate services and supports to human trafficking survivors, but has also equipped the next generation of Indigenous youth with the tools and knowledge to avoid recruitment into human trafficking. Understanding what human trafficking means, and that it is happening in our communities, is key to reversing the trend of Indigenous women & people being at a greater risk of recruitment.

Okaadenige furthers current knowledge by facilitating an understanding of Indigenous communities, and the contribution of colonization and inter-generational trauma to involvement in human trafficking. Harmful stereotypes about Indigenous Canadians are still rampant in society today.

Indigenous people are survivors who have persevered through centuries of mistreatment and adversity. As Canadians, we need to acknowledge the history and work together with Indigenous communities to support healing and end human trafficking.

BALDEV MUTTA

Name of the Organization: Punjabi Community Health Services

Baldev Mutta has been in the field of social work for the last 45+ years. He is the founder and Chief Executive Officer of the Punjabi Community Health Services (PCHS). PCHS is a health Service provider in the Central West and Mississauga Halton LHIN Geographic areas.

He has worked for the last 28 years developing an integrated holistic model to address Substance Abuse, Mental Health and Family Violence in the South Asian Community.

He has received many community awards for his work on equity, community development and organizational change.

Challenges and Vulnerabilities of International Students in the GTA

Punjabi Community Health Services (PCHS) is currently undertaking research on international students in the GTA, which seeks to delineate and understand the challenges students face, including but not limited to, sexual exploitation of young female students. Such sexual transactions may be paid or bartered, according to our preliminary understanding.

The sample size of the said research survey is 30, which includes South Asian international students. We expect to conclude it in early June, well before the conference.

We understand that some of the female international students are pushed into sex for money, which has a close – if not direct – link with sex trafficking.

Objective

- a) To map and understand the challenges and vulnerabilities of international students from Punjab/India/South Asia.
- b) To track and measure the instances of sex trade among female international students
- c) To inform and empower international students to be safe, and be less vulnerable to various forms of exploitation including sexual exploitation / trade

Currently, international students are facing a multitude of problems, including financial, cultural and lingual, and many more which appear by virtue of being in a new country. The study will fill the gaps, existing in any research previously conducted on International students and focus on solutions.

International students, due to a variety of factors, have greater vulnerability to the sex trade and trafficking than Canadian born and Canadian residents. They are treated with suspicion, and they are exposed to predatory designs disguised as 'support. Their treatment adds to their vulnerabilities, impacts their mental, emotional and physical health, and delays their professional growth and associated integration into Canada.

For this conference, the aspect of research dealing with sexual exploitation will be informative and relevant, will add to the collective knowledge, and will thus be helpful in better understanding the full spectrum of sex trade and trafficking – for international students are one of the catchment populations for sex trade and trafficking.

This study will focus on identifying international students' various vulnerabilities, their correlation with the sex trade and thus would seek to inform public policy, and service providers to design better and more responsive support systems and programs.

A set of integrated vulnerabilities of international students e.g., financial burden, young age (and associated emotional vulnerability), limited knowledge of Canadian systems (work, housing, laws) and rights as International Students make young female international students more vulnerable to sexual exploitation than their Canadian born counterparts.

PLENARY

LABOUR TRAFFICKING

LUIS ALBERTO MATA

Name of the Organization: FCJ Refugee Centre

Luis Alberto Mata, is the Migrant Workers Mobile Program Coordinator, part of the Anti-Human Trafficking Program at FCJ Refugee Centre in Toronto. Currently, Luis coordinates the Toronto Counter Human Trafficking Network – TCHTN, a collaborative net integrated by up to 14 organizations. Luis is a Colombian writer in exile, with a Master Degree in human rights, trained in immigration & refugee issues from York University, and in job counselling from JVS / George Brown College. Before working with FCJ Centre, Luis worked 8 years as Settlement & Employment Counsellor with the Mennonite New Life Centre; he has been a human rights and peace advocate, in Canada always involved with grassroots organizations. In the past back home in his natal Colombia, Luis Mata worked with unions, urban and rural communities, including working with forced displaced people, reporting on human rights abuses, forced internal migration, and reporting on the five-decade civil war in Colombia. Luis has lectured on globalization, social justice & human rights, and he published two books on the civil and armed conflict in Colombia, including documenting crimes against humanity, particularly on the genocide against the Patriotic Union, a civil movement from Colombia that was exterminated back in the last century.

Human Trafficking for Labour Exploitation: Are We Doing Enough to Stop this Crime?

Up to 60 migrant workers from Mexico were caught in a network of labour exploitation in Wasaga/Barrie, Ontario. Forty-three workers were directly removed from the trafficking situation by the police.

A recruiter from a temporary employment agency used her connections in Mexico to advertise jobs, legal documents and a better future in Canada.

The temporary agency's connections approached poor people in isolated neighborhoods in Mexico and promised they would earn a lot of money and have better living and working conditions if they came to Canada. They were told they needed to pay between 25 to 60 thousand Mexican pesos for the application process, in addition to paying for their own flight to Canada.

Once they arrived in Canada, they discovered squalid living conditions (up to 28 people living in a house), each person required to pay \$400 rent, a \$17 daily fee to be put on a job waiting list as cleaners, as well as other costs.

The workers realized they had been misinformed about the nature of the job, the hours, pay, job role, type of services, work and living conditions that were described by recruiters in Mexico.

In addition to the 43 migrant workers removed from their labour trafficking situations by the police, 14 other migrants approached the FCJ Refugee Centre and other organizations such as Legal Assistance of Windsor to disclose similar situations. However, these 14 left or escaped the trafficking situation before the police investigation happened.

More workers recruited by the same temporary employment agency continue to come out from underground living conditions. However, some remain underground because they are afraid of being deported back to Mexico, where they may face dangerous situations for not having paid back costly loans they took to cover fees imposed by their traffickers.

Approach pursued: After several months of police investigation, and collaborative grassroots intervention, dialogue was established with authorities to ensure the case was followed with a human rights holistic approach.

The workers were then addressed by the CBSA, and OPP. Later, the authorities in coordination with the grassroots organization, presented the workers to the IRCC. The workers were granted Temporary Resident Permits (TRPs), Open Work Permits, and Interim Federal Health coverage.

Further Humanitarian and Compassionate applications will be scheduled.

VERA BELAZELKOSKA

Name of the Organization: Ulula

Vera Belazelkoska is the Director of Programmes at Ulula where she builds strategic partnerships and works with partners from the public, private and civil society sectors on program development and implementation of digital tools that advance human rights. Vera has 10+ years of experience in international development work, focusing on community engagement, financial inclusion and education in parts of Asia, Africa, Central and South America - engaged with organizations like Opportunity International, Centro Conviven and the University of Chiang Mai. She was a Rotary International Peace Scholar in Argentina and holds a Masters in Political Economy of International Development from the University of Toronto, and a specialization in Social Economy and Local Development from the University of Buenos Aires School of Economics. Vera sits on the Steering Committee Against Modern Slavery in Canada and serves on the management committee of the Commonwealth 8.7 Network that works on issues of contemporary forms of slavery. She is passionate about developing transformative partnerships at company, grassroots and systems level. She is fluent in Spanish and Macedonian and proficient in Portuguese and Serbo-Croatian.

Leveraging Digital Technologies in the Fight to End Human Trafficking: Three Case Studies from Peru, Indonesia and India

New technologies are transforming the way we work, consume information, interact with inanimate objects in our households, and socialize with one another. With advancements in blockchain and traceability, dark web monitoring algorithms and whistleblowing tools, we are seeing more than ever the application of technology in monitoring human trafficking and forced labour across global supply chains. But technology is not a silver bullet and its application in the monitoring, prevention and mitigation of human trafficking has to consider the persons it aims to impact most - survivors.

In the global effort to identify vulnerable groups, trafficking routes, and workplaces that use forced or trafficked labour, monitoring initiatives have leveraged varied methodologies and communication channels. Yet getting accurate, timely and actionable data to identify abuse and provide urgent support to survivors can depend on something as nuanced as survivors' access to technology or how inquisitive questions are asked (i.e. many migrant workers don't identify themselves as trafficked labour even if they work under those conditions). And once information is collected, action must be swift yet cautious, sensitive yet transparent. The sector tasked with preventing and terminating human trafficking has mountainous challenges ahead, some of which can be aided by technological advancements.

In this session, Ulula - a social enterprise tech company working to amplify worker and community voices around the world - will present the challenges and opportunities of technology to identify and prevent human trafficking considering accessibility, survivor-centric design, and actionable data. We will highlight 3 case studies where Ulula worked in collaboration with government, civil society and corporate actors to design and implement stakeholder engagement technologies to capture the risk of human rights abuses, including human trafficking, in three global supply chains - gold mines in Peru, palm oil plantations in Indonesia, and textile factories in India.

Developments and applications of technology to fight human trafficking:

1. Tools and tech currently changing the landscape - from blockchain to social media monitoring
2. A survivor-centred approach to designing and implementing technological interventions to fight human trafficking
3. Three case studies highlighting the role of multistakeholder collaboration, and the commonalities and differences present across value chains and geographics
4. How can such tools be applied in the Canadian context: cautions and opportunities

AMANDA TAGGART

Name of the Organization: 3Strands Global Foundation

Professional affiliation: Senior Program Manager

Amanda Taggart is the Senior Program Manager with 3Strands Global Foundation, a non-profit that aims to eradicate exploitation through prevention education and reintegration programs for survivors and at-risk youth.

Ms. Taggart oversees the growth and implementation of PROTECT, a human trafficking prevention program cofounded by 3Strands Global Foundation. She played a key role in the passage of AB 1227 in 2017, a bill that made California the first in the United States to mandate human trafficking training and prevention education in public schools.

While with the organization Ms. Taggart has trained over 10,000 adults and children in 22 California counties to be able to identify and report labor and sex trafficking.

Prevention Organized To Educate Children on Trafficking (PROTECT): Human Trafficking Prevention Education & Training Program

With technology being used as a deceptive gateway for exploiters to recruit, sell and groom children, the time for us to combat human trafficking in the classrooms is now. PROTECT is a human trafficking prevention education and training program that aims to address exploitation through a multi-tiered approach using reporting protocols, training, curricula, and research.

The program's objectives are to increase knowledge of human trafficking, including labor and sex trafficking, enhance understanding of trafficking recruitment tactics and the role of technology, increase protective factors for youth, and measure students' ability to keep themselves and others safe from trafficking.

Through an online learning management system, participants may complete PROTECT's 3-hour training, which focuses not only on labor and sex trafficking, but also on the role of trauma as a risk factor for exploitation and a result of exploitation. Also provided in the online system is a library of reporting protocols, research reports, and news articles. For those who would like to implement the trauma-informed elementary, middle or high school lesson plans, they may access and download all presentation materials online. Each lesson empowers youth to trust their inner voice and is built to be multi-day to ensure that students have ample opportunity to participate.

As students learn about this issue through PROTECT's lesson plans, they will start to identify and share signs of this happening to themselves and those around them. As a result, more reports will be provided to their trusted school staff who must rely on the support/services provided by law enforcement and social services. This is why the PROTECT program offers comprehensive training to any/all that work with youth at-risk of exploitation. The training and prevention education both have pre- and post-survey assessments for the value of the program to be analyzed and continuously improved.

Our results are eye opening for many schools that, prior to completing PROTECT's training, were under the impression that human trafficking wasn't an issue in their community. It is apparent that there are cases that are not being identified and are under-reported because of the lack of awareness and lack of training opportunities that have are available to students and to those who work with youth. Through PROTECT's multi-tiered implementation, communities can enhance their understanding of this crime's prevalence and the needed local resources for the boys and girls experiencing exploitation.

The most effective way to combat human trafficking globally is through prevention education.

POSTERS

Poster Presentations

ANDREA GREENBLATT

Name of the Organization: Hospital for Sick Children

Professional affiliation: Social Work

Andrea is a doctoral student at the Factor Inwentash Faculty of Social Work at the University of Toronto. Her research focuses on health and mental health experiences of children and youth. She is also a research coordinator on a project conducted by members of the Suspected Child Abuse and Neglect (SCAN) team at the Hospital for Sick Children focused on developing, implementing, and evaluating a cross-sector community response protocol to child and youth commercial sex trafficking in Toronto. This project is funded by the Department for Women and Gender Equality.

Poster Presentation: Addressing the commercial sex trafficking of children and youth: Exploring the experiences and recommendations of professionals

The commercial sex trafficking of children and youth is a human rights violation and public health concern. The adverse effects of trafficking span physical, psychological, emotional, social, economic, and legal domains, thus necessitating a comprehensive community response to meet the multilevel needs of young survivors. With scant evidence-based knowledge guiding service provision, our current model of care tends to be primarily adult-oriented and highly fragmented, at times jeopardizing the safety and well-being of those who fall through the cracks.

As a subcomponent of a broader pediatric hospital quality improvement project, this study explored the experiences and recommendations of professionals in frontline and leadership positions across various sectors involved in combatting human trafficking. The overarching objective was to inform the development of a cross-sector community response protocol to address the commercial sex trafficking of children and youth in Toronto, Canada. Specifically, this study aimed to: 1) examine the key systems, sectors, and roles involved in service provision for young survivors; 2) better understand the critical elements of effective service delivery; and 3) identify shortcomings and gaps in care.

Findings confirmed that young victims of commercial sex trafficking present with complex and unique service needs related to their age and developmental stage that increase their vulnerability to being exploited. Salient components of effective service delivery models include multisector partnerships and coalitions, protocol-driven practices and procedures, and trauma-informed, developmentally-sensitive, survivor-centered, and inclusive care. A pervasive lack of human trafficking awareness and training among professionals was identified as a significant barrier to a seamless community response. Inadequate access to essential services, particularly related to addictions and housing, was identified as a notable gap in care.

Children and youth who have been sexually exploited for commercial gain experience substantial adversities demanding a comprehensive and collaborative cross-sector community response. Drawing on the valuable knowledge and expertise of professionals can greatly inform best practice pathways to care and policy directions. Increased awareness and capacity-building initiatives are required.

YAGANA SAMIM AND MADELEINE BEAM

Poster Presentation: Needs Assessment of the Survivors of Human Trafficking in the Region of Peel

Human sex trafficking in Canada has always existed, but its increasing prevalence in recent years has brought forth major concern for many anti-trafficking organizations. Nationally, rates of sex trafficking have risen for various profiles of women, with the highest percentage of victims residing in the Peel Region. Peel Police stated that, as of 2012, over half of sex trafficking cases in Canada have occurred within Peel, specifically within Mississauga and Brampton. Local, national, and global organizations have been consolidating for years to address this public health threat, and this report aims to assist in the united fight against human sex trafficking.

Within this Needs Assessment, the Peel Institute on Violence Prevention (within the Family Services of Peel) seeks to uncover existing services for victims and survivors of sex trafficking in Peel Region. The Peel Institute aims to explore why some services fail to address the needs of survivors and provide suggestions on methods of improving current services and legislation, with direct input from survivors and their families. This Needs Assessment makes a special note to adopt a survivor-centered approach, ensuring that survivors and their families' voices are central to human sex trafficking discussions.

The main goal of this research is to shed light on the gaps in the existing literature on sex trafficking and signify the importance of fully understanding the factors that make the sex trade so complex. Methods used to conduct this research are as follows: (1) Peel demographics analysis; (2) Literature review; and (3) interviews with survivors and focus group with mothers of survivors.

The central purpose of this review is to convey information and ideas on sex trafficking. The review relates to the needs of survivors of sex trafficking and describes the strengths, gaps, weaknesses of existing and recommended services, and programs designed to help survivors.

Services, programs, training models, policies, and other resources are still in the process of including survivor resilience into the development and implementation of resources. Proper trauma screening practices, survivor-focused healthcare services, and awareness programs implemented in the education system are some of the initiatives that need to be emphasized and funded by the Government of Canada, in order to reverse increasing rates of human trafficking.

S.S.

Poster Presentation: Mileage - Brief Collage of Thoughts, Behaviours and Emotions

I lost a lot of time when I was in the industry. I made several failed attempts to leave, compliant and obedient, under a false sense of autonomy. A little over a year ago I walked away permanently. It was not a smooth path, and there were still a few relapses and failures. I started writing down my days, so I could keep track of my time.

It was time I was told I was selling, and sex was only implied, that was a lie. Last time I left I was homeless, battling a meth addiction that had been forced on me, no money and my abusive exploitative boyfriend was in jail. Six months ago, I was running away from him again. I am now in school, gainfully employed and living a good life.

What is reflected here are snippets of my days, little things I did to stay sane, healthy and safe. Outlined are the pathways that I took to get me here now in a place that's good. A portion of a diary that I kept so that I could see how I spent my time and the things I did to be free, from abuse, trauma, addiction and the sex trade.

I can look back on this now and am happy where I am at and know that because I did all this I will do more. I took it one day at a time, one moment at a time and wrote it all down. Took a pause to reflect on everything that had happened and was currently going on. I am very lucky to have gotten away the way I did. Lucky for the things I found when I left. Grateful for friends, family and the community that helped.

Included here are some reviews of my time from clients in the industry collected from advertising boards. The rest is a compilation of the way my days away were spent. The story is messy, the road was rocky, and with a good ending I hope. The purpose of this board is just to let someone else know that it's okay, and that it will be alright. Things will work out, just take it one day at a time.

JULIO CAMPOS-AMALLER

Name of the Organization: Peel Institute on Violence Prevention - Family Services of Peel

I had the pleasure of completing a student placement with the Peel Institute of Violence Prevention as a Trent University Nursing Student from September 2018 to December 2018 under the preceptorship of Monica Riutort. My background as a nurse has been rooted in acute care and medicine so I was thrilled to have the opportunity to participate in research and expand my knowledge in the social sciences. My time working with the Peel Institute of Violence Prevention has shown me the importance and need for an upstream primary care approach leading me to pursue my future goals in public and global health. I want to thank everyone at the Peel institute for their hard work and dedication, and also for allowing me to participate in this fulfilling learning experience.

Poster Presentation: Male Survivors of Sexual Abuse: Preliminary Literature Review

Despite being an international phenomenon continuing to persist, sexual abuse has been an overlooked issue for boys and men. Because of a lack of literature and research on male victims, it is difficult to infer data on the current population of male's victims of sexual assault and the impact of the trauma they suffer.

The objective of this literature review was to assess the services and support(s) available for male victims of adult or child sexual abuse, and to identify if the needs of these individuals and groups are being adequately met.

In order to collect information for this literature review, the following inclusion and exclusion criteria were applied:

Inclusion Criteria: peer-reviewed articles retrieved from databases that focus on male victims of sexual abuse, their needs, and services available to them; grey literature (American Psychology Association, Department of Justice Canada, Statistics Canada...); recent literature, dating from 2008-2018; articles that focus on evidenced-based social and health services.

Exclusion Criteria: Literature prior to 2008, women as victims, men as the abuser's against women and articles not published in English.

Databases: CINAHL, Psych Articles, Psych Information, PubMed, OVID. Google scholar

The review of the literature reveals that men are largely excluded from this narrative and lack adequate research to provide evidence-based services. Societal beliefs and stigma continue to negatively impact the ability of males who are sexually abused to acknowledge and disclose their abuse in a timely manner if at all.

Overall, there is a great need to get the conversation started and make it known that men are also victims of abuse and deserve support and services. Adequate research is needed to ensure that services such as medical, emotional, and spiritual support are evidence-based and effective. Further research on male survivors of sexual assault is a need and has been clearly identified during this literature search.

Areas recommended to prioritize would include a focus on the social determinants of health and the impact they have on male victims of sexual abuse. With a better understanding of the experiences of those who battle trauma, we will be able to learn more about the difficulties with disclosure and potentially work on alternate services geared towards these higher risk populations. This information could also help the service providers in providing early interventions to the male victims and hopefully achieving better outcomes or avoiding possible negative health outcomes.

KRISTY MCGARVA

Name of the Organization: Family Services of Peel

Kristy McGarva is entering the advanced year of her Master of Social Work degree at Wilfrid Laurier University in Kitchener, Ontario. She also holds an undergraduate degree in sociology from Western University and a post-graduate diploma in social service work from Fanshawe College. She completed her foundation-year master's placement at Family Services of Peel. Kristy has experience conducting both qualitative and quantitative research and plans to pursue a career in clinical social work following graduation.

HARPREET THIND

Name of the Organization: Family Services of Peel

Harpreet Thind is a Master of Social Work candidate at Wilfrid Laurier University. She has completed her Bachelors of Arts in Social Science at York University and Bachelors of Arts in Criminal Justice at Ryerson University. She is interested in pursuing a career in clinical social work.

Poster Presentation: Using Trauma-Informed Cognitive Behavioral Therapy with Females Survivors of IPV and/or Assault – A Manual for Clinical Practice

In this presentation, we will be discussing the creation of a Trauma-Informed CBT manual for clinical practice and how this will benefit female survivors of IPV/assault in Peel Region. It is important that clinicians have access to a readily-available manual that will help them assess and treat the needs of trauma survivors using step-by-step CBT-based guidelines. The manual will focus on Trauma-Specific Services (TSS) which provide survivors with a voice in their recovery as well as CBT which is the most recommended therapy in decreasing the occurrence of trauma-related symptoms.

