



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



**Conference Report  
June 24<sup>th</sup> – 25<sup>th</sup>, 2019  
University of Toronto, Mississauga**



## Conference Committee

### Members

Dr. Elisabeth Jensen is an Associate Professor at the School of Nursing at York University and holds the position of Director of the York-CAMH Collaborative.

Dr. Firdosi Mehta, M.D., Public Health Professional is an Adjunct Professor at the University Of Toronto Dalla Lana School Of Public Health. His career experience spans 30 years in Public Health and international population health, including 16 years with the World Health Organization (WHO) as Country Representative and Advisor.

Dr. Hanni Stoklosa, M.D., MPH, is the Executive Director of HEAL Trafficking, an emergency physician at Brigham and Women's Hospital, with appointments at Harvard Medical School, Harvard T.H. Chan School of Public Health, and the Harvard Humanitarian Initiative.

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

Monica Riutort M.A., Master of Adult Education and Applied Psychology from the University of Toronto, and doctoral studies at the Faculty of Medicine.

Chandra Coomaraswamy, M.A., Women and Gender Studies, Consultant, Peel Institute on Violence Prevention-Family Services of Peel.

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Registered Marriage & Family Therapist (RFMT) Director – Client Services,  
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## Global Conference on Human Trafficking and Trauma: A Public Health Response

This was the first international conference in Canada on Human Trafficking and Trauma and the first Conference led by Family Services of Peel, in partnership with the University of Toronto, Harvard University and York University. The conference was held at the University of Toronto, Mississauga Campus from June 24-25, 2019. A total of 75 abstracts were submitted to the Conference Advisory Committee for their consideration. Two hundred and forty-nine participants (249) attended the conference and 106 of them completed the final evaluation that consisted of Survivors (1.9%), Service Providers (41.5%), Policy Makers (3.8%), Students (5.7%) and Researchers (9%).

A panel discussion marked the beginning of the conference. Focusing anti-trafficking efforts and resources more effectively and inclusively was emphasized. The panel included academics and researchers from a variety of disciplines, who were then joined by subject matter experts, advocates, and leaders. Comments on their work and their experiences contributed significantly to the dialogue. It was impressed upon everyone that the focus of this dialogue and the conference should be around the voices of those who are the most directly affected.

The participants felt that as members of a global society, we must continually seek opportunities for intellectual, moral and spiritual growth. Essentially, we have reached a stage in our social development, where we can declare that human trafficking must be eradicated forever from our society.

The opening panel of the first Global Conference on Human Trafficking and Trauma: A Public Health Response was facilitated by Dr. Firdosi Metha, member of the Governance Committee of the Peel Institute on Violence Prevention and Scientific Advisory Committee of the Global Conference on Human Trafficking and Trauma: A Public Health Response. The panel included academics and researchers from a variety of disciplines as follows: Dr. Kayse Lee Maass, an industrial engineer who uses complex mathematical models to aid the community in focusing their resources on achieving anti-trafficking goals; Sonia Taneja, a medical student and Public Health researcher, who spent a year in India studying the social determinants of mental health in women engaged in intergenerational sex work and women who were trafficked; Dr Natalya Timoshkina, with her impact evaluation of freedom businesses that were set up to support trafficked women; and last, but not least, Elyssa Rose Jackson of Atlohsa from London, Ontario, who spoke about the culturally-empowering anti-trafficking program 'Okaadenige'. Subject matter experts, advocates, and leaders who commented on their research and added to the dialogue joined the group. They included: Rhonelle Bruder, an esteemed international speaker, advocate, educator, and writer who spoke about destigmatizing human trafficking and sex work and the importance of early interventions; Natalie Kaminski, a harm reduction specialist and advocate for sex workers who underlined the issue of language and urged inclusivity; Ashley Smoke, a peer development worker with the most insightful comments who reminded us that the focus of this dialogue and the conference should be centred on the voices of those who are most affected.

Within a short space of time, panelists established a dialogue from which the conference could grow. It was clear from this diverse group of experts how counter-trafficking efforts must be nuanced, focused, and inclusive. Partnerships with those immediately affected and the development of services and resources addressing their needs are essential. Elyssa Rose from Atlohsa Family Healing Services in London, Ontario highlighted the culturally empowering anti-trafficking program 'Okaadenige'. This program harnesses the healing power of connecting to one's roots centred around a cultural assessment for their community members, with an Indigenous wellness assessment on four pillars: establishing hope, belonging, meaning, and purpose - introducing kinship and healing in a holistic way. Dr. Timoshkina called on subject matter experts and advocates to lead with academia in supporting partnerships in healing. Sonia found that the lives of the women who participated in her study were nuanced and that an intersectional lens was needed to better understand their stories and their health. Natalie's and Ashley's valuable insights into sex workers and how they relate to trafficked persons showed that rescue efforts need to be redirected – a point that could be clarified by Dr. Kayse Lee Maass' work with engineering mathematical assessment models that encouraged the community to focus their limited resources in the most effective way possible.

Rhonelle found that the Canadian anti-trafficking world was not representative of the actual population who were most vulnerable to trafficking. She encouraged the de-stigmatization of human trafficking and sex work to encourage more conversation on this topic. She found through her experience as a survivor and advocate that traffickers and those who are trafficked have often experienced similar traumas in childhood but went different directions in manifesting this trauma. Natalie noted that the social enterprises studied by Dr. Timoshkina were not only for commercial purposes but for belonging as well – she urged everyone to focus on empowering those with lived experiences and on self-love. Overall, every panel member had a message to impart to the conference and a common theme of healing through culture, inclusivity, and belonging.

## **HUMAN 'SEX TRAFFICKING AND COMMERCIAL SEX'**

### **1. What "Successful" Reintegration Means to Trafficking Survivors: Implications for Research, Policy and Practice**

*Rita Dhungel*

In collaboration with the Government of Nepal, several 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. By recognizing the need of understanding the voices and experiences of survivors, an anti-oppressive community-based action research was conducted in collaboration with eight trafficking survivors in Nepal.

## **2. Okaadenige - A Program for Indigenous Survivors of Human Trafficking**

*Elyssa Rose Jackson*

Based out of London Ontario, Okaadenige, meaning 's/he braids things' is a program that was designed to bridge a gap in services and supports for Indigenous survivors and their families. It addresses prevention, awareness, support services, referrals, education and outreach, and the provision of an ongoing survivors' circle.

## **3. Challenges and Vulnerabilities of International Students in the GTA**

*Baldev Mutta*

Punjabi Community Health Services' (PCHS) is engaged in a research study 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. 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.

## **4. International Justice Mission (IJM) Solution to a Global Problem. How has IJM's Model Created Dramatic Changes in the Fight against Slavery, such as Cybersex Trafficking and Forced Labour Slavery?**

*Sandra Gamboias*

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 – do not protect them from violent people. IJM is working to put violence and slavery out of business for good. Violence, such as sex trafficking and forced labour slavery, is a massive threat to many poor people in the developing world.

## **5. Working with Individuals Exiting Sexually Exploitive and Human Trafficking Situations through A Trauma-Informed Lens**

*Mary Fearon, Melendy Muise*

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

## **6. Peel Female Identified Sex Workers Needs Assessment – “Know More”**

*Natalie Kaminski*

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. The findings from needs assessment suggested a need for educating sex workers on changes to the law and its effects. Knowledge of these changes may help

improve interactions with law enforcement and begin to increase confidence in reporting experiences of violence to the police.

