

OCEHT MARCH 2024

# ANNUAL REPORT 2023



***THE OTTAWA COALITION TO  
END HUMAN TRAFFICKING***

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## LAND ACKNOWLEDGEMENT

We pay respect to the Algonquin people, who are the traditional guardians of this land. We acknowledge their longstanding relationship with this territory, which remains unceded. We pay respect to all Indigenous people in this region, from all nations across Canada, who call Ottawa home. We acknowledge the traditional keepers, both young and old. And we honour their courageous leaders: past, present, and future.

# EXECUTIVE SUMMARY

As Chair of the Ottawa Coalition to End Human Trafficking, I am profoundly alarmed by the surge in human trafficking within our city, a distressing reality substantiated by research from the Canadian Centre to End Human Trafficking. Ottawa has become a notable "hotspot" for this modern form of slavery, and the situation has escalated to a critical level in Canada. Our city now plays a central role in trafficking networks, acting as a crucial transit point connecting Montreal to diverse commercial markets in southern Ontario. Disturbingly, this problem disproportionately impacts young individuals, primarily within the vulnerable age bracket of 12 to 26 years, without regard for gender. Victims bear the heavy burden of enduring severe trauma, sexual violence, grappling with addiction, and facing long-lasting mental health challenges across a broad spectrum of demographics.

Despite these grave challenges, there is reason for hope. Increased awareness through media campaigns, community education initiatives, and the provision of resources for victims and their families has illuminated this dark reality. The Ottawa Coalition to End Human Trafficking, in collaboration with law enforcement and other community stakeholders, is actively engaged in a comprehensive approach to combat this social justice issue. Our efforts encompass not only prevention, education, prosecution, and protection but also a targeted focus on addressing the underlying demand for trafficked individuals. Our community must unite and continue working diligently to create a safer environment in our nation's capital, steadfastly opposing the scourge of human trafficking.



*Wendy Gee*

**Wendy Gee**

**Chair, Ottawa Coalition to End Human Trafficking**



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# ABOUT THE OTTAWA COALITION TO END HUMAN TRAFFICKING

The Ottawa Coalition to End Human Trafficking was established in 2014 to support local community organizations and agencies in their efforts to combat human trafficking in the Ottawa region. Since its inception, the Coalition has provided a vital platform for stakeholders, including community agencies, law enforcement, legal advocates, frontline workers, and representatives from municipal, provincial, and federal governments, to unite in their shared mission of eradicating human trafficking in Ottawa and across Canada.

Currently, the Coalition boasts representation from over 65 organizations. Within this collaborative environment, members can cultivate innovative approaches, share knowledge and expertise, discuss effective strategies, engage in collective problem-solving, and pool their resources and expertise to combat human trafficking. This collective effort is instrumental in advancing the fight against human trafficking, fostering a safer community for all and, more importantly, being a voice for survivors of human trafficking.





# ACRONYMS

<b>OCEHT</b>	Ottawa Coalition to End Human Trafficking
<b>PPE</b>	Personal Protective Equipment
<b>HT</b>	Human Trafficking
<b>ST</b>	Sex Trafficking
<b>LT</b>	Labour Trafficking
<b>MH</b>	Mental Health
<b>SADVTC</b>	Sexual Assault Domestic Violence Treatment Center
<b>ONWA</b>	Ontario Native Women's Association
<b>WHO</b>	World Health Organization
<b>TIP</b>	Trafficking in Persons
<b>CCTEHT</b>	Canadian Centre to End Human Trafficking
<b>CMA</b>	Census Metropolitan Area
<b>OPS</b>	Ottawa Police Services
<b>OVS</b>	Ottawa Victim Services



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# ACKNOWLEDGEMENTS

- The Steering Committee of the OCEHT
- Community Stakeholders who participated in this study
- Victims and survivors who helped inform the writing of this report
- The All-Party Parliamentary Group to End Modern Slavery & Human Trafficking

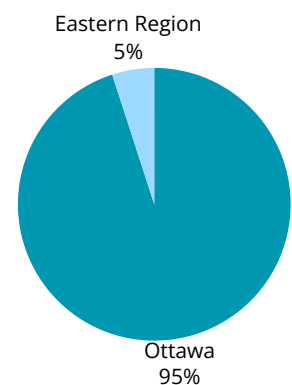


## AGENCY ACKNOWLEDGEMENTS

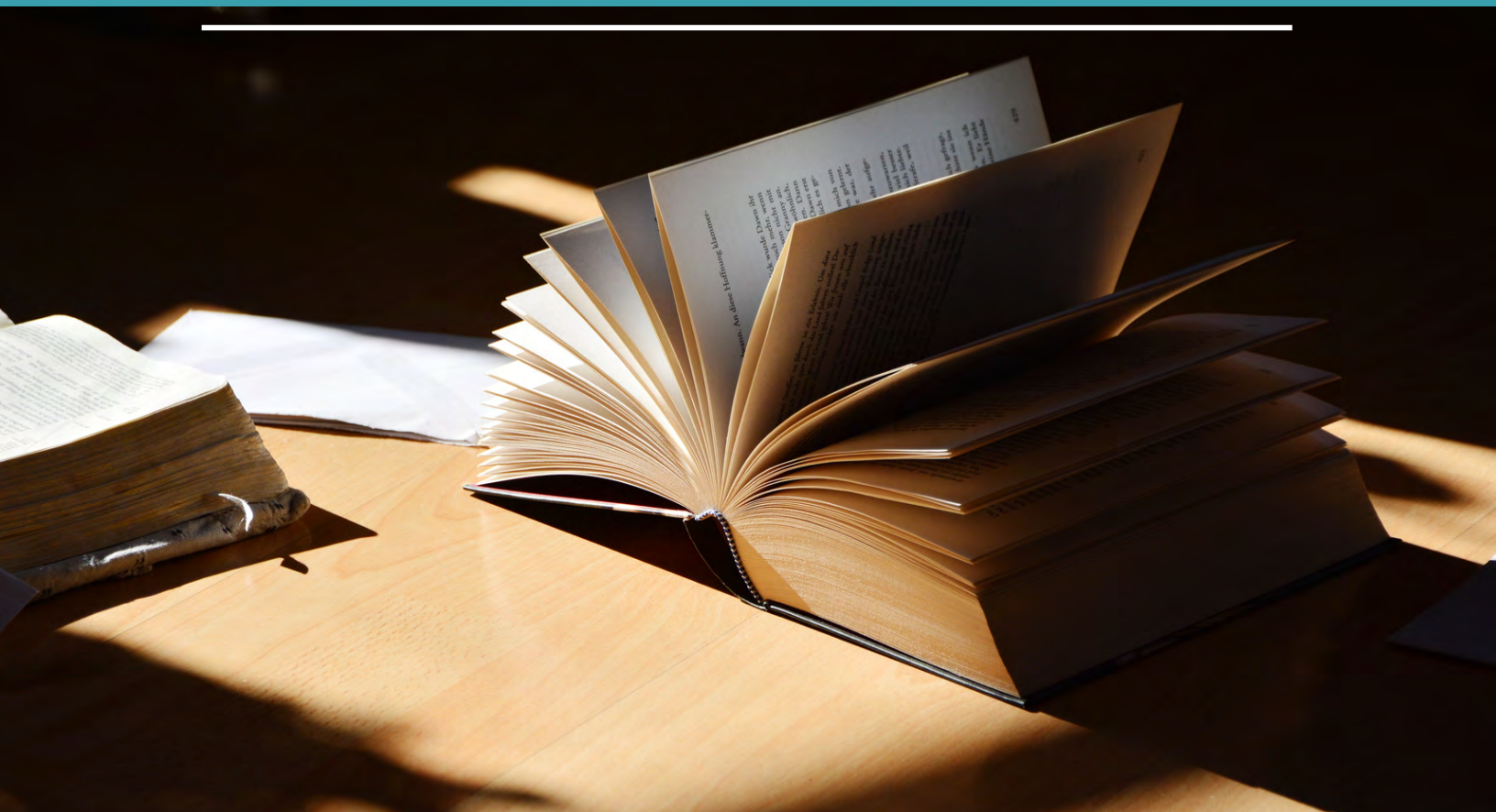
Many organizations and programs provided insight, including but not limited to: (Question 3)

- John Howard Society (JHS) Ottawa
- Inuuqatitigiit Centre for Children, Youth and Families
- Minwaashin Lodge
- Children's Hospital of Eastern Ontario (CHEO)
- Metis Nation of Ontario
- A New Day Youth and Adult Services
- Interval House of Ottawa
- Ontario Native Women's Association (ONWA)
- Youturn Youth Support Services
- Ottawa Victim Services (OVS)

**Q4: What geographical region is your agency located in? (20 responses)**







## PURPOSE OF THE STUDY

The following Report seeks to highlight the work of a wide range of services in the Ottawa Region who work to prevent and end human trafficking, while simultaneously supporting the needs of victims and survivors.

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## Section 1: Human Trafficking in Canada

### What is Human Trafficking?

Human trafficking, also known as trafficking in persons (TIP), “involves the recruitment, transportation, harbouring and/or exercising control, direction or influence over the movements of a person in order to exploit that person, typically through sexual exploitation or forced labour.” Human trafficking is a heinous crime that exploits the most vulnerable. The victims, who are mostly women and children, are deprived of their normal lives and compelled to provide labour or sexual services, through a variety of coercive practices, often for the direct profit of their perpetrators.

According to Public Safety Canada, those most at-risk are Indigenous women and girls; migrants and new immigrants; 2SLGBTQI+ persons; children and youth in the child welfare system; those who are socially or economically disadvantaged; and migrant workers. Migrant workers may be particularly vulnerable to exploitation and abuse due to many factors, such as language barriers, working in isolated/remote areas, lack of access to services and support, and lack of access to accurate information about their rights. **However, human trafficking does not discriminate.**







# Methodology

The Coalition originally distributed an 87-question survey to 33 different HT agencies in Ottawa and the Eastern Region of Ontario in Winter 2022, but only received responses from 3 agencies. In Spring 2023, The Coalition worked to expand networks and reach to organizations in Ottawa and the Eastern Region. This report represents responses from 20 of the 33 agencies we distributed the survey to in June 2023, reflecting a 60% response rate among invited participants. Respondents were able to provide multiple choice or short answers, or to skip questions entirely.

# Limitations

Questions 40-46 (hospitality), 59-62 (transportation), and 81-86 (financial services) did not receive replies as no participants from the study work in these fields.

The answers are limited in scope as they vary by section and question. As there are a variety of professionals who participated, some sections had more respondents than others.





# Human Trafficking in Canada: Statistics

- There were **3,996** police-reported\* incidents of HT in Canada between 2012 and 2022.
- Ontario accounted for **67%** of incidents of HT in Canada in 2022.
- Almost half (48%) of all police-reported\* incidents of HT in Canada between 2012 and 2022 were reported in five CMAs: Toronto (911 incidents, 23% of all incidents in Canada), **Ottawa, (364, 9% of all incidents)**, Montréal (249, 6% of all incidents), Halifax (243, 6% of all incidents), and Hamilton (160, 4% of all incidents).
- Between 2012 and 2022 there were **3,103** **detected victims** of police-reported\* HT in Canada
- HT is a gendered crime with **women and girls** accounting for the vast majority (**94%**) of victims, while **men and boys** comprise a small proportion (**5.6%**) of victims.
- Just over **four in ten (43%)** victims of HT in Canada from 2012 to 2022 were **aged 18 to 24**. Meanwhile, about **one in four (24%)** victims were **under the age of 18** and **one in five (22%)** were between the ages of **25 and 34**.

*\*The Coalition highlights that police-reported statistics do not reflect the severity of the issue. Many human trafficking cases go undetected.\**



# Federal Efforts to Combat Human Trafficking

Canada's *National Strategy to Combat Human Trafficking 2019-2024* ("The Strategy") provides an outline of the Federal Government's initiative to fight HT within Canadian borders and abroad. Notably, it states that from 2019-2024, the Federal Government aims to "enhance efforts in a number of priority areas, such as the need for increased supports and services to protect and rehabilitate victims and survivors and the promotion of culturally-sensitive approaches, such as tailored services for Indigenous victims' needs." It also "aim[s] to increase awareness of HT so that Canadians can better understand the signs of this crime that can occur in their communities and improve the ability of government officials and front-line staff in key sectors to identify, detect and protect victims and survivors." Some of the goals of The Strategy that are most significant to the work outlined in this report include "providing increased funding for community-led empowerment programs to help address some of the root causes of human trafficking as well as harms experienced by victims and survivors" and to enhance "data collection and research to help better understand the nature, prevalence and scope of HT, close data gaps, and help inform policy and programs that help victims and survivors."





# The National Strategy to Combat Human Trafficking 2019-2024

The National Strategy put forth the following action items:

## Empowerment

- **Establishing an advisory committee** comprised of victims and survivors of human trafficking to provide a platform in which individuals with lived experiences can inform and provide their unique and invaluable recommendations to the Government of Canada on current and future federal anti-human trafficking policies and initiatives. **(NOT COMPLETED OR STARTED)**
- **Providing increased funding for community-led empowerment programs** to help address some of the root causes of human trafficking as well as harms experienced by victims and survivors. Organizations that provide holistic, trauma-informed short-term and long-term services to help survivors regain their independence, reintegrate into their communities, and begin their healing and recovery process would be encouraged to apply. **(A WORK IN PROGRESS)**
- **Engaging youth through Hackathons** in which students, software developers, and socially responsible technology companies will be brought together to develop ideas on how technology, such as blockchain technology, and social media can be used to combat human trafficking. This will also be a venue to teach youth (under the age of 18) about their rights as outlined in the United Nations Convention on the Rights of the Child, as they are one of the primary vulnerable groups at-risk of being trafficked. **(2 HACKATHONS HELD AS OF 2022)**
- **Building a centralized website** to consolidate information on human trafficking as well as to promote different federal programs and funding opportunities available to those looking for financial assistance to support their anti-human trafficking initiatives. **(A WORK IN PROGRESS)**
- **Improving ethical behaviours and preventing human trafficking** in federal procurement supply chains. The Government will outline requirements on human and labour rights for suppliers and will work closely with suppliers to develop and implement tools to help ensure compliance in their supply chains. It will also examine long-term approaches to addressing child labour and forced labour in federal procurement supply chains, working with the private sector, civil society, and international partners. **(IN THE CONSULTATION PROCESS)**





# The National Strategy to Combat Human Trafficking 2019-2024

The National Strategy put forth the following action items:

## Prevention

- **Launching a national public awareness campaign** to educate Canadians of the serious implications of human trafficking and the different types of trafficking. **(ONGOING)**
- **Implementing pilot projects for at-risk youth** with the aim of addressing the core drivers and risks of human trafficking in vulnerable youth, and for pilot projects that develop best practices to reduce exploitation of youth living in care. **(ONGOING)**
- **Enhancing data collection and research** to help better understand the nature, prevalence and scope of human trafficking, close data gaps, and help inform policy and programs that help victims and survivors. **(ONGOING)**
- **Supporting anti-human trafficking efforts abroad** through international assistance, as part of the Feminist International Assistance Policy, to tackle the root causes of gender-based violence, and supporting capacity-building projects in beneficiary states to help prevent and respond to threats posed by international criminal activities. The Government will also continue to conduct outreach to the diplomatic community in Canada, to Canadians travelling abroad, and through the work of Canadian embassies around the world to raise awareness on human trafficking and other transnational crimes. **(6 PROJECTS UNDERWAY AS OF 2021)**



# The National Strategy to Combat Human Trafficking 2019-2024

The National Strategy put forth the following action items:

## Protection

- **Establishing a national case-management standard** for organizations (i.e. community service groups and victim services) with a special focus on vulnerable groups, such as Indigenous women and girls, at-risk youth, and migrants to ensure victims have access to services that address their specific needs and assist them in their recovery and healing. **(NO UPDATES AVAILABLE)**
- **Developing multi-sectoral training tools** that are culturally relevant and gender-responsive for front-line service providers and targeted groups from a variety of different sectors (i.e., hospitality, transportation) to increase awareness of the indicators and signs of human trafficking and enable employees to effectively identify victims. **(ONGOING)**
- **Enhancing capacity under the Victims of Trafficking in Persons program** in order to better detect suspected human trafficking cases through the immigration system. **(NO UPDATES AVAILABLE)**
- **Assessing existing immigration processes** to evaluate the different impacts of gender-based violence throughout the immigration enforcement continuum to ensure that sufficient protection is in place for victims in contact with border officials. **(NO UPDATES AVAILABLE)**