We will be examining eight components of Trauma-Informed CBT and the benefits of each when practiced with female survivors of IPV/and or assault. The eight components of Trauma-Informed CBT that we will be focusing on are: Psychoeducation, Stress Management, Expression and Modulation, Cognitive Coping, Trauma Narrative, Exposure Therapy, Conjoint-Trauma Narrative, and Enhancing Safety.

We have completed an annotated bibliography as well as a literature review. Each researcher was given one component of Trauma-Informed CBT to focus on. The three components that have been researched so far are psychoeducation, stress management and exposure therapy.

The results of our research indicate the ways in which utilizing Trauma-Informed CBT is helpful for our clients. Through research, we were able to determine the evidence-based IPV trauma-specific interventions that are available in the literature.

As clinicians, it is important that we help out clients view their trauma as something that has happened to them and not something that defines them. Also, to help them recognize the value and importance of individual agency in their recovery. By using a female-focused trauma manual we will be able to reduce trauma symptomology and increase the quality of life for those we service.

PUBLIC HEALTH RESPONSE

Human Trafficking Solutions in Public Health

JENNIFER COX

Name of the Organization: Dignity Health

Professional affiliation: Post Graduate Medical Education; Society of Teachers in Family Medicine; Association of Public Health Professionals

Jennifer Cox, is Program Director, Human Trafficking Medical Safe Haven, for Dignity Health's Family Medicine Residency, and GME Advisor for the system wide Dignity Health Human Trafficking Response Program (HTRP). Jennifer has been strategically involved in Dignity Health's human trafficking initiative since 2015, serving as program development steering committee member. As a Community Health Specialist, Jennifer led human trafficking initiative support for six Dignity Health Hospitals in the greater Sacramento area. Prior to this role Jennifer served as an Executive Director for Sacramento community resource center and health clinic, while concurrently serving 12 years as an ICCE certified women's health educator for Sutter Health and 20 years as director of women's community outreach programs in Davis, Ca.

For the past 25 years, Jennifer's passion to support projects that address the health needs of vulnerable populations has taken her internationally to Kosovo, Brazil, and Greece.

Bridge of Trust: The role of multidisciplinary partners in supporting access to primary integrated care for victims/survivors of human trafficking.

Human trafficking is a growing public health concern that often leaves victims with complex physiological and psychological health needs that are most appropriately treated within a primary integrated healthcare setting with physicians and clinical staff who are trauma-informed. There is a nationwide gap in healthcare programs that provide comprehensive trauma-informed primary health services to victims and survivors. Services are required in order to create equitable access for survivors in an appropriate healthcare setting, outside of an emergency department based need.

Survivors who have come to our clinic, have shared with us that access to primary care, by a trauma-informed physician, has not been a normal part of their healthcare history. Most describe how they sought care in an Emergency Department (ED) or Community Health Clinic (CHC), but this often incurred long hours of waiting; a sense of staff/physician judgment, stigma, and quick encounters that were often re-traumatizing.

Based upon a gap in equitable access to care reported by survivors and resource agencies within our community, and built upon a foundational initiative by our healthcare system to respond to human trafficking, a Medical Safe Haven model of care was established with a program design that included physician awareness and training in trauma-informed survivor-centered care. Training is only one of the key components; paramount is forming partnerships with local community agencies in order to build a bridge of trust that will encourage human trafficking victims/survivors to access integrated care within an appropriate healthcare setting, such as a family medicine residency clinic.

Multidisciplinary partnership is key to cross-bridging, which closes gaps in access and creates a warm-hand referral continuum that provides additional resources and support for victims/survivors. Partnering with local organizations mitigates many of the typical barriers to care and enhances access to long-term health services.

These approaches can be implemented by healthcare organizations in any community to enhance equitable, sustainable access to care for victims of human trafficking and other forms of domestic violence and forced labor, promoting healthier communities nationwide.

Objectives:

- Define gaps in access to primary care for victims/survivors of human trafficking
- Define steps to forming strong community alliances; including identifying partners, strategies for coordination of care, and survivor led evaluation of program efficacy.
- Gain knowledge of the health provider's role in caring for human trafficking victims/survivors

BECCA NASCIMENTO

Name of the Organization: The Canadian Centre to End Human Trafficking

Becca Nascimento is the Senior Partnership Specialist at The Canadian Centre to End Human Trafficking where she has been working to design and implement the National Referral Directory as a critical component of the Canadian Human Trafficking Hotline. Becca brings significant experience in human rights work on an international scale, having previously worked with children and vulnerable communities in Taiwan and Nepal. She has also contributed to local human trafficking prevention work through education and awareness for youth with a gender-based violence and gender equality lens. Becca has a postgraduate degree in international development and a bachelor's degree in environmental studies from the University of Waterloo.

REBECCA LOEWEN

Name of the Organization: The Canadian Centre to End Human Trafficking

Rebecca Loewen is a Partnership Specialist at the Canadian Centre to End Human Trafficking where she has been working to develop partnerships with service providers throughout Canada to establish the National Referral Directory, responsive to the needs of human trafficking victims and survivors. Rebecca has a master's degree in Social Work from the University of Toronto, specializing in non-profit administration and leadership. Rebecca has extensive experience, in both frontline and supportive roles, advocating for victims and survivors of human trafficking and raising awareness of the issue. Rebecca is committed to addressing human trafficking through community engagement and strategic partnership development.

The Development of a National Referral Directory to Respond to Human Trafficking

The Canadian Centre to End Human Trafficking (The Centre), established in 2016, has a goal to mobilize collective action and system change to end human trafficking in Canada. One key objective of The Centre is to establish a victim centered, confidential 24/7/365, multi-lingual, Canadian human trafficking hotline to provide an avenue for victims and survivors to receive assistance and for members of the public to report incidents of human trafficking. Although provincial hotlines and collaboratives exist, there has been no means of coordinating human trafficking services on a national level.

In the late fall of 2018, The Centre received funding from Public Safety Canada to design, develop and implement the hotline. For the launch of the hotline to occur, it was essential to ensure there was a robust network of service providers and law enforcement able to address the needs of human trafficking victims/survivors. This network would become the National Referral Directory.

The directory has three objectives:

- Develop efficient pathways to facilitate access to services while respecting the autonomy and confidentiality of each caller.
- Ensure that callers can access services that take into consideration and respect their self-identified culture, gender, and sexual orientation.
- Raise awareness of Human Trafficking among service providers and generate conversations about their capacity to respond to the needs of victims/survivors.

Early on, the team recognized a lack of direct service organizations and programs with the specific mandate to focus on human trafficking in Canada. As a result, the team developed an outline of needs specific to human trafficking, at the various stages post exploitation. The team recorded service providers able to meet one or more of the needs identified through preliminary research, contacted the organizations and shared information about the hotline. Organizations were asked to complete a form in which they outlined the services provided; a conversation followed to clarify further who could access the services they provided and how to do so. All the information that was provided facilitated the development of a map that would guide service coordination in each province and across provincial lines.

This presentation will provide detailed information on the process of developing the National Referral Directory. Secondly, it will review the landscape of service provision for victims and survivors of human trafficking across Canada; in doing so, it will further the community's knowledge of service provision and display the importance of collaboration and collective action in ending human trafficking in Canada.

COLLABORATION AND COORDINATION OF SERVICES

Services Available for Survivors

CHANDRA COOMARASWAMY

Name of the Organization: Peel Institute on Violence Prevention - Family Services of Peel

Chandra Coomaraswamy is a Consultant with the Peel Institute on Violence Prevention - Family Services of Peel for the past three years working on Gender Based Violence. She coordinates all the research projects for PIVP. She holds a Masters Degree in Women Studies, with a research thesis on Gender Relations in Families of Professional Women where she interviewed 100 professionals.

Prior to this, she has been an International Development Specialist and worked for several international agencies such as the American Red Cross, World University Services of Canada and several others as a consultant and provided expertise in gender, community development, monitoring and evaluation, program design and proposal writing. She has extensive experience implementing multilateral funded projects in conflict affected countries.

Geographical Mapping of Services Available in Peel Region for Survivors of Human Trafficking

The research findings of the Peel Institute on Violence Prevention (PIVP) study on “A survivor-centered Approach to Build Capacity to Address HT in Peel” revealed the difficulty in finding the locations of available services. Mothers of trafficked children under the age of 18 were unable to find services for their children in Peel Region. They ended up searching far and wide, travelling outside the Region to seek help. Young girls have trouble locating the services they need. They are unaware of what is out there for them. They live in shame and fear and afraid of being identified as working in the sex trade. They tend to rely on internet searches to find services. Mapping of available services for survivors, easily accessible to everyone in the Region is of important.

To map the geographic location of available services in Peel Region, to help survivors find the locations where programs and services are offered, and to identify what services are available for them. Survivors can look at the map and locate the help they need.

Based on a service provider’s survey results the locations were identified, and the Resource Mapping was applied to map the geographic locations of existing services. PIVP Survey results provided information about service providers and their programs and services (social, justice, health, and housing) in Peel Region for trafficked survivors and victims. “My Maps” on Google was utilized to map locations of available services. Colour codes were assigned for each sector to identify services on the map easily.

A Resource Map is available for Peel Region that shows the geographical locations of various programs and services, which address the needs of human trafficking survivors/victims.

The Map is a public document. Anyone who needs support can access this map and learn what services and programs are available, who offers them, where they are offered, and the distance required to get there. This map helps survivors locate services that are close to where they live, or that can be easily accessed.

This Map can be utilized to gain far more information by adding other variables, such as the locations where sex trafficking and related activities take place, where survivors live and work, and so on, to identify co-relations of these variables.

SARAH GILBERT

Sarah Gilbert is the Project Lead for the 'It Happens Here' Human Trafficking Awareness Youth Toolkit. Sarah holds a Master of Public Health Degree and has over eight years of practical experience in health promotion, health research, and community engagement. Her previous role as the Coordinator for the Domestic Assault Review Team (DART) of Waterloo Region connected her with the Multidisciplinary Response to Combat Human Trafficking Committee, where her work in the area of human trafficking awareness and prevention began. Sarah also works full time as a Health Promotion Specialist at a local public health unit, focusing on healthy growth and development. She is passionate about health promotion, health equity and violence prevention.

EMMA LIPINSKI

Emma Lipinski is the research assistant helping in the creation and dissemination of the "It Happens Here" Human Trafficking Awareness Youth Toolkit. Emma recently graduated from the University of Guelph with a bachelor's degree in Psychology with a minor in Family and Child Studies. Currently, she is a research associate in the department of Family Relations and Human Development at the University of Guelph and is a standing member on the Multidisciplinary Response to Combat Human Trafficking Committee. Emma looks forward to entering her graduate studies in the fall where she will conduct research in the field of gerontology, with a focus on aging, intersectionality, and equity for the growing older population.

Multidisciplinary Response to Combat Human Trafficking, Waterloo Region

The Multidisciplinary Response to Combat Human Trafficking, Waterloo Region Team developed a Human Trafficking Toolkit and Website. This was created to provide education around identifying, preventing and show how victims of Human Trafficking are recruited with in our Region. It provides information to school (teachers, workers, and principals), students and parents. The project team involved did extensive research and then reached out to teachers and parents. To the focus group of parents and teachers the toolkit and website was presented for review and input. There is ongoing research as we move forward with entering the schools and presenting the toolkit and websites to students. Also looking at where else this toolkit/website could be utilized; i.e. Group Homes, Family and Children Services, hospitals, etc.

In Waterloo Region, we identified a gap in the lack of education around Human Trafficking with students; both within the school system and at home. We hope to help identify and prevent human trafficking with this toolkit/website by shining a light on it within our region. We want to have partners working together and sharing information. We also want victims and their families to know where to access help and support within the Region.

KELLY BEALE

Name of the Organization: Office of the Children's Lawyer, Ministry of the Attorney General of Ontario

Professional affiliation: Law Society of Ontario

Kelly Beale has been a Crown Attorney in Toronto since 2002. She has prosecuted all types of criminal offences, specializing in child abuse, exploitation, multi-victim, and sexual violence cases. She is a designated office mentor on sexual violence prosecutions and a designated human trafficking prosecution Crown.

For the past two years, she has been seconded to the Office of the Children's Lawyer and is Lead Counsel on their Anti-Human Trafficking project. She participated in the development of Ontario's new Anti-Human Trafficking Act and has educated judges, lawyers, police, child welfare agencies, and service providers across Ontario on the legislation. Kelly has obtained all seven of the human trafficking restraining orders in Ontario, preventing traffickers from having any contact with their victims, or any members of their families, for a three year period.

Human Trafficking Restraining Orders

Human trafficking restraining orders offer victims of human trafficking, and parents or guardians of a child victim being trafficked, an immediate layer of legal protection without having to rely on, or engage with, the criminal prosecution system. As part of the provincial strategy to end human trafficking, the Ministry of the Attorney General (MAG) created a pilot project that offers free legal representation for those seeking to obtain a human trafficking restraining order.

To educate victims, service providers, and other stakeholders about the existence of human trafficking restraining orders available through the Anti-Human Trafficking Act, 2017 and the process by which to receive free legal representation in obtaining such an order.

New legislation was developed that allows for victims of human trafficking, and parents or guardians of child victims, to obtain restraining orders against their traffickers. The Ministry of Attorney General (MAG) offers free legal representation to obtain a human trafficking restraining order. An order can be obtained within 24 hours, without notice to the trafficker, without the victim having to attend court, and can be in effect for up to three years. It can also contain other conditions such as to return personal documents belonging to the victim and to destroy all explicit pictures and recordings of the victim.

Victims, and parents or guardians of child victims who utilize this legislation and service are afforded a useful and immediate tool to prevent traffickers from having further contact with their victims. The possibility of facing an arrest for breaching a court order can dissuade a trafficker from attempting further contact with a victim.

A victim of human trafficking does not need to go to the police, and charges do not need to be laid, in order to seek and obtain protection from the justice system. A human trafficking restraining order can also be obtained after a trial even when there has been no conviction, or following a period of the traffickers' incarceration and probation.

Human trafficking restraining orders are a new and powerful tool to protect victims of human trafficking by providing them with additional support to escape their traffickers. Parents or guardians of children who are being trafficked can also obtain human trafficking restraining orders to assist with their efforts to end the trafficking. Free legal representation is available, through the MAG, to obtain an Order.

NEEDS ASSESSMENT

Needs Assessment Completed From Backgrounds

MONICA RIUTORT

Name of the Organization: Peel Institute on Violence Prevention - Family Services of Peel

Monica hold a Master of Adult Education and Applied Psychology from the Ontario Institute for Studies in Education - University of Toronto and she also has an unfinished doctorate from the Faculty of Medicine at the University. She was a lecturer at the Department of Family and Community Medicine and she hold now a preceptor/tutor appointment at the Faculty of Medicine – University of Toronto- Mississauga Campus. She also hold a diploma in International Diplomacy at the University Jorge Tadeo Lozano, Colombia.

She is considered a Canadian pioneer in raising awareness of violence against women in Canada. She developed the first manual of how to work with abused immigrant women in Canada and she is a founding member of Shirley Samaroo House, a women's shelter in Toronto. She was also the Executive Director of the International Society for Equity in Health, Director of International Programs at the Centre for Research in Women Health and the WHO Collaborative Centre on Women's Health and International Delegate of the Canadian Red Cross.

She is the principal investigator of the Peel Institute on Violence Prevention. Her most recent researcher activities include: a) development of a Needs Assessment about Survivor of Human Sex Trafficking. This project has three components: a) demographic analysis of Human Trafficking population; c) literature review and c) analysis of qualitative data (focus groups and in-depth interviews).

Needs Assessment of the Survivors of Human Trafficking in the Region of Peel

Human sex trafficking in Canada has always existed, but its increasing prevalence in recent years has brought forth major concern for many anti-trafficking organizations. Nationally, rates of sex trafficking have risen for various profiles of women, with the highest percentage of victims residing in the Peel Region. Peel Police stated that, as of 2012, over half of sex trafficking cases in Canada have occurred within Peel, specifically within Mississauga and Brampton. Local, national, and global organizations have been consolidating for years to address this public health threat, and this report aims to assist in the united fight against human sex trafficking.

Within this Needs Assessment, the Peel Institute on Violence Prevention (within the Family Services of Peel) seeks to uncover existing services for victims and survivors of sex trafficking in Peel Region. The Peel Institute aims to explore why some services fail to address the needs of survivors and provide suggestions on methods of improving current services and legislation, with direct input from survivors and their families. This Needs Assessment makes a special note to adopt a survivor-centered approach, ensuring that survivors and their families' voices are central to human sex trafficking discussions.

The main goal of this research is to shed light on the gaps in the existing literature on sex trafficking and signify the importance of fully understanding the factors that make the sex trade so complex. Methods used to conduct this research are as follows: (1) Peel demographics analysis; (2) Literature review; and (3) interviews with survivors and focus group with mothers of survivors.

The central purpose of this review is to convey information and ideas on sex trafficking. The review relates to the needs of survivors of sex trafficking and describes the strengths, gaps, weaknesses of existing and recommended services, and programs designed to help survivors.

Services, programs, training models, policies, and other resources are still in the process of including survivor resilience into the development and implementation of resources. Proper trauma screening practices, survivor-focused healthcare services, and awareness programs implemented in the education system are some of the initiatives that need to be emphasized and funded by the Government of Canada, in order to reverse increasing rates of human trafficking.

PREETI PANDA

Name of the Organization: Rainbow Babies and Children's Hospital

Professional affiliation: Pediatric Resident Physician

Dr. Preeti Panda is a resident physician at Rainbow Babies and Children's Hospital in Cleveland, OH and is currently training in pediatric medicine. She graduated from Cornell University in 2011 with degrees in Biological Sciences, Global Health and Law & Society. She then served as an Americorps member at a high school and worked with low income and at-risk youth, some of whom were trafficking survivors. She attended medical school at Albany Medical College in New York where she received an M.D. with Distinction in Advocacy. She has been a part of various anti-trafficking related initiatives relating to research, legislative advocacy and education of medical professionals. She is currently working on a program to provide trauma informed primary care to child trafficking survivors in Cleveland, OH, and hopes to dedicate her future career as a pediatrician to providing direct services for this population.

ANJALI GARG

Name of the Organization: UH CMC Rainbow Babies and Children's Hospital

Professional affiliation: Pediatric Resident Physician

Anjali Garg is a resident physician in Pediatrics at UH Rainbow Babies and Children's Hospital. Her research focuses on the sex trafficking of domestic minors and the role of health care providers in providing trauma sensitive care. Anjali graduated from University of Michigan with a degree in Sociology and from Michigan State University with a MD. During her medical school years, Anjali worked as a medical and hotline advocate in the MSU Sexual Assault program. She has had a passion to bring healthcare services to those who need trauma-sensitive care and continues to focus and incorporate work that empowers survivors into her career.

Barriers to healthcare for child trafficking victims and survivors

Survivors of human trafficking experience significant challenges in accessing healthcare, both during enslavement and in survivorship. These barriers need to be addressed in order to provide trauma-informed healthcare to survivors. Through a systematic review of the literature, only 8 studies examining barriers to healthcare for trafficking victims included children, few studies focused exclusively on child trafficking, and all studies employed qualitative methods.

To identify barriers to health care faced by victims and survivors of child trafficking in the United States through implementing a validated questionnaire.

A 30% response rate is anticipated from both survivors and community agency participants. Results regarding barriers will be stratified by subgroup and quantitatively analyzed. Differences in prominent barriers will be compared between survivor and community agency groups, as well as by geographic region through comparison of demographic data. Comments on existence of and need for trauma-informed care will be qualitatively analyzed.

We anticipate this study will identify unique barriers to healthcare for survivors of child trafficking that have not previously been identified in the literature. A quantitative analysis of these barriers will shed light on the most significant barriers to care from both survivor and community agency perspectives. The resulting data will be useful to organizations around the country to help support new initiatives that promote recovery of victims and survivors.

This is the first study that employs an objective assessment tool to focus exclusively on barriers to healthcare for trafficked children in the United States. As healthcare systems around the country begin providing long-term trauma informed services to child trafficking victims and survivors, clinics will be able to focus their efforts on barriers identified through this study and work towards eliminating them. Accessible healthcare with a trauma informed model is imperative to future recovery and prevention of re-victimization.

HARSHITA IYER

Name of the Organization: MOYO Health & Community Services

Harshita is a recent graduate from McGill University with a BA in Economics and Gender Studies where she focused on gendered labour and Marxist feminist thought. She has a background in community organizing, with a focus in sexual violence prevention and support in LGBTQ and racialized communities. She will be starting her Master's in the fall in International Migration where she hopes to work with queer and trans migratory and refugee movements. Her activist work and community organizing stems from her identity as a queer woman and an immigrant to Canada.