## **7. Behind the Rescue: Uncovering How Anti-Trafficking Campaigns and Policies Harm Sex Workers**

*Elene Lam*

Many Sex Worker Reports find that the anti-trafficking campaigns, laws, and policies are harmful to sex workers, particularly to 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 enforcement increase the vulnerability of sex workers and migrant workers by endangering their health and safety.

## **8. Understanding the Role of Female Recruiters in Domestic Sex Trafficking**

*Karly Church*

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, and it should be without judgment or assumption.

## **9. Safe Passages Group and Residential Program: Addressing the Long-Term Needs of Sexually Exploited Women**

*Jacqueline Benn-John, Michelle Smith*

Women's Support Network of York Region (WSN) notes that in York Region, trafficked persons need access, not only to prevention, crisis, counselling and practical supports, but also to long-term support to help the healing process, from intense trauma exposure. The Safe Passages Project provides a complete wraparound service model for women who have been sexually exploited.

## **HIGHLIGHTS**

- Discussion on the link between children's aid, sex work and colonialism
- The role of the system in retriggering the trauma for mothers who are drug-users or sex workers by taking their kids away, instead of working with them
- Inadequacy of resources, narrow societal mindset, and university protocols while handling complaints around sex trafficking
- Inexperienced social workers unable to handle survivors of very young age
- Housing and mobility issues are significant for the survivors of sex trafficking
- Survivor issues take a far more severe turn for transgender women
- A non-discriminatory approach, better education, and society awareness are needed to combat various sensitive issues related to sex trafficking
- Why would someone agree to bring another girl into the same situation?

- The girls have no control over their lives or anything they want to do (loss of power); they feel like they have an opportunity to regain power when asked to recruit.
- Another reason for recruiting is survival. She finds herself in a less risky situation where she does not have to have sex with multiple people every day (almost like graduation).

## **LABOUR TRAFFICKING**

### **1. Human Trafficking for Labour Exploitation: Are We Doing Enough to Stop this Crime?**

*Luis Alberto Mata*

In a case study, the plight of migrant workers trafficked for the labour market was presented. Sixty migrant workers from Mexico were caught in a network of labour exploitation in Wasaga Beach and Barrie, Ontario. After several months of police investigation and collaborative grassroots intervention by FCJ Refugee Centre, a dialogue was established with authorities to ensure that the case was followed with a human rights holistic approach. Then CBSA and OPP addressed the workers. Temporary Resident Permits (TRPs), Open Work Permits, and Interim Federal Health coverage were organized.

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

*Vera Belazelkoska*

Ulula - a social enterprise tech company presented the challenges and opportunities of technology to identify and prevent human trafficking considering accessibility, survivor-centric design, and actionable data. Three case studies were highlighted 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.

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

*Amanda Taggart*

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 objectives are to increase knowledge of human trafficking, including labour 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.

### **4. The Human Trafficking Chain within a Diasporic Network Approach: The Ethnic Trap and Future Research Possibilities**

*Talija Končar*

A limited number of studies have slowly recognized this trend of diasporic involvement within the 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. Research suggests that victims are often trafficked by their co-ethnics or co-nationals.

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

*Claudia Wald*

Forced displacement generated by organized crime and its effect on labour trafficking of minors is a little-studied phenomenon. Victims of labour 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 labour-trafficked children to the United States.

6. **Human Trafficking for Sex and Labour Exploitation: International Cases**

*Jaitra Sathyandran, Luis Alberto Mata*

Migrants, refugees and migrant workers are vulnerable to sexual exploitation, servitude and forced labour exploitation, also known as labour 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. The cases of sex and labour trafficking were discussed with a focus on intersectionality among all kinds of human trafficking, including labour trafficking.

**HIGHLIGHTS**

- Indicators for exploitation in child labour trafficking are especially crucial for educators
- Need for descriptive experiences, as most of the victims do not connect themselves as Human Trafficking victims
- To raise awareness outreach needs to be different and creative
- A better term for human trafficking is modern-day slavery
- We need to de-stigmatize labour trafficking and sex trafficking by calling it modern-day slavery to bring more attention and to help people identify with this issue
- By making good use of modern-day technology, we all can also play our part to raise awareness by following social media handles related to trafficking and sharing posts

**TRAUMA, MENTAL HEALTH AND ADDICTION**

1. **Does the Method of Entry into Sex Work Impact the Mental Health Outcomes Among Female Sex Workers in India?**

*Sonia Taneja*

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. Women of the 'Perna' caste in New Delhi, who engage in intergenerational sex work after marriage and women trafficked into the 'Sonagachi' red-light district, the largest in Asia, were studied and compared.

## **2. Trauma and Developmental Disabilities: Prevalence and Treatment Needs**

*Amanda Meier*

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

## **3. Trauma-Informed Approach to Patient Care and Services: Responding to the Unique Needs of Survivors of Abuse, Neglect and Violence, Including Human Trafficking**

*Jennifer Cox*

To be trauma-informed means that a professional understands how trauma affects not only their patients, but also their community members, colleagues, and themselves. The Trauma-Informed Care (TIC) training efficacy is currently under review and included in an IRB study that will provide national scope awareness of TIC impact within healthcare systems, and the subsequent impact on the victim and survivor care.

## **4. Understanding Compassion in Mental Health Care from the Perspectives of Culturally Diverse Patients and Families**

*Elsabeth Jensen*

A major gap in the current literature on compassion is a lack of discussion of how culture influences the understanding, enactment, and expectation of compassion. Two population groups in the general population that need to have a voice are Indigenous people and people with 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.

## **5. Psychosocial Dimension of Gender-Based Trauma and Violence: An Intersectional Approach to Training**

*Joan Simalchik*

This study discusses 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.

## **6. The Creative Genius of Mental Illness**

*Salisha Khan*

In this study, 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.”

## 7. Trauma Screening Training in the Region of Peel

*Shereen Rampersad, Elisabeth Jensen*

In October 2012, the Seamless Services for Mental Health, Addiction and Trauma Committee was established. A literature review was done to identify trauma-screening tools developed and applied in Canada and the United States. The committee identified and reviewed ten tools used in Ontario and developed a trauma-screening tool including evaluation (Kirkpatrick Model). The training has been applied to several organizations in Peel. A training of trainers teaching methodology and a manual for training were developed.