# The National Strategy to Combat Human Trafficking 2019-2024

The National Strategy put forth the following action items:

## Prosecution

- **Hosting an international conference** to take stock of the progress made since the 2005 enactment of the Criminal Code's human trafficking offences and to discuss ways to improve Canada's criminal justice system response to human trafficking cases. This conference will bring together national and international experts from law enforcement, provincial and territorial government officials, academia, front-line workers, as well as Indigenous partners, non-governmental organizations, and survivors of human trafficking. **(NO UPDATES AVAILABLE)**
- **Delivering bilingual online training** for law enforcement, prosecutors and criminal justice practitioners to provide them with greater awareness of human trafficking and the applicable criminal law framework and human rights approaches to assisting victims. **(NO UPDATES AVAILABLE)**
- **Dedicating an expert group of border officials** to develop strengthened strategies to combat human trafficking. **(NO UPDATES AVAILABLE)**
- **Enhancing Project PROTECT** to increase Financial Transactions and Reports Analysis Centre of Canada's (FINTRAC) capacity to produce financial intelligence on money laundering related to human trafficking; increase its domestic and international engagement and education relating to the role of financial intelligence to counter human trafficking; and continue to engage with the private sector to raise awareness of the value and use of financial intelligence in combatting money laundering related to human trafficking. **(ONGOING)**





# The National Strategy to Combat Human Trafficking 2019-2024

The National Strategy put forth the following action items:

## Partnerships

- **Appointing a high-profile advisor** on human trafficking to provide advice and recommendations to the Government of Canada on anti-human trafficking efforts, raise awareness on the issue both domestically and internationally, and share best practices. The advisor will engage with the advisory committee to further understand the effectiveness of the Government of Canada's efforts to combat human trafficking. **(NO UPDATES AVAILABLE)**
- **Strengthening the international engagement approach** to better leverage multilateral and bilateral partnerships in countering this crime. The Government of Canada will also continue to be active in international efforts to end human trafficking through respect for rule of law and existing international protocols, advocacy for human rights and gender mainstreaming, and participation in key international fora driving innovation to address human trafficking. **(ONGOING)**
- **Hosting annual stakeholder gatherings and outreach meetings** to ensure ongoing outreach, information gathering and sharing best practices continues. This will include engaging the private sector and the non-profit sector to best address emerging trends, such as the increasing use of technology in this crime, and incorporating a results-based focus to report on the progress of initiatives under the National Strategy. This will ensure the prompt identification of emerging trends in human trafficking and an ever-evolving federal approach. **(NO UPDATES AVAILABLE)**



# US RECOMMENDATIONS FOR CANADA

In 2023, the US Trafficking in Persons Report was released. Within it, the US stated the following:

*“The Government of Canada fully meets the minimum standards for the elimination of trafficking. The government continued to demonstrate serious and sustained efforts during the reporting period, considering the impact of the COVID-19 pandemic on its anti-trafficking capacity; therefore Canada remained on Tier 1.”*

The US TIP report recommended the following steps be taken to improve further efforts to prevent and end trafficking in Canada:

- Vigorously investigate and prosecute trafficking crimes, including forced labor and child sex tourism, and seek adequate penalties for convicted traffickers, which should involve significant prison terms.
- Increase trauma-informed specialized services and provide shelter to all victims – including male victims, foreign national victims, and members of marginalized communities throughout the country – in partnership with civil society.
- Increase training for criminal justice officials emphasizing the importance of ordering restitution to survivors upon trafficking convictions.
- Amend the criminal code and Immigration and Refugee Protection Act to include definitions of trafficking that are consistent with international law.
- Enact a policy to ensure victims are not inappropriately penalized solely for unlawful acts committed as a direct result of being trafficked.
- Establish a survivor-led advocacy council to assist in policy development, and ensure members are duly compensated for their work.
- Increase information sharing, cooperation with, and resources for First Nations, Métis, and Inuit Indigenous communities and NGOs to address the disproportionate impact of trafficking on those communities.
- Improve nationwide trafficking data collection, including timely consolidation of data on investigations, prosecutions, and convictions disaggregated by type of exploitation, numbers of identified victims, and assistance provided.
- Vigorously enforce laws and policies to address trafficking in the federal supply chain.





# Ontario: Provincial Efforts to Combat Human Trafficking

Provincially, Ontario's *Anti-Human Trafficking Strategy 2020-2025* is a guiding principle for many service providers, NGOs, provincial ministries, non-profits, and stakeholders on what to expect on a provincial level to combat human trafficking in Ontario until 2025. Most notably, it is built upon pillars of awareness, protection, early intervention, and supporting survivors. Significant to this report are the initiatives to:

- Continue to engage at the federal, provincial, and territorial levels to share best practices and ensure that preventing and combatting human trafficking is a national priority
- Establish dedicated residences to provide specialized support for missing at-risk and exploited children and youth, including those under age 16
- Expand the youth-in-transition worker program to provide human trafficking supports to youth in care and leaving the care of children's aid societies, including workers to support specific populations, such as Indigenous children and youth





## Ontario: Provincial Efforts to Combat Human Trafficking Continued...

- Increase community-focused anti-human trafficking services and supports designed for, and by, Indigenous people, by investing up to \$4 million per year in new funding for the Indigenous-led Initiatives Fund
- Increase community-based programs to support survivors and individuals at risk of being trafficked by providing up to \$6 million per year in new funding for the Anti-Human Trafficking Community-Supports Fund

While the Strategies above were written prior to the pandemic, with no ability to predict said pandemic from happening, this research report emphasizes the need for all levels of Government to honour these initiatives as we move into a post-pandemic world. This report intends to support those goals by providing the below research and data completed within the above-mentioned geographical area, and by shining a light on the realities faced by service providers and their clientele - survivors and victims of human trafficking - during and after the COVID-19 pandemic.

# Scope of Study Participants

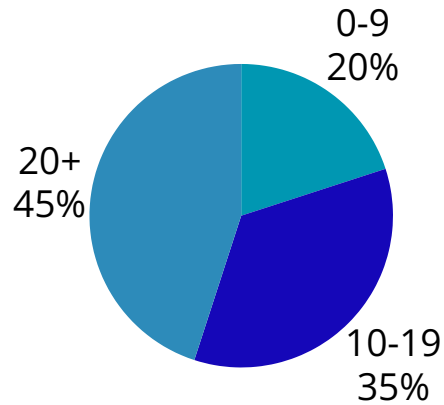
## Q1: What Sector do you work in? (20 responses)

The participants responded with a variety of sectors which included: *healthcare, law enforcement, victim services, residential programming*, and some responses *unspecified*.

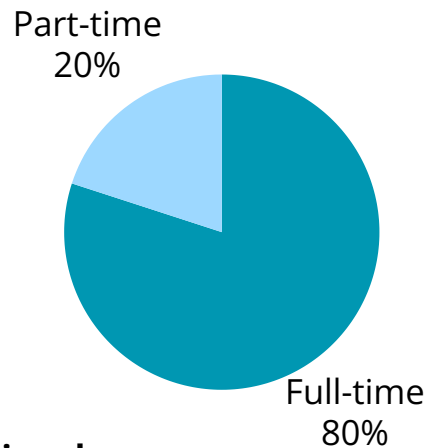
## Q2: What kind of professional are you? (19 responses)

- Residential Youth Caseworker
- Child Protection Worker (x2)
- Emergency Department RN and SANE (x4)
- Director
- HT Support Specialist (x2)
- Social Service Worker/HTSW (x2)
- Anti-HT Program Coordinator
- Anti-HT Liaison
- Director, Indigenous Women’s Support Centre with Minwaashin lodge
- Program Coordinator
- Supervisor (x2)
- Caseworker
- Residential Team Lead

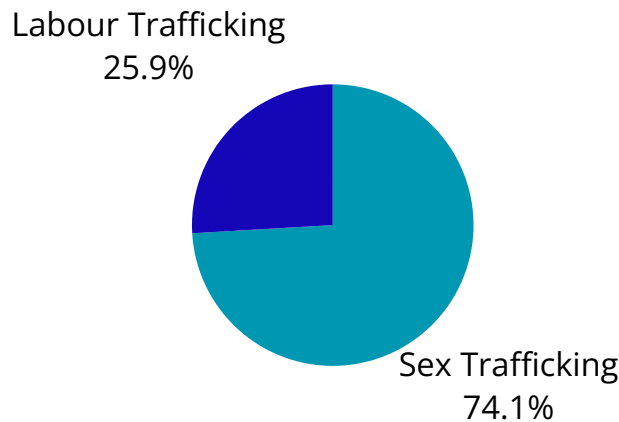
## Q5: The number of human trafficking victims/survivors served from 2021-2022 (20 responses)



## Q7: In what capacity do you work with HT victims/survivors? (20 responses)



## Q6: What type of trafficking does your agency see or handle? (select all that apply) (20 responses)

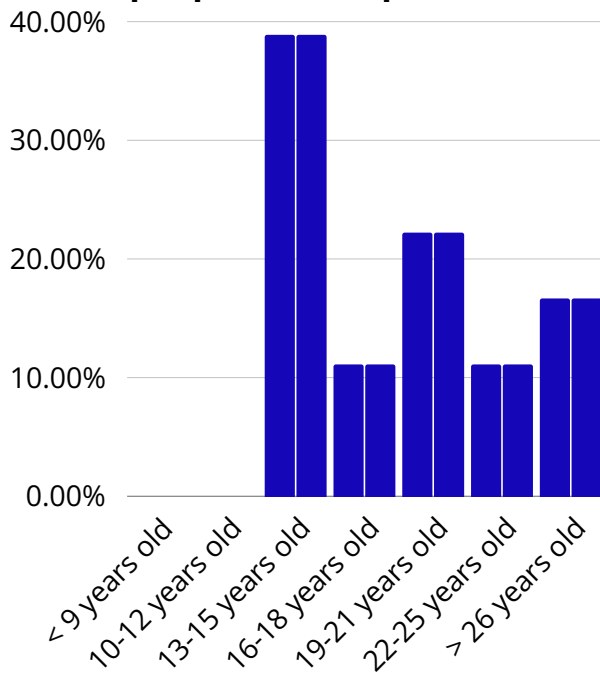




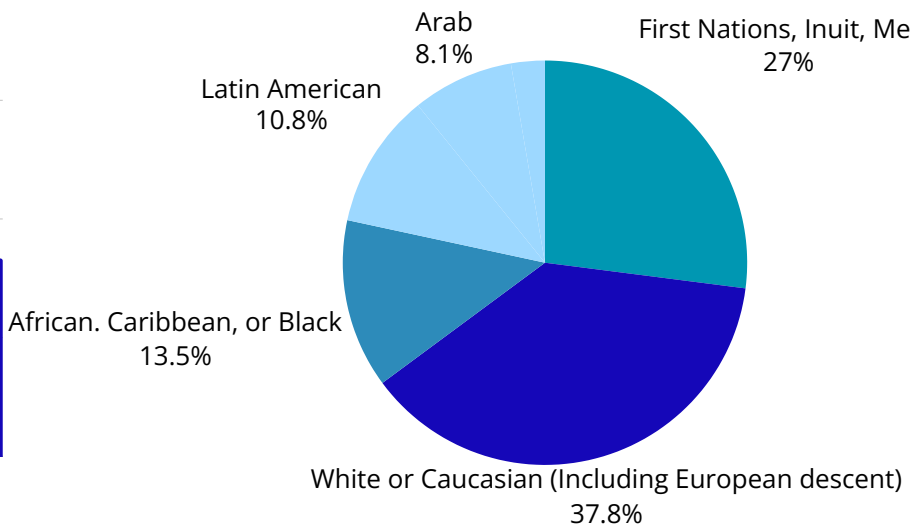
# 2. FINDINGS

## 2.1 Overview of Clientele

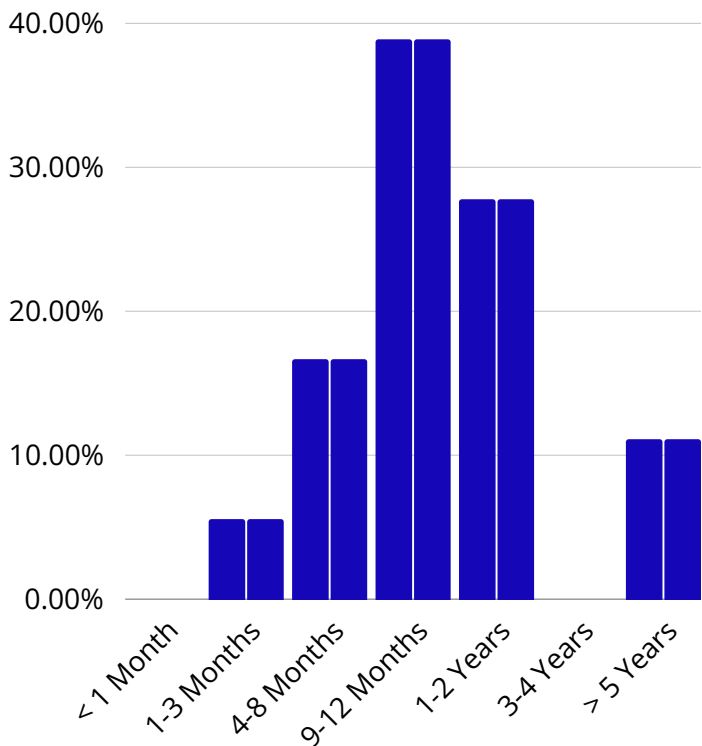
**Q8: What age trends are you seeing with HT involved people? (18 responses)**



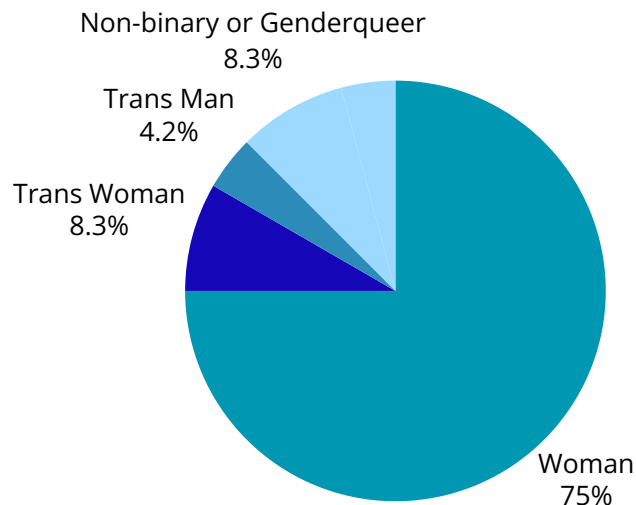
**Q10: In general, what ethnic or cultural origins are victims/survivors coming from? (19 responses)**



**Q9: In general how long had victims/survivors been involved with HT? (18 responses)**



**Q11: In general, what is the gender identity of victims/survivors seeking shelter? (19 responses)**

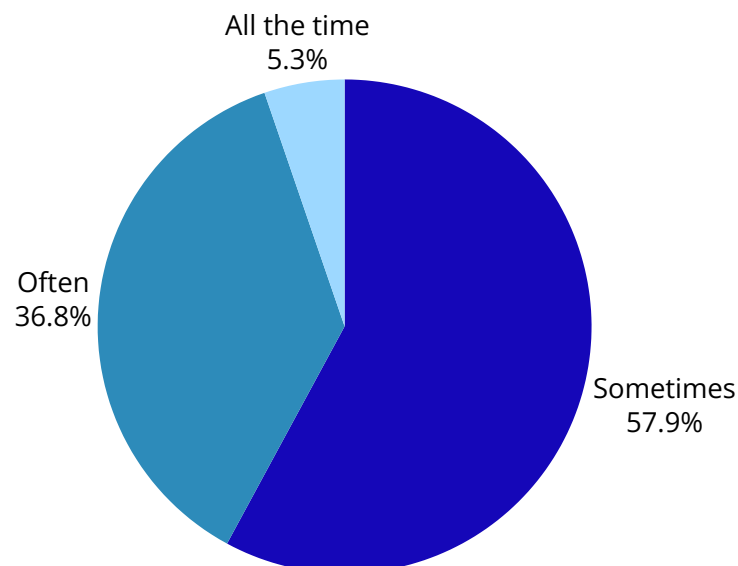


## 2.1 Overview of Clientele Continued...

**Q12: on average, how many children do human trafficking victims/survivors have?  
(19 responses)**

Answer Choices	Responses
None	66.67%
1 Child	11.11%
2 Children	16.67%
3 Children	0.00%
4 Children	0.00%
5+ Children	5.56%