MOYO Health & Community Services Needs Assessment: queer women in the Region of Peel

The unique needs of queer women remain underrepresented and marginalized within women's and queer discourses. While this problem exists on a global scale, queer women remain particularly marginalized in suburban regions where queerness is largely viewed as non-existent. However, queer women certainly make up a significant part of Peel Region's population despite a lack of tailored services and community spaces. It is widely held that improving queer visibility in Peel is not an urgent concern due to the region's proximity to Toronto. Not only does this exert an undue pressure on queer communities to leave their homes, but fails to recognize the unique demographics (racialized, newcomer) and needs within the Peel Region that are neither reflected nor prioritized in big city spaces.

To address the divide between services providers, queer women, and the Region of Peel, we are conducting a community needs assessment to allow our target populations to identify their needs through surveys, focus groups, and in-person and phone interviews. We define both "queer" and "women" as categories of self-identification. "Queer" can include a spectrum of romantic sexual attractions, in addition to social, political, and spiritual non-normative means of being. Though women remain the focus of our work, this study intends to simultaneously validate the existence of the gender spectrum while recognizing the material violence unique to those gendered as women. We also acknowledge the lived realities of individuals who may not identify as women but have experienced forms of gendered violence, discrimination, and marginalization. As such, we use a broad definition of the terms "women" and "queer" to validate the processes of self-identification and self-determination in our focus on the material forms of exclusion and violence experienced by queer women.

In prior community consultations, members identified a disconnect between queer and trans services and community needs. Services were described as prescriptive in nature; designed and delivered by non-community members, most services focus on immediate survival and inadvertently enforce harmful narratives of victimization, particularly against queer and trans women. As such, we intend to use our findings in the needs assessment to implement a 2SLGBTQ+ Peer Group made up of diverse community members who will then work directly with service providers to improve and influence service design for 2SLGBTQ+ programming. This initiative serves to build a leading queer voice in the Region of Peel and ensure that queer welfare remains in queer hands. We will be running our community consultations in May and June, preparing a report of our findings in August, and implementing our panel initiative in October.

SERVICES AND PROGRAMS

Analysis of Services/Programs

NICKY CARSWELL

Name of the Organization: Sexual Assault Support Centre Waterloo Region

Professional affiliation: OCSWSSW

Nicky Carswell M.S.W, R.S.W is the Coordinator of the Anti-Human Trafficking Program at the Sexual Assault Support Centre of the Waterloo Region (SASC). This program supports those at risk of experiencing, or who have experienced, sexual exploitation or trafficking in the Region of Waterloo. Nicky believes in using a flexible wrap-around approach when working with survivors and her work is informed by a gendered-based analysis of violence. Graduating from the University of Waterloo with a Masters in Social Work in 2014, Nicky has worked within the Violence against Women sector for the last 5 years. She is passionate about developing programs that create change in addressing system gaps for marginalized women. She is thrilled to have the opportunity to be sharing what she has learned through the development of this program, and help shape how services are delivered to survivors of sex trafficking.

Using a Wrap-Around Approach to Support Survivors of Human Trafficking and Sexual Exploitation

The purpose of this presentation is to raise more awareness of the effectiveness of wrap-around approaches when supporting those who are at risk, are experiencing, or, who have exited, commercial sexual exploitation. Our centre believes that, when using the wrap-around approach, it is important to incorporate Trauma- informed, Harm reduction, and Intersectional- Feminist modalities. We feel this is important because it puts survivors' voices at the centre of their support system, as well as, addressing the issues of misogyny and toxic masculinity that further perpetuate a culture that fosters grooming and gaming. Our model of service is highly accessible to survivors, regardless of age, gender, ethnicity, and citizenship. It is also inclusive of those who choose not to report to police.

Our objectives include:

- to combine clinical support with practical,
- support to empower and give voice,
- to allow for the flexibility necessary when working with survivors of sex trafficking, and
- to provide psychoeducation within the community, including prevention workshops, curriculum and trainings.

Our centre has developed a program that provides wrap-around supports to those at risk, experiencing, or have experienced sexual exploitation/sex trafficking within our region. In developing the program, we attended survivor led trainings, talked with community partners, and studied the complexities of the needs of survivors. With this information, it was determined that one of the best methods necessary for supporting survivors is access to continual care through a wrap-around approach.

We find this approach successful. Our clients have gained success through:

- Reconnecting with family
- Finding stable housing
- Finding meaningful employment
- Returning to school or engaging in other education programs
- Reaching out for support in a crisis

In using the wrap-around approach, we have seen success in clients obtaining their personal goals by moving forward from situations of sexual exploitation/trafficking. This approach provides the opportunity for survivors to have a voice and to create their chosen circle of support. It is through having a voice and autonomy that a survivor can begin to rebuild trusting relationships, not only with family members, but also with other community members and service providers. Feedback from our clients is that they feel heard, respected, and at the centre of their lives.

In the past year, we have had over 140 calls regarding our program. Many of these calls were requests for public education, in which we educated over 1400 people, and 95 calls for direct service. These numbers indicate that the level of public education we provide, results in a high number of referrals. It further increases the community's ability to recognize and reach out for support when suspecting sexual exploitation.

In conclusion, it is imperative that when working with a survivor, we as service providers need to prioritize the vulnerability of this population. When meeting with a client, at the beginning stages, ensuring their safety is the most important piece of engagement. In our centre, we provide survivors not only with access to both counsellors/advocates at all hours, but also encourage them to reach out to their circle of support as well. By doing so, we increase the success rate of each person with whom we come in contact.

MARINA BOCHAR

Name of the Organization: PLEA Community Services

Professional affiliation: Non-Profit/Community Organization

Marina is a cis-gendered settler with Romanian, Ukrainian and Polish working class roots, who is currently living out her ancestor's settlement on Turtle Island. Marina approaches her work through an anti-oppressive and intersectional lens which is rooted in the principle of "by us, for us." Marina also takes into consideration what it means to be doing anti-violence work on land that continues to be occupied without consent and how the history and impacts of ongoing colonization contribute to gender based violence, and shapes the experiences of those impacted by sexual exploitation, human trafficking and trauma.

Marina is currently the OnyxWorks Youth Development Worker at PLEA Community Services, where she coordinates an employment program tailored to the needs of youth experiencing, or who are at risk of, sexual exploitation. Prior to this role, Marina coordinated a sex-work transitioning program within the Metro Vancouver Consortium and worked at the AMS Sexual Assault Support Centre at the University of British Columbia as well as the Downtown Eastside Women's Centre in Vancouver, BC. Within these roles, she did a mixture of outreach, frontline support work and advocacy for survivors of trauma and gender based violence.

OnyxWorks: Employer-Mentor Wage Subsidy Program for Sexually Exploited Youth

OnyxWorks is an employment program with the goal of supporting youth in reducing their reliance on sexually exploitive situations. In OnyxWorks, we believe youth can be safely supported in achieving their career aspirations by increasing opportunities to strengthen their protective factors.

The importance of OnyxWorks is in its approach; by offering low barrier and individualized services through strength-based and trauma-informed practices. OnyxWorks evolved from an identified gap in service delivery, specific to employment opportunities that offer mentorship.

Building from our program goal, objectives of OnyxWorks

- include: Providing alternative income to sexual exploitation;
- Fostering safe mentoring relationships and environments;
- and Developing job-related skills.

The following activities are taken to operationalize OnyxWorks' objectives:

- Economic independence and self-efficacy are provided through the wages paid by the employer, which PLEA reimburses.
- Mentors are screened to ensure goodness-of-fit for the participant and to confirm that the mentor is community minded.
- Mentors are supported with resources in how to foster a trauma-informed relationship and inclusive environment.
- Skill development begins at intake. Both short-term and long-term career goals are explored, with long-term career aspirations guiding what skills are beneficial to gain during their placement.

Evaluation of OnyxWorks equips the program to measure the outcomes and impact of participation. This occurs through initial, mid-term, final and post-placement dialogues.

To complement our program theory, the following are predicted: Projected Outcomes

- Increasing economic independence and self-efficacy reduces reliance on sexually exploitive situations by offering an alternative to how money is made.
- Through trauma-informed approaches to mentoring, trusting and safe relationships and environments can be fostered.
- By developing job skills, participants increase future opportunities for non-sexually exploitative employment.

Projected Impact

- Increased protective factors will lead to increased self-esteem and decreased involvement in sexual exploitation.

OnyxWorks advances current knowledge on sexual exploitation and trafficking given the innovation of the program. To our knowledge, we are the only mentoring employment program working with sexually exploited youth. As such, given the limited empirical research, OnyxWorks has evolved through practice-based evidence that has been guided by the needs of our participants and current service gaps.

As the evaluation of OnyxWorks is still at its beginning stages, we will be discussing preliminary findings through a case study that will walk conference attendees through the lifecycle of an OnyxWorks participant.

Initial findings highlight the need for employment programs that cater to the unique needs of youth experiencing exploitation.

NATALYA TIMOSHKINA

Name of the Organization: School of Social Work, Lakehead University Orillia

Dr. Natalya Timoshkina is an Associate Professor in the School of Social Work and an Adjunct Professor in the Women's Studies Department, Lakehead University, Ontario, Canada. She has been involved in research and advocacy initiatives regarding human trafficking since 1998. She has published, presented, and consulted extensively on the subject of human trafficking, particularly sex trafficking of women and girls.

Examining social enterprise as a trauma-informed model for labour market (re)integration of sex trafficking survivors

Social enterprise is a hybrid organizational form, which integrates principles of business enterprise with social sector goals – e.g., to provide flexible and creative approaches to professional skills development and income-generation for hard-to-employ population groups. Sex trafficking survivors' complex experiences of trauma, combined with other mental and physical health issues, the lack of support systems, and non-existent or extremely fragmented employment histories, impede their (re)integration into the labour market and participation in mainstream employment training programs. In light of this, social enterprises specially designed for this population and known as "Freedom Businesses" have sprung up around the world. Yet they are non-existent in Canada. Furthermore, none have been evaluated. The objective of the study from which findings are reported here was to examine social enterprise as a potential model for trauma-informed labour market (re)integration programming for adult female survivors of sex trafficking in Canada.

The study found that EWISEs yielded significant social impact, giving their members a sense of identity, belonging, and healing. Financially, however, they were very difficult to sustain and, at best, could serve merely as stepping stones for women seeking employment. Unexpectedly, Sistering's peer-employment program was identified as more promising than an EWISE.

The results of this study suggest that some of the main keys to EWISE's effectiveness is being trauma-informed and offering its workers opportunities to develop skills beyond merely employment skills (in particular, life skills), and that participation in EWISEs alone does not guarantee long-term economic stability. Women's ability to exit sex trafficking and to escape poverty depends on multiple micro and macro factors, with education being one of the most crucial. These findings advance current knowledge on EWISEs and labour market (re)integration programs, particularly for sex trafficking survivors.

Further research on trauma-informed Freedom Businesses, peer-employment, and other creative employment and educational programs for sex trafficking survivors is imperative.

HUMAN TRAFFICKING - INDIGENOUS

Focus on Indigenous Women

MELISSA COMPTON

Name of the Organization: Native Child and Family Services of Toronto

Professional Affiliation: Bekaadendang Worker (Indigenous Anti Human Trafficking Navigator)

The impacts of colonization on Indigenous vulnerability and the false narrative it has created in relation to sex trafficking and exploitation

The focus of this presentation is to provide a space to educate and bring awareness to the differences between mainstream and Indigenous vulnerabilities in relation to sex trafficking.

Colonization, along with the resulting historical systemic oppression, continues to impact Indigenous Peoples today, especially through the exploitation of women and girls. This is further represented when we see approximately 50% of these women exploited, when Indigenous Peoples only make up 4% of Canada's population.

Throughout, I will discuss colonial laws that have contributed to the false narrative of Indigenous Peoples that continue to feed the cycle of violence, exploitation and how the legacy of colonization continues to over sexualize our women and girls. This is not separate from the colonial view but rather a part of the false narrative that has been created for western society to believe that Indigenous women specifically: are overly sexualized and need to be taught to be submissive; are seen as less valuable and volatile; and are seen as disposable. The issue we face in Canada with murdered and missing Indigenous women (MMIW) is a prime example of the views that society has on Indigenous women and girls. This historical structure and legacy of poverty, abuse, mental health and addictions, all continue to feed a cycle of violence and exploitation both outside Indigenous communities and within our communities and families.

The statistics that have been calculated for Indigenous populations are questionable, as many Indigenous peoples do not feel safe to report due to a distrust of staff in authoritative positions (e.g., the police, healthcare staff, etc.). As a result, this puts Indigenous communities at a much higher risk of exploitation. Feelings of being unsafe in accessing supports leads Indigenous individuals to not access supports that are needed. This is further impactful when we look at our 2 Spirit community, as we see there is a lack of knowledge and understanding of LGBTQ2S folks and teachings in our communities, as well as unwillingness and ignorance among professionals. Within society, there needs to be an importance in understanding the deep-rooted causes that contribute to Indigenous vulnerability, and how our youth need accessible cultural and non-appropriated education, awareness, and support to help in alleviating the impact of some of these vulnerabilities.

I will provide education and awareness to the group and discuss ways to support Indigenous peoples who may be targets of exploitation and sex trafficking by utilizing cultural approaches, healthy sexual living discussions and a trauma informed lens that will support the creation of self-care and safety planning for community members.

JENISHA WILSON AND REBECCA JONES

Carving out space for Inuit voices and perspectives on Human Trafficking

According to Public Safety Canada, human trafficking is “The recruitment, transportation, harbouring and/or exercising control, direction or influence over the movements of a person to exploit that person, typically through sexual exploitation or forced labour.” Within mainstream human trafficking discourse, this term is relative, given the 2008 inclusion of human trafficking in the Canadian Criminal Code. While this definition provides much-needed clarity for the Canadian nation-state to begin addressing trafficking, for Inuit, and for all Indigenous people from Title Island, the term human trafficking plays a role in perpetuating invisibility of Indigenous voices, people and history. Indigenous people in Canada are disproportionately represented in human trafficking statistics (approximately 52%). For Inuit, human trafficking is an experience linked to colonialism and ongoing state-imposed racism and violence. As a means of changing the landscape of how voices and perspectives of human trafficking victims are represented and heard, our presentation will focus on centering the voice and activism work of Tungasuvvingat Inuit (a provincially mandated Inuit-specific organization) and Pauktuutiit Inuit Women of Canada (the national Inuit women’s organization) as representatives of ACTION, an anti-violence and coercion task force. Our presentation will provide a unique perspective on how Inuit organizations are contributing to and challenging mainstream assumptions about human trafficking. Our presentation will also provide recommendations on how allies and collaborators may better work with Inuit to provide support and solutions around factors that generate vulnerability to human trafficking.

MEDIA PRESENTATIONS

Video and Skype Presentations

ANDREW ALLSOPP

Name of the Organization: NASHI

Professional affiliation: Vice President NASHI

Since helping to form the volunteer based, registered charity NASHI in 2004, Andrew has travelled extensively throughout Canada, the U.S.A, Mexico, and most of Eastern and Western Europe, speaking with prostituted women. It became obvious that there were common root causes that led to their trafficking. These common roots were the basis of the Maple Leaf House project in Ukraine, which attempts to alleviate those issues for young girls at risk of being trafficked. This project is a model that can be adapted and used in many communities, even in First Nations communities in Canada.

After retiring from a multi-national mining company Andrew now dedicates all his time to NASHI, and still travels to areas known for prostitution to speak with victims and keep current with trafficking methods and movements of trafficked persons. In Canada, NASHI focuses on awareness and prevention of Human Trafficking through presentations and forums.

One Perogy At A Time: The Sequel

This documentary shows the completed Maple Leaf House and the first family members, young girls from 5 to 13 years old rescued from abuse on the streets, and in the orphanage system of Ukraine. There are 750 orphanages in Ukraine that only provide warehousing for these girls. Many are systematically abused in preparation for sale into sex trafficking. Ukraine has lost over 80,000 girls to Human Trafficking. Prevention is an approach to combatting Human Trafficking from the other end of the spectrum.

NASHI's objective was to build a model of care that could be repeated anywhere. Based on community involvement with local caregivers and a family atmosphere, this project was to provide a true home, not a residence for these girls. The girls and caregivers would function as a large family, be part of the community and be our responsibility until post- secondary or vocational education is completed.

Discussion Points:

- Project completed without government funding
- Not faith based. NASHI members and supporters cover all areas of faiths including none
- Local workers during construction and operation
- Consultation was done with survivors both locally and internationally to determine factors contributing to their trafficking.
- Girls attend regular school and interact with the community in a normal fashion
- Nutrition, education, proper clothing and a loving environment are provided
- Sisters were kept together and not separated
- Children learn valuable life skills and are not isolated

Current institutions in Ukraine and elsewhere, including Canada, utilize large, central facilities. These often remove the children from their community and culture. They are usually educated on site and rarely leave. Abuse by staff and other children are rampant, and the lack of life skills makes the children who "graduate" at 16 ripe for traffickers who are often notified and waiting. NASHI's model provides smaller, family sized homes that are tightly integrated into familiar communities and cultures that are perceived as family by the girls in our care who all consider themselves sisters.

Removing these young girls from possible or already occurring abuse and giving them a nurturing family environment has dramatically changed their world from daily survival, to hope for the future and dreams of careers and families. This model could be easily adapted to local conditions and used anywhere, particularly in First Nations communities in Canada.

<https://www.youtube.com/channel/UCQ2PMHaJvq3O46vFH5Ya6PQ>

CLARE HEGGIE

Professional affiliation: Dalhousie University

Clare is currently pursuing an MA in Health Promotion at Dalhousie University. She is interested in responding to and preventing violence against women in rural areas and harm reduction in rural areas.

Accessing sexual violence services and supports: Exploring the perspectives of women living in rural places: A proposed study

Women face significant barriers accessing formal services and informal supports in response to a sexual violence experience. These barriers include but are not limited to: victim blaming, stigma, and fear of a re-triggering or traumatic experience. Barriers exist at both the societal and community level. Rural sexual violence survivors face greater barriers to access. Rural areas generally lack the services available in urban area. Additionally, rural women tend to face higher additional risks and lower socioeconomic status, which exacerbates the previously identified barriers to access. This proposed study fills a gap in the literature by exploring the experiences of women living in rural areas.

The objective of this study is to explore and understand the experiences of adult women living in rural Nova Scotia who have experienced sexual violence. Specifically, the research questions ask: What are the experiences of women living in rural Nova Scotia who attempt to access/access/don't access formal and informal services and supports after experiencing sexual violence? What influences the use (or not) of services and supports following a sexual violence experience, for women living in a rural place? What services and supports do women who have experienced sexual violence think are needed in rural places?

Qualitative, individual interviews will be conducted with women who have accessed or wanted to access formal services and informal supports. Data will be analyzed using a critical feminist phenomenological framework.

Results will describe the experiences of women living a rural place who have survived sexual violence. Key barriers and facilitators to service access will be identified.

An exploratory understanding of the experiences of survivors living in rural places could improve existing under-used services and inform new approaches to care. Attention will be drawn the critical need for housing and employment supports in addition to designated sexual violence response services. Knowledge mobilization activities will focus on supporting community awareness of and response to sexualized violence.

Women living in a rural place experience a unique construction and embodiment of gender and womanhood. Experiencing sexual violence makes visible the heteropatriarchal gender construct; with that experience comes an intimate knowledge of how the patriarchy (violently) functions. The epistemological framework of this study is pro-survivor, pro-woman and views women as the experts on their own lives and experiences of gender and violence.

TÂNIA SUELY ANTONELLI MARCELINO BRABO

Bachelor's degree in Pedagogy from Universidade Estadual Paulista Júlio de Mesquita Filho (1991), Master's degree in Education from Universidade Estadual Paulista Júlio de Mesquita Filho (1997) and Doctorate in Sociology from Universidade de São Paulo (2003). Tânia is currently a full professor at the Paulista State University Júlio de Mesquita Filho. Has experience in Education, focusing on the Administration of Educational Units, acting on the following subjects: human rights and citizenship, education, gender and education, human rights and educational policies.

Brazil: Human rights, gender and trafficking in women

This text presents initial results of bibliographical and documentary research in development on Human rights, gender and trafficking of Brazilian women. At various times in history, the crime of trafficking in women for the purpose of sexual exploitation has been present on the international scene, however, only recently has it been recognized as a social problem by international agencies and countries in the region.

Research shows that Brazilian initiatives to combat trafficking in women have become examples for several Latin American countries. As the Brazilian government articulated several sectors and established a Tripartite coordination - such as the Secretariat of Policies for Women of the Presidency of the Republic, the Ministry of Justice (National Secretaries of Justice, Public Security, Police Department and Department of Federal Highway Police), and the Secretariat for Human Rights - was able to construct new forms of coping and support for victims (SOUZA, 2011, p.35). In addition to the described policies, the country has a Network of Nuclei and Outposts for Trafficking in Persons, structured with the support of the Ministry of Justice. The stations are located in places of great circulation such as airports, stations and bus stations, and are responsible for attending to the victims (BRAZIL, 2013, pp. 7-8). The posts advise the migrants in general and potential or actual victims of trafficking in persons and refer them to the nuclei (State Traffic Prevention and Control Units - NETP's), which are responsible for articulating policy and technical implementation of the National Policy for Trafficking in Persons in the states and municipalities. The stations are located at Guarulhos / São Paulo, Rio de Janeiro, Belém do Pará airports and at the port and the Manaus Bus Station. Migrant Houses with similar functions also work, one in Foz do Iguaçu (in the Brazil- Paraguay- Argentina Triple Border) and another in Oiapoque (border with French Guyana).