### HIGHLIGHTS

1. Given that, we live in a neo-liberal world, who gives access to therapy? Who pays?
  - a. U.S. grants, some subsidized healthcare in some U.S. states
  - b. In Canada, there is minimal healthcare and mental healthcare
  - c. Limitations exist in Ontario. Waitlists are extensive, a matter of advocacy
2. Training with hospitals, we cannot get top-down. How can we get the incentive started in Canada?
  - a. Shared learning. Healthcare system across the states. Resource tools are also available. How do you take this to your hospital admin?
  - b. We are feeling the gaps here in Ontario, more training.
3. Sex work under 18 is trafficking. Language is imperative when presenting.
4. When do the 'Perna' get out of the sex trade?
  - a. I spoke to all women who were engaged currently, and they age out.
5. What are the men's responses?
  - a. We did not speak to anyone who did not want their wives speaking
6. Hospital system: We need to focus on children who are trafficked. It is not a priority for leadership. We need to bring in trainers, bring it to trainers. Gathering momentum.
7. If women who do not want to get divorced and want to get out of sex trafficking, they can go to a local court to fight legally.
  - a. If they are divorced?
    - i. Children stay with their mom or have access.
    - ii. Attempts are being made, but the community is invisible
8. Socioeconomic status, caste system as systematic?
  - a. Caste in India plays out in South Asia and the U.S. Caste in terms of hierarchy – there is a need to explore the brothel caste system. At every level in society, it is there.
9. The Perna women, what did they want to change?
  - a. Safer spaces at a minimum, but their worldview is not on getting out
  - b. Want kids to go to school so they can be something else.
10. The recommendation was to challenge gender norms.
  - a. The process already had started, empowerment programming had already started
  - b. The response is very good.
11. In New York State, mandatory annual training on trafficking. I am a trainer for HEAL and the legislation and advocacy. Not the same as Boston.
12. In London, Ontario, Canada: success sitting in with girls in hospitals. They are scary places, and often put with the police. No one in the healthcare system understood, and it is a big issue. Bill Hill worked very hard on collaborating with the health science center; elders sit with healthcare team to come up with a western plan and an indigenous community plan.
13. A major hospital, sexual assault team: reroute known patients with human trafficking background to specialized services.
14. Q. What is the actual tool? What does the tool look like?
15. A. Shereen presented sample questions (base questions)

16. Q. Can the questions in the tool be tweaked?
17. A. Yes, they can
18. Q. How much does the training cost?
19. A. Contact Monica at PIVP
20. Q. How is the tool validated?
21. A. The tool used resources that were already in use before it was built
22. Q. Were ODSP and OW invited to the committee?
23. A. Yes, they showed no interest

## **PUBLIC HEALTH RESPONSE**

### **1. Bridge of Trust: The Role of Multidisciplinary Partners in Supporting Access to Primary Integrated Care for Victims/Survivors of Human Trafficking**

*Jennifer Cox*

Based upon a gap of inequitable access to care reported by survivors and resource agencies, and built upon a foundational initiative by our healthcare system, a Medical Safe Haven model of care was established with a program design that included physician awareness and training in trauma-informed survivor-centred 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 the survivors to access integrated care.

### **2. The Development of a National Referral Directory to Respond to Human Trafficking**

*Becca Nascimento, Rebecca Loewen*

The Canadian Centre to End Human Trafficking intends to establish a victim-centred, confidential 24/7/365, multi-lingual, Canadian human trafficking hotline to provide an avenue for victims to receive assistance and for the public to report incidents of human trafficking. This network would become the National Referral Directory. All the information that was provided facilitated the development of a map that would guide service coordination in each province and across provincial lines.

### **3. Improving the Identification and Care of Victims of Human Trafficking: A Pilot Educational Session for Healthcare Professionals**

*Diana Chen*

In 2014, a study published in Annals of Health Law found that nearly 88% of sex trafficking survivors reported some 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 is 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 a baseline understanding of HT.

### **4. Impact of a Human Trafficking Educational Intervention and Reference Tool for Paediatric Residents**

*Anjali Garg, Preeti Panda*

This educational curriculum, created by clinicians and survivors, is designed to teach

paediatric 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 the identification of potential victims and guide initial interventions.

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

**Fidelma Rigby, Sarah Poirier**

A 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, but it could also 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.

### **HIGHLIGHTS**

- Important to train healthcare providers to look for symptoms and signs of human trafficking. If family medicine is aware, they can provide different supports to victims.
- Universities are working on developing tools for the medical school curriculum, including videos on how victims interact with providers in different stages.
- Research should focus on both sex and labour trafficking and all interventions also need to support all victims.
- Vague presentation as a sign to look out for when determining possible victims. For instance, having a migraine may be a sign of an overworked trafficking victim.
- When a victim has been identified, a trained person should be there to contact the residents on site. It could be the sexual violence nurse onsite. More people need to be hired and trained to be available on call.

## **COLLABORATION AND COORDINATION OF SERVICES**

### **1. Geographical Mapping of Services Available in Peel Region for Survivors of Human Trafficking**

***Chandra Coomaraswamy***

The PIVP study on “Human Trafficking Survivors Needs Assessment” revealed the difficulty for mothers of young age victims and survivors in finding the locations of available services in Peel Region. Based on a service provider’s survey results, the service locations were identified, and the Resource Mapping was applied to map the geographic locations of existing services. “My Maps” on Google was utilized to map locations of available services. Colour codes were assigned for each sector to quickly identify services on the map. A Resource Map is now available publicly for Human Trafficking survivors who look for services in Peel Region.

## 2. Multidisciplinary Response to Combat Human Trafficking, Waterloo Region

*Sarah Gilbert, Emma Lipinski*

The Multidisciplinary Response to Combat Human Trafficking, Waterloo Region Team developed a Human Trafficking Toolkit and Website. The toolkit was created to provide education around identifying, preventing and showing how victims of Human Trafficking are recruited within our Region. It provides information to school (teachers, workers, and principals), students and parents. We hope to help identify and prevent human trafficking with this toolkit by shining a light on it within our region.

## 3. Human Trafficking Restraining Orders

*Kelly Beale*

Human trafficking restraining orders offer victims of human trafficking, and parents or guardians of a child victim being trafficked, the next 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.

### HIGHLIGHTS

- How to support victims who are not ready to leave their situation? A solution that goes beyond giving awareness.
- Victims can contact the national human trafficking prevention hotline and tell them about their situation. Also, when giving counsel, plant seeds that will encourage a victim to leave the situation.
- Q: Will Sarah and Emma provide their campaign in different languages?
- A: They will be providing it in French.
- Q: Can Sarah's and Emma's campaign include female trafficking recruiters?
- A: They cannot change their campaign right now, because they have a one-time grant, but this is definitely a possibility for the future.

## SERVICES AND PROGRAMS

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

*Nicky Carswell*

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 training, 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.

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

*Marina Bochar*

Onyx Works is an employment program with the goal of supporting youth in reducing their reliance on sexually exploitive situations. Evaluation of Onyx Works equips the program to measure the outcomes and impact of participation. The evaluation occurs through initial, mid-term, final and post-placement dialogues. As such, given the limited empirical research, Onyx Works has evolved through practice-based evidence that has been guided by the needs of our participants and current service gaps.

## 3. Examining Social Enterprise as a Trauma-Informed Model for Labour Market (Re)Integration of Sex Trafficking Survivors

*Natalya Timoshkina*

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. The study suggests that some of the primary keys to EWISE's effectiveness is being trauma-informed and offering its workers opportunities to develop skills beyond mere employment skills.