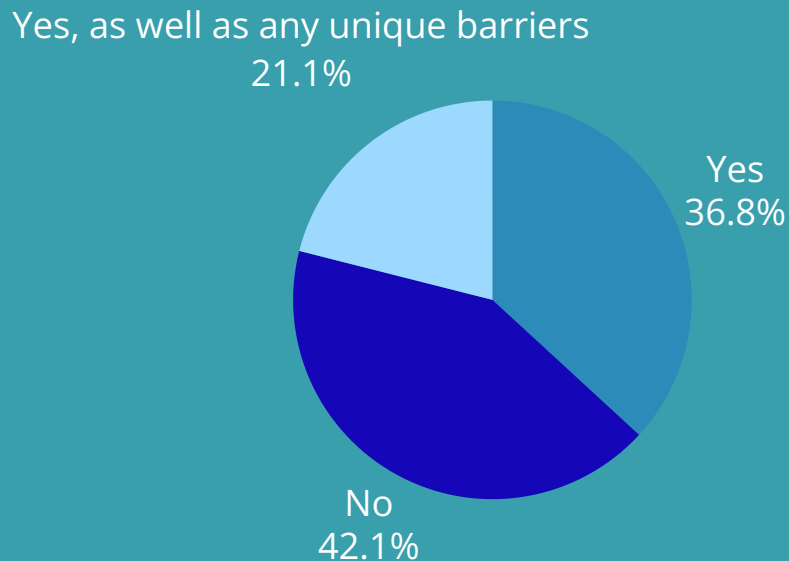
**Q13: How often are HT victims/survivors involved with the court system? (19 responses)**





## 2.2 Male Victims and Gender-Specific Barriers

**Q15: Has your agency worked with male victims/survivors of HT? (19 responses)**



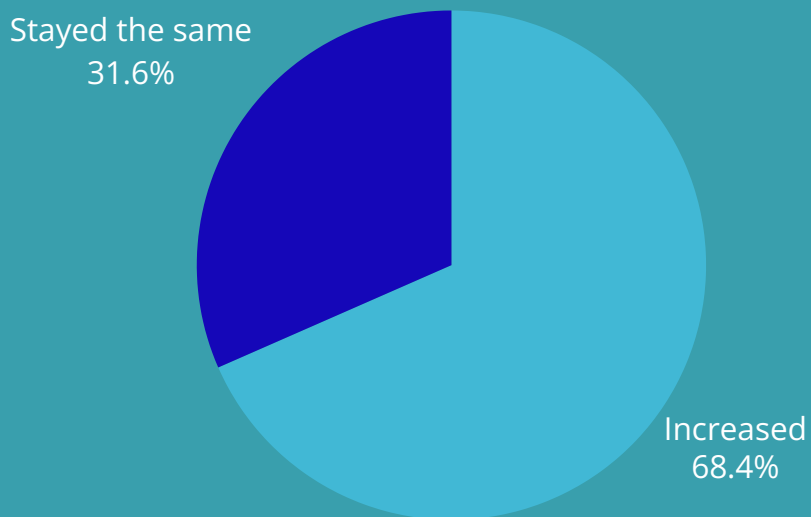
**Q16: If yes, what are some unique barriers that the agency had to handle in order to provide service to the individual? (8 responses)**

1. Housing and safe Detox
2. Lack of appropriate referral
3. None
4. Balancing safety of residents with their desire to have their phone/social media
5. Very few male patients seen, likely many providers not recognizing signs or doing screening
6. Hard to answer as interaction was brief and unknown as to what exploitation took place
7. We had to train our male staff in HT in case there was a request for a male worker
8. No housing or HT treatment for Males



## 2.3 | Changes from 2021-2022

Q17: Has there been a change in the number of HT cases from 2021-22?  
(19 responses)







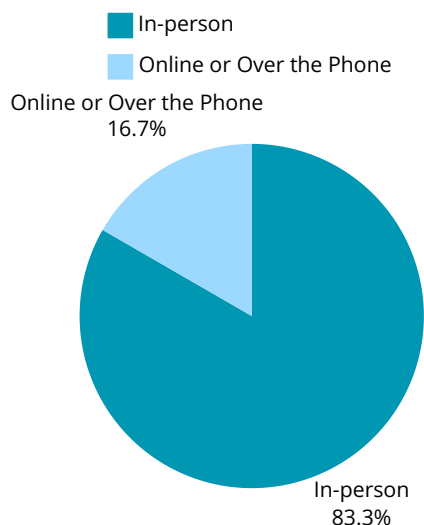
## 2.4 Victim Services Workers

(5 participants)

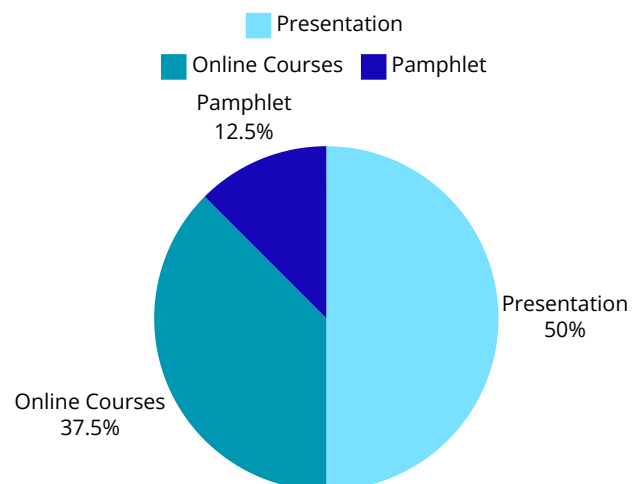
### Q19: What is your agency's mandate? (4 responses)

- To empower immigrant and racialized women in the City of Ottawa to participate in the elimination of all forms of abuse against women. To provide a culturally responsive crisis counselling service and a language interpretation service which will facilitate an abused woman's access to community and mainstream services. To provide other services and/or programs that will assist immigrant women in their journey to attain their full potential.
- We serve all HT survivors that meet the criteria of Inuit
- Providing supports to Indigenous people
- Interval House of Ottawa (IHO) provides safe shelter and support, intervention and prevention services, and advocacy to break the cycle of violence.

### Q20: Primarily, how is your agency offering services? (6 responses)



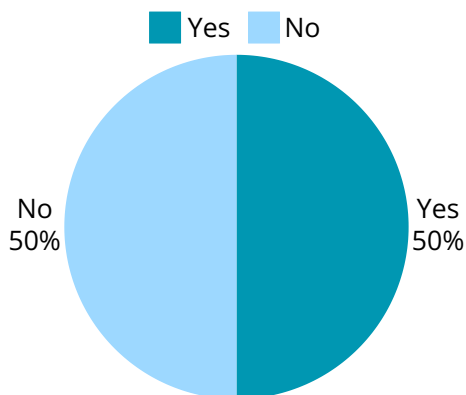
### Q21: What type of training have you received about HT? (8 responses)



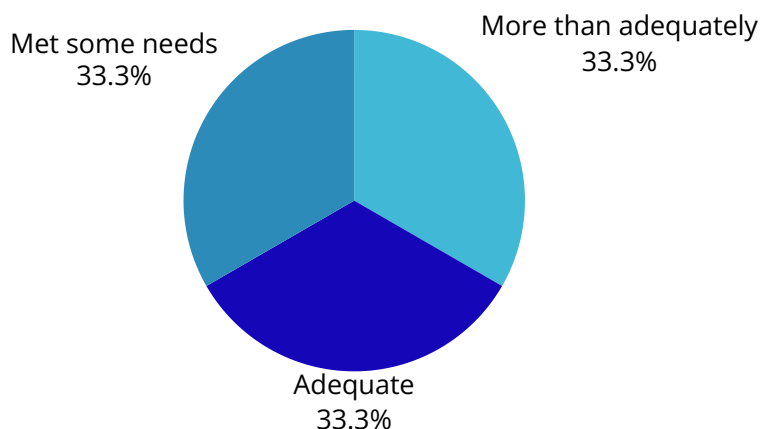
## 2.4 Victim Services Workers

(Continued...)

**Q22: Have you noticed an increase in HT through social media (OnlyFans, webcamming, etc.) since COVID-19**

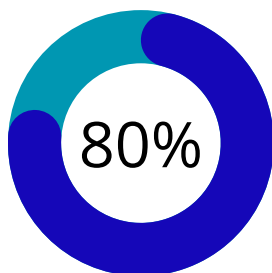


**Q24: How well do you think your agency is meeting the needs of trafficking victims/survivors with the services you provide?**

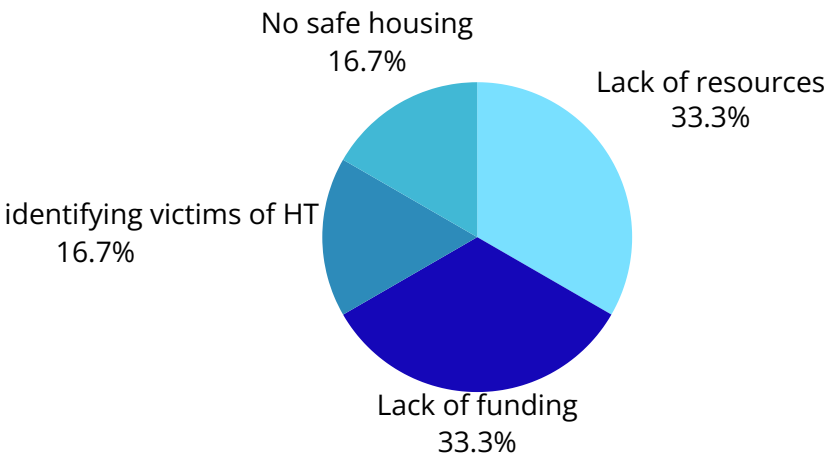


**Q23: Has HT through social media decreased post COVID-19?**

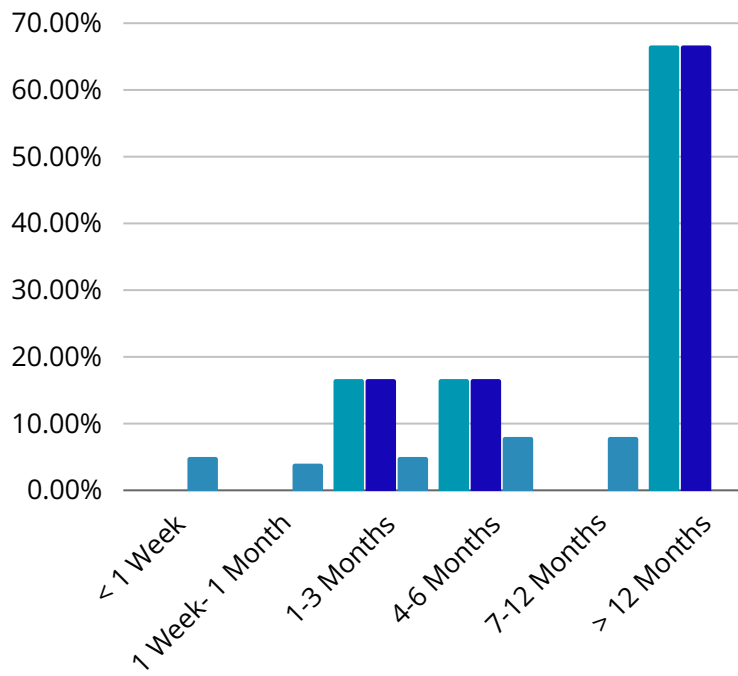
4 out of 5 responses recognized an 80% increase of HT on social media



**Q26: What are the most critical barriers that your agency encounters when providing services to HT victims/survivors? (Select all that apply)**

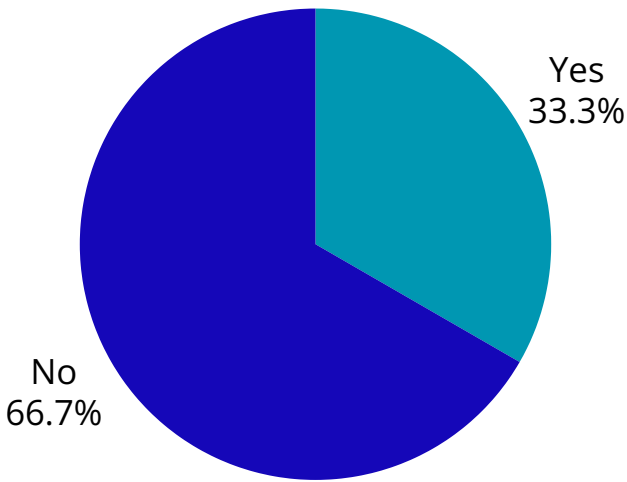


**Q25: What is the average length of time that your agency provides services to HT victims/survivors?**

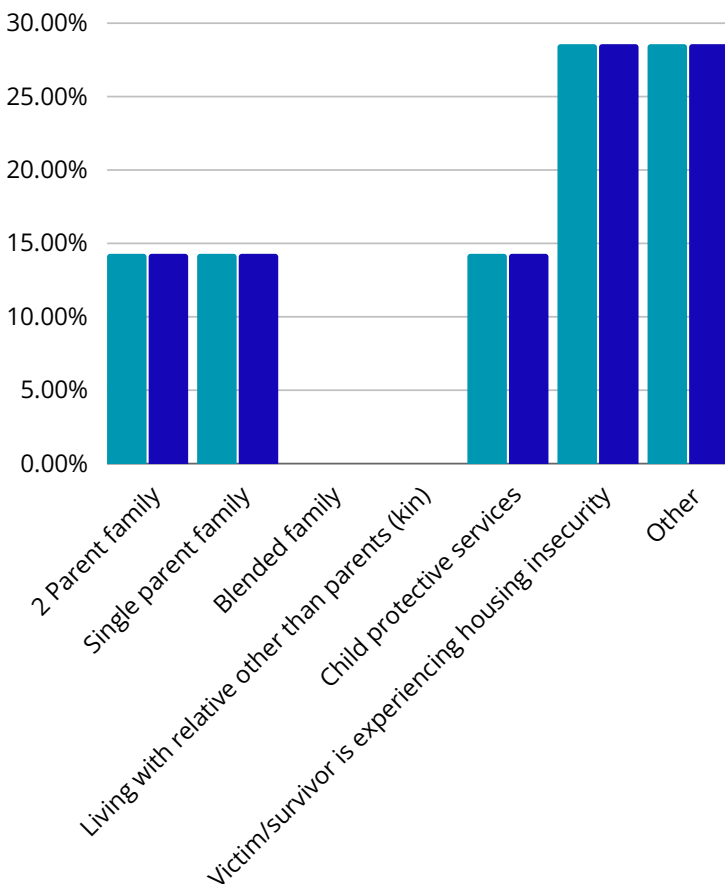


# 2.5 Residential Programming

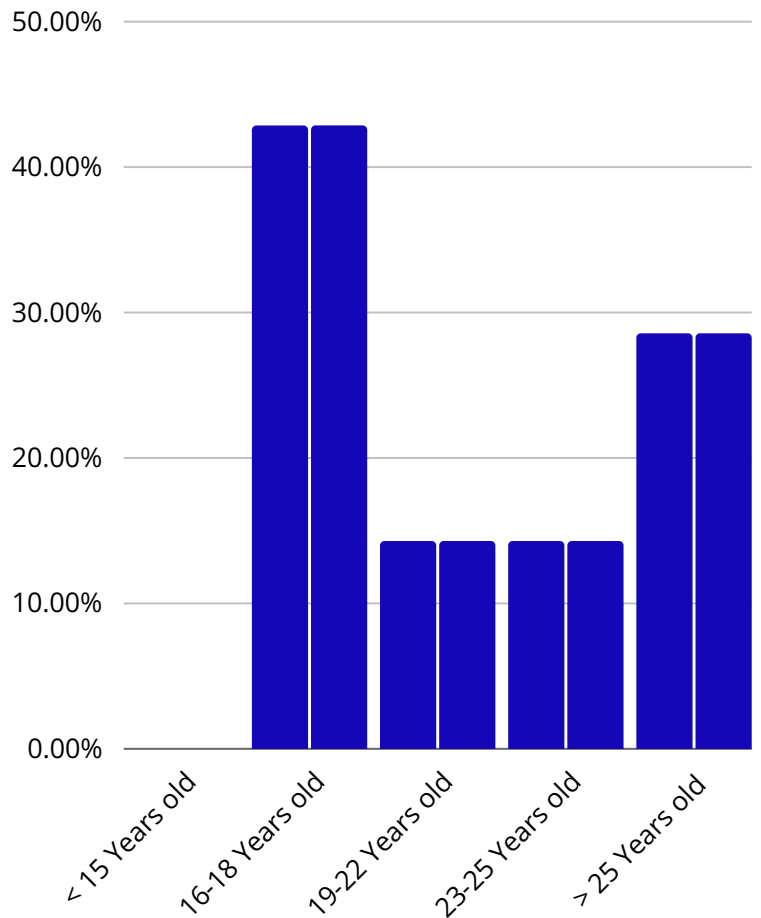
**Q27: Does this section apply to you?**



