HUMAN TRAFFICKING: AN EXAMINATION OF AVAILABLE SERVICES AND SUPPORT

IN PRINCE GEORGE, BC

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ABSTRACT

Human trafficking is an abhorrent crime that exists throughout the world, affecting communities of all sizes. Men, women, and children are treated as slaves and are forced into exploitive situations for both labour and sexual services. While the body of research on global human trafficking is growing, there are fewer studies that look at community-level care and support of victims, and even fewer that look at conditions in smaller urban centres where human trafficking is less prominent. The purpose of this interdisciplinary research is to address both these gaps by examining service provision for victims of trafficking in Prince George, British Columbia. I employ the conceptual lenses of intersectionality and heteronormativity to understand human trafficking victimization and the theory of social care to account for systems of care and support organized in response to this victimization. Using a case study approach, I conducted key-informant interviews with service providers in Prince George and Vancouver in order to understand the nature of service coordination and how service delivery differs in a small urban centre compared to a gateway metropolitan centre where human trafficking is more prevalent. My findings indicate that service providers' understandings of human trafficking differ, and that resource access and institutional conditions create barriers for victim identification and service coordination. Finally, I offer recommendations for policy and practice intended to enhance the capacity of local care and support networks to identify and offer help to victims.

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LIST OF ACRONYMS

AWAC	An Association Advocating for Women and Children
CIC	Citizenship and Immigration Canada
CSFS	Carrier Sekani Family Services
DEU	Down-town Enforcement Unit
ER	Emergency Room
ESDC	Employment and Social Development Canada
GD	General Duty
HRSDC	Human Resources and Skills Development Canada
ILO	International Labour Organization
IMSS	Immigration and Multicultural Services Society
IRPA	Immigration and Refugee Protection Act
LCP	Live-in Caregiver Program
MCFD	Ministry of Children and Family Development
NFC	Native Friendship Centre
NGO	Non-Governmental Organization
NOC	National Occupational Classification
OCTIP	Office to Combat Trafficking in Persons
RCMP	Royal Canadian Mounted Police
SAWP	Seasonal Agricultural Worker Program
TFW	Temporary Foreign Worker
TFWP	Temporary Foreign Worker Program
TVPA	Trafficking Victims Protection Act
UN	United Nations
UNODC	United Nations Office on Drugs and Crime

1. INTRODUCTION

1.1. Introduction

Human trafficking is an abhorrent crime that exists throughout the world. From large

cities to small rural communities, human trafficking is everywhere. Men, women and children

are treated as slaves and are forced to endure mental and physical traumas throughout their

imprisonment. Victims of human trafficking are forced to work in exploitive situations, providing

their services for little to no money in labour and sexual services. Though trafficking often

involves the movement of people, it does not necessarily have to. Instead, individuals can be

forced into slave like situations in their home communities, while others are transported across

national and international borders. Statistics on the number of human trafficking victims

worldwide are considered gross underestimations, as there is no way to ensure accurate and

reliable data. What is known is that this "low risk/high reward activity" (Government of Canada,

2012, p. 6) leaves many physical and emotional scars that need the support of care providers to

heal.

By situating my research in Prince George, British Columbia (BC), this case study

considers human trafficking in a remote location, a considerable distance from major

metropolitan centres and an international border. Prince George is the largest city in northern

BC, and is a source of many services (e.g., health care, retail) for people in surrounding rural

areas and smaller urban centres. With respect to the issue of human trafficking, however, Prince

George is a non-gateway urban centre that has not been the focus of much research or policy

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attention.[1] The rugged geography of northern BC, with its small, isolated, and resource-dependent communities, offers unique challenges in identifying and supporting exploited individuals. To understand the barriers and strengths of community support for people who have been victimized by human trafficking, this research focuses on three elements of care provision: awareness and understanding of the facets of human trafficking, strengths and limitations of service availability in the community, and the role that relationships between providers play in service partnerships and care provision. This exploratory case study considers human trafficking care and support through the application of a multi-theoretical lens. The theory of social care is employed to situate systems of support in the prevailing social assumptions of care and responsibility, including questions of place and capacity. Intersectionality and heteronormativity serve as conceptual lenses by which to understand prevailing social responses to victims of human trafficking. This research takes an interdisciplinary approach, drawing primarily on literature and conceptual approaches in health geography and social work, with supplementary literature drawn from a wide number of fields, including social policy, criminology, and sociology.