The 3rd National Plan to Combat Trafficking in Persons (BRASIL, 2018) was launched at the Ministry of Justice on July 5, 2018 with the objective of improving and reinforcing actions to combat trafficking in persons. It has been programmed for the next four years and has 58 targets for prevention, repression of human trafficking in the national territory, accountability of the perpetrators and attention to the victims, whose analysis we will present in this text.

We will present in this text the actions and policies, in addition to those already mentioned in Brazil to combat this serious social problem, which has victimized mainly women.

PLENARY

A Dialogue on Services and Research

HANNI STOKLOSA

Hanni Stoklosa, MD, MPH, is the Executive Director of HEAL Trafficking, an emergency physician at Brigham and Women's Hospital (BWH) with appointments at Harvard Medical School and the Harvard Humanitarian Initiative. She is Director of the Global Women's Health Fellowship at BWH, Connors Center. Dr. Stoklosa is an internationally-recognized expert, advocate, researcher, and speaker on the wellbeing of trafficking survivors in the U.S. and internationally through a public health lens. She has advised the United Nations, International Organization for Migration, U.S. Department of Health and Human Services, U.S. Department of Labor, U.S. Department of State, and the National Academy of Medicine on issues of human trafficking and testified as an expert witness multiple times before the U.S. Congress. Moreover, she has conducted research on trafficking and persons facing the most significant social, economic, and health challenges in a diversity of settings including Australia, China, Egypt, Guatemala, India, Liberia, Nepal, Kazakhstan, the Philippines, South Sudan, Taiwan, and Thailand. Among other accolades, Dr. Stoklosa has been honored with the U.S. Department of Health and Human Services Office of Women's Health Emerging Leader award, the Harvard Medical School Dean's Faculty Community Service award, has been named as an Aspen Health Innovator and National Academy of Medicine Emerging Leader. Her anti-trafficking work has been featured by the New York Times, National Public Radio, Fortune, Glamour, Canadian Broadcasting Corporation, STAT News, and Marketplace. Dr. Stoklosa published the first textbook addressing the public health response to trafficking, "Human Trafficking Is a Public Health Issue, A Paradigm Expansion in the United States."

SANDRA RUPNARAIN

Name of the Organization: Family Services of Peel

Sandra Rupnarain is the Director of Client and Clinical Services at Family Services of Peel and oversees the work of the Peel Institute on Violence Prevention. Her research interests includes violence prevention, gender issues as it relates to immigrant refugee, marginalized and racialized women. She established the Peel Institute on Prevention, a research arm of Family Services of Peel that bridges academia and community to develop evidenced based services on all forms of violence prevention. Her special interests is in evidence informed practice, data driven, quality improvement and equitable service outcomes. Sandra has presented to a wide variety of audiences locally, nationally and internationally on promising practices with a diversity and anti-oppressive lens. She has over 15 years of experience writing grant proposals, operationalizing programs, developing research initiatives, collecting and analyzing data to inform continuous program improvement. Sandra's experience include Multimodality Clinical Practice with expertise in Narrative, Solution Focused and Behavioral Therapy. Sandra has experience utilizing trauma-informed therapy that as its foundation uses an equity lens and an anti-oppression/anti-racism framework.

SEX TRAFFICKING

Sex Trafficking & Commercial Sex

SANDRA GAMBÓIAS

Name of the Organization: International Justice Mission Canada

Sandra Gambóias serves as International Justice Mission Canada Director of Development and Mobilization for the Greater Toronto Area (GTA), raising critical financial resources, advocating for justice and mobilizing individuals and various groups so that IJM teams around the world will have everything they need to bring freedom and rescue to thousands.

Sandra first came across human trafficking while travelling and volunteering for a non-profit organization in Trinidad and Tobago. It was this experience that led her to IJM.

Sandra has a bilingual Specialized Honours BA in International Studies and completed her Certified Fund-Raising Executive (CFRE) in 2008.

She is committed to lifelong learning and volunteering in hopes it will improve everyone's quality of life, especially for those who are most vulnerable.

Sandra and her young family love spending time in nature, especially in Algonquin Park.

International Justice Mission solution to a global problem. How IJM's model has created dramatic changes in the fight against slavery such as cybersex trafficking and forced labour slavery.

Throughout the developing world, fear of violence is part of everyday life for the poor. The poor are vulnerable because their justice systems – police, courts and laws – don't protect them from violent people.

Everyday violence is as much a part of poverty as hunger, disease and homelessness. Human trafficking, such as sex trafficking, and forced labour slavery, are some of the case work projects in which we are involved in.

When it comes to sex trafficking, every year, millions of vulnerable children and women are trafficked for sex around the world. Cybersex trafficking is also on the rise as internet access everywhere increases. When it comes to forced labour slavery, although slavery is illegal almost everywhere, today, millions of children, women and men are trapped as slaves around the world.

IJM is working to put violence and slavery out of business for good. IJM partners with local

- authorities to: Rescue victims
- Bring criminals to justice
- Restore survivors
- Strengthen justice systems

We have compelling proof that IJM's model works – that when poor people are protected, the violence stops.

- In Cebu, the Philippines, after four years of IJM partnership with local enforcement, outside auditors found a stunning 79% decrease in the number of children available for commercial sexual exploitation.
- Similarly, in 2016, IJM conducted studies in Manila and Pampanga, Philippines, to document
 - How many children are in the commercial sex industry? There is a 75% to 86% reduction in the availability of minors being sold for sex today than when IJM began working there to stop trafficking.

We are seeing change take hold around the world.

For the past decade, we have partnered with Indian officials to rescue victims of forced labour slavery and provided training on how to respond to crime. Today, we are seeing Indian officials respond to our training efforts by proactively investigating bonded slavery and rescuing slaves – entirely on their own initiative.

Violence, such as sex trafficking, is a huge threat to many poor people in the developing world. Violence like forced labour slavery is a huge threat to many poor in the developing world. Partnering with local authorities to rescue victims of violence, bringing criminals to justice, restoring survivors, and strengthening the justice system, will, in time, keep us all safe.

MARY FEARON

Mary Fearon BSW, MSW, RSW graduated from Memorial University of Newfoundland with a Bachelor of Social Work Degree and The University of Toronto with a Master of Social Work Degree specializing in Clinical Counselling Mental Health. Mary has spent the last 20 years working with families and youth in different capacities including as an educator and community advocate. She has developed and facilitated parenting programs, researching best practices in the area of infant mental health, and offered counseling for individuals coping with trauma, mental health issues, addictions and concurrent disorders. Mary sat as Chair of the Board of Gemma: Society for the Promotion of Infant Mental Health for several years and has experience facilitating workshops and presentations in the area of infant mental health and early brain development. She has also worked with Child Protection supporting families with a focus on safety and wellbeing of children and youth. Mary was a witness at the National Inquiry into Missing and Murdered Indigenous Women and Girls hearing on Sexual exploitation, human trafficking and sexual violence. Mary Fearon is the Director of the Blue Door program with Thrive.

MELENDY MUISE

Melendy Muise is the Support Specialist and co-chair of CASEY (Coalition against the Sexual Exploitation of Youth) currently working at Thrive. She has been a member of CASEY for over 10 years, sharing her story of being a survivor and how the experiential voice is needed to ensure the work that's being done is survivor informed at all times. She has represented CASEY both nationally and internationally. Melendy has presented numerous times over the years in classrooms and professional settings bringing a unique perspective each time. She is part of a team of CASEY members that are trained to educate people when it comes to the sexual exploitation of our young people. She is passionate about ending the exploitation of youth and fosters an environment of survivor led leadership roles in our province. Melendy is currently one of the experiential consultants of the Blue Door, the first exiting program in Newfoundland & Labrador. Melendy is a member of the NSN (National Survivor Network) hosted by CAST out of the USA. Survivor leadership is her passion and she has recently developed a process call EVOLVE (Empowered Voices of Lived Experience) to help other survivors to find their voice in a meaningful way to themselves and the community. Melendy hopes this model will help other agencies/programs listen to survivors' voices and use their stories in a way that is not harmful to the survivor firstly and also so survivors do not become a "token" for any organization.

Working with individuals exiting sexually exploitive and human trafficking situations through a trauma informed lens.

This presentation gives an overview of the Blue Door program, the Coalition against the Sexual Exploitation of Youth (CASEY) and the sex trade on a continuum from survival sex, exploitation, trafficking and sex work. We will discuss the impact of childhood experiences, the negative impact of toxic stress and trauma on brain development and how this contributes to the complexity of choice in relation to trafficking. We will discuss the importance of engaging the voice of lived experience and peer support. This discussion will be put into context through the voice of lived experience.

Objectives of this presentation are to identify key learnings from directing the Blue Door program and developing the Empowering Voice of Lived Experience (EVOLVE) team and working with individuals who have been trafficked and exploited. To discuss how life experiences impact brain architecture and the importance of working through a trauma informed lens with this population.

Directing the Blue Door program: a trauma informed low to no barrier program designed to support individuals, inclusive of gender or sexual orientation who are primarily between the ages of 14-29, as they exit sex trade activities and/or sexually exploitive situations including human trafficking. Co-chairing CASEY, a group of concerned professionals and experiential voices working together to address issues pertaining to the sexual exploitation of youth. CASEY's work includes creating awareness and understanding of sexual exploitation to professionals and the general public and to advocate for supports and resources to reduce and prevent the sexual exploitation of youth.

Research has shown discrepancies in the connection between trauma and early childhood experiences (physical abuse, neglect, sexual abuse, etc.) and those involved in the sex trade. The Blue Door program completed Adverse Childhood Experience (ACE) questionnaires on our participants, and 100% identified as having three or more indicators as identified in the ACE study. Blue Door participants: 95% are living in poverty, 79% have/had substance abuse/addiction, 58% dropped out of school, 79% experience (d) homelessness. Participants in the program have found stable, secure housing, maintained sobriety, found fulltime employment outside the sex trade, and started post-secondary programs.

Knowledge about the effectiveness of an existing program like the Blue Door program that offers flexible services rooted in the principles of self-determination, respect and harm reduction. Understanding of how adverse experiences in childhood and trauma impact brain architecture and increases vulnerability of being sexually exploited or trafficked. The importance of strengthening the network of those with lived experience to become leaders in exiting programs and peer supports as an effective strategy for the exiting process.

NATALIE KAMINSKI

Name of the Organization: MOYO Health & Community Services

Natalie is a Harm Reduction Outreach Coordinator in the Region of Peel. She holds a Human Services Diploma, an Addictions and Community Services Worker Diploma and a Social Service Worker Honours Diploma. She's used her lived experience to guide her work at various organizations like Regent Park Community Health Centre, Sistering Toronto, and Bloom Clinic and is currently with MOYO Health and Community Services. Her work includes Peel's First Sex Workers Drop In and the Peel Sex Workers Needs Assessment. A founding member and lead organizer of the Peel Drug User Network Group.

Peel Female Identified Sex Workers Needs Assessment – “Know More”

In Peel, a significant focus has been placed on sex workers who are victims of sex trafficking, and not on sex workers who either choose to do sex work or do sex work out of circumstance. This has resulted in service gaps for Female Identified Sex Workers (FISW) in Peel who choose to do sex work, and a lack of knowledge on the types of services they require.

This initiative set out to give this population a voice in determining where gaps in services exist and inform future programming geared towards this population.

The needs assessment was conducted using a community based research approach in order to capture a snapshot of what sex work looks like in Peel

The research team was made up of PHAN staff, community members with lived experience in the sex trade (either current or past) including a student placement and a research consultant/project assistant.

The survey consisted of both open and closed-ended questions, and the participants were given the option to skip questions if they wished. The survey made available via Survey Monkey data collection tool, and shared on various social media platforms. The survey was also administered in- person during outreach in locations identified as sex trade hubs or businesses in Peel. Survey respondents were offered \$20 for their participation in the survey, although some opted out of payment.

The findings of this assessment closely resemble previous Sex Worker Needs Assessments carried out in Ontario. A need for educating sex workers on changes to the law and its effects is evident. Knowledge of these changes may help improve interactions with law enforcement and begin to increase the confidence in reporting experiences of violence to police.

Negative interactions with service providers continue to create significant barriers for sex workers to accessing needed mental, physical and emotional health care. Experiences of homelessness, drug use, lack of safe spaces and sex work specific programming require social programming. Increasing the capacity of service providers to effectively engage sex workers in a non-discriminatory, non-judgmental approach is essential.

With the landscape of sex work showing significant diversity in terms of mobility and shifting from street-level work to a more indoor environment, outreach and programming efforts must be examined to ensure service providers are reaching this hidden population. Creative interventions are needed to help lessen the impact of risk factors for sex workers.

LABOUR TRAFFICKING

International and National Cases of Forced Labour

TALIJA KONČAR

Talija is an independent researcher with a Master of Arts Degree from the Centre of European, Russian, and Eurasian Studies at the University of Toronto. Her research revolves around the role of Diasporas in the Human Trafficking Chain and how kinship and ethnicity come into play. She hopes to contribute to a comprehensive Vulnerability Matrix to highlight and subsequently address the root causes of human trafficking and trauma.

The Human Trafficking Chain within a Diasporic Network Approach: the Ethnic Trap and Future Research Possibilities

Diaspora communities are complex networks that usually hold a multifaceted influence within their host and home region (Arhin, 2016). They have an advantage from their hybrid identities, having the ability to act as a bridge between the host and home region. A limited number of studies have slowly recognized this trend of diasporic involvement within trafficking of persons, but not enough research has gone into studying the role of the diaspora within the Human Trafficking Chain.

This paper joins the current growing narrative that calls for more research in studying the possible nuanced roles of the diaspora in the Human Trafficking Chain.

Methods: Using the “Diasporic Network Approach” developed by A. Arhin (2016), the possible nuanced roles of a diaspora will be analyzed through (1) a literature review; (2) established trafficking flows; (3) supplemented with interviews by relevant anti-trafficking stakeholders in Greece, Serbia, and Croatia.

Research suggests that victims are often trafficked by their own co-ethnics or co-nationals. While data may be scarce and anecdotal, there is a clear connection that “traffickers in the origin country are citizens of the destination country or fellow citizens of the victims, or perhaps both, working in coordination to exploit victims” (UNODC, 2014: 50). Diasporic involvement and exploitation has been found at every stage of the Human Trafficking Chain – from recruiting, transporting, to destination.

The interviews raised many common themes that are important to explore further. One in particular is the issue of linking ethnicity to criminality; some conceptions of ethnicity in research has seen it as more of a tool, not a predictor of crime (Bovenkerk et al., 2003). In terms of a vulnerability predictor, ethnicity is possibly a large factor. Within the diaspora, it is clear that ethnicity is a useful connecting or networking tool. More research needs to be conducted to discover the nuances of ethnicity within a diaspora, the Diasporic Network Approach, and within the Human Trafficking Chain.

Traffickers exploit vulnerabilities, which may be exacerbated by factors such as poverty, discrimination, gender inequality, violence against women, lack of (access to) education, ethnic conflict, natural disasters, and so on. This paper calls for more research using the Diasporic Network Approach, while being mindful of the “ethnic mobility trap: instead of studying opportunity structures for crime, criminologists act as if ethnicity represents an independent compelling force affecting the crime pattern” (Bovenkerk et al., 2003: 36).

CLAUDIA WALD

Claudia Wald has worked as a clinician and researcher committed to providing effective and empathetic interaction and engagement using evidence-based, theory-driven, culturally sensitive interventions. Ms. Wald's work spans the areas of intimate partner violence, sexuality and gender, global social work, and health promotion. She has worked for the CUNY School of Public Health and the Silberman School of Social Work as a research associate for several years and has authored several peer reviewed publications including a book chapter on the primary prevention of sexual assault on urban, commuter college campuses. She is currently working as a grant writer for an NGO serving child survivors of labor trafficking and abuse in Ghana. In her clinical roles, she has worked with children, adolescents, and their families from diverse religious, cultural, and ethnic backgrounds on comprehensive assessment and treatment to address short-term goals and long-term recovery from traumatic stress, family and community violence, and loss. Ms. Wald graduated with a Masters in Social Work from the Silberman School of Social Work at Hunter College in 2016.

Gauging opinions regarding the role of organized crime in relation to forced displacement in the Northern Triangle of Central America

An uptick in homicide rates and a culture of impunity have led to the classification of the Northern Triangle of Central America as one of the most violent regions in the world. Gang violence, and limited employment opportunities have forced thousands to seek refuge in the United States. Forced displacement generated by organized crime and its effect on labor-trafficking of minors is a little-studied phenomenon. Victims of labor trafficking, particularly minors from the Northern Triangle, continue to arrive at the U.S.-Mexico border despite deterrent policies. By exploring the context in which such displacement occurs, the present study contributes to the understanding of the drivers of forced migration of labor-trafficked children to the United States.

This study explores the role played by organized criminal groups in the Northern Triangle of Central America including Mara Salvatrucha, Barrio 18, and other gangs, as well as Central American drug transporters in provoking the displacement. The possible role of activities and strategies that these organized armed actors play in the displacement of other inhabitants and in facilitating the labor trafficking of children is explored.

Using news frame analysis of local in-country news sources, as well as gray literature, this study explores the structure and work of criminal groups, as opposed to their victims, in relation to forced displacement in the Northern Triangle.

Gangs' control of a particular locale allows them to extort its residents, control the flow of information, and sell illicit drugs, while building their reputation and critical mass. Banishment of potential enemies or informants, combined with corruption and the lack of rule of law by state actors, leads to displacement of communities.

Structural differences between these groups are shown to influence both the forms of displacement that they produce and the resulting patterns of movement by displaced persons.

Fighting between gangs and other actors leads to displacement, as territory is treated as a commodity where gangs can collect revenue, establish their own conceptualization of safety, and defend their reputation. Potential enemies, and/or informants are expelled to defend control of the territory. Social exclusion, lack of state oversight, weak democratic institutions, corruption and impunity, as well as the permanence of traditional structures of economic, military, and political power form an environment that strengthens organized crime and their violent means of control over communities. These factors contribute to a person or persons, including vulnerable minors, fleeing the area.

JAITRA SATHYANDRAN

Name of the Organization: FCJ Refugee Centre

Jaitra Sathyandran has a Master of Public Health (specialization in Health Promotion) from the Dalla Lana School of Public Health at the University of Toronto. She is passionate in both health equity and social justice and is interested in the intersections between public health, human rights and the social determinants of health, particularly related to the well-being of refugee and migrant communities. Currently she works in the immigrant and refugee serving sector, working front line as a Case Worker with the Anti-Human Trafficking Program at the FCJ Refugee Centre. At FCJ she utilizes a holistic perspective in supporting migrant workers in Ontario in precarious immigration and/or labour situations and survivors of human trafficking. Jaitra is involved in advocacy related to labour, migrant and refugee rights. She continues to engage in this advocacy work, walk in solidarity with community and learn and unlearn.

LUIS ALBERTO MATA

Name of the Organization: FCJ Refugee Centre

Luis Alberto Mata, is the Migrant Workers Mobile Program Coordinator, part of the Anti-Human Trafficking Program at FCJ Refugee Centre in Toronto. Currently, Luis coordinates the Toronto Counter Human Trafficking Network – TCHTN, a collaborative net integrated by up to 14 organizations. Luis is a Colombian writer in exile, with a Master Degree in human rights, trained in immigration & refugee issues from York University, and in job counselling from JVS / George Brown College. Before working with FCJ Centre, Luis worked 8 years as Settlement & Employment Counsellor with the Mennonite New Life Centre; he has been a human rights and peace advocate, in Canada always involved with grassroots organizations. In the past back home in his natal Colombia, Luis Mata worked with unions, urban and rural communities, including working with forced displaced people, reporting on human rights abuses, forced internal migration, and reporting on the five-decade civil war in Colombia. Luis has lectured on globalization, social justice & human rights, and he published two books on the civil and armed conflict in Colombia, including documenting crimes against humanity, particularly on the genocide against the Patriotic Union, a civil movement from Colombia that was exterminated back in the last century.

Human Trafficking for Sex and Labour Exploitation: International Cases

Migrants, refugees and migrant workers are vulnerable to sex exploitation, servitude and forced labour exploitation, also known as labour trafficking.

Over the past decade, the FCJ Refugee Centre has seen a growing need to prevent this from happening, and, when needed, has provided holistic support to victims and survivors of human trafficking. As a response to the Ontario Strategy to End Human Trafficking, the FCJ implemented the Migrant Workers Mobile Program (MWMP), situated within our Anti-Human Trafficking Program.

Our presentation will discuss cases of sex and labour trafficking. Our focus will be the intersectionality between all kind of human trafficking, including labour trafficking and migrant workers who come through the Temporary Foreign Workers Program (TFWP) and through other means to work in Canada.