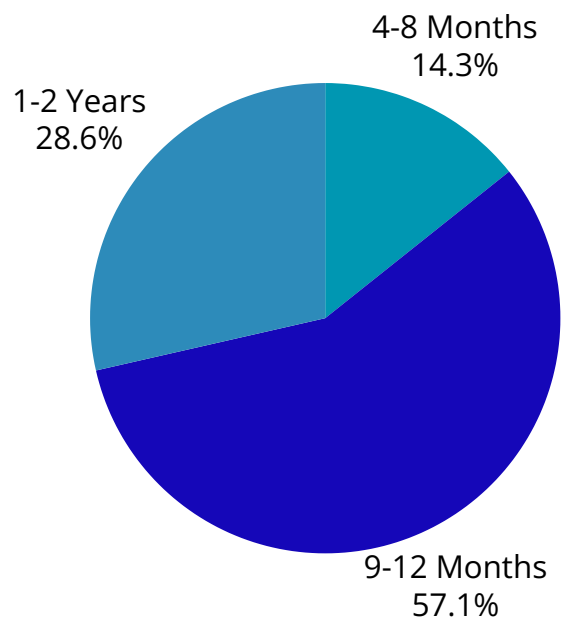
**Q29: In general, what type of family situation are victims/survivors coming from?**



**Q28: What is the average age of individuals seeking shelter?**



**Q30: In general, how long had victims/survivors been involved with HT?**

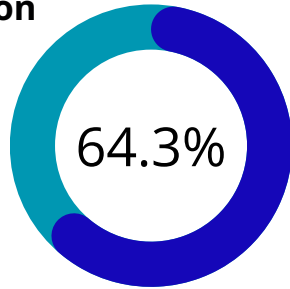




## 2.6 Healthcare

**Q31: Does this section apply to you?**

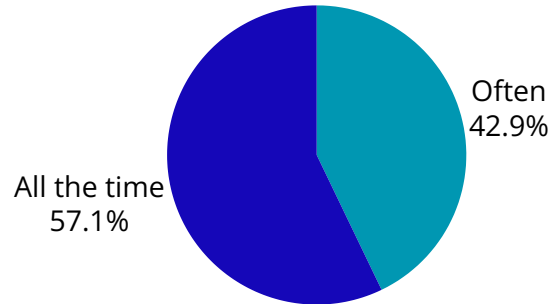
Out of 14 responses, 64.3% of individuals stated this section does not apply, whereas 35.7% agreed it does apply.



**Q35: Does your HT specific program adopt a survivor-centered lens?**



**Q36: In your experience, how often are youths experiencing substance misuse?**



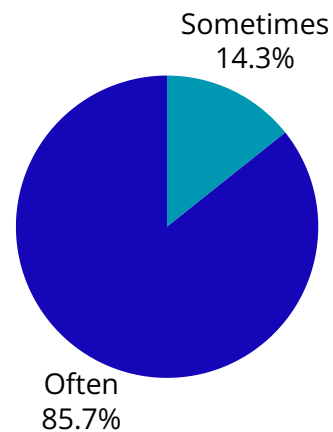
**Q32: Do you work directly with HT victims/survivors in your job?**



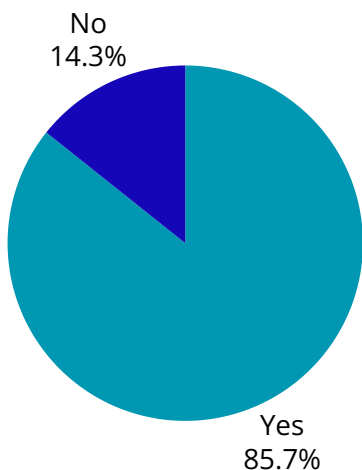
**Q33: Have you received trauma-informed training before working with victims/survivors of HT?**



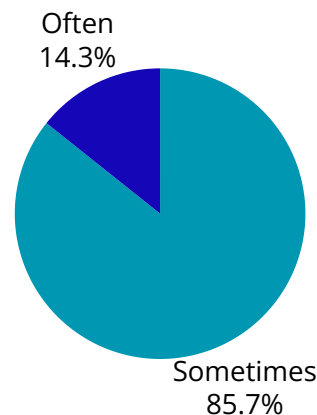
**Q37: How often do HT victims/survivors come in with STIs?**



**Q34: Does your workplace have a HT specific program?**



**Q38: In your experience, how often do HT victims/survivors disclose multiple pregnancies?**





## 2.7 Law Enforcement

**Q47: Does this section apply to you?**

Out of 14 responses, 7.14% stated this section does apply to them, whereas 92.86% agreed it does not apply.

**Q50: What would be the average age of perpetrators of HT that your agency has arrested?**

In a poll with 6 different choices, one agency responded that, 100% of perpetrators involved in HT ranged from 30-39 years old.

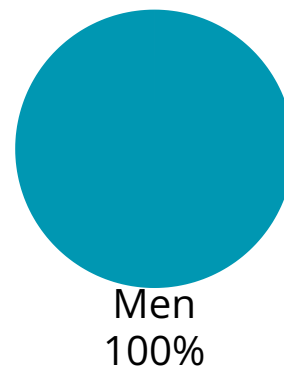
**Q48: From your experience, how many total HT cases has your agency investigated since 2021-2022?**

From one agency response, they investigated **20+** HT cases since 2021-2022.

**Q52: In general, what is the gender identity of perpetrators? (select all that apply)**

In a poll with 8 different choices, one agency responded that 100% of perpetrators were male.

**Q49: Does your agency have a HT unit or team?**



## 2.7 Law Enforcement Continued...

**Q53: In general, how many HT cases get reported**

**20+**

From one agency response, they revealed that 20+ cases are reported.

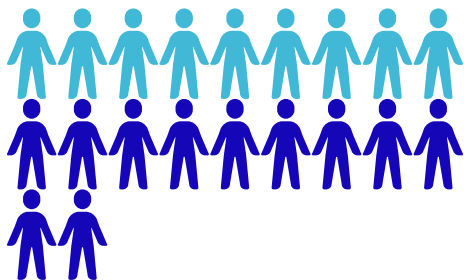
**Q54: In general, how many HT cases result in arrest?**

**20+**

From one agency response, they revealed that 20+ cases result in an arrest.

**Q55: How often do HT cases result in the defendant's conviction?**

From one agency response, they revealed that 0-9 perpetrators are convicted, out of the 20+ arrested .



**Q56: What are the unique challenges your agency (or you) face when working with victims/survivors of HT?**

*“The court system- it is hard on the victim/survivor and defers them from moving forward.”*

**Q57: Does your agency have an existing relationship with any service providers who are able to meet the immediate needs of HT survivors?**

From one agency response, they revealed they have an existing relationship with service providers that are able to meet the immediate needs of HT victims/survivors.





## 2.8 Education

### Q63: Does this section apply to you?

Out of 14 responses, 7.14% stated this section does apply to them, whereas 92.86% agreed it does not apply.

### Q64: What area do you work in?

One agency responded that they are working with the high school educational system.

### Q65: Have you received formal training from your employer about how to handle HT in schools? (1 response)

100%

### Q66: If yes, what type of training did you receive? (1 response)

100%

### Q67: Have you ever suspected a student was involved with HT? (1 response)

100%

### Q68: If yes, how did you respond?

One agency replied that they responded to a student (who they suspect is involved with HT) and referred them to "YOUTURN".

### Q69: Has your school ever taught an awareness lesson or campaign about HT to the students? (1 response)

100%

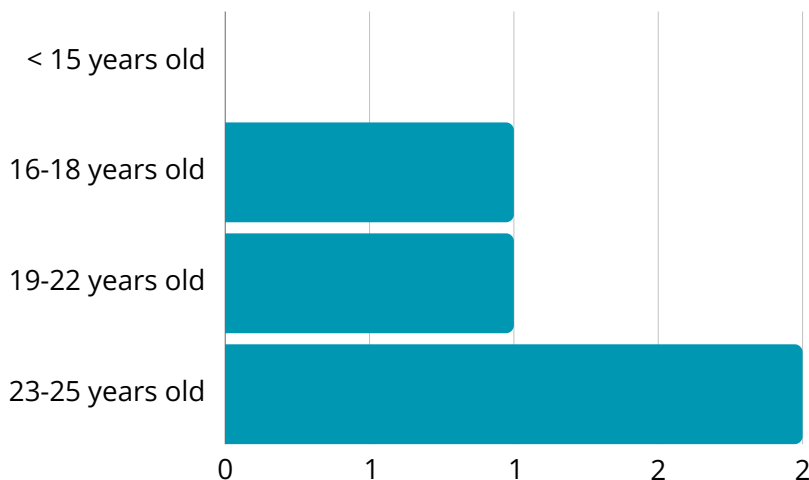
### Q70: Is your educational institution implementing Ontario's policy for HT education?

100%

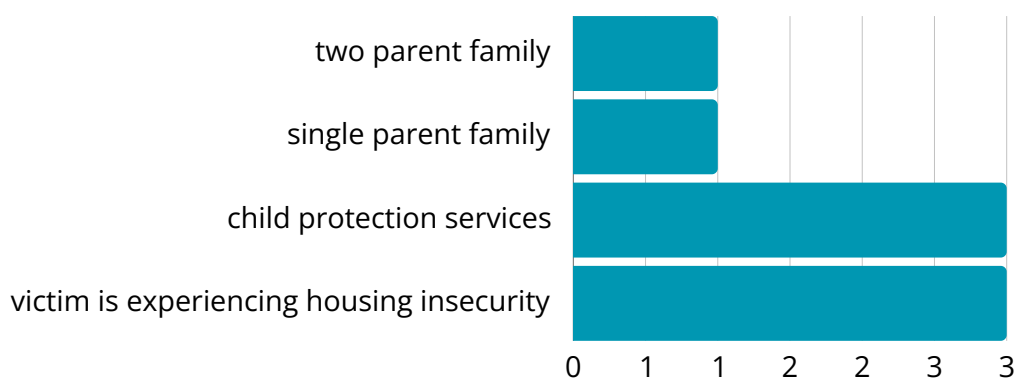


## 2.9. Housing Systems (Shelters)

**Q72: What is the average age of individuals seeking shelter?**



**Q73: In general what type of family situation are victims/survivors coming from? (select all that apply)**



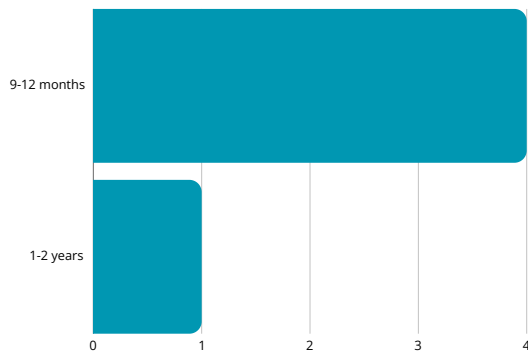


# 2.9. Housing Systems (Shelters) Continued...

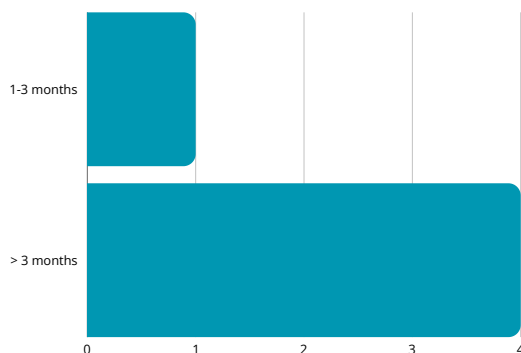
**Q74: Does your agency provide staff and volunteers with training about HT?**

**YES.** 100%

**Q76: In general, how long had victims/survivors been involved with HT?**



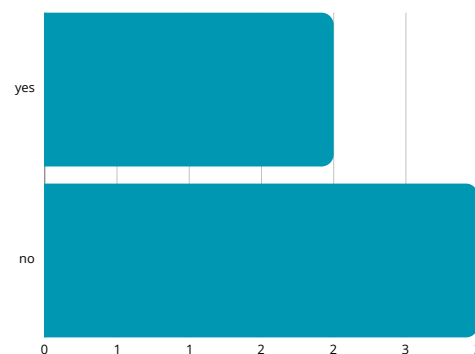
**Q77: On average, how long are victims/survivors staying at your agency?**



**Q75: If yes, what type of training was offered?**



**Q78: Does your agency have special guidelines in place for handling HT situations?**



**Q 79: If yes, what types of guidelines?**

- Safety and security measures and protocols, connecting with specific agencies/contacts, etc.
- Referrals come through OPS HT or OVS. An HT specific safety plan is done.

# ADDRESSING HUMAN TRAFFICKING WITHIN OTTAWA AND CONSEQUENCES OF THE COVID 19 PANDEMIC

THE OTTAWA COALITION TO  
END HUMAN TRAFFICKING



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# ACKNOWLEDGEMENTS

- The Steering Committee of the OCEHT
- Community Stakeholders who participated in this study
- Victims and survivors who helped inform the writing of this report
- The All-Party Parliamentary Group to End Modern Slavery & Human Trafficking



## PURPOSE OF THE STUDY

Many organizations and programs provided insight, including but not limited to:

- The Children's Aid Society of Ottawa
- YouTurn Youth Support Services
- A New Day Youth and Adult Services
- Nelson House
- The Children's Hospital of Eastern Ontario's Sexual Assault Care Program (SADVTC)
- The Ontario Native Women's Association (ONWA)
- Immigrant Women Services of Ottawa;
- the Ottawa Police Service

The survey was completed by agencies who work in the field of human trafficking from a housing, food bank, counseling, healthcare, law enforcement, rehabilitation, child welfare, and Indigenous-focused services perspective, among others.

This project was completed between June 2023 and October 2023. The survey was released to Ottawa and area service providers in June 2023. The data was collated in July 2023, and the final report was written from August 2023 to February 2024.

The long-term goals of the distributed survey and subsequent report are to call attention to the risks and needs of survivors and victims of human trafficking who accessed services and supports throughout and after the pandemic, as well as to understand how these services and supports were affected by the pandemic.



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## 1.2 THE COVID-19 PANDEMIC

From March 2020 to May 2023, the COVID-19 pandemic swept across the world. In Canada, the pandemic caused lockdowns, public health restrictions, isolation orders, and limited access to services. People were ordered to 'stay home'; many employees were told to work from their homes; many shelters and other services were forced to reduce capacity limits or to close their doors altogether until they received permission to open again; shopping malls and other public spaces were forced to shut their doors until further notice. Over a 3 year period, everyone faced challenges in their day to day life, and to date, the true extent and long term effects of the challenges faced remain unknown. One thing is certain: Human Trafficking remains a prevalent and pressing issue in Canada and was exacerbated by the pandemic.