### HIGHLIGHTS

Comment: Agree with social enterprise, but also become better as a community in terms of understanding, undermine the skills [being on time, punctual]. Important for the people trying to accept to understand and work with. Would like to see more an inclusion

1. Marina, what is the percentage of youth dropping out of your program? What do you do in this case?
  - 32 youth over the year, 20 placements done with these youths this fiscal year
  - Continue to keep on caseload and find different ways to work with them, keep trying
  - follow up however there is a waitlist with youth waiting to get into the program, limited space and funding, only one person doing this - Marina
2. Natalya, have you looked within the prison system?
  - Yes, however, I was specifically looking for the model of a social enterprise
  - People can come and go as they please for employment → limited to prison, cannot do this same research
3. Nicky, are you actively seeking to educate the community
  - Workshop scenarios
  - Language tailored to the age
  - plays in schools, as well as at registry theatres
  - partnered with police, training in hospitals
  - People reach out a lot to me, and I do not have to go looking for it

4. What is a regular basis?
  - 18 youth on caseload, check-in every two weeks.
  - Those who are doing well, try not to check often unless there is an issue
  - A youth, once they are out of the program when they turn 19
  - Dependant on youth and employer/ situation
  
5. Social enterprises approach we should be actively pursuing in Canada?
  - Must create multiple options and strategies, for example, pottery will not work for everyone
  - Starting point – thinking about their future and options
  - A social enterprise that is successful in Toronto – bike for profit, they run as a business, they have nothing to do with the government
  - However, you must decide what is important, profit or perhaps helping someone finding their identity
  
6. Marina ... How many employers
  - 25 currently working with
  - Too many now she thinks, but connections are good for future
  - 20 placement, four youth got hired on as permanent regular staff
  - Barriers, for example, server assistant was a position created but are not fully ready for a server position

## **HT SURVIVORS NEEDS ASSESSMENT**

### **1. Needs Assessment of the Survivors of Human Trafficking in the Region of Peel**

*Monica Riutort*

Within this Needs Assessment, PIVP seeks to uncover existing services for victims and survivors of sex trafficking in Peel Region. This review makes a special note to adopt a survivor-centred approach, ensuring that survivors and their families' voices are central to human sex trafficking discussions. 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.

### **2. Barriers to Healthcare for Child Trafficking Victims and Survivors**

*Preeti Panda, Anjali Garg*

The study is anticipated to identify unique barriers to healthcare for survivors of child trafficking that have not previously been identified in the literature. 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.

### 3. MOYO Health & Community Services Needs Assessment: Queer Women in the Region of Peel

*Harshita Iyer*

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 this, 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.

#### HIGHLIGHTS

1. How do you anticipate trauma-informed care to be trained?
  - a. Change the curriculum, integrate it
  - b. Advocating for all hospital staff
  - c. We have a trauma-informed center, bringing their training to clinic
2. Surveying young girls, what role does their caregiving have? How do you balance that with kids' agency?
  - a. Must come from the survivor, what does the survivor want the parent's role to be?
  - b. We also separate parents from teenagers and kids when we can.
3. Curious if you have come across barriers for you amongst your healthcare professionals, your peers? Lack of understating?
  - a. Knowledge is a big barrier that happens here. Advertisements are not ideal in Cleveland. Physician burnout is huge.
  - b. I am working on education and training for pediatric residents.
4. Thanks. Challenges for research and self-care are important. Mothers roles, was that the focus or it came later?
  - a. We are working with survivors, and we had access to a support group of mothers. The focus was on the healthcare system in Canada. The medicine system fails; it takes a lifetime to understand these complex dynamics. Relationship with Police is so complicated and is not same in every province. Mental health systems also fail, and moms feel they must fight. Another issue came up, how women are educated- Learn how to please and learn how to forgive. These are gendered lessons we can unlearn and not learn at all.
5. The longevity of programming is an issue because of small grants. What do we do in a perfect world?
  - a. Funders are provided, 3-5 years but these are long-term issues. Must be a community commitment for many years, not a gov't initiative. It will take a long time, and we have no commitment for more than 2-3 years.
  - b. Audience suggestions: why isn't there a continuation?
  - c. We used to have that; there was much movement. However, with new gov't, it was dissolved.
  - d. It must be an advocacy campaign and as citizens.
  - e. Agencies are supposed to compete with each other for grants. It leaves everyone in silos and secrets.
  - f. Funding is being bundled under the guise of collaboration. You see many people drop off, and the deliverables are not consistent.

- g. Gov't is reactive, not preventative. We are concerned with foundations. We are also siloed. We need to learn to look at things in more sophisticated ways for solutions to funding. The system is not set up for complex trauma.
- 6. How do we shift our focus to get people to understand these complex dynamics?
  - a. There are some focuses now on ACEs (adverse health experiences) which is moving us in the right direction
  - b. Providers are screening for ACEs
  - c. Studies also are looking at inter-generational trauma and how to address those dynamics.
  - d. Gov't does not like complex.
- 7. Comment: Labor and sex trafficking survivor, got a temporary work permit, but she was not able to get a job. We want to apply for welfare, was not valid. It is not possible to get financial support and housing limitation.
- 8. Concerning upcoming cuts: are there solutions for undocumented individuals?
  - a. In those situations, the butterfly project is helpful, but also to be untruthful and get services and supports. We also taught them the skills to make money.
  - b. The power that immigration officer's have- if a person has arrived and she has been labour trafficked. If you are going through those appeals, you have services. Look at the Alpapa case.
  - c. Housing and employment are two issues we need to work on- and we need some innovative ideas on that.
- 9. Do you have an assessment tool specific to human trafficking? Screening tool
  - a. We have a screening tool for trauma, and we are adapting it to human trafficking.
  - b. Approaching people with lived experiences, they are sick of going through the screening, and training
  - c. Tools are different, and you have a screening. I am not sure if
- 10. On the screening tool for sex trafficking kids, CSE-IT. Train the training model, learn about complex trauma, and there is a sophisticated tool.

## **FOCUS ON INDIGENOUS WOMEN AND GIRLS**

1. **The Impacts of Colonization on Indigenous Vulnerability and the False Narrative It has Created with Sex Trafficking and Exploitation**

*Melissa Compton*

The focus of this presentation was to provide a space to educate and bring awareness to the differences between mainstream and Indigenous vulnerabilities with sex trafficking. Colonial laws that have contributed to the false narrative of the issue being faced in Canada with murdered and missing Indigenous women (MMIW) is a prime example. 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.

## 2. Carving Out Space for Inuit Voices and Perspectives on Human Trafficking

*Jennisha Wilson, Rebecca Jones*

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. The presentation was focused 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.

### HIGHLIGHTS

- In the context of indigenous communities, Human trafficking victims should not be addressed as vulnerable because they are targeted; therefore, they are to be referred to as targets not vulnerable.
- Policymakers- More grants for the program. More resources in terms of support.
- Services and programs – Specific programs for specific communities. Rebecca urged social workers not to compete for indigenous peoples' grants if they were not Inuits.
- Community and survivor engagement: More outreach activities but in a local setting. Rebecca stressed the need for more programmes that were action-oriented.
- Training and Education: More access to education, in local settings.
- Research - Funding in terms of resources and people, so that grass root level research is done Rebecca mentioned that most of the reasons for mental health were poor housing, lousy foster care, lack of education, medical facilities and no social contact with the **South?**.

## ADVOCACY AND COMMUNITY RESPONSE

### 1. Trafficking Survivors: Trauma, Healing and Transformation

*Rita Dhungel*

As an attempt to understand their experiences in reintegration, 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 applied, not only for healing and knowledge construction but also for personal and social transformation.

### 2. Using A Systems Approach to Address Human Sex Trafficking in Peel Region

*Johanna Downey, Joy Brown*

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 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-centred, human rights-based, and harm-reduction focused.