We will also discuss the spectrum of labour exploitation, how employment and immigration policies increase vulnerability to trafficking, the diverse challenges that migrant workers face in accessing services and how the TFWP serves as a venue for labour trafficking.

To work towards the prevention and identification of labour exploitation and labour trafficking in Ontario, through a holistic and human-rights service-based approach.

The MWMP continues to do outreach/visits and collaboration with migrant workers and migrant-serving organizations and supports across Ontario. These visits provide an opportunity to provide important services and to determine the spectrum of exploitation, prevent potential situations of labour trafficking and mitigate challenges and barriers faced in accessing services.

One innovative approach in our outreach is a mobile phone, where we use WhatsApp to increase our outreach and support migrant workers, many of whom have international phone numbers.

We have been able to identify and support over 100 international cases of labour exploitation and labour trafficking; many cases with precarious immigration status.

There is a real and growing need to support migrant workers in situations of labour exploitation and trafficking, particularly those with precarious immigration status and other intersecting identities, in accessing services, like legal support and health care. Also the need for more prevention of labour trafficking, critically analyzing how immigration and employment policies perpetuate violence faced by migrant workers, the need for increased awareness of labour rights and impetus for policy and practice changes.

Although Canada has made steps to addressing and countering human trafficking, majority of the discourse has centered on sex trafficking. Yet, labour trafficking still remains a prevalent and insidious issue, particularly for migrant worker communities, and one that needs more emphasis and awareness, among the greater public. Migrant workers for decades have supported our livelihood, yet we must ask ourselves, at whose expense are we benefiting from?

TRAUMA, MENTAL HEALTH AND ADDICTION

Trauma-Informed Approaches

SONIA TANEJA

Name of the Organization: Yale School of Public Health, Yale School of Medicine

Professional affiliation: Medical Student, Yale School of Medicine

Sonia Taneja, MSc, MD candidate, is a current student at the Yale School of Medicine. She received her BA in Psychology from Yale College and her MSc in Public Health (Health Services Research) from the London School of Hygiene & Tropical Medicine. As a Yale Parker Huang Fellow to India, she studied the social determinants of mental health in women engaged in intergenerational sex work. Her other significant prior experiences include working with South Asian community-based domestic violence organizations in New York City, incorporating health justice in medical education at Yale, and training in community-based participatory research methods working to scale a mental health intervention for parenting women as a MOMS Partnership Fellow at Elevate: A Policy Lab to Disrupt Poverty and Elevate Mental Health at the Yale School of Medicine. She plans to pursue a career that combines clinical practice and community-based participatory research at the nexus of sexual and mental health for adolescents and families that are experiencing gendered violence and trauma.

Does method of entry into sex work impact mental health outcomes among female sex workers in India?

While mental health amongst sex workers has been avidly studied within various South Asian contexts, the specific avenues of entering sex work have not been differentiated in prior studies nor examined in terms of their influences on the mental health of sex workers. Women of the Perna caste in New Delhi engage in intergenerational sex work after marriage, a historically motivated and culturally normalized practice in which there is long-term awareness of these expectations from a young age. For women trafficked into the Sonagachi red light district, the largest in Asia, there is most commonly a stark entry into the sex trade through deception, and more acute emotional and physical trauma.

Our objective is to understand the differences in mental health symptomology among Indian women who have experienced differing methods of entry into sex work by comparing women in the Perna community of New Delhi and women trafficked into the red light district in Sonagachi in Kolkata.

Fourteen Perna women and 17 women trafficked women in Sonagachi, all associated with a non-governmental organization operating in New Delhi and Kolkata were sampled via a community mobilizer network and interviewed using the Hopkins Symptom Checklist-25 (HSCL-25), components of Harvard Trauma Questionnaire, and a socio-demographic questionnaire.

The proportion of cases with anxiety and depression as assessed by the HSCL-25 in Perna and Sonagachi sex workers were high and significantly greater than for the general population, but not statistically different from one another. Risk factors amongst Perna women with a high prevalence of mental health symptoms, however, differed from Sonagachi women and indicate distinct pathways of symptom development in both groups.

While both groups had significant trauma exposure, risk factors amongst Perna women included feeling 'trapped' and concern for the entry of their daughters into sex work despite high levels of social support, whereas women in Sonagachi reported low levels of social support. These findings suggest that programs to address human trafficking should take into account entry method into sex work, particularly experiences of social support, when designing programs for mental health.

Given that experiences of entering into the sex trader are complex and varied, delineating between methods of entry may allow for more tailored mental health interventions. Acknowledging and leveraging the distinctive strengths and barriers of each group engaged in sex work may enhance uptake and effectiveness of services.

AMANDA MEIER

Amanda is a clinical therapist at Trillium Health Partners – Credit Valley Hospital. Working within the outpatient mental health program, Amanda provides group treatment using the cognitive behavioural therapy and dialectical behaviour therapy models. Amanda is also a clinical counsellor at Family Services of Peel and is currently supervising the Paths 2 Support project. Paths 2 Support is a collaboration between a number of community organizations in Peel (Peel Crisis Capacity Network, Salvation Army, Brampton Caledon Community Living, Community Living Mississauga and Family Service of Peel) providing case management, housing support, and clinical counselling to adults with developmental disabilities experiencing homelessness. Amanda completed her Masters of Social Work at Wilfrid Laurier University and continues to pursue training in the area of trauma therapy.

Trauma and Developmental Disabilities: Prevalence and Treatment Needs

The purpose of this literature review is to first outline the high rates of trauma and subsequent effects in the lives of individuals with developmental disabilities. Treatment needs are then identified and effective treatment modalities are discussed, including adjustments needed when working with individuals with developmental disabilities.

Highlight and discuss the high prevalence rates of trauma for individuals with developmental disabilities, possible reasons why trauma goes unreported, signs to look for that indicate a person has experienced trauma, and treatment modalities, as well as modifications, needed to support individuals with developmental disabilities to heal from trauma.

Peer reviewed articles and grey literature from 2000-2019 were reviewed.

It is clear from the literature that trauma occurs and greatly impacts individuals with developmental disabilities. Unfortunately, trauma has often gone unreported in this population. Research is available on effective trauma treatment as well as adjustments that can be made to treatment to ensure that it is accessible for individuals with developmental disabilities.

It is important for individuals working with clients with developmental disabilities to learn to identify the signs of trauma and increase their awareness of available trauma resources. It is equally important for individuals providing trauma therapy to increase their knowledge of the modifications needed to effectively treat individuals with developmental disabilities in their journey of healing from the effects of trauma.

JENNIFER COX

Name of the Organization: Dignity Health

Professional affiliation: Post Graduate Medical Education; Society of Teachers in Family Medicine; Association of Public Health Professionals

Jennifer Cox, is Program Director, Human Trafficking Medical Safe Haven, for Dignity Health's Family Medicine Residency, and GME Advisor for the system wide Dignity Health Human Trafficking Response Program (HTRP). Jennifer has been strategically involved in Dignity Health's human trafficking initiative since 2015, serving as program development steering committee member. As a Community Health Specialist, Jennifer led human trafficking initiative support for six Dignity Health Hospitals in the greater Sacramento area. Prior to this role Jennifer served as an Executive Director for Sacramento community resource center and health clinic, while concurrently serving 12 years as an ICCE certified women's health educator for Sutter Health and 20 years as director of women's community outreach programs in Davis, Ca.

For the past 25 years, Jennifer's passion to support projects that address the health needs of vulnerable populations has taken her internationally to Kosovo, Brazil, and Greece.

Trauma-Informed Approach to Patient Care and Services:

Responding to the unique needs of survivors of abuse, neglect and violence, including human trafficking.

Traumatic events are common. Most Americans experience at least one trauma over the course of their lives. For many health professionals, the term "trauma-informed care" is new. For others, the term may be known but misunderstood. To be trauma-informed means that a professional understands how trauma affects not only their patients, but also their community members, colleagues, and themselves. Many believe that being trauma-informed simply means being compassionate toward patients. However, what happens if a professional is faced with a patient who is disheveled, angry, and uncooperative? Most agencies have mission statements that message compassionate care and services, but this can be difficult when caring for trauma survivors.

Health policymakers and practitioners are increasingly aware of the detrimental effects of trauma on an individual's health.

Understanding of trauma and its effects can better enable professionals to provide compassionate care and services to those who need it most, those who have experienced abuse, neglect and violence, including human trafficking, with associated acute, chronic, or complex trauma.

By recognizing trauma as an important factor impacting health throughout the lifespan, and by offering trauma-informed approaches and treatments in health service settings, provider organizations can more effectively treat patients and promote staff wellness, thereby potentially improving health outcomes, reducing avoidable care utilization, and curbing excess health care costs.

Current methods utilized include; in person Trauma-Informed Care (TIC) training module for acute care staff, within Dignity Health and non-Dignity Health facilities. The TIC trainings efficacy is currently being reviewed and included in an IRB study that will provide national scope awareness of TIC impact within healthcare systems, and subsequent impact on victim and survivor care.

Objectives:

- Describe the prevalence and widespread impact of trauma
- Recognize the signs and symptoms of trauma, including secondary traumatic stress
- Consider the impact of trauma when providing patient care and services and respond in meaningful ways.
 - Including examples from physician perspective in providing trauma-informed care in over 1000 human trafficking survivor patient visits, and personal experience by presenter with TIC and non-TIC physician experience encounters.

ROUND TABLE DISCUSSION

Training on Trauma Screening

SHEREEN RAMPERSAD

For the past 21 years, Shereen has worked with individuals and families to better their mental health and well-being with a focus on improved quality of life. Shereen's educational background in psychology and social work has helped her to maintain a holistic approach to care which she now uses in her work as the Manager of the Short Stay Crisis Support Program at SHIP. Shereen is passionate about the work being done in trauma services and is committed to her work with the Seamless Counselling Committee in this regard.

ELSABETH JENSEN

Dr. Elisabeth Jensen is an Associate Professor at the School of Nursing at York University and also holds the position of Director of the York-CAMH Collaborative. Her areas of research expertise include Nurse Practitioner education, mental health, childhood trauma, housing, discharge models, program evaluation, and knowledge translation. She has been involved in over \$895,000 worth of funded research projects and is skilled in qualitative, quantitative and mixed methods. She has authored 17 book chapters, 22 peer reviewed papers, 3 technical reports and co-edited a book on mental health and housing. She has presented 66 scientific papers and 10 scientific posters all over the globe.

ADVOCACY

Advocacy and Community Response

RITA DHUNGEL

Rita Dhungel, from the Nepalese heritage, has completed her masters in; Masters in Nepalese History Culture and Archaeology, Masters in Sociology/Anthology (both are from The University in Nepal) and Masters in Social Work (University of Calgary). She has obtained Ph.D. in Social Work from the University of Calgary in 2017 and joined MacEwan University as an Assistant Professor in July 2018. After the completion of her Master's in social work, she joined the City of Calgary as a Community Social Worker and worked with diverse populations/people with socio-economic marginalization in building their communities. By using a Participatory Action Research as empowerment and transformative tools, she had a privilege to work with trafficking survivors for sexual exploitation in Nepal with a focus on reintegration of trafficking survivors in Nepal. Her ethical stance and aspirations for social justice have led her to conduct social justice studies and use an adult learning education model in her teaching and community practice. She strongly believes in promoting transformative and liberatory education through critical pedagogy, experiential learning opportunities and anti-oppressive feminist research.

Trafficking Survivors: Trauma, Healing and Transformation

Trafficking survivors of sexual exploitation experience intersectional gender oppression and are afflicted with cumulative trauma in their post trafficking. A range of stakeholders including researchers, community-based agencies and national/international non-profit organizations are currently working in anti-trafficking interventions. However, trafficking survivors experience socially constructed challenges in their post trafficking. More feminist aspects of participatory studies, such as inviting and supporting disenfranchised and marginal populations to become meaningfully involved in identifying their own issues, together with developing remedial strategies and acting upon them, are still generally marginal. As an attempt to level these troughs in social work education (and, by extension, practice) and understand critically their experiences in reintegration, a participatory action research was conducted in collaboration with eight trafficking survivors, who are recognized as "co-researchers", in Nepal. Various transformative and performative approaches/actions including photo-voices, solidarity group meetings, peer interviews, press conference, street dramas and art therapy were used, not only for healing and knowledge construction, but also for personal and social transformation.

The objective of this presentation is three-fold: (1) to examine human trafficking survivor- informed and mutually informed research; (2) to share how this research evolved and unfolded; and (3) to advance knowledge on how personal and social transformation was achieved.

Grounded in survivors' narrations, this presentation will center on remedial strategies and democratic processes/actions that helped co-researchers in their healing and emancipation. The involvement of co-researchers in data collection, data analyses, and dissemination of findings at international social work conferences and press conferences, together with advocacy practice through meetings with the Minister of Women, Children and Social Welfare and street dramas, targeted to political officials, government officials and community leaders, was the most unique process outcome of this study that will be shared at this presentation.

This presentation provides a range of scholars, practitioners and policymakers working in anti-trafficking efforts/public health sectors with opportunities to critically understand the relationships of cumulative trauma and intersectional oppression that survivors experience in their post trafficking situations. This presentation will foster critical discussions of the transformative process and their applications to a post modernism research.

The presentation will conclude by highlighting: Community-based action research is incredibly powerful and impactful as this allows communities, specifically disenfranchised and marginalized populations, to meaningfully engage in a research process not only to voice their experiences but also to promote personal and social transformation.

JOHANNA DOWNEY

Name of the Organization: Region of Peel

Professional Affiliation: Regional Councillor (Town of Caledon)

Johanna Downey is a life-long resident of Caledon, honours graduate from Guelph Humber, active community volunteer, wife, and mother of four.

Having lived in both the village of Bolton and on rural farm properties, Johanna represents both a growing urban area and much of Caledon's rich agricultural lands.

Johanna was first elected in October 2014 and is serving her second term representing Ward Two as Regional Councillor.

In her work as a Regional Councillor, and as a member of the Peel Human Trafficking Service Provider Committee, Johanna is committed to supporting the end of human sex trafficking in Peel Region.

JOY BROWN

Name of the Organization: Peel Human Trafficking Service Providers Committee

Professional affiliation: Constable, Peel Regional Police

Constable Joy Brown has been a member of the Peel Regional Police Service since 1987. Over the last 3 years, she has been assigned to Peel Regional Police - Community Mobilization. Community Mobilization works with Community Partners to provide services to individuals, families and communities that are at risk.

Constable Brown is a current Chair of the Peel Human Trafficking Service Providers Committee.

Using a systems approach to address human sex trafficking in Peel Region

In 2018, Peel Regional Council endorsed the 'Strategy to Address Human Trafficking in Peel'.

The Region of Peel worked collaboratively with community partners, including service providers and the police, to identify the gaps in the system for victims and survivors and to develop a response to addressing those gaps.

The strategy includes a framework and three-year pilot program focused on achieving outcomes under three pillars:

- Prevention – increase awareness of human sex trafficking through coordinated prevention and education programming.
- Intervention – increase access to dedicated and reliable services that are easy to navigate for victims and survivors.
- Exits/Housing – increase access to safe and supportive housing for victims and survivors.

This presentation will share our experience in using a systems approach to advance the organization and provision of services across various sectors aimed at addressing human sex trafficking in Peel.

The strategy was designed to:

- Coordinate a seamless approach to supporting victims and survivors
- Bridge gaps in the service system
- Provide safe housing options and accessible programming
- Increase community collaboration across various sectors.

Extensive research through key informant interviews (e.g., survivors, police, service providers, ministry leaders and experts), jurisdictional scans of regional, provincial, national and North American best-practice models, and literature reviews were conducted to inform the strategy, framework and pilot program.

The strategy is currently in the implementation phase, so results are not yet available. However, through the development of the strategy, it was evident that human sex trafficking is a complex issue that requires a coordinated response to effectively support victims and survivors.

Through this presentation, we will advance knowledge on the Region of Peel's strategy and the importance of working collaboratively at a systems-level to address human sex trafficking from prevention to exits.

The strategy will work across sectors in Peel to improve inter-agency collaboration, leverage and coordinate resources, and provide organized community-based service options for victims and survivors of human sex trafficking that are trauma-informed, person-centered, human-rights based, and harm-reduction focused.

SHRUTI CHAUHAN

Shruti is a research consultant with Ph.D. in Psychology. Her research interest includes Diversity, and Perception of Diversity Climate in the Workplace. She has authored 5 research papers, which are published in peer-reviewed, academic journals. Previously she has taught Psychology in an Indian University for over 3 years. In Canada, she has ventured into social and community researches under the guidance of Monica Riutort. Her recent projects are related to Human Trafficking, and Male Sexual Abuse.

MONICA RIUTORT

Monica holds a Master of Adult Education and Applied Psychology from the Ontario Institute for Studies in Education - University of Toronto and she also has an unfinished doctorate from the Faculty of Medicine at the University. She was a lecturer at the Department of Family and Community Medicine and she holds now a preceptor/tutor appointment at the Faculty of Medicine – University of Toronto- Mississauga Campus. She also holds a diploma in International Diplomacy at the University Jorge Tadeo Lozano, Colombia.

She is considered a Canadian pioneer in raising awareness of violence against women in Canada. She developed the first manual of how to work with abused immigrant women in Canada and she is a founding member of Shirley Samaroo House, a women's shelter in Toronto. She was also the Executive Director of the International Society for Equity in Health, Director of International Programs at the Centre for Research in Women Health and the WHO Collaborative Centre on Women's Health and International Delegate of the Canadian Red Cross.

She is the principal investigator of the Peel Institute on Violence Prevention. Her most recent researcher activities include: a) development of a Needs Assessment about Survivor of Human Sex Trafficking. This project has three components: a) demographic analysis of Human Trafficking population; c) literature review and c) analysis of qualitative data (focus groups and in-depth interviews).

Trafficking of women and girls in the context of global migration

Trafficking has become a significant and growing problem in both Canada and the larger global community. Victims of sex trafficking acquire adverse physical and psychological health conditions and social disadvantages. The challenge for all countries, rich and poor; is in targeting the criminals who exploit desperate people while simultaneously protecting and assisting victims of trafficking and smuggled migrants; many of whom endure unimaginable hardships in their bid for a better life.

Objective is to convey information regarding distinctively complex needs of immigrant trafficking victims. Describe the strengths, gaps, and weaknesses of existing programs and recommended services designed to help survivors.

Methodologies used include Literature Review, Demographic Analysis, Focus Groups, and Interviews

The results from the literature review and our interview/focus group research outline one main point: rates of human trafficking are increasing in Ontario, but the resources to assist with survivor healing remain scarce. Evidently, our findings have uncovered that services available lack evidence-based research, service providers' lack proper human trafficking training, and patients feel that their treatment is unsatisfactory and unsuccessful as a result. There are no specific migrant-centric services available to deal with complex and unique struggles of migrant survivors. Their needs include additional services like the need for an interpreter, immigration lawyer, and the legal aid etc. Most of the researches in human trafficking are anecdotal records, but it needs to be solution focused. In case of migrant survivors, there is a dearth of statistical data and anecdotal records. There was significant emphasis on a lack of help from the school system to assist young victims, which is a pertinent concern given the rising prevalence of high schools as a location where trafficking occurs.

It is evident that services at the forefront lack adequacy. Proper screening practices, survivor-focused campaigns, and awareness programs implemented are some of the initiatives that need to be emphasized and funded. Women and girls have the right to pursue careers free of emotional, sexual, and physical harm, and it is integral that we do as much as we can to help unravel the pulls of trafficking industry to have a significant systemic impact on rising rates. Specifically, we need to identify appropriate measures of prevention and intervention. A central challenge in the fight against human trafficking is lifting the veil of silence that allows oppressive behaviour to flourish.

HEALTH

Public Health Response

DIANA CHEN

Name of the Organization: McLaren Flint Family Medicine Residency Program

Professional affiliation: Michigan State University College of Human Medicine

Diana Chen is a 4th year medical student at the Flint Campus of Michigan State University College of Human Medicine. She was selected as an Emerging Scholar from the American Academy of Family Physicians in 2018, and chose the focus of her year-long project on human trafficking education efforts. She has slowly built a bridge between community stakeholders to the medical community in Flint, such as connecting the only trauma recovery center in Michigan to the local county human trafficking task force. She hopes to assist in launching a small series in HT education at the family medicine residency this coming year, and is grateful for the guidance and mentorship of several organizations such as Dignity Health and HEAL.

Improving the identification and care of victims of human trafficking: a pilot educational session for healthcare professionals

In 2014, a study published in Annals of Health Law found that nearly 88% of sex trafficking survivors reported some kind of contact with healthcare professionals while being trafficked (1). Another study showed that although the most common location where these victims are identified is the Emergency Department at 55%, the runner-up are primary care physicians at 44% (2). Goal to determine if students, residents, and attending physicians are aware that the patient is in trouble or understand the significance of their roles in carving a path to freedom for these victims. Aim to identify if one session is effective in improving knowledge and attitudes as well as baseline understanding of HT.