# 1.3 WHAT IMPACT DID THE COVID-19 PANDEMIC HAVE ON HUMAN TRAFFICKING?

While many things in the world stopped, the crime of Human Trafficking did not - in fact, it got worse. According to the Canadian Centre to End Human Trafficking's ("The CCEHT") Report released in July 2023, 1,029 cases of sex trafficking and 88 cases of labour trafficking were disclosed [to the Centre] from 2019-2022, with 1,500 cases of human trafficking identified, and 2,170 survivors/victims of trafficking recognized by the Centre. The Centre also noted that "shelter/housing support was in greatest demand among human trafficking victims and survivors who contacted the Hotline. Case management and supportive counselling were also highly requested in human trafficking situations." They continue to note a steady increase in the number of calls received by the Centre every year.

The CCEHT also noted the following in their most recent report:

- In 2020, 421 cases of Human Trafficking were identified and 666 victims/survivors were recognized
- In 2021, 460 cases of Human Trafficking were identified and 628 victims/survivors were recognized
- In 2022, 368 cases of Human Trafficking were identified and 518 victims/survivors were recognized
- Ontario accounted for 67% of cases of HT disclosed to the Centre from 2019-2022
- 87% of HT cases reported occurred in large urban centres with populations of 100,000+
- 8% of HT cases reported occurred in mid-sized cities with populations of 30,000-99,000+
- 5% of HT cases reported occurred in small towns and rural communities with populations of less than 30,000



**\*Shelter/Housing** includes emergency & short-term, transitional, and long-term housing options.

**\*Case management** includes referrals for service provision coordination and navigation offered by service provider professionals and caseworkers. Caseworkers may help individuals with system navigation, connections to available services, and/or assistance with basic tasks (e.g., job preparation, getting to appointments, coordination, access to housing, submitting documents, etc.).

**\*Other Services** includes aggregated values from the following types of referrals: Crisis services (i.e., community-based units responding to crisis situations that are separate from emergency police response, including intake, 24/7 crisis support lines, hospital response programs, etc.); Human trafficking survivor leadership and/or peer mentorship; Transportation assistance; Community-based awareness; Education/job training & life skills; Sector-specific training; Street outreach & harm reduction; Drop-in program and/or basic needs; and Other (i.e., referrals made to other regional/national helplines, National Human Trafficking Hotline (Polaris), holistic programming, Crime Stoppers Canada, Cybertip.ca, etc.).

**\*Legal** includes services related to family, immigration, criminal, and other forms of legal matters.

**\*Health, Mental Health, and Addiction Treatment** includes services related to addiction support & treatment, clinical mental health treatment, and health care.

Whereas unhoused individuals may have been able to collect some cash from passersby, panhandling, and jobs, in the past, many people no longer occupied our streets as the workplace was replaced with working remotely. For those that did enter office space, many did not carry cash. The proverbial tokens that people used to throw into a hat disappeared with the faceless pandemic fear of handling cash. This increased the poverty already faced by homeless populations, which increased the risk of an individual being trafficked.

Newcomer populations and migrant workers did not have access to vital support to help integrate themselves into Canadian Society, nor education on what their labour rights in Canada are.

Individuals at risk of, or actively, being trafficked who were trying to escape dangerous situations were met with long waitlists for shelters/services, or the news that the shelter in question did not have enough space. Trafficking victims do not have that kind of time to wait and when supports are not available, they are more likely to return to their trafficker.

As education turned remote, children were using the internet more - a hunting ground that human traffickers know all too well. They were no longer going to school grounds where they could socialize with friends and teachers, who may be able to spot signs of human trafficking or at-risk behaviour. At the same time, apps like OnlyFans and TikTok went viral, increasing the risk of online sexual exploitation.

Child Welfare agencies saw more runaways. Hospitals saw increased wait times, overcrowded emergency rooms, and endless public health measures. This increased the likelihood of healthcare staff not recognizing signs of human trafficking in patients and/or not being able to provide the necessary services and supports.

The “amplified impact of COVID-19 on vulnerable populations has important implications for individuals at risk of or exploited in human trafficking.” Human trafficking, as explained, is a misunderstood crime that operates in underground black markets, but also directly on the streets that many of us walk in our day-to-day lives - on our way to and from work or school, or in our shopping malls and grocery stores. With this in mind, this report highlights that there is a current lack of research and literature on how the COVID-19 pandemic affected service providers and services that support victims and survivors of the heinous crime of human trafficking. While limited in scope to the City of Ottawa, eastern Ontario and surrounding regions, it calls attention to the need for further research, collaboration, and support for service providers, survivors, and victims of human trafficking on a national scale.

## 1.4 METHODOLOGY

The Coalition originally distributed a 40-question survey to 32 different HT agencies in Ottawa and the Eastern Region of Ontario in Winter 2022, but only received responses from 3 agencies. In Spring 2023, The Coalition worked to expand networks and reach to organizations in Ottawa and the Eastern Region. This report represents responses from 11 of the 33 agencies we distributed the survey to in June 2023, reflecting a 33% response rate among invited participants. Respondents were able to provide multiple choice or short answers, or to skip questions entirely.

## 1.5 LIMITATIONS

The answers are limited in scope as they vary by section and question. As there are a variety of professionals who participated, some sections had more respondents than others. Additionally, these responses only reflect 11 of 33 agencies that responded to the survey.







## 2. FINDINGS

### 2.1 OVERVIEW OF CLIENTELE

**Table 1. Question #3: Demographic of the clientele you serve (check all that apply): 12 responses.**

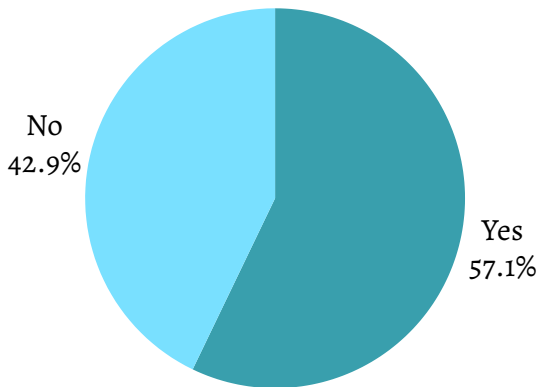
Male	1 (8%)
Female	12 (100%)
Youth	11 (91%)
2SLGBTQ+	10 (83%)
Black	<input type="checkbox"/> 10 (83%)
Caucasian	8 (66%)
Indigenous	7 (58%)
Non-binary	7 (58%)
Asian	6 (50%)
Middle Aged	6 (50%)
Elderly	5 (41%)
Two-spirited	5 (41%)
Inuit	3 (25%)
Male	1 (8%)

As seen in Table 1, Human Trafficking affects all ages, genders, and ethnicities. It is a crime that does not discriminate. Throughout the pandemic, respondents estimated that they were serving between 15-20 clients per agency that were either previously or currently being trafficked. Many also reported that they were not able to identify a client's trafficking situation until the client had been with the agency for quite some time. In the healthcare sector, respondents shared that the healthcare facility they worked at "only began keeping this data in the spring of 2022 - since then (approx 1 year) [they] have seen close to 60 patients who are either being trafficked or suspected of being trafficked." One agency stated that 100% of their clientele were either previously or currently being trafficked.

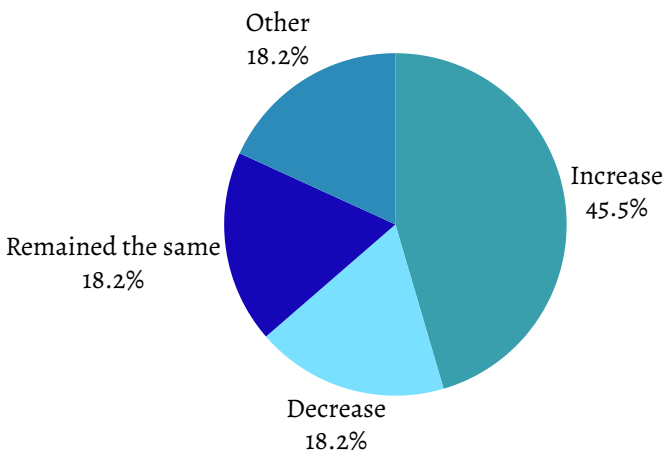
***"We only began keeping this data in the spring of 2022 - since then (approx. 1 year) we have seen close to 60 patients who are either being trafficked or suspected of being trafficked."***

# service

**Question 7: Have you seen a shift in your clientele that access your services?**  
(7 responses)



**Question 6: Have you seen an increase or decrease in your services during the pandemic?** (11 responses)



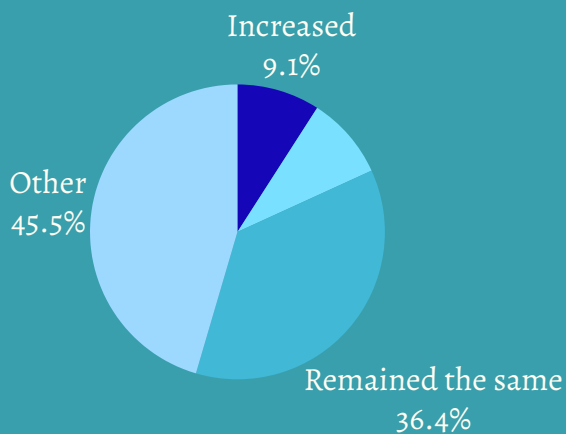
Over half (57%) of the respondents stated that they saw a shift in the clientele accessing their services during the pandemic, with 45% of them noting an increase to their services during this time. This was primarily caused by public health guidelines. "Services decreased during capacity limits & mask policies; steadily increasing as guidelines eased; [we are] on track to return to pre-pandemic levels of service availability." 73% of respondents stated that the restrictions affected their services. Within residential services, one respondent shared that "services were adapted to be available in to-go/virtual capacities when required" as per restrictions. Another respondent shared that the restrictions affected services because "the methods in which we served our clients changed, but the capacity amount stayed the same."

***"Services decreased during capacity limits & mask policies; steadily increasing as guidelines eased; on track to return to pre-pandemic levels of service availability."***



When asked about their organization's capacity to serve clients, one noted that their Organization ***"had to accept fewer clients because of covid, couldn't have people sharing bathrooms, common space, etc. Also, much of our time was spent dealing with isolation, extra cleaning, cooking, etc."***

**Question 9: Did your capacity to serve your clients change (increase/decrease) to meet public health regulations? (11 responses)**



***"There were times during the pandemic where we had few or no patients present, since 2021 we have seen a steady increase in volume and severity."***

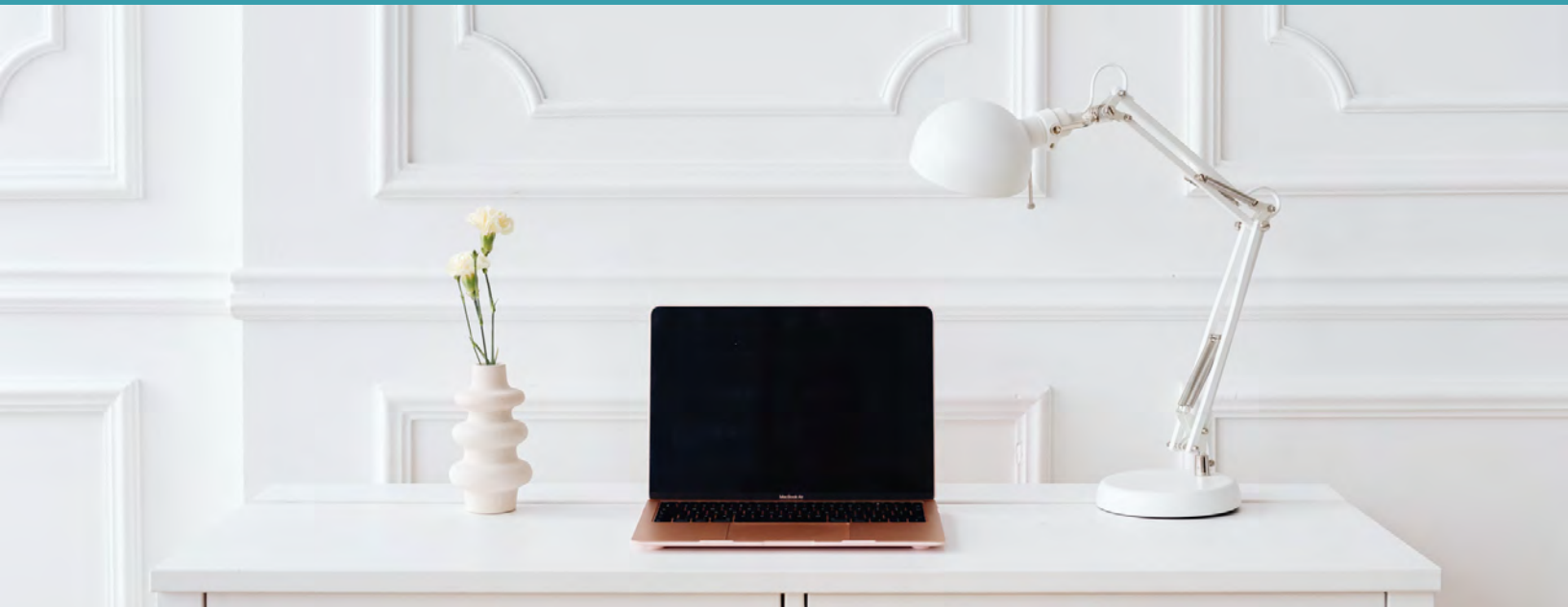
***"[Our Organization] had to accept fewer clients because of covid, couldn't have people sharing bathrooms, common space, etc. Also, much of our time was spent dealing with isolation, extra cleaning, cooking, etc."***

Within the healthcare sector, many challenges were faced as a result of restrictions. This included ***"staff shortages (ie more frequent absences) [which] create[d] further gaps in our service coverage (both nursing and Social Work)."***

Another service provider shared that the only changes as a result of restrictions were the use of PPE and transitioning to working from home, but stated many staff continued to visit the community to serve clients. While working from home was productive for many, working from home changed the landscape of providing care to human trafficking victims and survivors. Whereas human trafficking clients used to be able to meet service providers at the local Tim Hortons or McDonalds, many were forced to attend online appointments from the location in which they were residing - including their trafficker's residence, where their trafficker may be sitting beside them. This limited their ability to attend their appointments and potentially put them in danger if their trafficker was around.







The complexities of navigating COVID-19 add to the list of challenges already faced by community-based organizations, which include limited capacity in shelters and treatment centres, long waitlists for services, and a lack of affordable housing options, to name a few.

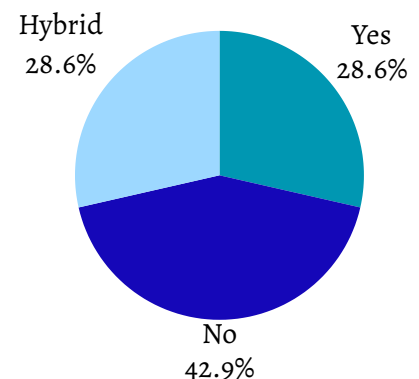
Notably, Child and Youth Care workers stated they worked face to face throughout the entire pandemic, while Child Protection Workers stated they worked mostly from home, and the Child Protection Management team worked entirely from home.

***“[COVID-19] impacted the ability to debrief with co-workers after seeing [the] community.”***

One agency stated that approximately 60% of their work was done from home at its peak, but approximately only 25-30% of work was done from home towards the end of the pandemic.

When asked about the impact that working from home had on the services organizations could provide to clients, 66% stated that working from home did not impact the services that their organization could provide. “During a very brief work from home period, services were offered via telephone, wellness checks & limited home delivery/dropoff of essential items.” Some agencies continued to meet clientele in the community (ie Tim Horton’s).”