### 3. Trafficking of Women and Girls in the Context of Global Migration

*Shruti Chauhan, Monica Riutort*

The objective of this study is to convey information regarding distinctively complex needs of immigrant trafficking victims. There are no specific migrant-centric services available in Peel Region to deal with complex and unique struggles of migrant survivors, such as the need for an interpreter, immigration lawyer, and legal aid. In the case of migrant survivors, there is a dearth of statistical data as well as anecdotal records.

#### HIGHLIGHTS

What part of the money came from the Region? Was it new buildings for housing or a scattered model housing? An existing building, Existing properties

- Went to Counsel with a presentation with housing as the best strategy

Approaches to training? (Societal mind-set of “rescue”)

- Finish off training with who supports are, who should be contacting at what point

- Why it is essential to have protocol within organizations depending on the situation (ex. immediate police attention, who is in danger, individual needs directing to supports)

- Talk about not putting oneself in harm’s way as a worker

Why is there so much focus on the prevention piece on raising awareness and not intervention?

- As far as the prevention, getting out there in the beginning, so people have that information is crucial

- There is an intervention piece—Work with victims and survivors of human trafficking

What about before they get into a trafficking situation?

- “Journey Committee” looks at high-risk communities and individuals

What does training for officers look like?

- Mandatory online training

- VICE officers and survivor ‘Timea Nagy in training video

- Provides what may see, what may come across, what should expect when come in to contact with an individual who is being trafficked

In what cities are the houses located? Do staffing available at those locations for the referral process?

- Safe house in Brampton and transitional house in Mississauga

- The referral process will go through Elizabeth Fry

Discussion:

- Proper screening practice and services should be developed and available

- Survivor-focused campaigns and awareness programs need to be emphasized and funded

- Right to pursue careers free of emotional, sexual, and physical harm

- Identify appropriate measures of prevention and intervention

- Lifting the veil of silence that allows oppressive behaviour to flourish

What happens with the research? Is the research shared with local, provincial or federal members of parliament?

- Shared information through conference, website, and an extensive list of individuals interested in human trafficking.

## **WOMEN'S RIGHTS**

### **1. Violence against Women in Rural Communities**

*Sandra Rupnarain*

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 made a thorough identification of recent studies on 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.

### **2. Needs Assessment; Developmental Services Halton's Staff Capacity to Address Instances of Sexual Exploitation and Human Trafficking amongst Clients with Disabilities**

*Kathryn Gibbons, Alma Arguello*

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 and people with disabilities. The authors recommend that there is an urgent community need to train Developmental Services Halton staff on the realities of human trafficking, sexual exploitation.

## **HIGHLIGHTS**

- Comment/Question #1: Noticed many generalities in the rural presentation
  - The experience has not been related to patriarchal control
  - Rurality is not one culture
  - Commenter's family is matriarchal, and experiences with other rural communities have been mostly matriarchal
  - The commenter is a female physician but is seen as less because she is from a rural community
  - Have to recognize the validity of a rural mentality
  - Rural communities have had funding cut because of urban areas
    - E.g. bus for the elderly to take them to certain services, was cut because of a need for another Go train
  - Presenter response: research was done with people in Caledon so different communities may experience differently
    - There is a social disparity that needs to be considered
    - Every rural area has a uniqueness, and we must recognize that and include
- Comment/Question #2: We cannot ensure safety, thus cannot call it a safe space
  - Thus, I want to ensure some clarity on language use during presentations
  - Presenter response: safety can always be developed more and more; but recognized the importance of language

- Comment/Question #3: commenter knows
  - Jane Doe had to work very hard on getting support, had to go out of her way to get that support and understanding
    - It is not like the support was already there
    - That was taxing for her, and thus we do need to redefine what we mean when we talk about support
  - Presenter response: the lens has not become diverse enough, and there is no support for women with disabilities
    - Nothing has changed since then
    - Toronto police leave all their sexual assault cases as open
    - Presenter agrees that there are not many services
- Comment/Question #4: when we look at rural women and women with disabilities, the elephant in the room is the corporate world. Has there been any research at all that involves the corporate sector and awareness for VAW in rural communities and women with disabilities?
  - Presenter response: Any discussions related to corporate funding never comes to social services
    - One of the angles that can be taken is presenting the issues in a way that makes corporations feel responsible
    - Have to keep going with their strategies and hope that corporations will start looking at these services as an investment
    - Sexual assault centers are not attractive to corporations as an area that needs money
      - Corporations are not interested in these issues
- Comment/Question #5: what happened to our spirit? Need energy at this conference
  - Another commenter: Have to also talk about women having agency over their bodies
    - The commenter felt that unless you fit into the perfect victim lens, then you are not able to talk
  - Another commenter: no one is making change
  - Another commenter: what is considered evidence is considered patriarchal and is a way for decreasing agency over specific populations
    - What heals people are the stories and experiences, not the data and graphs
  - Another commenter: even though those stats are out there, there is no change happening
    - Coming to conferences is to get the knowledge
    - What about those people who are not able to be a stat (e.g. people who go missing)
  - Another commenter: disappointed in the conference because indigenous people are barely glanced at and are often not included in surveys and research
    - Have not heard anything about service providers who work in the front lines, because they need help and need to be recognized as well
  - Presenter response: Why are we all playing the same game? We think this is the way to get the change to happen
  - Most movements on earth have happened because of women
  - Presenter response: It is important to figure out how to work together

- What is needed is participatory research
- How do we make a call to action and make it an act to action
- The gap that is missing with data is that the system does not allow us to collect data on the populations that need it
- Spirit for mobilization comes from the grassroots organizations
  - However, they also see staff and volunteers burnout
- We keep talking about “the system” however, there is never the talk about us being the institution/system

## **SOCIAL DETERMINANTS OF HEALTH**

### **1. Inclusive leadership: Employing Survivors in Human Trafficking Program Service Provision**

*Kayla Yama*

The presentation focused 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. Additionally, this research indicates that employing survivors in human trafficking programming improves the efficacy of programs.

### **2. Anti-Human Trafficking Service Providers in Peel: Pilot Survey Findings**

*Doaa El Islambouly*

A 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. The study documented the need to strengthen research to develop a body of evidence that will assist in improving the capacity of service providers to serve survivors of human trafficking.

### **3. From the Voices of Survivors: Experiences of Complex Trauma & Post-traumatic Growth**

*Heather Evans*

Using an ecological and trauma-informed lens, the qualitative, retrospective study used participant-centred methods to explore identity, sexuality, relationships, and factors that facilitate/ hindered community reintegration for 15 adult female survivors. Participants identified with all aspects of complex trauma, including dissociation, self-perception/identity, relations with others and systems of meaning.

## **HOUSING**

### **1. [One Perogy at a Time: The Sequel](https://youtu.be/4PT37kuJg0M) - VDO documentary**

<https://youtu.be/4PT37kuJg0M>

**Andrew Allsopp**

This documentary shows the completed Maple Leaf House and the first family members, young girls from five to thirteen years old rescued from abuse on the streets, and in the

orphanage system of Ukraine. Seven hundred fifty orphanages in Ukraine provide only 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

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

*Dr. Kayse Lee Maass*

In 2018, the majority of states in the U.S. lacked dedicated residential shelters for trafficking survivors. The objective of this research is to illustrate the benefit of using mathematical modelling approaches to serve as a decision support tool for service providers, policymakers, non-profits, and other stakeholders to quickly identify the optimal victim services capacity for expansion plans.