Launched CME-approved afternoon didactics session on January 11, 2019, distributing an adaptation of PROTECT survey pre and post lecture. Experts such as HEAL, Dignity Health, and a local group, Voices for Children Advocacy Center were consulted. The lecturers consisted of a local EM physician and the chair of the county HT task force. Pre and post items on survey were matched and analyzed via the Paired T test on SPSS. Unfinished data sets were removed.

Sample size (n=34). 61.76% female, 38.24% male; 35% Caucasian, 35% Asian, 18% Black/African, 2.95% Native Hawaiian, 2.94% Hispanic/Latino. 12 Internal Medicine, 12 Family Medicine, 1 Pediatrics, 9 Others. Level of training include 29.41% Attending's, 38.24% Residents, 26.47% Medical Students, and 5.88% Behavioral Science Fellows. 29% had prior training and 24% had suspected or been in contact with a trafficked victim.

No significant findings in actual knowledge between pre and post. Commonly missed questions and confusions were identified. Significant findings for an improved score of 10% in comfort level and attitude towards human trafficking identified between pre and post ($p < 0.01$).

Our results show that in one session, attitudes and confidence in identification of human trafficking victims can shift. More studies are needed, however, to determine what is necessary to make a difference in actual knowledge.

A shift in attitude is the beginning of change, however, more sessions are needed to empower physicians, to bring this issue to the forefront of their radars. Potential incorporation into medical school and residency curriculum will be able to sustain the amount of effort and time needed to help PCPs under the full scope of the issue.

ANJALI GARG

Name of the Organization: UH CMC Rainbow Babies and Children's Hospital

Professional affiliation: Pediatric Resident Physician

Anjali Garg is a resident physician in Pediatrics at UH Rainbow Babies and Children's Hospital. Her research focuses on the sex trafficking of domestic minors and the role of health care providers in providing trauma sensitive care. Anjali graduated from University of Michigan with a degree in Sociology and from Michigan State University with a MD. During her medical school years, Anjali worked as a medical and hotline advocate in the MSU Sexual Assault program. She has had a passion to bring healthcare services to those who need trauma-sensitive care and continues to focus and incorporate work that empowers survivors into her career.

PREETI PANDA

Name of the Organization: Rainbow Babies and Children's Hospital

Professional affiliation: Pediatric Resident Physician

Dr. Preeti Panda is a resident physician at Rainbow Babies and Children's Hospital in Cleveland, OH and is currently training in pediatric medicine. She graduated from Cornell University in 2011 with degrees in Biological Sciences, Global Health and Law & Society. She then served as an Americorps member at a high school and worked with low income and at-risk youth, some of whom were trafficking survivors. She attended medical school at Albany Medical College in New York where she received an M.D. with Distinction in Advocacy. She has been a part of various anti- trafficking related initiatives relating to research, legislative advocacy and education of medical professionals. She is currently working on a program to provide trauma informed primary care to child trafficking survivors in Cleveland, OH, and hopes to dedicate her future career as a pediatrician to providing direct services for this population.

Impact of a Human Trafficking Educational Intervention and Reference Tool for Pediatric Residents

Through victimization, trafficked youth experience a myriad of complex health issues. Given the clandestine nature of human trafficking, a healthcare provider could encounter a survivor or victim at any point in their career. There is increasing need to educate health care providers on recognizing, identifying, and aiding victims to interrupt the cycle of abuse and begin the journey to survivorship.

This educational curriculum, created by clinicians and survivors, is designed to teach pediatric physician trainees on the recognition and intervention of child trafficking through a didactic presentation which includes use of case studies and the development of an algorithm card to be used post-training as a point-of-care reference. Our specific educational goals include defining human trafficking, describing health consequences specific to victims, enabling recognition of victims, and sharing best practices for both short and long-term care. Our human trafficking algorithm card is a clinical practice tool for use post-training to aid in identification of potential victims and guide initial interventions.

We hypothesize that our educational intervention will significantly increase trainees' levels of knowledge and confidence in recognizing and managing human trafficking victims, and that this increase will be maintained 6 weeks post-training. We project our human trafficking algorithm card will be a useful point-of-care reference that will aid in retaining critical knowledge related to human trafficking and its application to patient care.

Previous studies support that educational interventions related to human trafficking lead to increased provider sensitization to signs of victimization and actual interventions to assist victims. These studies have primarily focused on adult patients in emergency department settings. Our study will fill a critical gap in the literature through providing high quality data on interventions specific to human trafficking of pediatric patients. Our novel point-of-care reference tool will help pediatric trainees retain critical knowledge to properly assist suspected human trafficking victims in any clinical setting.

We anticipate that our curriculum will result in increased identification of human trafficking victims throughout our medical system and will provide a model that can be feasibly replicated at other institutions.

FIDELMA RIGBY

Name of the Organization: Virginia Commonwealth University School of Medicine Human Trafficking Interest group

Professional affiliation: Virginia Commonwealth University School of Medicine

Fidelma Rigby, MD is an Associate Professor of OB/GYN in the Maternal Fetal Division of Virginia Commonwealth University Health Sciences in Richmond, VA. She is the Clerkship Director, Acting Internship Director and MIV Advisor for OB/GYN students. She has been with VCUHS since 2005. In the past year she has become involved with the VCUHS team on Human Trafficking and along with Fay Chelmow was co-director of the VCUHS two week Human Trafficking Medical Symposium. She is Faculty Advisor to the VCUHS Human Trafficking Interest group and Director of the MIV Human Trafficking elective.

SARAH POIRIER

Name of the Organization: Virginia Commonwealth University School of Medicine Human Trafficking Interest group

Professional affiliation: Virginia Commonwealth University School of Medicine

Sarah Poirier is a 4th year medical student at Virginia Commonwealth University School of Medicine in Richmond, VA. She is a 2nd Lieutenant in the U.S. Air Force and member of the International, Intercity, Rural preceptorship track at VCU with an interest in working with underserved populations. She became involved with the VCUHS Human Trafficking Interest Group as the Research Chair and is currently working with other student group leaders to incorporate human trafficking education into the medical school's curriculum.

Assessing the effect of reading different perspectives of a human trafficking scenario on healthcare professionals' empathy towards survivors

The majority of trafficked persons report seeing a healthcare provider at least once during their exploitation, yet most providers lack the training to identify and refer them for services. Not only could additional training on human trafficking improve knowledge, it could foster empathy for trafficked persons and reduce the "victim blaming" often seen in other forms of interpersonal violence, such as sexual assault and intimate partner violence.

To understand whether exposure to different perspectives (i.e. survivor vs. survivor and perpetrator) on human trafficking affects healthcare professionals' empathy and attribution of blame towards trafficked persons.

169 participants (54% medical students, 18% residents/fellows, 15% attending physicians, 13% other) completed the survey. Nearly a third had received prior education on human trafficking with a median of 10 hours of training (Interquartile range: 3.75 – 18). Those farther along in their training (attending physicians, fellows) were more likely to endorse human trafficking myths than medical students ($P < 0.05$). Additionally, higher rates of myth endorsement were correlated with less empathy towards trafficked persons and more "victim blaming" (Pearson $R > \pm 0.5$). However, there were no differences in empathy or attribution of blame towards trafficked persons between groups reading either the survivor or survivor and perpetrator vignettes (both $P > 0.05$)

As expected, physicians who endorse fewer myths about trafficking are more likely to empathize with trafficked persons and less likely to blame them for their situation, both of which are important precursors to developing a non-judgmental patient-physician relationship. However, it does not appear that empathy can be generated by offering different perspectives (survivor and perpetrator) in human trafficking training.

Conclusion: Although those who believe fewer myths about human trafficking are more likely to be empathetic towards survivors and less likely to "victim blame", reading different perspectives of trafficking does not foster empathy.

HUMAN TRAFFICKING

Sex Workers and Sex Trafficking Cases

ELENE LAM

Name of the Organization: Butterfly (Asian and Migrant Sex Workers Support Network)

Elene Lam is the executive director and a founder of Butterfly (Asian and Migrant Sex Workers Support Network) and Migrant Sex Workers Project in Canada. She holds a Master of Social Work and a Master of Law, with a specialization in human rights. She is currently a PhD Candidate at McMaster University, where she is researching the harms associated with anti-trafficking initiatives. Elene has been actively engaged in work related to human rights, violence against women, migration, gender, and sex work justice for over 20 years. She has also served as a sessional faculty at McMaster University.

Behind the Rescue: Uncovering How Anti-Trafficking Campaigns and Policies Harm Sex Workers

Sex workers, particularly those who identify as migrants, are often perceived as trafficked victims and are vulnerable individuals who need, above all, to be rescued or helped. Their imposed victimhood is used to advocate for legal reform and urgent interventions from law enforcement at the federal, provincial, and city levels to “protect” and “rescue” the trafficked victims from their exploitative situations. “Raid” and “Rescue” is often used as a strategy to identify victims and rescue them from violent and exploitative situations.

However, the Sex Workers Reports find that the anti-trafficking campaigns, laws, and policies are harmful to sex workers, particularly Asian migrants. These harms include an increase in moral panic, racial profiling, surveillance and investigations, arrests, detainments and deportations of sex workers and migrant workers. The repressive laws and law enforcements increase the vulnerability of sex workers and migrant workers by endangering their health and safety.

This presentation will also explore how the victims and anti-trafficking policies are used to regulate the sexuality of workers who are racialized and/or migrants as well as reinforce and cover up the sexism, racism, xenophobia and “whorephobia” that exists on a daily basis.

KARLY CHURCH

Name of the Organization: Victim Services of Durham Region

Karly Church is a Crisis Intervention Counselor, Social Service Worker, and advocate for survivors of domestic sex trafficking. She has worked front line with youth involved in sex work and trafficking situations for more than 4 years. Recently, Karly works at Victim Services of Durham region, where she provides specialized services and support to survivors of human trafficking. Karly is a graduate from two college programs including a mental health and addiction worker program, as well as the social service worker program. As a survivor of domestic human trafficking, she harnesses her lived experience, extensive knowledge, along with her passion to engage and work with survivors of human trafficking. Karly works with individuals in meeting their basic needs while providing support with a trauma informed perspective. Working tirelessly to remove stigma through sharing her story in many settings, including keynote speeches throughout Canada, Karly has trained and presented to thousands of social service providers through facilitating workshops and trainings. Having done numerous youth symposiums, presentations, consultations, interviews and panels on human trafficking, Karly is dedicated to providing preventative education as well as bringing awareness to the broader community.

Understanding the Role of Female Recruiters in Domestic Sex Trafficking

Our presentation will explain why women who are trafficked become recruiters and the process in which they go through the stages of commercial sexual exploitation. Our work is vital, because many agencies in Canada that support survivors of domestic human trafficking, will not work with recruiters. We see the role of women performing as sex trafficking recruiters as a part of their exploitation. These women do not often believe they deserve support as they feel additional guilt and shame.

Objective:

- The audience will learn to empathize with women recruiters and see their role as traffickers as part of their exploitation and victimization while being trafficked.
- Agencies will consider embracing an inclusive approach to survivors and offer support to these women who are also being trafficked.

Victim Services of Durham Region has a Human Trafficking Crisis Intervention Counsellor who is also a survivor of human trafficking. She has conducted qualitative interviews with over 100 survivors of domestic sex trafficking.

Through our work with survivors, we have learned that approximately 70% of young women who are trafficked have also recruited other girls and young women into the sex trade.

Women in the role of recruiter, are also victims themselves. Our findings conclude that recruiting for one's trafficker is often a part of being trafficked. Therefore, providing treatment and support to this population is necessary without judgment or assumption.

Often, women who are recruiting are being criminalized, and programs for trafficking survivors exclude them from accessing services. This information is vital in terms of understanding the experiences of domestic sex trafficking survivors so that they can get the supports they need and deserve. Often the actual trafficker, is not being charged as they coerce their "bottom" into recruiting for them, which leads to criminal charges of young women. It is part of the trafficker's strategy to incriminate their victim and to leave little evidence that they were involved.

Women can be traffickers, but what we see much more commonly, is that women, in the role of recruiter, are also being trafficked themselves.

JACQUELINE BENN-JOHN

Name of the Organization: Women's Support Network of York Region

Jackie has over 25 years of grassroots and professional experience in feminist organizing, community development and counselling with abused and sexually exploited women within anti-violence organizations and four rape crisis centres (Toronto, Peel, Halton and York Region) in Ontario, Canada. She also served as President of the Ontario Coalition of Rape Crisis Centre. Jackie's subject matter expertise on sexual exploitation and intimate partner violence, strengthen the capacity of organizations and the government of Ontario, to respond to the diverse needs of survivors through prevention initiatives, increased funding for sustainable and accessible trauma supports, and policy initiatives. Drawing on substantial professional experience, academic training and research experience, Jacqueline has been teaching for the past 12 years in the Community and Justice Services Program at Humber Institute of Technology & Advanced Learning, as well as, at George Brown College, in the Assaulted Women's and Children's Counsellor/ Advocate Program. Jackie is currently a PhD candidate in the Department of Social Justice Education at the Ontario Institute for Studies in Education, University of Toronto, a consultant and community engaged educator.

MICHELLE SMITH

Name of the Organization: Sandgate Women's Shelter of York Region

Michelle has worked in the not for profit sector for the past twenty years providing solid leadership and program development to several government organizations. Michelle started her work in the field as a Child's Mental Health Worker and spent a great deal of her career working with Canada's Indigenous Peoples. Michelle spent almost six years in the Northwest Territories of Canada developing and implementing programs for seven Indigenous Tribes. Michelle held the position of Youth Director for the first Family Healing Program in Canada, and returned to Toronto as the Director of Support Services for Native Child and Family Services during their transition to becoming the fourth mandated Children's Aid Society in Canada. For the past 15 years Michelle has held the position of Executive Director at the Women's Support Network of York Region and is an Associate Consultant with Adobe Consulting Services of Toronto. Michelle's position oversaw the Human Trafficking Program in York Region and she is committed to ensuring that appropriate infrastructure and protocols are created from a collaborative model. Michelle is currently the Executive Director at Sandgate Women's Shelter.

Safe Passages group and residential program: addressing the long-term needs of sexually exploited women

Ontario's Sexual Violence Action Plan identifies that a coordinated response to human trafficking is needed in Ontario Communities, so to increase capacity in addressing the complex support, practical and safety needs of trafficked persons.

Women's Support Network of York Region (WSN) notes that in York Region, trafficked persons need access to not only prevention, crisis, counselling and practical Supports, but long term support to heal from the intense trauma exposure.

While some residential programs exist for sexual abuse survivors, no group or residential program currently exists in Canada for trafficked and sexually exploited women. Understandably, this cohort of sexual violence survivors presents unique safety, practical, social and trauma needs. With this in mind, building on WSN's existing services for sexual violence survivors and prior work addressing human trafficking survivors, WSN developed the Safe Passages group and residential program. Safe Passages is a holistic model of support, grounded on Indigenous healing approaches, women-centred principles of counselling and trauma-informed practices.

To identify, address, and provide long term support to survivors of human trafficking.

Safe Passages provides responsive and comprehensive trauma-informed care for survivors of human trafficking. Through Safe Passages, trafficked and sexually exploited women access long-term supports needed to heal. In the Safe Passages initiative, women are provided with individual support, attend a one-week residential group program designed specifically to help them deal with the traumatic effects of sexual exploitation and upon completion of a residential program, women continue to meet with a Trauma Facilitator/Counsellor for aftercare groups and follow up.

In addition to developing the Safe Passages, WSN undertook targeted outreach to local and provincial networks and services that come into contact with trafficked and sexually exploited women, to share information about the initiative and generate referrals. Each deliverable had been achieved and targets had been achieved or exceeded.

The Safe Passages Project provides a complete wraparound service model for women who have been sexually exploited. Prior to Safe Passages, a significant service gap existed in long-term supports available to trafficked survivors. Safe Passages offers a unique service where none existed before; a strong foundation for ongoing individual and group support to this population has now been established. In addition, the Safe Passages project offers a continuum of care to trafficked women, meeting them "where they are at", with a variety of crisis, acute, practical and long-term supports now available.

In recognition of the complexities facing trafficked women, including lack of long-term supports available for trafficked survivors, WSN's Safe Passages program is an innovative approach to service and community initiatives which increase capacity in addressing the complex support, practical and safety needs of trafficked persons.

WOMEN'S RIGHTS

Human Rights are Women's Rights – Marginalized Communities

SANDRA RUPNARAIN

Name of the Organization: Family Services of Peel

Sandra Rupnarain is the Director of Client and Clinical Services at Family Services of Peel and oversees the work of the Peel Institute on Violence Prevention. Her research interests include violence prevention, gender issues as it relates to immigrant refugee, marginalized and racialized women. She established the Peel Institute on Prevention, a research arm of Family Services of Peel that bridges academia and community to develop evidenced based services on all forms of violence prevention. Her special interests are in evidence informed practice, data driven, quality improvement and equitable service outcomes. Sandra has presented to a wide variety of audiences locally, nationally and internationally on promising practices with a diversity and anti-oppressive lens. She has over 15 years of experience writing grant proposals, operationalizing programs, developing research initiatives, collecting and analyzing data to inform continuous program improvement. Sandra's experience includes Multimodality Clinical Practice with expertise in Narrative, Solution Focused and Behavioral Therapy. Sandra has experience utilizing trauma-informed therapy that as its foundation uses an equity lens and an anti-oppression/anti-racism framework.

Violence against Women in Rural Communities

Violence against women and girls is a continuing problem in Canada, including rural and remote areas, and there are often unique challenges in these areas related to confidentiality and access to services and support.

The aim of our project is to learn more about issues related to rural girls and women with a particular focus on the traumatic experiences of domestic violence and its impact on women's economic prosperity.

We did a thorough identification of recent studies in the topic; we examined the impact of intersectional (race and gender) as it is presented in the literature and summarized Canadian demographic data. We presented this preliminary work at the United Nations NGO forum in 2018 where we received extensive expert feedback.

One of the facts we discovered is that there is very little if any research on the subject of rural women in Canada and certainly not in Peel. Service delivery can only be effective if it considers all points of intersectionality that impacts the lives of women in rural communities. The intersection of gender and race in shaping women of colour political social and structural experiences with IPV establishes the need for intersectional analysis of violence against women. Intersectionality was crucial to the understanding of the experiences of rural girls and women.

Research on family violence in rural communities in Canada has shown that women's experience of family violence is shaped by social and cultural factors. Concern for economic security and inheritance for children and values of family unity and gender roles are factors in rural communities that form the social and cultural context in which health and wellbeing are embedded. Rural women often place their needs second to those of their partners, children and families and, as a result, may minimize their own health concerns, especially in situations that involve family violence.

There is a great need for ongoing research on rural violence against women to include space as social locations that intersect with women's experiences of intimate partner violence; continue to theorize place not just as a geographic location with obstacles for rural women but as social and cultural backdrop that houses imbedded ideologies of patriarchal domination and control and to embrace an intersectional and networking framework that involves how different systems work in concert with each other to engender different and particular forms of violence.

KATHRYN GIBBONS

Kathryn Gibbons is the former Project Manager of the Halton Collaborative Against Human Trafficking and SAVIS's anti-human trafficking Continuum of Care Program. She now works as an Anti-Human Trafficking Research Consultant. Her educational qualifications include a Master's in Gender Studies from Queen's University where she studied areas including but not limited to feminist pedagogy, intersectional research methods, and anti-colonialism.

ALMA ARGUELLO

Joining Kathryn to help present her research is Alma Arguello, the Executive Director of SAVIS of Halton. Alma is an Advocate for women's rights in the Halton community, and has over 20 years of experience advocating for women through her professional background in the immigration sector. Alma is passionate about advocating against sexual assault and fostering awareness about women's issues.

Needs Assessment; developmental services halton's staff capacity to address instances of sexual exploitation and human trafficking amongst clients with disabilities

While the topic of human trafficking has emerged as an area of interest to academics, policy makers, and social researchers alike, little research exists on the intersections of disability and human trafficking. Even more scarce is research on the knowledge capacity of support peoples and caregivers as it pertains to human trafficking and the sexual exploitation of people with disabilities. This community Needs Assessment explores the foundational knowledge level of Developmental Services Halton staff on human trafficking and sexual exploitation, as a means to examine the ways anti-human trafficking community initiatives and programs can better support staff who work with people with disabilities, and people with disabilities themselves. To do this, the author's methodology implores a literature review, community survey of Developmental Services Halton staff, and a statistical analysis of the data retrieved from the community surveyed. Surveys were administered to a total of 112 staff members, across 5 different developmental services Halton Agencies. The group was asked to rank their perceived knowledge on human trafficking in relation to 11 different subject areas. They were also asked 4 open ended questions about their knowledge of the realities of human trafficking. The results of the survey indicated that overall, Developmental Services Halton staff knowledge as it pertains to human trafficking and sexual exploitation is low, with the overall average for survey score across all respondents who completed the survey at 15.76, which is less than half of the possible highest score. Based on these findings, the authors recommend that there is an urgent community need to better educate and train Developmental Services Halton staff on the realities of human trafficking, and the ways that human trafficking and sexual exploitation uniquely effects people with disabilities. This community Needs Assessment is of great importance as it bridges the gaps between the too commonly separate discourses of human trafficking and disability, so that future anti-human trafficking endeavors can be more equitable for individuals with disabilities and better reflect their unique needs.