**Question 32: Did your staff work from home?**  
(7 responses)



## 2.2 CHANGES IN DELIVERY TO SERVICES | PRE AND POST-PANDEMIC

### Questions 4 & 5: Hours of Operation. (11 responses)

<u>Pre-pandemic</u>	<u>Current Hours</u>
9:00am - 4:00pm (Monday, Tuesday, Thursday, Friday); 12:00pm - 4:00pm (Wednesday)	9:30am - 3:30pm (Monday, Tuesday, Thursday, Friday), 12:00pm - 3:30pm (Wednesday)
24 hours	Same
24 hours	24 hours
24 hours	24 hours
24/7, 365	24 hours
24/7, 365	24/7 (with service gaps)
Flexible - varied depending on the needs of the client	24/7, 365
9-5	9-5
9-5	9-5
9-5	9-5
10-5	12-4

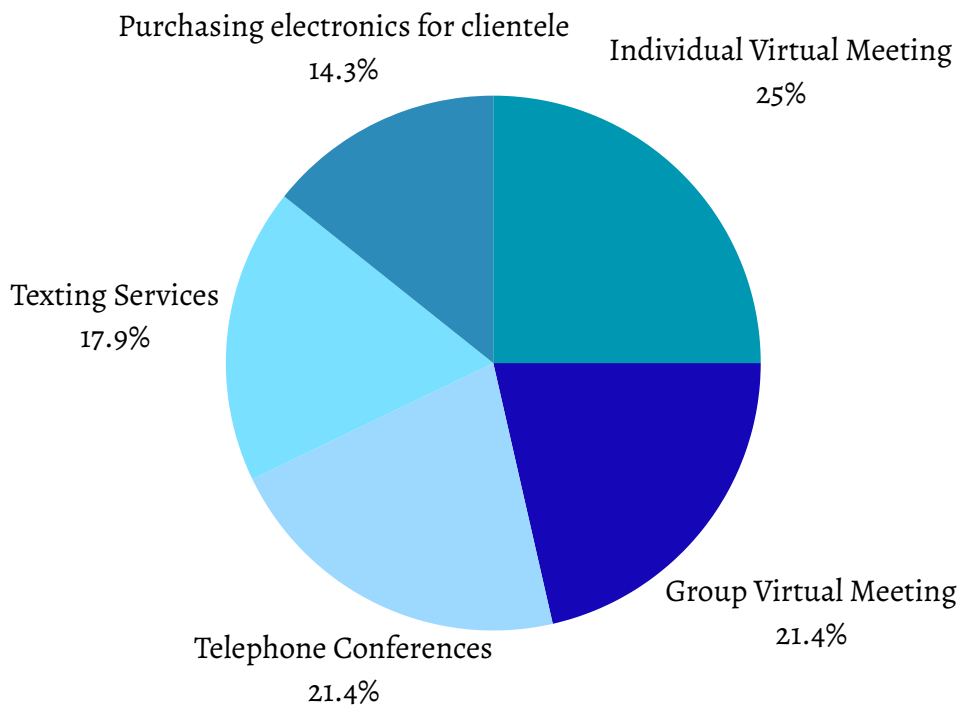
As public health and lockdown measures changed, so did the services that were available to trafficking victims in Ottawa.

We asked respondents if online services increased their capacity to provide services to their clients. Their responses were as follows:

- “It allowed us to continue to offer therapy which was important.”
- “Yes, both the services we provide and the ones we support with, ie: kids schooling online, court, lawyers, CAS, counselling, etc.”
- “Yes - however some changes (such as follow ups for psychiatric care) moved virtually and as a result patients were lost to service due to lack of access (ie parents not getting them to appts, not calling back, referrals were then closed).”
- “It helped in certain circumstances when families had COVID and needed to interact.”

Shifting services online requires time and capital to purchase software and implement proper privacy standards. Remote services also require additional staff training to ensure that service provision continues in ways that are trauma-informed and provide safety, respect and care for those accessing services.

**Question 26: What type of technology was used to provide services to clientele: (select all that apply). (7 respondents)**



Respondents shared that clientele had access to the following online forms of communication: tablets, chromebooks, iPads, and cell phones. Some clientele had supervised access of technology, while some had no access. Some agencies relied on donations of cell phones to give to female clientele for emergencies. Some clientele only had access to technology within drop-in centers and community spaces. Some agencies were able to provide each family with a tablet or chromebook. One respondent shared that only half of their clientele had access to technology during the pandemic.

***“[Some Clientele] had no access to technology.”***





Question 12: Have you seen an increase, decrease, or no change in the following types of trafficking? (7 respondents)

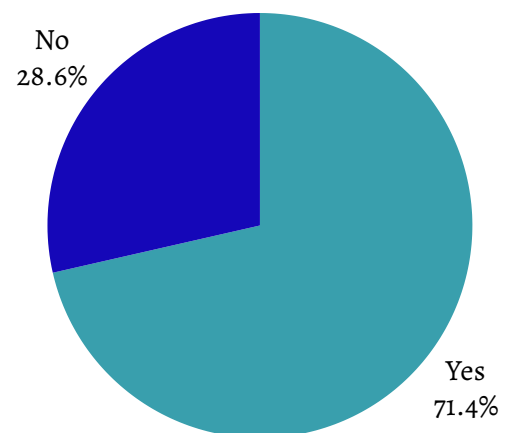
Sex Trafficking	None - 1 (14%)	Very Little - 0	Average - 1 (14%)	Increase - 3 (42%)	Vast increase - 2 (28%)
Labour Trafficking	None - 5 (71%)	Very Little - 0	Average - 1 (14%)	Increase - 1 (14%)	Vast Increase - 0
Organ Trafficking	None - 7 (100%)	Very Little - 0	Average - 0	Increase - 0	Vast Increase - 0





During the pandemic, all levels of education transitioned to online schooling across Canada. This meant that many parents became full-time educators on top of being parents, as many children could not adapt to an online school environment. Within family dynamics, this created stress for parents who worked in different sectors as they tried to manage their own workloads, job demands, parenting demands, and the needs of their children who were in school. For parents who were not able to work from home, the need for childcare increased, as did the need to stay home with their children. 72% of respondents stated that their organization's ability to effectively staff their organization. Notably, some staff had to take some additional time off due to childcare responsibilities, and some staff could not commit to on-call work due to a lack of alternative childcare.

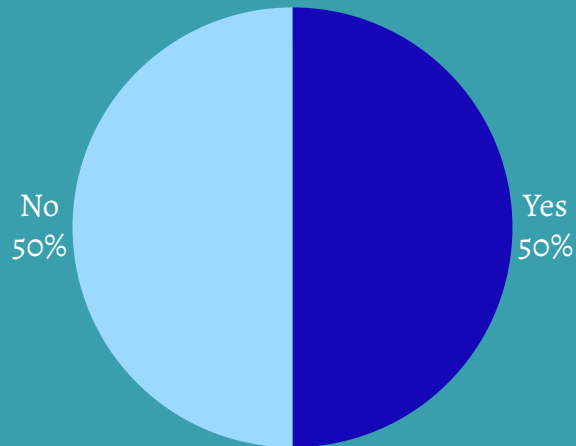
**Question 33: Did you find that your ability to effectively staff your organization was affected due to childcare responsibilities? (7 respondents)**





## 2.3 IMPACT OF PUBLIC HEALTH REGULATIONS, FUNDING, AND POLICIES

Question 27: Did your organization see changes to the funding that you typically receive during pandemic? (6 responses)



Shelters [and other services] received COVID funding dollars that in many cases helped cover new costs associated with COVID, such as PPE, janitorial services, air filtration, etc. However, the pandemic resulted in many indirect strains on shelters, increasing their costs in ways not explicitly covered by this funding. The pandemic also negatively affected their fundraising ability to fill financial gaps.

- *“Additional grant funding was available to support food programs, purchasing PPE.”*
- *“Yes we received some government funding, also for PPE.”*
- *“Not funding but staffing that should be dedicated to SACP work was often pulled to help with staffing crisis.”*

*“Fewer individual donations were made, and fundraising revenue was lower.”*







We asked participants if they have seen any policy changes that have affected the individuals that they provide services to, and whether or not they plan on going back to their previous policies following the end of the pandemic. Of those who responded, one agency reported their policies not changing at all. However, the following can be observed:

***“In-person capacity limits impacted folks accessing services within the space. A flexible capacity limit, appropriate to the size of our space and physical seating available, remains at this time.”***

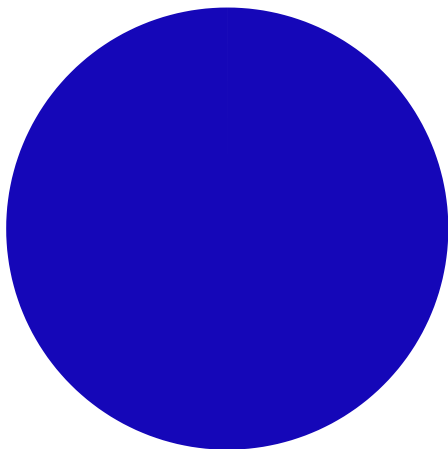
***“Following the pandemic, we have increased formal measures and policies in relation to safety for our staff.”***

***“Most previous policies we will go back to but of course, we still see many more services online, lawyers, court, etc.”***

***“We are in the process of creating an HT specific policy for our clients as the need is becoming more and more clear.”***

***“Just the lack of funding that is available now as opposed to the COVID-19 relief funds we were receiving.”***

**Question 35: Did your organization require additional funding to address needs resulting from COVID-19 pandemic? (7 respondents) (see appendix 1, question 35)**



Yes  
100%

This funding was used for additional food, supports, additional staffing, accessing PPE and sanitization products to support their ability to respond to impacts of the pandemic.

Violence against women shelters, youth shelters and transitional housing units [...] implemented COVID-19 screening measures as part of their general intake processes. In some residences, staff [took] on the role of cooking for the group to reduce potential contamination in shared kitchen facilities.

Residents [were] asked to limit their access to the community. Shared accommodations became a cause for concern due to the higher risk of transmission of COVID-19. All of the above negatively impacted a shelter's ability to provide services to clientele.

As a result, some street-involved persons elected to move back onto the streets for safety reasons. Individuals living with addictions [faced] the added barrier of producing a negative COVID-19 test to qualify for admission to residential treatment centres. With limited tests available and guidelines that dictated who falls in the priority test population, individuals [were] not able to access in-patient substance supports like before. The restrictions on movement may also be re-traumatizing for people who have left human trafficking situations or other violent relationships where surveillance of movement was a tactic of power and control. Beyond that, the fear of public transportation created a dangerous narrative, preventing individuals from traveling to seek supports and services.

Shelters are having to fill service gaps in a wide variety of areas, including healthcare, housing, legal support, and more. This is especially true for shelters in smaller towns and rural areas, where they may be one of the few resources (or the only resource) available, or even open, within the community.



We asked participants how the COVID-19 pandemic impacted their organization's ability to take on new clients. 33% stated that their ability to take on new clients was not impacted. The other 67% shared that their ability to take on new clients was impacted in the following ways:

- ***"We had a number of staff go on stress leave, leave our organization to pursue new career opportunities, and an increase in high needs referrals, which made it difficult to take on new clients."***
- ***"It became more difficult to trust, build, and create rapport."***
- ***"Referrals were harder to come by as they did not have [a] safe avenue to meet with organizations that send referrals."***
- ***"They had to be isolated for 5 days when they did come in which was not an ideal way to start their experience."***
- ***"Fewer beds meant fewer clients we could serve"***
- ***"Our ability to provide counseling was challenged (staff absences, etc)."***
- ***"Staff continues to be a challenge (filling positions etc)."***
- ***"The focus on massive COVID related changes (ie we accepted adult patients in ICU which required vast resources from staff/admin/leadership."***

Participants also shared that many staff members were exponentially affected by burnout throughout the COVID-19 pandemic. Notably, ***"extra measures and changes in service delivery impacted staff during the COVID-19 pandemic."*** Some employees decided to take a leave of absence, and many reported that staff decided to leave their respective agencies altogether. ***"There were many challenges for staff as they were dealing with their own mental health challenges brought on by the pandemic."*** As well the women we were working with had increased challenges and in many ways the job became more difficult," one respondent shared. Another shared that ***"the rule that you could only work at one shelter at a time meant we had a shortage of staff. Those who were left to work were often having to do work more than their regular shifts."***





# 86%

of organizations reported struggling with staffing due to staff reluctance to work due to health concerns or mandatory isolations. (Table 12)

Many services had to adapt to the pandemic. We asked service providers to provide input on how these services adapted. One respondent in particular stated that *“because [they] work in a congregate setting, employees ha[d] to take time off if someone in their family tests positive for COVID-19.”* Others adapted through using PPE, continuing face to face engagement and supports, shifting from in-person to virtual, offering more in-house programming, offering a variety of programming (both in person and online), texting support, flexible staffing models, and self-testing every day before providing services to clientele.

*“Some health and safety protocols have evolved due to the nature of our program, more services are available in a to-go capacity, and capacity limits have lowered the number of participants able to be within the center at a single time.”*



The majority (78%) of shelters/THs (Transition Houses) [surveyed in the 2020 Women's Shelter Canada Report entitled 'Shelter Voices: The Impact of COVID-19 on VAW Shelters and Transition Houses'] faced staffing challenges during the pandemic. This is not surprising given that a majority of shelter workers are women and research has shown that they have been hardest hit by the global pandemic in terms of balancing paid work and family responsibilities. Further to the 2022 Report by Women's Shelters Canada, shelters/THs find it difficult to compete with other industries for employees. For example, they are unable to provide the pay or benefits of the public or for-profit sectors."





## 2.4 BARRIERS TO ACCESSING SERVICES

Perhaps nothing was more exacerbated than the barriers clients faced when trying to access services.

Some of the barriers identified by the survey were:

- Personal concerns regarding exposure and capacity for in-person services
- The need for service providers to equip clients with cell phones or laptops to implement the hybrid option for services
- Lack of access to technology overall
- Isolation
- Being in confined spaces
- A lack of available beds

Which services did your clients report were the most difficult to access during the pandemic? (Appendix 1, question 19)


- Healthcare services and mental health supports
- Services that couldn't provide face to face support
- Housing and health related services
- ODSP, victim services
- Shelters
- Culture- sweats, sacred fires, and in person sharing circles





## BARRIERS TO ACCESSING SERVICES CONTINUED...

- *“During the COVID-19 pandemic, during the various lockdowns, our services shifted from in person to virtual, phone support, or with heightened protective measures (distanced, outside, with PPE). These extra barriers made it difficult for our clients to engage in services, develop relationship/rapport, and open up as they did before.”*
- *“Because clients are referred to us by many organizations that had to close their doors and go virtual, we received less referrals. If a woman is in an unsafe environment she may not be able to access support virtually.”*
- *“Fewer beds meant more people in need who were turned away.”*
- *“There is a broad understanding in health care that we had fewer presentations for health care services due to fear of COVID19 (ie not wanting to go to ED) for youth in care, shortages of staff meant more challenges getting transportation and accompaniment for health care. for many youth, being at home in abusive situations without access to mandatory reporters at school meant fewer opportunities to report and access help likely more barriers we are not aware of.”*
- *“AND was limited by the community resources to help clients and needed to get creative in ability to ensure that each person got the best we could at the time.”*
- *“Face to face stayed the same- we provided cell phone, laptops to clients that were in need.”*
- *“Cultural activities that were not virtual”*



**Which services did your clients report were the most difficult to access during the pandemic? (*Appendix 1, question 19*)**

- Healthcare services and mental health supports
- services that couldn't provide face to face support
- Housing and health related services
- Ontario Disability Support Program (ODSP), victim services
- Shelter
- culture- sweats, sacred fires, and in person sharing circles.

A range of safe, secure, and affordable housing and shelter options is critical to disrupting human trafficking. Access to housing is essential for protecting people from being vulnerable to trafficking, helping victims exit their situation, and creating stability for survivors as they recover. The housing crisis in Ottawa has only worsened since the beginning of the COVID-19 pandemic. The pandemic, supply-chain issues and a flood of new immigrants to Ottawa have pushed rents even higher. As of April 2023, the average cost of a two-bedroom apartment in Ottawa was \$2358 per month. This is unattainable for most, but even more trouble for survivors of trafficking who are transitioning back into the community following their exit from a trafficking situation or rehabilitative care.

In 2019, Statistics Canada's Consumer Price Index (CPI) indicated that the annual average increase for the 12-month period ending in May 2020 was +1.6%. In 2021, consumer inflation rose 3.4% - the highest inflation Canada has seen since 1991. In 2022, the CPI rose by 6.8, a 40-year high.