**3. Identifying and Mitigating Suicide Risk Among Trafficked, Runaway and Homeless Youth**

*Melanie Puerto Conte*

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 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**

**1. Engaging Local Governments in Response to Human Trafficking**

*Margaret Henderson*

A primary goal of this study 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.

**2. Shifting from Saving to Supporting Survivors of Human Trafficking**

*Krystal Snider, Jeremy Inglis*

This work is vital as we highlight the need to train first responders, particularly Fire Services on identification and intervention of human trafficking. A gap was noticed across the country where we highlighted that Fire services were not trained but were in a critical position to identify and intervene.

**3. SOAR Training to Health and Wellness**

*Hanni Stoklosa*

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 labour trafficking as defined by the Trafficking Victims Protection Act (TVPA) of 2000.

## HIGHLIGHTS

- Community and survivor engagement training, the SOAR (**STOP>OBSERVE>ACT>RESPOND**) training and public health programme to work together.
- Training and Education – All the presenters stressed the need for advocacy and education and felt the **in contact outreach programme** was the best approach as it helped establish trust and confidence in victims of human trafficking.

## MALE AND TRAUMA

### 1. Review of Male-Specific Support Programs in Ontario's Public Education System

*Shruti Chauhan, Monica Riutort*

The purpose of this study is to identify the lack of male-specific support programs in Ontario's public education system. Ministry Documents, School board programs, Teacher federation documents, and school board programs from other countries with similar socioeconomic demographics were studied. It was found that existing programs in Public and Catholic school boards are failing, and a male-specific support program must be implemented to break the silent cycle of male childhood sexual assault victims.

### 2. Male Childhood Sexual Abuse and Human Trafficking: A Continuum

*Anna Worifah*

Significant lack of research on male trafficking constitutes a remarkable gap in understanding the trajectory and impact of this crime concerning male gender. It was demonstrated, using a case study, how the traumatic experiences of childhood sexual abuse create vulnerabilities in boys and render them susceptible and easy targets for sex traffickers. The presentation concludes by calling for concerted efforts to raise awareness of this issue.

### 3. Male Survivors of Sexual Abuse: Preliminary Literature Review

*Taliya Končar, Julio Campos-Amaller*

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 adequately met. 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 to accept that men are also victims of this form of abuse and deserve equitable support and services.

## POSTER PRESENTATIONS

### 1. Addressing the Commercial Sex Trafficking of Children and Youth: Exploring the Experiences and Recommendations of Professionals

*Andrea Greenblatt*

As a subcomponent of a broader paediatric hospital quality improvement project, the objective of this study was to inform the development of a cross-sector community response protocol to address the commercial sex trafficking of children and youth in Toronto, Ontario, Canada. 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.

### 2. Mileage - Brief Collage of Thoughts, Behaviours and Emotions

*Efforts of a Survivor to live...*

I lost much 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. 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 the right place. The purpose of this board is just to let someone else know that it is okay and that it will be all right. Things will work out; take it one day at a time.

### 3. Male Survivors of Sexual Abuse: Preliminary Literature Review

*Julio Campos-Amaller*

Despite being an international phenomenon continuing to persist, sexual abuse has been an overlooked issue for boys and men. 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 adequately met. 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 influence negatively the ability of males who are sexually abused to acknowledge and disclose their abuse on time if at all.

### 4. Using Trauma-Informed Cognitive Behavioral Therapy with Females Survivors of IPV or Assault – A Manual for Clinical Practice

*Kristy Mcgrava, Harpreet Thind*

In this study, the focus is to discuss the creation of a Trauma-Informed CBT manual for clinical practice and its benefits for female survivors of IPV/assault in Peel Region. It is essential that clinicians have access to a readily available manual that will help them assess and treat the needs of trauma survivors using systematic CBT-based guidelines. The manual intends to focus on Trauma- Specific Services, which provides 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.



**SURVEY TO HUMAN TRAFFICKING SERVICES AND PROGRAMS**  
FUNDED BY ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES

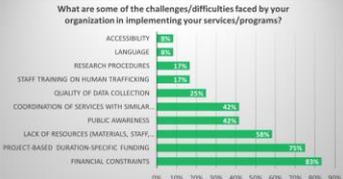
June 21<sup>st</sup>, 2019  
Doaa El Islambouly  
Advisor: Monica Riutort  
Family  
Services of Peel  
Peel Institute on Violence Prevention

**Number of the participants 44 organizations who are funded by MCSS**  
**27 % of the participants filled the survey**

**HUMAN TRAFFICKING DEFINITIONS RECOGNIZED BY THE ORGANIZATIONS**

- 42% of organizations recognize the intentional definition
- 50% of organizations recognize the Government of Ontario definition
- 17 % organizations recognize Palermo Protocol definition of Human Trafficking alongside Action
- 8% created a mission statement related to Sex trafficking
- 8% use the Government of Ontario definition with an Indigenous trauma-informed lens
- Some organizations are recognize more than one definition

**THE CHALLENGES/DIFFICULTIES FACED BY THE ORGANIZATIONS IN IMPLEMENTING SERVICES/PROGRAMS**



What are some of the challenges/difficulties faced by your organization in implementing your services/programs?

**THE SURVIVORS AND THEIR FAMILIES PARTICIPATION IN THE ORGANIZATIONS' ANTI-TRAFFICKING ACTIVITIES**



Is there a way for survivors and their families to be directly involved with your organization's activities? / How are survivors and their families able to participate in your organization's anti-trafficking activities?

**AREAS OF FOCUS FOR FUTURE ANTI-TRAFFICKING WORK**



Which are your organization's areas of focus for future anti-trafficking work?

**LESSONS LEARNED DURING THE PAST 3 YEARS**

**Challenges**

- Survivors feel powerless
- Many survivors have mental health issues and developmental delays that were not addressed properly and survivors still struggling with these
- Most young women recruited from high schools
- We learned from interviews that there is lack of trauma services and long wait times
- Addictions services lacking and long waitlists
- It is very challenging for survivors to navigate the system
- Family of survivors also expressed difficulties with navigating the system
- Systemic barriers that are difficult to overcome -lack of coordination and long waitlists
- Trauma and the brain, depth of injury and recovery
- Non-linear healing
- Demand is largely ignored
- Legal/courts remain unaware of issue, conviction rates/length of sentences for HT crimes
- This serious issue is becoming even more serious with more underage girls being recruited
- No enough services for older adults
- Survivors are hesitant to access mainstream services

**NEEDS**

- Wraparound services and trauma specific services to help survivors reintegrate
- Better coordination of services and better collaboration among different sectors, such as health, housing, schools
- Families of survivors of human trafficking need more support groups
- Housing is highly needed
- Services /supports are required on a long term basis
- The youth participating in our program need a lot of support, and because of program's limited funding we became very aware of the impact in providing appropriate supports during our first year.
- Lessons that we had learned and are moving towards are: double staffing 24/7 that are experienced and compensated appropriately, on site clinical support and consultation to the team, medical supports that are trauma informed and accessible, opportunities for ongoing staff training