OGUNDEJI DAMILOLA OLUSEUN

Name of the Organization: University of Ibadan

Professional Affiliation: Graduate Student - Psychology Department, University of Ibadan

Vulnerability, Prevention and Human Trafficking: The Need for a New Paradigm

Current practices in the prevention of trafficking in human beings are analysed in this paper in order to understand why human trafficking continues to be identified as a growing phenomenon. Numerous prevention initiatives and considerable funding notwithstanding, a preliminary conclusion is that existing prevention practices do not reflect the comprehensive approach embodied in definitions of the term “crime prevention” in general or in the illustrative definition of “prevention” in article 9 of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. “Prevention” as it has been conceptualized in normative frameworks is examined, as also how those frameworks have been narrowly implemented. Vulnerability, in particular the vulnerability of an individual in his or her social context, emerges as the missing link in formulating well- developed policies and practices. Focus is placed on what constitutes vulnerability to trafficking as a prerequisite for the development of valid prevention programmes.

New considerations are introduced as regards the development of strategic policies to prevent trafficking that are capable of addressing the real problems of vulnerable populations according to their own needs, in their own contexts.

The questions what is meant when experts describe human trafficking as a growing phenomenon, since any assessment of an increase in human trafficking is impossible to quantify except in general terms. Reasons for this include differences in national definitions of the crime of trafficking, as well as of who constitutes a victim of trafficking, along with a lack of consistent, reliable and comparable data. Both crime prevention and reduction of vulnerability are valid approaches to combating human trafficking. Each calls for different dynamics in policy and programme planning.

A focus on vulnerability will enhance the human rights component of trafficking prevention policies. Traditional definitions of crime prevention can contribute to the enhancement of anti-trafficking policies by focusing on reducing elements of risk in the environment. Theoretically, prevention should therefore aim to eliminate trafficking before it occurs by reducing the factors that make individuals vulnerable to being trafficked. Basic principles of crime prevention, such as the inclusion of a broad community of stakeholders, the empowerment of vulnerable persons and the reduction of risk factors, are intrinsic to the elaboration of what is meant by “prevention” given in article 9 of the Trafficking Protocol.

Unfortunately, the implementation of those principles has been limited, with the predominant focus having been on the development of both large and small public awareness campaigns directed towards potential victims of trafficking. Such programmes are developed on the premise that increased awareness of possible harm will help an individual to choose a different path. However, such programmes fall short because they fail to provide potential victims with an alternative course of action. If the emphasis of prevention programmes is placed exclusively on increasing the awareness of potential victims, prevention is limited. By failing to provide alternatives, such interventions place the onus for prevention of exploitation on the individual him- or herself. Potential victims remain equally vulnerable before and after viewing posters, films and television advertisements.

The author stresses that successfully assisting vulnerable populations to protect themselves from harm is not possible without an understanding of what makes them vulnerable to violence, abuse and exploitation in the first place. Reframing the issue of prevention through a definition of vulnerability to abuse and exploitation will allow for a more consistent approach to preventing trafficking. While the broad concept of prevention exists as part of the normative framework of many countries, viewing prevention models in terms of their relationships to the social, cultural, economic and political vulnerability of certain populations or groups to being trafficked has been largely neglected in practice.

Although used frequently in anti-trafficking discussions, the terms “vulnerable” and “vulnerability” have not been conclusively defined other than in a legal context. This paper includes an analysis of several considerations in understanding vulnerability and provides a definition in which “vulnerability” refers to “a condition resulting from how individuals negatively experience the complex interaction of social, cultural, economic, political and environmental factors that create the context for their communities”.

Based on such considerations, indicators for conditions of vulnerability will need to be developed in the following areas: children; gender; poverty; social and cultural exclusion; limited education; political instability, war and conflict; social, cultural and legal frameworks; movement under duress; and demand. Because most conditions causing vulnerability are systemic and the result of government enacted policies, it is the responsibility of States to ensure the protection of vulnerable individuals in their midst.

SOCIAL DETERMINANTS OF HEALTH

Surveys and Other Papers on Sociological Roots of Health

KAYLA YAMA

Name of the Organization: Victim Services of Durham Region

Professional affiliation: The Ontario Collage of Social Workers and Social Service Workers

Kayla Yama is the Clinical Director at Victim Services of Durham Region. She has a Masters in Social Work and an expertise in program development in gender-based violence. Kayla has ten years of experience working with survivors of violence in a clinical and management capacity. Her skill set includes providing long term and brief, assessment and trauma therapy to children, individuals and families, who have survived sexual abuse, domestic violence, war and torture, and human trafficking. Kayla has a passion for the prevention of violence and building communities' capacity to support vulnerable members.

Inclusive leadership: Employing Survivors in Human Trafficking Program Service Provision

Our presentation will focus on the importance of including sex trafficking survivors at all stages of human trafficking service provision. This includes program development, delivery, and advocacy with service providers, government officials and media. Inclusion of survivors in programming is vital to ensure that service delivery is anti-oppressive. Additionally, our research indicates that employing survivors in human trafficking programming, improves the efficacy of programs.

A model of inclusion will be shared outlining how Victim Services of Durham Region (VSDR) has systematically included the knowledge, skills and perspective of survivors at all stages of programming.

Agencies will be invited to consider how human trafficking programs could be enriched by employing professionals with lived experience.

VSDR employs an HT Crisis Intervention Counsellor with lived experience who is involved at all stages of service provision. VSDR also hosts a volunteer who is a survivor, whose role includes advocating and increasing community and youth awareness of human trafficking.

Our research indicates 100% value of clients/survivors speaking with a professional with lived experience. VSDR client Deanna (name changed to protect confidentiality) states, 'My worker gets it, because she has been there too.'

Qualitative research indicates that service providers and government officials place an immense value on professionals who identify as survivors. Joceelyn Sicilano, Supervisor at Income & Employment Supports in Durham, who has worked with VSDR's HT Crisis Intervention Counsellor, states, "The value in hearing from someone with lived-experience cannot be overstated. Survivors have first-hand knowledge and are able to articulate gaps in services to service providers and advocate for practical program development to fill these gaps."

Our results mean that program objectives are improved when survivors are involved in all stages of programming. Meaningful employment of survivors as professionals with diverse skills, including the knowledge gained from lived experience, is vital in advancing best practices for clients who have been trafficked.

Training, and employing survivors of human trafficking, as valued members of the service delivery, with unique knowledge and skills, enriches the quality of service received.

DOAA EL ISLAMBOULY

Name of the Organization: Peel Institute on Violence Prevention - Family Services of Peel

Doaa El Islambouly received her B.Sc. in Commerce, Degree of Special Diploma in Education, and a Diploma of Graduate Studies in Computer Sciences from Ain Shams University in 1987, 1991, and 1993 respectively. Currently, she is a Statistician at Family Services of Peel-Peel Institute on Violence Prevention.

She worked in the research field for more than ten years. She has an excellent knowledge of Windows-based systems and is proficient in Microsoft Office, Excel, Access and statistical applications such as STATA for Windows, SPSS/PC+, and SYSTAT.

She gained her expertise in the research field through working in several projects sponsored by international organizations such as the American University in Cairo (AUC), SRC, UNICEF, ILO, USAID and United Nations Development Program (UNDP). Also, she contributed in the project "Combating Violence Against Egyptian Women: Empowerment And Domestic Violence" funded by USAID. Her responsibilities in these projects varied from being involved in questionnaire design, developing programs for data entry, data cleanup and preparing files for data analysis to the actual statistical analysis and production of reports.

Anti-Human Trafficking Service Providers in Peel: Pilot Survey Findings

"A survivor-centered Approach to Build Capacity to Address Human Trafficking (HT) in Peel" FSP-PIVP study illustrate that the highest percentage of victims and survivors of HT are residing in Peel Region. Pilot survey to stakeholders was an initial phase of the project to collect data regarding survivor' population and demographics, the services available to sex trafficking survivors, and the barriers which survivors face while accessing these services.

Objectives: a) to identify the services that are currently available for HT's survivors; b) to learn about the survivors' population and their demographics; c) to define the existing barriers that trafficking survivors and victims' face while accessing services.

Methods: PIVP adapted the survey from 'Needs Assessment for Service Providers and Trafficking Victims,' developed and implemented Caliber Associates, Inc. for the U.S. Department of Justice, National Institute of Justice, 2003.

The survey was sent to 86 anti-human trafficking stakeholders and violence/abuse prevention service providers through email (22 responded survey).

Fear of facing retaliation, legal involvement and isolation is a major factor in accessing help. According to the majority of stakeholders' response, the survivors do not trust the system.

The gap between the services provided and services required is an indication of why survivors do not come forward and seek help. Besides, the survivors are not able to identify themselves as victims. Moreover, they do not know where to go for assistance and intervention. Mental health and social service coordination are high demand for the survivors. Housing/shelters, legal/paralegal, child care, protection and court orientation are also high in demand services, Survivors are often referred to other services rather than receiving the services at first service contact. A major finding is that there is no organized and standardized system of coordination with service providers to collect data regarding the Social Determinants of Health and Wellbeing, which allow keeping track of referral, referral loop and follow-up with the survivor.

This study documented the need to strengthen research to develop a body of evidence-based information that will assist to improve the capacity of service providers in to serve survivors of human trafficking. It is recommended to foster more effective service provision to the sex trafficking survivors, and informal discussion with the services provider would allow for more insights to identify the barriers to achieve effective and needed services for the victims and survivors, also the ideas how to implement mobile services for victims and survivors.

HEATHER EVANS

Dr. Heather Evans is a Licensed Clinical Social Worker with a private group counseling practice in Coopersburg, Pennsylvania. She has over 18 years' experience providing individual, marriage, and family therapy to children, adolescents, and adults in inpatient, outpatient, nonprofit and residential settings. She has extensive training and experience with women's issues, particularly sexual trauma, sex trafficking and aftercare of its victims. Heather received a Doctor of Clinical Social Work degree from University of Pennsylvania and her dissertation highlighted complex trauma and posttraumatic growth in victims of domestic sex trafficking. Heather is Co-founder and Vice Chair of VAST (Valley Against Sex Trafficking) Coalition in the Lehigh Valley, PA. She is devoted to training and equipping service providers. In 2013, Heather received the Allied Professional Award from Crime Victims Council of the Lehigh Valley for outstanding commitment to victims' services. Heather also travels and leads trips nationally and internationally, with the goal of partnering with and training trauma healing caregivers

From the Voices of Survivors: Experiences of Complex Trauma & Posttraumatic Growth

This presentation will highlight key findings from a recent study. Using ecological and trauma-informed lenses, this qualitative, retrospective study used participant-centered methods to explore identity, sexuality, relationships, and factors that facilitate/ hindered community reintegration for 15 adult female survivors. Interview transcripts, Photovoice captioned images, and focus groups were analyzed using multi-level conceptual and thematic coding. Participants identified with all aspects of complex trauma, including: dissociation, self-perception/identity, relations with others and systems of meaning. Key themes included losing and regaining power, shame, and the dangers of re- exploitation and re-traumatization. Critical domains of posttraumatic growth included deep appreciation for life, finding personal strength, spiritual change, ability to see beauty and perceive deeply, and finding greater meaning in life experiences, particularly helping others. Participants highlighted relationship development as the primary source of healing and growth, emphasizing the value of peer-based support and survivor leadership.

The findings of this study affirm the need for ecological and relational perspectives in care of survivors, and approaches using a trauma-informed, victim-centered lens. Findings affirm the value of understanding the nuances of complex trauma as well as celebrating the capacity for posttraumatic growth. Furthermore, while relationships are most significantly impacted from the trafficking experience, they are also considered the greatest instrument of healing, through offering long-term commitment and belief in the individual. Finally, findings suggest comprehensive recommendations directly from the voices of survivors for community members and service providers.

While the impact of trauma is complex and multi-faceted, there is great evidence of posttraumatic growth, particularly seen in individuals' deep appreciation for life, ability to see beauty and perceive deeply and finding greater meaning in experiences of life, particularly helping others. Furthermore, while relationships are most significantly impacted from the trafficking experience, they are also considered the greatest instrument of healing, through offering long-term commitment and belief in the individual. Finally, while there is significant loss in the trafficking experience, including trust, voice, power, identity and relationships, these participants exhibited extraordinary evidence of finding and utilizing their voice and power in significant ways, including their contribution to this study.

HOUSING

Housing Services

KAYSE LEE MAASS

Kayse Lee Maass is an Assistant Professor in the Department of Mechanical and Industrial Engineering at Northeastern University. Prior to joining the faculty at Northeastern University, Dr. Maass was a Research Associate in the Department of Health Sciences Research at the Mayo Clinic and received her Ph.D. from the Department of Industrial and Operations Engineering (IOE) at the University of Michigan in 2017.

She is a recipient of multiple NSF grants, the NSF Graduate Research Fellowship Program Award, the INFORMS Section on Location Analysis Dissertation Award -Runner Up, the Richard and Eleanor Towner Prize for Outstanding PhD Research, the INFORMS Judith Liebman Award, the IOE Outstanding Graduate Student Award, and the Joel and Lorraine Brown Graduate Student Instructor of the Year Award. Dr. Maass currently serves as the INFORMS Section on Location Analysis Treasurer and is a member of the H.E.A.L. Trafficking Research Committee.

Her research focuses on the application of operations research methodology to social justice, access, and equity issues within the supply chain management, humanitarian logistics, and healthcare contexts. She is particularly interested in using her analytic background to address human trafficking and mental health issues, and currently leads numerous related transdisciplinary research efforts.

Optimal placement of shelters for human trafficking survivors: An illustrative example of mathematical models serving as decision support tools

Long-term shelters play a critical role in the stabilization and empowerment of trafficking survivors, and entail a large investment. In the United States, survivors of human trafficking exist in every state. However, in 2018 a majority of states lacked dedicated residential shelters for trafficking survivors. Even in states with shelters, data suggests that demand greatly exceeds capacity, and significant disparity exists between states with respect to the legislative environment and provision of auxiliary services for survivors.

The objective of this research is to illustrate the benefit of using mathematical modeling approaches to serve as a decision support tool for service providers, policy makers, non-profits, and other stakeholders to quickly identify the optimal victim services capacity expansion plan.

Using concepts from health and social welfare economics, we develop a linear programming optimization model that allocates a budget for establishing long-term shelters in a manner that maximizes a measure of societal impact while respecting budgetary constraints. We measure this impact via a societal value quantified by a combination of labor productivity gained, reduction in juvenile arrests, disability-adjusted life years averted, and legislative environment, adjusted for the demand for shelters and the current number of shelters available, less construction and operating costs. We illustrate the utility of the model via a case study that allocates a budget among a candidate set of residential shelters for sex trafficking survivors in the United States.

Solutions obtained through the multifaceted optimization model are evaluated to be 44 - 76% more valuable than making the shelter location decision based on a single factor, such as locations with the lowest cost or highest demand.

Our approach also provides value to governmental and nonprofit decision-makers, as it offers a means to effectively allocate scarce resources and enables sensitivity analyses to examine the effect of small changes in the budget on the optimal location of shelters. Model results are not intended to serve as the final decision regarding a capacity expansion plan; rather, they are recommendations that can augment the decision-making process.

Thus far, human trafficking research has primarily focused on qualitative studies, statistical estimations of prevalence, and insights generated from economic models. However, this presentation will provide the audience with an illustrative example of how additional mathematical models can serve as a decision support tool for anti-human trafficking efforts.

MELANIE PUERTO CONTE

Melanie Puerto Conte, MS is a professor at the Sage Colleges Graduate School of Health Sciences. She teaches in the Forensic Mental health Masters program and designed and teaches the curriculum for the Human Trafficking Masters level classes. She has done many presentations nationally, regionally and locally on working with and identifying, screening and serving survivors of human trafficking. In the New York State she has presented to Westchester Medical Center Health Alliance Hospitals, Albany Medical College on working with survivors of human trafficking, St. Mary's Hospital in Amsterdam, NY , and Northeastern University School of Nursing. She is currently consulting with Ellis Medicine to provide onsite screening, training and policy development. She recently presented at the Tucker Redfern Pediatric Trauma Conference at Mercy Hospital System in Springfield, Missouri on Trauma Informed Approaches to Screening and Serving Trafficking Survivors as well as presenting on the same topic for State University New York Schenectady as well as for St. Peters Health Partners Sexual Assault Nurse Examiners Annual Meeting and Northeastern University – Research To Practice in Human Trafficking Service Providers Conference in April 2019 as well as the Third Judicial District in Rensselaer County, New York.

Identifying and Mitigating Suicide Risk Among Trafficked, Runaway and Homeless Youth

Center for Disease Control and Prevention (NCHS, 2005) found that almost 30 percent of America's youth felt hopeless. Additionally, 17 percent of youth have made plans to commit suicide, while almost 9 percent of youth have attempted suicide; among this 9 percent of attempters, 3 percent were so badly injured that they needed immediate medical attention (NCHS, 2005).

Because trafficked homeless and runaway youth face additional stressors, such as abuse and victimization while living on the street, they are especially at risk for suicidal thoughts. In fact, among their sample of homeless and runaway youth, Yoder, Hoyt and Whitbeck (1998) found that 54 percent had some level of suicidal ideation. Research on homeless and runaway youth should therefore focus on identifying specific suicidal risk factors and design an appropriate prevention plan, at all levels, which is tailored to their extreme situation.

Objectives

- To identify and screen for specific suicidal risk factors and design an appropriate prevention plan, at all levels, which is tailored to their extreme situation.
- Examine key variables, which can lead to strategies in primary, secondary, and tertiary prevention of suicide for trafficked runaway and homeless youth.

Methods:

- Confer with NYS OCFS/Safe Harbour and NYC ACF initiative to obtain contact list of licensed runaway and homeless youth shelters, drop in centers and outreach teams.
- Design and send out survey to all identified runaway, homeless, and street outreach agencies that serve trafficked youth.
- Compile results, cross reference with de-identified agency incident reports of trafficked youth who have died by suicide, attempted suicide or have chronic suicidal ideation.
- Contact those trafficked youth serving agencies that do not have suicide screening, suicide intervention training or suicide crisis training to provide training and resources for preventing suicide among runaway and homeless trafficked youth.

Forty-eight runaway, homeless and trafficked youth shelters were surveyed; only five shelters screen for suicidal ideation, or past attempts. None of the shelters offered suicide prevention training.

This preliminary research indicates that while a large portion of trafficked youth indicated that they had chronic or acute suicidal ideation, the shelter agencies were not prepared to screen for or mitigate risk for suicide.

The risk of suicide for trafficked runaway and homeless youth is extremely high, as indicated by several studies and anecdotal information from agencies, but agencies are not yet equipped to assist the trafficked youth who are in suicidal crisis.

EDUCATION

Prevention and Awareness Cases

MARGARET HENDERSON

Margaret Henderson is with the School of Government at the University of North Carolina at Chapel Hill, where the institutional focus on training local government staff and elected officials provides an effective vantage point for building awareness of and strengthening responses to trafficking from the perspective of municipal and county governments. She developed resources for this purpose for both general and focused populations, such as elected officials, city/county managers, Registers of Deeds, appraisers/assessors, and community advocates. (www.sog.unc.edu, search for 'human trafficking' to find the Resource Page)

She teaches in the Masters in Public Administration program, works with the effort Engaging Women in Public Service, facilitates public meetings, and enables successful cross-sector working relationships for more effective public problem solving. Henderson's 30 years of experience in human services includes work in state and local governments as well as nonprofits. Previously she was executive director of the Orange County Rape Crisis Center. She has co-authored articles that were published in Popular Government, ICMA's IQ Report and PM Magazine, American Review of Public Administration, PA Times, and the FBI Law Enforcement Journal. Henderson earned a BBA in business administration from Angelo State University and an MPA from UNC-Chapel Hill.

Engaging Local Governments in Response to Human Trafficking

Staff in law enforcement, social services, and public health are a common focus in anti-human trafficking efforts. Municipal and county governments, however, provide many services beyond those provided in these three departments. Staff are in or around homes, businesses, and public spaces every day. They are an untapped resource for seeing the indicators of all forms of human trafficking.

Share information and resources about the potential of local governments to become full participants in efforts to address human trafficking.

Methods: Focus groups of local government staff reviewed the twenty-five business models of trafficking identified by the Polaris Project and identified roles that intersect with nineteen of them. Training on human trafficking provided to public employees generated additional information about which staff might see or respond to the indicators.

My primary conclusions are these:

- (1) First responders and inspectors of any kind should be a priority for training. The former because they go everywhere, and people have little opportunity to hide the indicators in an emergency, and the latter because their work takes them into restaurants, new businesses, homes, factories, farms, and construction sites. (Environmental Health Inspectors played a key role in the recent massage parlor arrests in Jupiter, Florida.)
- (2) Local governments that are challenged by specific business models of trafficking (i.e., illicit massage parlors), or by particular environmental conditions (i.e., truck stops) that enable trafficking, can create multi-disciplinary teams to focus existing processes on the problem.
- (3) Any local effort to address a "wicked problem" (such as homelessness) is also working to prevent human trafficking. Existing community coalitions can choose to consider their issue through the lens of human trafficking.