## 2.5 IMPACT OF SOCIAL MEDIA ON CLIENTELE

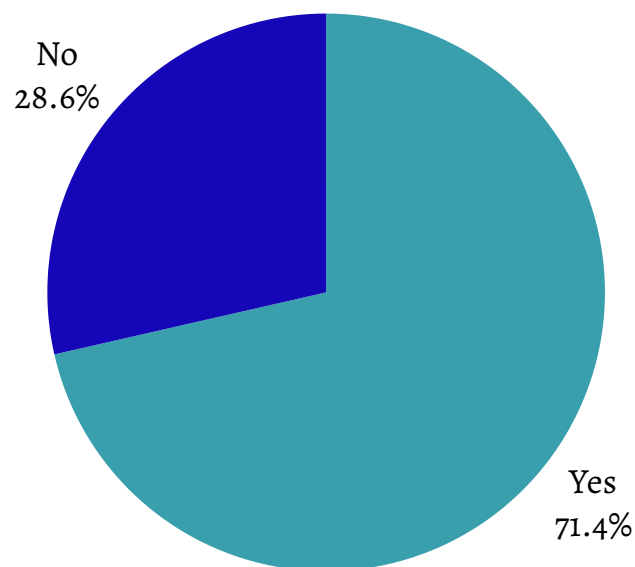
**How has the increased usage of social media affected your clients? Did the impact of social media increase the vulnerability of your clients? (7 responses) (see appendix 1, question 13).**

- *"Some clients who do not have access to social media platforms experienced heightened isolation during a time when this was for many the primary form of social connection. Those who did have access to social media may have experienced increased vulnerability through a reliance on this tool for connection."*
- *"Yes- more youth running away from their placements, meeting strangers in the community, connecting to strangers more, parents having difficulty managing social media + pictures being sent."*
- *"Social media did impact the vulnerability of our clients as so much can go on without the supervision of safe people. It makes it increasingly easy to traffic people using social media as it can be anonymous."*
- *"Makes them more vulnerable in that perpetrators have easier access to them, it is not as easy as just blocking your phone number anymore."*
- *"Yes - we have noted an ongoing increase in recruiting and concerning social media encounters in our youth."*
- *"It has not and it did not."*
- *"Yes to both"*





**Table 13. Question 14: Have you/clientele noticed a change in human trafficking tactics during the pandemic? (ex. Only fans- moving online,ect.). (7 responses)**



Some of the changes noted include:

- *The increased isolation due to the pandemic coupled with heightened online presence have contributed to changes that we have noticed*
- *Recruiting happens a lot online*
- *Definitely a lot of online contact. Also noticing ++ increased drug use. Not sure its as much changes in tactics of traffickers as simply an increase in #s and severity of the vulnerabilities in the youth population due to the broad effects of the pandemic and the subsequent economic, social and mental health challenges*

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## 2.6 SHIFTS IN CLIENTELE | POST PANDEMIC

We asked participants to explain any shifts in clientele now that the pandemic has ended. Many shared that their clientele base now ***“includes fewer families & elderly individuals, more individuals presenting with mental health challenges and substance use”***; many now have ***“more complex needs”***, especially women and children. Overall, service providers shared that ***“everyone is more unwell”*** with ***“younger ages involved in HT, significantly heavier substance use, [and] more [mental health] concerns.”***

Since the pandemic, there have been several shifts in the demographics of clientele Ottawa-area service providers and frontline agencies are serving. ***“We have seen individuals and households with higher income levels accessing services as the cost of living has continued to rise. We have also seen an increase in folks living in the shelter system or unstably housed.”*** Many state that the clients they now serve are younger and have higher and more complex needs.



notes

## 2.7 IMPACT OF COVID-19 ON CLIENTELE

**Table 14. Question 8: Have the restrictions affected your clientele? 11 respondents.** <sup>54</sup>

Yes	2 (18%)
No	1 (9%)
Explanation provided	8 (73%)

- Some individuals transitioned from in-person services to “to-go” services (based on capacity limits, mask requirements)
- Access to services that refer to us became more difficult to obtain
- Shelter living was very scary during Covid. When families arrived at the start of Covid, they had to isolate in their rooms for two weeks. It was absolutely brutal
- Significant challenges accessing services during pandemic (ie counseling, shelter beds etc)
- Loss of COVID 19 funding and increase cost of everything
- We just worked with the Public Health Guidelines to continue providing support and services
- We saw clients virtually during the pandemic which was a challenge for those without access to technology
- Accessing services, no in person






**Table 15. Question 15: Has the severity of violence faced towards your clients changed? 7 respondents.** <sup>55</sup>

Yes	3	<input type="text"/>
No	0	
Unknown	(42%)	1 (14%)

- Increase in housing instability & homelessness leading to more unsafe conditions for clients, at times increasing vulnerability to predatory conditions
- Anecdotally, it does seem that the violence youth experience is more severe, again may be due to the increase in vulnerabilities and the subsequent exploitation of these vulnerabilities by traffickers
- More violent and harder drugs/addiction.

Perpetrators used the pandemic itself as a strategy to further abuse and control women who were confined to the home due to COVID-19 restrictions. Isolation and lockdown measures to keep the public safe during the global pandemic inadvertently created a dangerous situation for women and children living with their abusers, who used this government-sanctioned increased isolation to further control their victims.

A 2020 Report by Women's Shelters Canada noted significant increases in mental health crises and challenges for survivors as a result of increased violence and abuse, as well as the additional stresses of the pandemic and isolation.



# 84%

of organizations reported that their clients were significantly affected negatively by Covid. (Table 16)

*"They are impacted now because the cost of everything has gone up."*

Participants stated that clientele were negative affected in the following ways:

- Isolation, decline in mental health, increase in substance use, increased health concerns, lack of access to physicians and mental health service providers, loss of employment/housing/benefits
- Kids online for school, fewer services open
- Too many to specify





**Table 17. Question 16: To what extent has the pandemic impacted the organization's ability to provide services? 7 respondents.<sup>57</sup>**

To a Great Extent	1 (14%)
To a Moderate Extent	0
To Some Extent	3 (43%)
To a Minor Extent	2 (2%)
None at all	1 (14%)

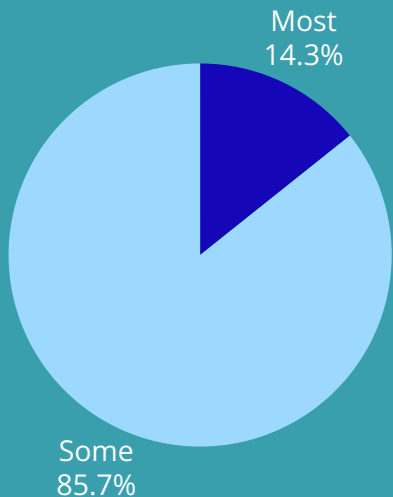
**Table 18. Questions 20-24. 7 respondents.<sup>58</sup>**

Family Relations	Significantly worse - 3 (42%)	Somewhat worse - 2 (28%)	no change - 1 (14%)	somewhat better - 0	significantly better - 0	N/A - 1 (14%)
Accommodations	Significantly worse - 4 (57%)	Somewhat worse - 3 (42%)	no change - 0	somewhat better - 0	significantly better - 0	N/A - 0
Health	Significantly worse - 2 (28%)	Somewhat worse - 4 (57%)	no change - 1 (14%)	somewhat better - 0	significantly better - 0	N/A - 0
Psychological State	Significantly worse - 5 (71%)	Somewhat worse - 2 (28%)	no change - 0	somewhat better - 0	significantly better - 0	N/A - 0
Financially	Significantly worse - 2 (28%)	Somewhat worse - 5 (71%)	no change - 0	somewhat better - 0	significantly better - 0	N/A - 0



## 2.8 MOVING FORWARD

**Question 36: Will your organization continue some practices that you put into place after the pandemic? (7 responses)**

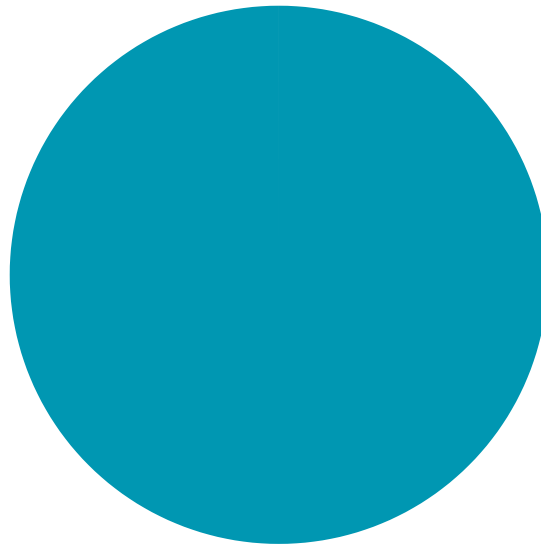


- The way food services and programs are delivered has been adjusted throughout the pandemic to run on staff delivery model
- Zoom meetings with candidates that are far away
- We still test before shifts three times a week and ask visitors to test before they enter. We still wear masks (workers and residents over 6)
- **Texting** with patients, virtual visit options
- Providing tech to clients that need it.

While the COVID-19 pandemic was difficult for many service providers, the advances made from 2020-2023 deserve recognition. The pandemic taught many service providers, organizations, healthcare providers, and other frontline agencies the importance of resilience and adaptability. When many providers were ordered to work from home, they were flexible in their approaches, with the best interests and needs of their clientele at the forefront of the work they do. The COVID-19 pandemic highlighted the benefits of working from home, and improved communication among agencies to ensure that clients were receiving the best care possible as measures and challenges continued to evolve and change. As a result, policies were shifted to increase access to technology, improve our efforts for collaborative care, and brought together the Ottawa Region's community of incredible service providers and frontline staff. As difficult as it was, the resilience, dedication, and adaptability of these individuals cannot be undermined.



**Question 37: Do you believe human trafficking will decrease or increase now that the pandemic has ended? (7 responses)**



yes  
100%

***"Some of the new trends in human trafficking which emerged throughout the pandemic may continue to carry over, potentially contributing to an increase."***

***"So far it seems to have increased"***

***"I think it will maintain its increased use."***

***"Sadly, I think it continues to increase."***

***"Increase. People are more financially vulnerable than ever before."***



**Question 40: What positives or advancements has your organization made during the pandemic? (6 responses)**

- *Throughout the pandemic we gained insight regarding which programs and services are most helpful for participants, barriers have been identified along with pathways to addressing them, all of which have contributed to increasing the efficiency of program and service delivery.*
- *It has made our management team stronger*
- *None specifically. We are happy to go back to a sense of normal*
- *we managed to get through it without major outbreaks that lasted longer than a couple of weeks, and didn't spread to too many people.*
- *Increased access to virtual services Increased ability/flexibility for staff to work (ie staff living outside of the city can still provide remote work) More awareness and support for our program within the institution Post pandemic: increased community partnerships, collaboration, visibility and support*
- *Providing tech to our community.*

Moving forward, it is vital to highlight what worked during the pandemic and what did not. The pandemic highlighted that some agencies can provide services online or in a work-from-home setting, and others cannot. Some agencies require additional funding to provide technology to clients who access their services. Agencies were able to break down silos and improve collaboration, while others faced roadblocks as they tried to provide wrap-around services. Some agencies continue to require the additional funding that was provided during the pandemic until services return to a new normal.

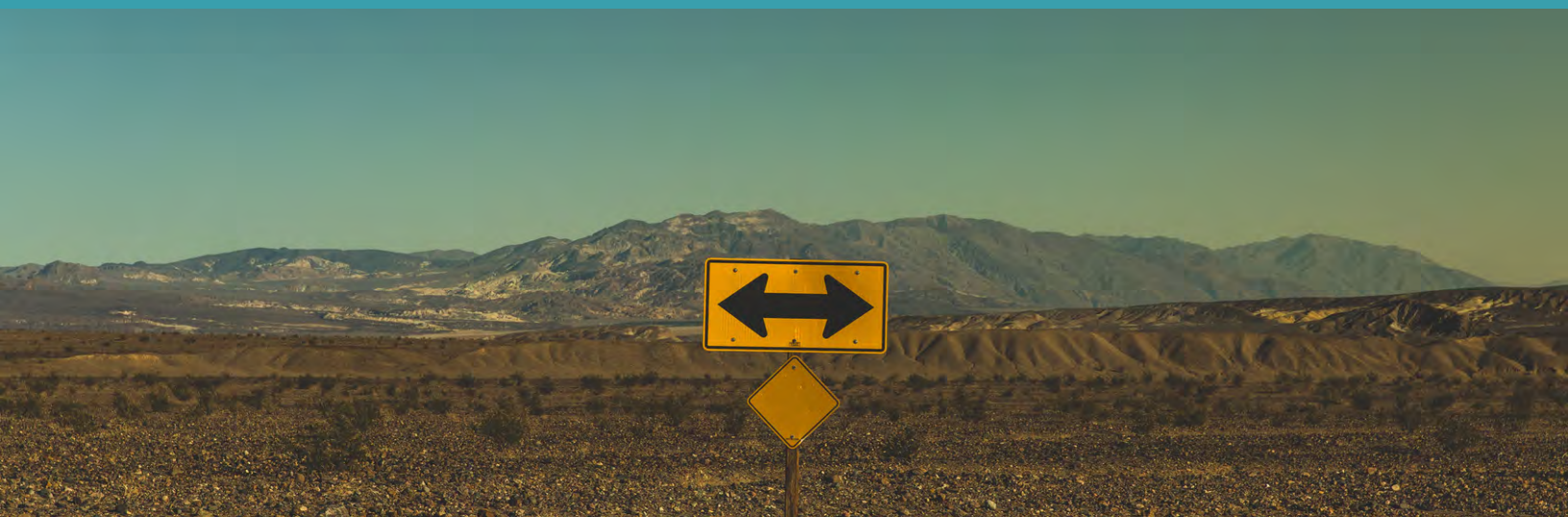


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## 3. RECOMMENDATIONS FOR CHANGE

This research report calls to attention the need for more action across all sectors and levels of Government in the fight against Human Trafficking in Canada. The Coalition offers the following recommendations for change, in line with National Strategy and the Provincial Strategy, as well as the feedback from service providers who responded to this survey:

- The immediate appointment of a survivor leader and a subsequent committee of trafficking survivors to chair and lead the National Survivor-led Advisory Committee
- Increased funding for children in the child welfare system to access camps, activities and other extracurriculars to build strong foundations for youth when they transition out of care.
- Increased research on HT that is intersectional, trauma-informed, and survivor-led in approach that focuses on often-missed topics, such as male and 2SLGBTQ+ victims and survivors.
- Criminal Record expungement and amnesty for survivors of Human Trafficking who were involved in or convicted of a crime as a result of being trafficked.
- Increased provincial funding for Sexual Assault/Domestic Violence Treatment Centres.
- Increased training and education across all sectors, for employees who may - knowingly or unknowingly - come in contact with a victim or survivor of trafficking.
- Increased housing, education, and employment opportunities for survivors transitioning back into the community after experiencing trafficking.



## CONCLUSION

In conclusion, the human trafficking situation in Ottawa is a deeply concerning and urgent matter that demands our unwavering attention and action. The research conducted by the Canadian Centre to End Human Trafficking has shed light on the severity of the issue, with Ottawa serving as a significant focal point in this crime network. The disproportionate impact on vulnerable youth and the enduring trauma faced by victims underscores the gravity of the situation.

It is evident that there is more work to be done, and our efforts must be multi-faceted. This includes a concerted focus on stopping the demand through awareness campaigns and legislative changes to address this crime more appropriately. Additionally, we must invest in resources that provide survivors with secure housing, educational opportunities, the ability to rebuild their credit, and access to vocational opportunities that, in turn, provide jobs that ensure a good standard of living. Continuation of therapy and mental health support is also crucial to help survivors heal and reintegrate into society.

As we move forward, we must collaborate as a community, recognizing that the fight against human trafficking requires a comprehensive and sustained effort. Together, we can create a safer environment in our nation's capital and work towards eradicating this heinous crime from our society.