**RECOMMENDATIONS**

- More presentations about HT in high schools to raise awareness
- Consistency and expertise among staff is crucial to build strong therapeutic relationships with survivors
- Innovative and non-traditional forms of therapeutic interventions coupled with advocacy are required
- Survivors require knowledgeable and skilled case managers
- Relationship and engagement is the biggest tool in the tool kit
- Not a 2 year, funded endeavor...recovery is multi-year, multi-tiered, cannot have an end date
- Awareness/prevention and education is key. Funding is challenging
- Education around AHT is still very much needed in all organizations at all levels, prevention and education at schools should be a bigger focus
- Continue to raise more awareness on labour trafficking; the importance of collaboration; advocacy around housing and access to social services

**SUGGESTIONS AND WAYS TO IMPROVE COORDINATION AND COLLABORATION**

- Regional trauma treatment training with focus on most vulnerable survivors
- Annual conference specific to HT issues
- Identify agencies to provide trauma specific treatment and refer
- Better coordination with Indigenous and non-Indigenous agencies
- Ongoing protocols and partnerships must be developed based on trust and ensuring of best practice
- Funding to establish meetings/in person &/or remotely must be provided and community engagement and regional round tables
- More coordination from the Ministry
- A detailed resource of Anti-human trafficking services in the province, outlining specific services provided, and the suitability of the clients that are served the current funding methods are hindering grassroots collaboration and creating silos of information
- Be a part of the Toronto Counter Human Trafficking Network (TCHTN)

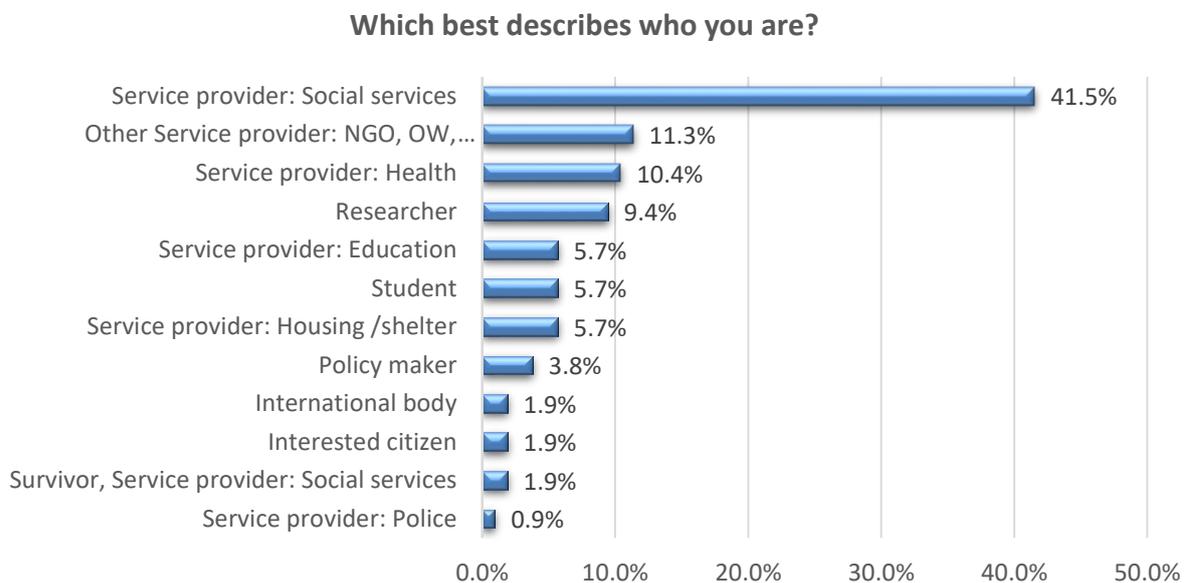
**CONCLUSION**

- In collaboration with government, financial agencies, services providers and survivors of Human Trafficking develop a long term financial services and programs strategy to avoid the critical lack of funding and financial support existing
- Establish standardized method of data collection for agencies providing services for survivors of Human Trafficking in Ontario that will better inform client services and evaluate client outcomes
- Increase collaboration, ongoing communication and information sharing between agencies to improve the comprehensiveness and continuity of care for Human Trafficking Survivors
- Support meaningful engagement of survivors and the utilization of their voices in all areas of policy and service development to enable the creation of better services for those affected by Human Trafficking
- Develop Human Trafficking training models which are evidence based and include impact evaluation approaches

## Conference Evaluation Summary

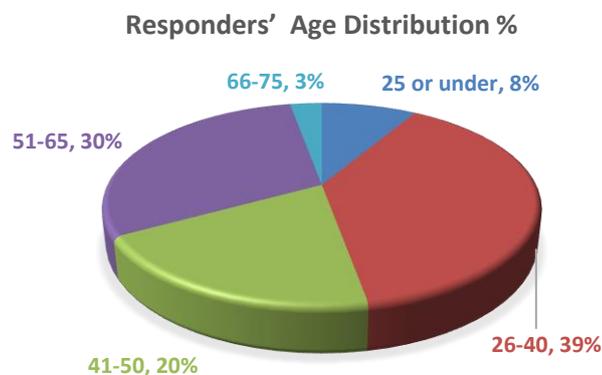
The Analysis of the Participants (responders' demographics) who completed the Conference final evaluation is presented below.

### Q1. Which best describes who you are?



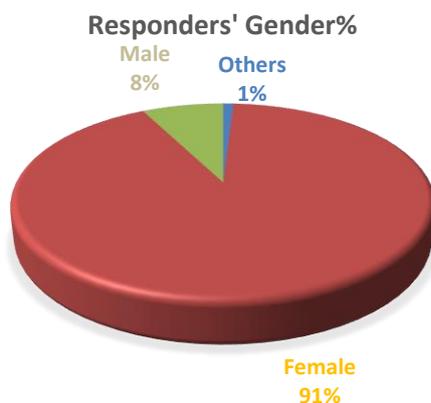
Majority of the participants were service providers, out of which 41.5% came from the social services sector, and 10.4% were from Health sector. 11.3% constituted various other service providers from NGOs, Outreach, and Victim Services and 9.4% of the participants were researchers.

### 1- Age



Majority of the participants who attended were from 26-40 years of age (39%), followed by 51-65 years (30%), and lastly 41-50 years of age (20%). Therefore, the overall age range was quite diverse and well spread out.

### 2- Gender



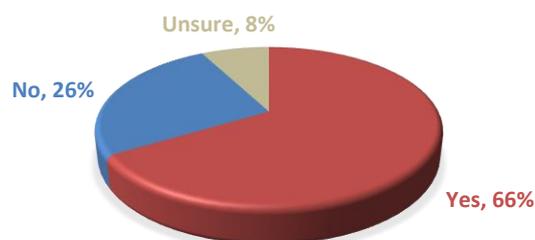
The conference generated the highest number of interest in female participants, which made up 91% of the total participants. Only 8% of males and about 1% of people from other sexual identities participated.