A primary goal is to coach a broad range of local government staff in learning to identify the indicators of trafficking and develop protocols for reporting. As the number of people who "see" the problem grows, so does the possibility that community responses can be institutionalized, stabilized, broadened, and better standardized across the state. Another goal is to encourage direct service providers to recognize how others can partner with them to identify trafficking and to respect the specific responsibilities of those governmental roles.

Instead of asking "does it happen here?" communities should ask "what kind of trafficking happens here?" Public employees know and strongly care about their communities. They just need to understand how their professional positions can contribute to finding solutions.

KRYSTAL SNIDER

Krystal Snider is a Program Manager at the YWCA Niagara Region, a feminist organization that provides shelter, housing and supports to homeless women and families. She began her work in Social Services in 2007 with the Niagara Region Sexual Assault Centre. It was there that Krystal first worked with individuals who were experiencing Human Trafficking. Later in her career, she began working for the YWCA. She soon began to see the same patterns she had seen at the Sexual Assault Centre, and continued to further her work with individuals who were experiencing exploitation. It became clear to her that systemic change was needed. Supported by funding from the Canadian Women's Foundation, Krystal was able to spearhead the development and implementation of the Niagara Region Emergency Response Protocol on Human Trafficking.

Most recently, Krystal has been training firefighters, police officers and doctors on how to identify Human Trafficking and how to best support survivors. She is also working tirelessly towards bringing a Safe House to Niagara.

JEREMY INGLIS

Shifting from Saving to Supporting Survivors of Human Trafficking

Shifting from saving to supporting survivors of human trafficking. This work is important as we highlight the need to train first responders particularly Fire Services on identification and intervention of human trafficking. There is a gap that was noticed across the country where we highlighted that Fire services were not trained but were in a very important position to identify and intervene. Fire services are first responders to medical calls, are often checking for compliance in a variety of buildings and may seem safer than a police officer.

The objective we have is to present the importance of including fire services in local protocol development and continue to describe the need to support individuals and not save or rescue them. Additionally, it is important that through this lens we highlight that not all sex work is trafficking and that our interventions need to consider the impact on the individual looking for support.

An emergency response protocol was developed in the Niagara Region that is a person centered human rights based approach. Through the development of the protocol we began to train Fire Services and begin to develop policy around responses.

The results that we had noticed was an increase in cases identified, providing Fire services with an understanding of trauma, reducing bias and judgment and have a greater understanding of where individuals can reach out for assistance.

This training is new for us however, we have certainly seen new cases identified that may not have been. Additionally, we are learning new trends and navigating where fire may see these cases.

Fire is an important partner to have when looking at community responses. Additionally, that it is important we are using survivor centred approaches that give power to the individuals that are impacted by this crime.

HANNI STOKLOSA

Hanni Stoklosa, MD, MPH, is the Executive Director of HEAL Trafficking, an emergency physician at Brigham and Women's Hospital (BWH) with appointments at Harvard Medical School and the Harvard Humanitarian Initiative. She is Director of the Global Women's Health Fellowship at BWH, Connors Center. Dr. Stoklosa is an internationally-recognized expert, advocate, researcher, and speaker on the wellbeing of trafficking survivors in the U.S. and internationally through a public health lens. She has advised the United Nations, International Organization for Migration, U.S. Department of Health and Human Services, U.S. Department of Labor, U.S. Department of State, and the National Academy of Medicine on issues of human trafficking and testified as an expert witness multiple times before the U.S. Congress. Her anti-trafficking work has been featured by the New York Times, National Public Radio, Fortune, Glamour, Canadian Broadcasting Corporation, STAT News, and Marketplace. Dr. Stoklosa published the first textbook addressing the public health response to trafficking, "Human Trafficking Is a Public Health Issue, A Paradigm Expansion in the United States."

SOAR Training to Health and Wellness

Many individuals who have experienced trafficking come into contact with health care and social service professionals during and after their exploitation, but still remain unidentified.

The SOAR training was developed through the collaboration of medical professionals, research in the trafficking field as well as Survivor Impact Consultants to ensure the training is trauma informed as well as Culturally and Linguistically Appropriate. SOAR provides baseline knowledge of trafficking through the federal definitions of both sex and labor trafficking as defined by the Trafficking Victims Protection Act (TVPA) of 2000.

The SOAR training equips public health professionals with skills to identify, treat, and respond appropriately to human trafficking. By applying a public health approach, SOAR seeks to build the capacity of communities to identify and respond to the complex needs of individuals who have experienced trafficking and understand the root causes that make individuals, families, and communities vulnerable to trafficking.

The target audience includes physicians, pharmacists, pharmacy technicians, registered nurses, dentists, psychologists, social workers, case managers, school counselors, public health professionals, health education specialists, and allied health professionals.

SOAR is delivered as an in-person training in either a 1 or 2-hour time frame and incorporates the Adult Learning theory that allows the speaker to engage with their audience based on level of base knowledge and profession. SOAR training informs those professions through 4 action focused points: Stop – Describe the scope of human trafficking in the United States. Observe – Recognize the verbal and non-verbal indicators of human trafficking. Ask – Identify and interact with individuals who have experienced trafficking using a victim-centered and trauma-informed approach. Respond – Respond effectively to potential human trafficking in your community by identifying needs and available resources to provide critical support and assistance.

After attending SOAR training, you will be able to:

- Stop – Describe the scope of human trafficking in the United States
- Observe – Recognize the verbal and non-verbal indicators of human trafficking
- Ask – Identify and interact with individuals who have experienced trafficking using a victim-centered and trauma-informed approach
- Respond – Respond effectively to potential human trafficking in your community by identifying needs and available resources to provide critical support and assistance

The success of the initial SOAR to Health and Wellness model has led to profession focused modules, such as Social Service and Behavioral Health Providers.

MALE AND TRAUMA

Case Studies of Male Survivors of Trauma

SHRUTI CHAUHAN

Name of the Organization: Peel Institute on Violence Prevention - Family Services of Peel

Shruti is a research consultant with Ph.D. in Psychology. Her research interest includes Diversity, and Perception of Diversity Climate in the Workplace. She has authored 5 research papers, which are published in peer-reviewed, academic journals. Previously she has taught Psychology in an Indian University for over 3 years. In Canada, she has ventured into social and community researches under the guidance of Monica Riutort. Her recent projects are related to Human Trafficking, and Male Sexual Abuse.

MONICA RIUTORT

Name of the Organization: Peel Institute on Violence Prevention - Family Services of Peel

Monica hold a Master of Adult Education and Applied Psychology from the Ontario Institute for Studies in Education - University of Toronto and she also has an unfinished doctorate from the Faculty of Medicine at the University. She was a lecturer at the Department of Family and Community Medicine and she hold now a preceptor/tutor appointment at the Faculty of Medicine – University of Toronto- Mississauga Campus. She also hold a diploma in International Diplomacy at the University Jorge Tadeo Lozano, Colombia.

She is considered a Canadian pioneer in raising awareness of violence against women in Canada. She developed the first manual of how to work with abused immigrant women in Canada and she is a founding member of Shirley Samaroo House, a women's shelter in Toronto. She was also the Executive Director of the International Society for Equity in Health, Director of International Programs at the Centre for Research in Women Health and the WHO Collaborative Centre on Women's Health and International Delegate of the Canadian Red Cross.

She is the principal investigator of the Peel Institute on Violence Prevention. Her most recent researcher activities include: a) development of a Needs Assessment about Survivor of Human Sex Trafficking. This project has three components: a) demographic analysis of Human Trafficking population; b) literature review and c) analysis of qualitative data (focus groups and in-depth interviews).

Review of male specific support programs in Ontario's public education system

The purpose of this literature review is to identify the lack of male specific support programs in Ontario's public education system. Historically, there has been a misrepresentation of sexual violence in research and media leaving boys and men "closeted" when coping with their experiences of sexual abuse. Studies show that male and female children are victims of childhood sexual violence. However, the majority of accessible resources and data within public schools are targeted at female victims and necessary female support needs. While female survivor support is evidently important, greater research on male sexual abuse is crucial to understand when discussing male student needs within violence prevention programs in public schools.

Identify lack of male specific support programs in Ontario's public education system and inspire school boards to introduce such program in Peel region by following international best-practice model.

Peer reviewed articles and grey literature from 2002-2019 were reviewed which consisted of Ministry Documents, School board programs, and Teacher federation documents. School board programs from other countries with similar socio-economic demographics were also studied.

It is very clear that programs addressed in Public and Catholic school boards are failing our male students. Young males are not reporting their encounters with abuse, and if they are, it is on average 20 years after the fact. Research findings indicate presence of a large problem and missing pieces at all levels of the school system, harming male reporting rates. This gaping hole in understanding the complexities of male victims is an unacceptable blemish on our school boards practices, which needs to be addressed.

A male specific support program must be implemented to break the silent cycle of male childhood sexual assault victims with further hope of raising awareness and removing stereotypes surrounding the male identity. Our school system cannot solve the social problem of male victims suffering in silence, with a legal or disciplinary solution. A change in philosophy is needed in order to address the missing pieces of the Safe Schools Act. This proposed program and its formation may be challenging to establish initially however, a trial of this solution is long overdue and Peel Region can set an example for other cities and countries that the silence of men has gone on for too long.

ANNA WORIFAH

Name of the Organization: Family Services of Peel

Anna is a clinical counsellor at the Family services of Peel, providing individual and group counselling for male survivors of Childhood Sexual Abuse. She is also an authorised Child Protection Worker, with extensive experience working with disadvantaged children and their families nationally and internationally. Prior to joining Family Services of Peel, Anna worked with Peel Children's Aid Society in the Investigation and Assessment Team. Her passion to bring healing to children has no geographical boundaries, taking her to UK, South Africa and Senegal where she worked with the British Red Cross, Islamic Relief Worldwide and World Food Program respectively.

Anna notes that "working with male survivors of childhood sexual abuse has been a very humbling experience. What these men want is for society to 'see' them and to know that just like their female counterparts, they too are hurting and need healing".

Anna is a member of the Peel Committee Against Woman Abuse (Systems Integration Work Group) for the Prevention of Violence Against Women.

Male Childhood Sexual Abuse and Human Trafficking: A Continuum

More than 1 in 4 victims of human trafficking in Canada is under the age of 18. Though there is an overflow of evidence showing that women and girls are disproportionately represented in human trafficking, there is little information to indicate that men and boys too are victims of trafficking.

In this presentation, I will argue that the significant lack of research on male trafficking constitutes a remarkable gap in understanding the trajectory and impact of this crime in relation to the male gender. This presentation will highlight the link between male childhood sexual abuse and human trafficking.

Using a case study, it will demonstrate how the traumatic experiences of childhood sexual abuse creates vulnerabilities in boys and renders them susceptible and easy targets for sex traffickers.

At Family Services of Peel, we engage clients from the most vulnerable sector. The counselling sessions include participants experiences in relation to emotional and/psychological support; living in silence; feeling of shame, fear or guilt; coping mechanism; positive and negative experiences dealing with services. Referrals are done when needed.

The concepts of toxic masculinity, the urge to conform to traditional definitions of being a "man" and the quest to regain lost power and control are interconnected to understanding reluctance to report as well as societal attitudes on the discourse around male childhood sexual abuse and trafficking.

The presentation concludes by calling for concerted efforts to raise awareness of this issue. It suggests that there needs to be a very comprehensive approach to solve problems of human trafficking, giving attention to understanding particular risk factors for men and boys.

TALIJA KONČAR

Name of the Organization: Peel Institute on Violence Prevention - Family Services of Peel

Talija is an independent researcher with a Master of Arts Degree from the Centre of European, Russian, and Eurasian Studies at the University of Toronto. Her research revolves around the role of Diasporas in the Human Trafficking Chain and how kinship and ethnicity come into play. She hopes to contribute to a comprehensive Vulnerability Matrix to highlight and subsequently address the root causes of human trafficking and trauma.

JULIO CAMPOS-AMALLER

Name of the Organization: Peel Institute on Violence Prevention - Family Services of Peel

I had the pleasure of completing a student placement with the Peel Institute of Violence Prevention as a Trent University Nursing Student from September 2018 to December 2018 under the preceptorship of Monica Riutort. My background as a nurse has been rooted in acute care and medicine so I was thrilled to have the opportunity to participate in research and expand my knowledge in the social sciences. My time working with the Peel Institute of Violence Prevention has shown me the importance and need for an upstream primary care approach leading me to pursue my future goals in public and global health. I want to thank everyone at the Peel institute for their hard work and dedication, and also for allowing me to participate in this fulfilling learning experience.

Male Survivors of Sexual Abuse: Preliminary Literature Review

The purpose of this literature review is to assess the services and support(s) available for male victims of adult or child sexual abuse, and to identify if the needs of these groups or individuals are being adequately met.

This review will convey the strengths, gaps, weakness, and recommendations by accredited scholars and researchers over the past 10 years while addressing areas in need of further research. Peer reviewed articles retrieved from academic databases were used.

Sexual abuse is a problem that affects both men and women. The review of literature reveals that men are largely excluded from this narrative, and lack adequate research to provide evidence based services.

In addition to the lack of literature and services, societal beliefs and stigma continue to negatively impact the ability of males who are sexually abused to acknowledge and disclose their abuse in a timely manner if at all. The lack of disclosure leaves these victims to suffer alone putting them at great risk of opting negative coping strategies, and poorer health outcomes. These health outcomes are also seen as interrelated factors with the social determinants of health in which little is known on male victims of sexual abuse. In terms of services, service providers lack the tools and knowledge to competently or confidently support the diverse needs of this population. Overall, there is a great need to get the conversation started and make it known that men are also victims to this form of abuse and deserve equitable support and services.

Further research on the topic of male survivors of sexual assault as a whole is a need that has been clearly identified during this literature review. Areas recommended to prioritize would include a focus on the social determinants of health in relation to male victims of sexual abuse and developing gender sensitive services. Health care practitioners should be given gender-sensitive training to treat male sexual assault victims and sexual minorities. With a better understanding on the experiences of those who battle with determinants of health, we will be able to learn more about the difficulties with disclosure; and potentially work on alternate solutions or services geared towards these higher risk populations.

TRAUMA, MENTAL HEALTH AND ADDICTION

Trauma Training Programs

ELSABETH JENSEN

Dr. Elisabeth Jensen is an Associate Professor at the School of Nursing at York University and also holds the position of Director of the York-CAMH Collaborative. Her areas of research expertise include Nurse Practitioner education, mental health, childhood trauma, housing, discharge models, program evaluation, and knowledge translation. She has been involved in over \$895,000 worth of funded research projects and is skilled in qualitative, quantitative and mixed methods. She has authored 17 book chapters, 22 peer reviewed papers, 3 technical reports and co-edited a book on mental health and housing. She has presented 66 scientific papers and 10 scientific posters all over the globe.

Understanding compassion in mental health care from the perspectives of culturally diverse patients and families

Compassionate care is considered a fundamental characteristic of quality care. The need for compassion in care is not new, however understanding compassion and, translating the knowledge into action, remains a challenge. Few studies have focused on patient and/or family definitions of compassion or assessed outcomes in relation to desired health outcomes. This gap is even more significant in mental health. Another major gap in the current literature on compassion is a lack of discussion of how culture influences the understanding, enactment, and expectation of compassion. While the dominant culture is Caucasian, two population groups are more prevalent in the population of people with mental illness than in the general population and need to have voice. These are indigenous people and people with African heritage. To understand the similarities and differences in the meaning and experience of compassion in care these voices must be included. The objectives of our study are to examine how compassion is experienced and understood by patients and families in a mental health context and to explore if and how the understanding and experience of compassion varies across culturally diverse or racialized groups.

Interpretive Descriptive design, using stratified focus groups will seek to address the knowledge gap identified by answering the research questions. The best informants for informing the answers to these questions are the patients and their families. By improving the ways compassion is understood and experienced by patients and families can guide health care providers to personalize care delivery.

The study is currently underway. Results will be available by the end of summer 2019 and will be discussed in the presentation.

Learning Objectives:

- Improve understanding of the part culture plays in understanding 'compassionate care'.
- Acquire knowledge regarding how to improve compassionate care to culturally diverse patient populations.

This study explores the meaning of 'compassionate care' from the perspectives of people with an indigenous heritage and people with an African heritage. Data were collected from patients and families representing these two groups using Interpretive Descriptive methodology. Findings are useful for all practice settings serving these populations.

JOAN SIMALCHIK

Dr. Joan Simalchik is a historian and the Director of the Women and Gender Studies Program, University of Toronto Mississauga. She researches and writes on the themes of women and gender, historical memory, violence and trauma and is the author of the Canadian edition of *Women's Realities, Women's Choices* (Oxford University Press 2017).

She is a Governance Board member of Family Services of Peel Institute on Violence Prevention and the founding executive director of the Canadian Centre for Victims of Torture. For her significant work in the field, she received the Jus Human Rights Award from the University of Toronto and was the recipient of President Michelle Bachelet's Humanitarian Service to the People of Chile award.

Psychosocial Dimension of Gender Based Trauma and Violence: an intersectional approach to training

In the aftermath of traumatic events, attempts to create opportunities for training to enhance the equitable provision of treatment and appropriate policy development often collapse individuals into generic social and cultural groupings. An intersectional approach provides deeper insight into how individual identity is forged, how the meaning of the trauma is experienced and remembered, and how gendered circumstances shift the multidimensional factors involved.

This paper will discuss how an intersectional analysis, in the aftermath of trauma, allows for more precise understandings of identity and life experience in determining more applicable training models, policy development, and service delivery. Intersectionality allows for a nuanced approach to identity formation and the corresponding measures devised for addressing particular social and health issues. It will speak to an understanding of intersectionality as a dynamic, not additive, approach and examples of how it can be incorporated into training and practice. How particular historical and gendered cultural contexts influence perspectives in policy and practice will be centred.

With an intersectional analysis, training, leading to support services, can be understood in the larger cultural and social context in which it operates.

SALISHA KHAN

Name of the Organization: Family Services of Peel

“Lost and Found”

My education accelerated at the age of 10 when I immigrated to Canada from the Caribbean to land unceremoniously in Winkler, Manitoba. Coming from the lush green tropics to the white flat Prairies almost left me speechless...but I figured if the prairie dogs could make it, so could I!

When visiting back home my brother would find himself often embarrassed by my questions to the locals...and would ask, how did I end up with a sister for a tourist? He knew he couldn't trust me, his little sister, to reply and would say, 'don't mind her she's from Winnipeg!'

My education continued when I became a Mother to two girls, ages 9 and 13; one with special needs and the other just Special. They tell me, “Mom, you're just extra” I will take that as a compliment!

Talk about the Road Less Travelled and Paradise Lost, all in one!

I received my Psychology degree at McMaster University and Masters at Wilfrid Laurier University. I am most thankful for the opportunity to practice the Craft of Helping; hopefully my customers feel that way too!

The Creative Genius of Mental Illness

This writer believes that current approaches to treating trauma victims are limiting and often unsuccessful. From this perspective, the onus of failure could potentially rest on clinicians rather than on the shoulders of so-called “resistant clients.”

This treatment perspective will attempt to achieve: Present the lens of creativity as a tool for treatment purposes, and honor past coping; without which survivors may succumb to their “dis ease” as evidenced by a complete and permanent mental break, life of addiction and death by suicide.

The landscape of symptomology which can be observed in treating survivors is examined and understood through the creative lens. Specifically, the practice of fragmentation, dissociation and psychosis, observed in trauma survivors, are offered as examples of “creative coping responses.”

Not unlike a “dream state” survivors escape their painful reality to enter into “altered reality,” thus creating an opportunity to experience possibly a reprieve or alternate and preferred outcomes, which may be evidenced through a reduction in stress and anxiety levels from previously observed heightened emotional states.

Psychiatric intervention is often equated (by survivors) as missed treatment opportunities in the recovery journey, particularly during times of fragmentation, dissociation and psychoses. The rationale being that many Psychiatrists are of the opinion that people have little or no recall of their psychotic episodes. This writer's work with trauma victims have discovered a different truth; that many in fact have vivid recall of their fall into psychosis and want to share these often frightening memories, to feel less alone and less isolated.

The shell of a person who enters treatment has the potential to teach her helpers about her strengths, her resiliency and her journey from the abyss. In recovery, she will learn to discriminate between what is real and what is an illness. She will learn to recognize her paranoid or catastrophizing thoughts early. She will learn to honor her past coping. She will learn to reconnect to her emotions, to herself safely. She will re-discover her own power and sense of control, born in reality, not fueled by her illness. She will become a light in a world of darkness, whole at times, having persevered, having soldiered on. She will learn about the Creative Genius of her Mental Illness and perhaps even how to channel that same creativity to enhance her well-being.