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Welcome to our Survey

**Welcome to our survey**

**Thank you for your interest in this survey. You will be asked about your experience working with individuals that identify as victims and survivors of human trafficking (HT). The survey will take approximately 20 Minutes.**

**If you have more than one answer for our multiple choice questions, please select one option that is the most fitting for your organization.**

**Who can participate?**

**This survey is intended for individuals who work in Ottawa with victims and survivors of human trafficking in Ottawa. We are looking for trends within 8 different sectors; healthcare, transportation, hospitality, law enforcement, education, financial services, housing systems and victim services.**

**Why am I being asked these questions?**

**The Ottawa Coalition to End Human Trafficking (OCEHT) is looking to understand local human trafficking trends in Ottawa and Eastern Ontario. The data gathered will be used to write OCEHT's annual report about the local human trafficking trends in the area in 2021-2022.**

**What if I have a question about the data being collected?**

**If you have any questions about the survey questions or the progression of the project, do not hesitate to contact the OCEHT Chair, Wendy Gee at [chair@endhumantrafficking.ca](mailto:chair@endhumantrafficking.ca).**

## Demographics

1. What sector do you work in?

- Healthcare
- Transportation
- Hospitality/Hotel
- Law enforcement
- Victim services
- Residential programming
- Education
- Financial Services
- Other (please specify)

2. What kind of professional are you?

3. What community agency or community partner do you work with?

- Prefer not to say
- Please specify if able:

4. What geographical region is your agency located in?

- Ottawa
- Eastern Ontario

5. Number of human trafficking victims/survivors served from 2021-2022.

- 0-9
- 10-19
- 20+

6. What type of trafficking does your agency see or handle? (select all that apply)

- Sex trafficking
- Labour trafficking
- Organ harvesting
- All of the above

7. In what capacity do you work with Human Trafficking victims/survivors?

- Full-Time
- Part-Time
- Volunteer



## Overview

8. What age trends are you seeing with HT involved people?

- < 9 years old
- 10-12 years old
- 13-15 years old
- 16-18 years old
- 19-21 years old
- 22-25 years old
- > 26 years old

9. In general how long had victims/survivors been involved with HT

- < 1 month
- 1-3 months
- 4-8 months
- 9-12 months
- 1-2 years
- 3-4 years
- > 5 years

10. In general, what ethnic or cultural origins are victims/survivors coming from?

- First Nations, Inuit, Métis
- White or Caucasian (Including European descent)
- African, Caribbean or Black
- Latin American
- Arab
- East Asian (eg. Chinese, Japanese, Korean)
- South Asian (eg. East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (eg. Vietnamese, Cambodian, Laotian, Thai, Filipino, etc)
- West Asian (eg. Iranian, Afghan, etc.)
- Prefer not to answer
- Other (please specify)

11. In general, what is the gender identity of victims/survivors seeking shelter?

- Woman
- Man
- Trans Woman
- Trans Man
- Two Spirit
- Non-binary or Genderqueer
- Prefer not to answer
- Other (please specify)

12. On average, how many children do human trafficking victims/survivors have?

- None
- 1 child
- 2 children
- 3 children
- 4 children
- 5+ children

13. How often are HT victims/survivors involved with the court system?

- Never
- Sometimes
- Often
- All the time
- Not sure

14. Do you feel like you have a sufficient amount of workplace training to handle situations where HT is present?

- Yes
- No

15. Has your agency worked with male victims/survivors of HT?

- Yes
- No
- If yes, what were some unique barriers the individual had to handle?

16. If yes, what are some unique barriers that the agency had to handle in order to provide service to the individual?

17. Has there been a change in the number of HT cases from 2021-2022?

- Increased
- Stayed the same
- Decreased



## Victim Services Workers

**This section is intended for individuals who work with a victim services agency. If this does not apply to your agency, please skip to the next section.**

18. Does this section apply to you?

Yes

No

19. What is your agency's mandate?

20. Primarily, how is your agency offering services?

- In-person
- Online or over the phone
- Hybrid

21. What type of training have you received about HT?

- Presentation
- Online Course
- Pamphlet
- Other (please specify)

22. Have you noticed an increase in HT through social media (OnlyFans, webcamming, etc.) since COVID-19?

- Yes
- No

23. Has HT through social media decreased post COVID-19?

- Yes - Decreased
- No - Increased

24. How well do you think your agency is meeting the needs of trafficking victims/survivors with the services you provide?

- More than adequately
- Adequate
- Met some needs
- Difficulty meeting needs

25. What is the average length of time that your agency provides services to HT victims/survivors?

- < 1 week
- 1 week - 1 month
- 1-3 months
- 4-6 months
- 7-12 months
- > 12 months

26. What are the most critical barriers that your agency encounters when providing services to HT victims/survivors? (Select all that apply)

- Lack of resources
- Lack of training
- Lack of funding
- Problems in identifying victims of HT
- Language barriers
- Safety Concern
- Coordination with other agencies
- Other (please specify)



## Residential Programming

**The following questions are specific to individuals working for a residential program. If this does not apply to you, skip to the next section.**

27. Does this section apply to you?

- Yes
- No

28. What is the average age of individuals seeking shelter?

- < 15 years old
- 16-18 years old
- 19-22 years old
- 23-25 years old
- > 25 years old

29. In general what type of family situation are victims/survivors coming from?

- Two parent family
- Single parent family
- Blended family
- Living with relative other than parents (kin)
- Child protection services
- Victim is experiencing housing insecurity
- Other (please specify)

30. In general, how long had victims/survivors been involved with HT?

- < 1 month
- 1-3 months
- 4-8 months
- 9-12 months
- 1-2 years
- 3-4 years
- > 5 years

## Healthcare

**This section is intended for individuals who work in healthcare. If this does not apply to you, please skip to the next section.**

31. Does this section apply to you?

- Yes
- No

32. Do you work directly with HT victims/survivors in your job?

- Yes
- No

33. Have you received trauma-informed training before working with victims/survivors of HT?

- Yes
- No
- Does not apply

34. Does your workplace have a HT specific program?

- Yes
- No

35. Does your HT specific program adopt a survivor-centered lens?

- Yes
- No

36. In your experience, how often are youths experiencing substance misuse?

- Never
- Sometimes
- Often
- All the time
- Not sure

37. How often do HT victims/survivors come in with STIs?

- Never
- Sometimes
- Often
- All the time
- Not sure

38. In your experience, how often do HT victims/survivors disclose multiple pregnancies?

- Never
- Sometimes
- Often
- All the time
- Not sure



## Hospitality

**This section is intended for individuals who work in the hospitality industry (e.g. restaurants, hotels, bars). If this does not apply to you, please skip to the next section.**

39. Does this section apply to you?

Yes

No

40. What type of establishment do you work for?

Food and Beverage

Hotel/Motels

AirBnB

Other (please specify)

41. Have you had any training on HT awareness through your company?

Yes

No

42. If Yes, what kind of training did you receive?

Presentation

Online Course

Pamphlet

Other (please specify)

43. From your experience, what department do you believe has the most interaction with HT victims/survivors?

Concierge

Room Service

Maintenance

Bartenders

Security

Valet

Other (please specify)

44. Does your place of employment have any company wide policies in regards to HT?

- Yes
- No
- Not Sure

45. Are you aware of any resources, or hotlines to report HT to?

- Yes
- No
- Not Sure

46. How often do you think that HT occurs in your establishment?

- Never
- Rarely
- Sometimes
- Often
- All the time

## Law Enforcement

**This section is intended for individuals who work in law enforcement. If this does not apply to you, please skip to the next section.**

47. Does this section apply to you?

- Yes
- No

48. From your experience, how many total HT cases has your agency investigated since 2021-2022?

- 0-9
- 10-19
- 20+

49. Does your agency have a HT unit or team?

- Yes
- No

50. What would be the average age of perpetrators of HT that your agency has arrested?

- < 18 years old
- 18 - 24 years old
- 25 - 29 years old
- 30 - 39 years old
- 40 - 50 years old
- > 50 years old



51. In general, what ethnic or cultural origins are perpetrators coming from? (select all that apply)

- First Nations, Inuit, Métis
- White or Caucasian (Including European descent)
- African, Caribbean or Black
- Latin American
- Arab
- East Asian (eg. Chinese, Japanese, Korean)
- South Asian (eg. East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (eg. Vietnamese, Cambodian, Laotian, Thai, Filipino, etc)
- West Asian (eg. Iranian, Afghan, etc.)
- Prefer not to answer
- Other (please specify)

52. In general, what is the gender identity of perpetrators? (select all that apply)

- Woman
- Man
- Trans Woman
- Trans Man
- Two Spirit
- Non-binary or Genderqueer
- Prefer not to answer
- Other (please specify)

53. In general, how many HT cases get reported?

- 0-9
- 10-19
- 20+

54. In general, how many HT cases result in arrests?

- 0-9
- 10-19
- 20+

55. How often do HT cases result in the defendant's conviction?

- 0-9
- 10-19
- 20+

56. What are the unique challenges your agency (or you) face when working with victims/survivors of HT?

57. Does your agency have an existing relationship with any service providers who are able to meet the immediate needs of HT survivors?

- No
- Yes (Please elaborate)

## Transportation

**This section is intended for individuals who work in the transportation industry. If this does not apply to you, please skip to the next section.**

58. Does this section apply to you?

Yes

No

59. What type of service do you provide?

Taxi

Rideshare (Uber/Lyft)

Public transit (OC Transpo, Subway)

Car rental

Car service

Airline

Other (please specify)

60. Has your employer provided training on how to spot or report HT activity?

Yes

No

61. Have you ever suspected HT was occurring to someone you were transporting?

Yes

No

62. If yes, what did you do about it?

Call 911

Report it your employer

Said something to the person

Nothing

Other (please specify)



## Education

**This section is intended for individuals who work as education providers. If this does not apply to you, please skip to the next section.**

63. Does this section apply to you?

Yes

No

64. What area do you work in?

Elementary Teacher

High School Teacher

Post secondary Professor

Administration

Other (please specify)

65. Have you received formal training from your employer about how to handle HT in schools?

Yes

No

66. If yes, what type of training did you receive?

Presentation

Online Course

Pamphlet

Other (please specify)

67. Have you ever suspected a student was involved with HT?

Yes

No

68. If yes, how did you respond?

- Call 911
- Report it your employer
- Report it to the parents
- Said something to the student
- Nothing
- Other (please specify)

69. Has your school ever taught an awareness lesson or campaign about HT to the students?

- Yes
- No

70. Is your educational institution implementing Ontario's policy for human trafficking education?

- Yes
- No

## Housing Systems (Shelters)

**This section is intended for individuals who work with a housing system. If this does not apply to you, please skip to the next section.**

71. Does this section apply to you?

- Yes
- No

72. What is the average age of individuals seeking shelter?

- < 15 years old
- 16-18 years old
- 19-22 years old
- 23-25 years old
- > 25 years old

73. In general what type of family situation are victims/survivors coming from? (select all that apply)

- Two parent family
- Single parent family
- Blended family
- Living with relative other than parents (kin)
- Child protection services
- Victim is experiencing housing insecurity
- Other (please specify)

74. Does your agency provide staff and volunteers with training about HT?

- Yes
- No

75. If yes, what type of training is offered?

- Presentation
- Online Course
- Pamphlet
- Other (please specify)

76. In general, how long had victims/survivors been involved with HT

- < 1 month
- 1-3 months
- 4-8 months
- 9-12 months
- 1-2 years
- 3-4 years
- > 5 years

77. On average, how long are victims/survivors staying at your agency?

- < 2 weeks
- 2-4 weeks
- 1-3 months
- > 3 months

78. Does your agency have special guidelines in place for handling HT situations?

- Yes
- No

79. If yes, what type of guidelines?



## Financial Services

**This section is intended for individuals who work with financial services. If this does not apply to you, please skip to the next section.**

80. Does this section apply to you?

- Yes
- No

81. What type of financial service do you provide?

- Retail Banking
- Commercial Banking
- Credit/Debit Cards
- Money Service Businesses
- Retail Check Cashing
- Formal Paychecks/Payroll
- Other (please specify)

82. Have you received any formal training on HT and how to handle it by your employer?

- Yes
- No

83. If yes, What kind of training did you receive?

- Online Course
- Presentation
- Pamphlet
- Other (please specify)

84. Have you ever suspected a customer/client to be involved in HT?

- Yes
- No

85. Are you aware of ways to report suspicion of HT?

- Yes
- No
- Not sure

86. In general, how many victims/survivors of HT have you worked with to rebuild their economic portfolio from 2021-2022?

0-9

10-19

20+

Thank you for participating in our survey!

## Agency Information

1. Type of Agency/Organization:

- Housing
- Food Bank
- Counseling
- Police / RCMP
- Rehabilitation

2. Name of Organization (optional, but would be appreciated)

3. Demographic of clientele you serve: (please check off the demographics that represent the majority of the clientele that you serve)

- Caucasian
- Indigenous
- Inuit
- Black
- Asian
- Elderly
- Middle aged
- Youth
- Male
- Female
- Non-binary
- 2SLGBTQI+
- Two spirited

4. Hours of operation prior to pandemic:

5. Hours of operation currently:

## Demand and Capacity

6. Have you seen an increase or decrease in your services during the pandemic?

- increase
- decrease
- remained the same
- Other (please specify)

7. Have you seen a shift in your clientele that access your services?

- Yes
- No
- Please elaborate:

8. Have the restrictions affected your clientele? Please list specific restrictions that have affected your services.

- Yes
- No
- Please elaborate:

9. Did your capacity to serve your clients change (increase/decrease) to meet public health regulations?

- increased
- decreased
- stayed the same
- Other (please specify)

10. What barriers did your clients face in order to access your services?



## Types and Severity of Trafficking

11. How many clients did you serve that were either previously or currently being human trafficked?

12. Have you seen an increase, decrease, or no change in the following types of trafficking:

	None	Very little	Average	Increase	Vast increase
Sex Trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labour Trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organ Trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

13. How has the increased usage of social media affected your clients? Did the impact of social media increase the vulnerability of your clients?

14. Have you/clientel noticed a change in human trafficking tactics during the pandemic? (ex. Only fans- moving online,ect.) If so, what changes can you note.

- Yes
- No
- Please elaborate:

15. Has the severity of violence faced towards your clients changed?

- Yes
- No
- Unknown
- Please elaborate:

## Adapting to the Pandemic

16. To what extent has the pandemic impacted the organization's ability to provide services?

to a great extent      moderate extent      some extent      minor extent      none at all.

17. Have you seen policy changes that have affected the individuals that you are providing services to? Do you plan on going back to your previous policies following the pandemic?

18. How did the restrictions put in place affect your organization's ability to take on new clients?

19. Which services did your clients report were the most difficult to access during the pandemic?

20. Family relations

Significantly  
worse

Somewhat worse

No change

Somewhat better

Significantly  
better

N/A

21. Accommodations

Significantly  
worse

Somewhat worse

No change

Somewhat better

Significantly  
better

N/A

22. Health

Significantly  
worse

Somewhat worse

No change

Somewhat better

Significantly  
better

N/A

23. Psychological state

Significantly  
worse

Somewhat worse

No change

Somewhat better

Significantly  
better

N/A

24. Financially

Significantly worse	Somewhat worse	No change	Somewhat better	Significantly better	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Did you have clients that were significantly affected negatively by Covid? If so, please check off how they were affected:

- Yes
- No
- Other (please specify)

26. What type of technology was used to provide services to clientele: (select all that apply)

- individual virtual meeting,
- group virtual meeting
- Telephone conferences
- texting service,
- Purchasing electronics for clientele
- Other (please specify)

## Challenges

27. Did your organization see changes to the funding that you typically receive during pandemic?

- Yes
- No
- Other (please specify)

28. Did your staff experience burn out during the COVID-19 pandemic?

29. Did online services increase your capacity to provide services to your clients?

30. Did your clients have access to online forms of communication (cell phones, computer access, internet access, etc.)

31. Did working from home have an impact on the services your organization could provide to your clients?

32. Did your staff work from home?

- Yes
- No
- Hybrid
- If so, what percentage of your organization work from home?



33. Did you find that your ability to effectively staff your organization was affected due to childcare responsibilities?

- Yes
- No
- Other (please specify)

34. Did your organization struggle with staffing due to staff reluctance to work due to health concerns or mandatory isolations?

- Yes
- No
- Other (please specify)

35. Did your organization require additional funding to address needs resulting in Covid 19 pandemic?

- Yes
- No
- Other (please specify)

## Moving Forward

36. Will your organization continue some practices that you put into place after the pandemic?

- All
- Most
- Some
- None
- If you answered all or some, which practices will you continue to implement?

37. Do you believe human trafficking will decrease or increase now that the pandemic has ended?

38. Did you see a shift in the demographic of the clientele that you served?

39. How did your services adapt to the pandemic?

40. What positives or advancements has your organization made during the pandemic?