### 3- Did Global Conference better your understanding of human trafficking?

Selected sectors	Yes
Service provider: Education	67%
Interested citizen	100%
International body	50%
Other Service provider: Victim Services, College professor, Advocates	73%
Policymaker	50%
Researcher	70%

Service provider: Health	64%
Service provider: Housing /shelter	50%
Service provider: Police	100%
Service provider: Social services	67%
Student	83%
Survivor, Service provider: Social services	0%
Grand Total	66%

### Did the Global Conference Better Your Understanding of Human Trafficking?



#### Additional Comments:

- “Yes, I am very excited to know about Human trafficking immediate restraining order in Ontario and would love to see things like this developed in the U.S.,” Researcher and service provider in health and education sector
- “Yes, excellent professionals and presentations, great opportunity to learn the unfolded complexity of trafficking,” Researcher
- “Yes, very informative, well prepared, a variety of topics and interests, moved beyond Sex Trafficking to Labour Trafficking & everything between, now see this as a continuum scale rather than an event,” Service Provider: Social Services
- “Yes, I feel like it gave me a deeper appreciation for the understanding of survivor experiences and healing through culturally safe programs,” Service Provider: Health PHN
- “Yes, it provided a global insight into the phenomena/problem but did not meet my expectation from a service provider lens,” Service Provider: Social Services sector
- “Yes, absolutely, Surpassed my expectations!” Service Provider: Social Services sector
- “Yes, changed my perspective,” Service Provider: Social Services sector
- “Yes, Shocked re aboriginal stats,” Service Provider: Social Services
- “Yes, Various forms of trafficking broaden my definition of human trafficking,” Service Provider: Social Services
- “It was very enlightening to hear from survivors” Other Service Provider Member, Governance Committee
- “Yes, learned about entry methods,” Interested citizen
- “Yes, having conducted research on trafficking for a few years, it more affirmed much of what I already know and provided some new and interesting perspectives and approaches to understanding trafficking,” Student

- “Yes, Multidisciplinary amazing,” Student; Health
- “Yes, I truly enjoyed - learned tremendously, Great presentations,” Researcher
- “Yes, would love to have had more time to participate in additional sessions,” Service Provider: Education
- “Unsure, enjoyed meeting others working in the same field. It is an issue that requires partnerships and collaboration, so the vast number of experts/individuals who attended was good” - Policymaker
- “Unsure, would have liked to attend more breakout sessions,” Service Provider: Social services
- “No, that being said, it affirmed much of what I see in my workplace experience,” Researcher; Social Services
- “No, it did not increase my understanding some presentations were interesting though,” Survivor, Service provider: Social services; Health
- No, was not expecting it to be so research-based”, Service Provider: Social Services

#### 4- How did you hear about the Global Conference?

How did you hear about the Global Conference?	Number	%
Colleague/Employer	49	47%
Direct invitation	31	30%
Emailed brochure	7	7%
Family Services of Peel website	4	4%
HEAL Trafficking	7	7%
Google, Social media	3	3%
Other*	4	4%
<b>Total</b>	<b>105</b>	

#### 5- The areas that covered in the conference

Number of presentations 59

Areas covered in the conference	Number	%
1- Sex trafficking	34	57.6%
2- Labour trafficking	6	10.2%
3- Trauma	13	22.0%
4- Public Health Response	6	10.2%
<b>Total number of presentations</b>	<b>59</b>	

## FUTURE DIRECTIONS & NEXT STEPS

The Global Conference on Human Trafficking and Trauma: A Public Health Response, having met at Mississauga, Ontario, Canada from June 24 to 25, 2019, and having exposed the need of a collective voice to optimize efforts in the elimination of human trafficking, proclaims that:

1. We, as members of a global society, continually seek opportunities for intellectual, moral, and spiritual growth. We have reached a stage in our social development, where we can declare that human trafficking must be eradicated from society forever.
2. Achieving eradication of human trafficking requires the acceptance of responsibility by citizens of communities everywhere and by enterprises and institutions at all levels. Individuals of all walks of life as well as organizations in all industries, by their values and by the sum of their actions, will shape the world of the future.
3. The successful eradication of human trafficking will take place with the occurrence of a powerful wake-up call. Societies must wake up to the human tragedy that result when we permit human beings to become commodities.
4. The protection of survivors of human trafficking and their rights is critical for the well-being and the economic development of society throughout the world. A better life for survivors of human trafficking must be urgently desired by people everywhere and recognized earnestly as the duty of Governments.
5. While many initiatives are underway, both in Canada and around the world, the time has come to consolidate all the activities and efforts into one comprehensive plan with an unwavering pledge to action.
6. The Government of Canada's National Action Plan to Combat Human Trafficking focuses on four areas, known as the Four-Pillars. These include the **prevention** of human trafficking, the **protection** of victims, the **prosecution** of offenders, and working in **partnership** with others in Canada and abroad. While these pillars undoubtedly have some impact on one-to-one and community work with survivors of human trafficking, they are insufficient in expertly guiding the efforts of those who work directly with survivors.
7. To establish a commission to review the Four-Pillar framework to Combat Human Trafficking with a strong focus on prevention and public health

A point has been reached in history when we must shape our actions throughout the world with optimal care for the most vulnerable. Through ignorance or indifference, we are capable of inflicting massive and irreversible harm on other humans, particularly women and girls, who are the rocks upon which powerful and resilient society is built. Conversely, through fuller knowledge and wiser actions, we can achieve a better way of life, in keeping with basic human needs, hopes, and dreams.

# - Spoken Words -

- A Poem by Arshed Bhatti

## - Walk Out -

All walks begin by holding hands  
Walk of a child, of a bride, or a tribe  
Walks to future, all walks of life  
To chancy tracks, on slippery sands

We get on feet, we get to street  
Try many roads, venture new paths -  
Paths of hope, paths to dreams  
Paths to light, in pursuit of delight

A walk is vital like breathing  
Choosing a path is a basic right  
Walk we all, walk we must, walk we shall  
In directions we desire, to places that inspire

Walks of saints and sinners seem alike  
Hopes in head, hands are held

By those we trust, like or love; for  
Life's tapestry is woven by the hands we hold...

Hands can be held by friends or fiends  
Grips seem similar, squeeze is not  
Surprise n shock have matching shape  
But differ in taste, as ravish n rape

When hands are held soft, by choice  
Walks feel like breezy strolls  
When grips betray, hands are 'cuffed  
Petals suffocate, fragrance is snuffed

When chosen paths turn treacherous  
Holds are hazard, walks perilous  
Then such hands ought to be held  
To help cross over, to help walk out...

There are many names of light, in all times, for all ages  
There is one purpose of light, in all towns, on all stages  
To help us see what's hidden, what's hiding  
What we don't see, can't see, or won't see, and  
Highlight paths to the stuck, the seekers, and the sages

Darkness too has many forms, names n shades  
All of them are not hidden or hiding  
Some can occur in broad day light and  
Remain invisible to a naive pair of eyes  
Darkness often rides us n hides in our blind spots

We all have seen darkness even if we didn't know it by name  
Some of us lived in its darker, toxic belly  
Mistook it for their given house  
Darkness is not a house with walls n doors  
It's dirt or debris that can blur our sight from within

Darkness not only blinds n holds us, it hurts n humiliates  
Breaks, jolts, burns, and leaves scars on our soul  
Even when we leave it, it doesn't leave us quick  
To obliterate it we must ingest lots of light, for long, plus fresh air,  
Flowing water, and new earth to stand on, in a healing, helpful, safer town

We all see light, we all have light  
We all know light by its name  
We also know a flicker is enough to break darkness  
Unity is power, let's unite our spotlights, interconnect  
To illuminate better, and help the fleeing reach new town