1.2. Research Objectives

The goal of this research is to understand how human trafficking victims are aided through community-based support networks and services in Prince George, British Columbia. By considering the existing knowledge and awareness of human trafficking networks of support for victims in the community, this research seeks to provide insight into the particular experiences and challenges that exist in smaller and more remote communities. I have engaged in

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[1] *Gateway city* is a term used in geography, history and sociology literature to identify metropolitan centres that serve as critical ports of entry of people from multiple locations (including international migrants), and sites that collect and disperse high volumes of goods and capital (Price & Benton-Short, 2008).

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conversation with key informants about the amount and particular forms of human trafficking and identified the forms of trafficking thought to be present in Prince George, and the services and support available to its victims. The key questions that framed my research are:

1. What community organizations are responsible for providing support for victims of trafficking?

2. What methods are utilized to aid survivors in re-establishing a positive role in society?

3. How are services accessible to those who are in trafficking situations, or in which ways are victims identified by local support agencies?

4. What is the nature of the relationship between various support agencies in Prince George, BC?

Guided by these questions and a review of pertinent literature, I work to paint a picture about the evolving practice of care for a small, marginalized and hidden population of trafficked individuals. The findings in this thesis convey the need to increase human trafficking awareness and incorporate an integrated response to caring for identified victims of trafficking. I argue that gender assumptions and social exclusion are contributing factors that limit the identification of trafficked individuals and their ability to access care. As such, social assumptions and attitudes are dynamic conditions that effect community integration and the development of support practices at the local level. Community care and services for trafficked individuals are further impacted by policies and practices put in place by provincial and federal governments.

1.3. Theoretical Lens

Human trafficking affects a diverse range of people and the care and support of its victims involves a wide range of agencies and sectors. For these reasons, a combination of theories must be incorporated to comprehend human trafficking. From victim identification to support availability, there are a multitude of factors that exist which both hinder and assist people in accessing the supports needed. I draw on empirical and theoretical contributions from a wide range of scholarship, including health and social geography, social work, sociology, policy studies and criminology, to approach human trafficking from a multidisciplinary perspective. Theories of intersectionality and heteronormativity, which originated in feminist and gender scholarship and have been applied broadly in the social sciences, are employed here to understand the multitude of factors that cause people to become victims of this crime, and the social factors that reinforce the vulnerability and marginalization of victims. The theory of social care, first developed to analyze social policy and subsequently adapted in health geography and sociology, is used to consider systems of trafficking support in Prince George in a socio-political (e.g., ideological) and institutional (e.g., organizational, professional, jurisdictional) context.

The oppressive nature of human trafficking enforces societal imbalances because human trafficking is akin to slavery. Human trafficking literature recognizes that often the most vulnerable are at highest risk for being targeted as victims, thus women are amongst the highest population of identified victims (Ministry of Justice, & Ministry of Children and Family Development, 2015; People's Law School, 2014; RCMP, 2013; U.S. Department of State, 2015). Intersectionality is a feminist theory that seeks to understand the relationship between different social categories, including: gender, class, race, and sexuality and the resulting social divisions

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(Davis, 2008; Mehrotra, 2010; Valentine, 2007; Yuval-Davis, 2006) that enforce segregations in society and ultimately enhances opportunities of victimization. Intersectionality works to create a culture of understanding of the many circumstances and discriminatory practices which foster exclusion and social inequalities. Thus, social categories do not exist in silos and are interconnected as intersecting oppressions (Crenshaw, 1989).

Intersectionality considers policies and procedures, such as globalization, capitalism, patriarchy, and colonization, as intersecting tools of oppression. This concept is important in considering the inherent vulnerabilities in temporary workers, Aboriginal and First Nations populations, youth and women because the intersections between gender and other identities contribute to a person's experiences of privilege or oppression (Association for Women's Rights in Development, 2004). Intersectionality enhances research in the field of geography because it aids in understanding "the intimate connections between the production of space and the systemic production of power" (Valentine, 2007, p. 19), which are inherent in human trafficking and the exploitation of the powerless.

Societal assumptions often identify victims and perpetrators based on gender, such that females are assumed to be the victims while males commit the offences (Dennis, 2008; McDonald & Tijerino, 2013; Tewksbury, 2007). Thus, the theory of heteronormativity is applicable to research on human trafficking because it recognises the social construction of society based on gender, which, I argue, hinders the identification of both actors and victims in human trafficking. Heteronormativity – which identifies gender as a socially constructed process (Ingraham, 1994; Jackson, 2006; Prentice & Carranza, 2002; Schilt & Westbrook, 2009) – is defined by Ingraham (1994, p. 204) as "the view that institutionalized heterosexuality constitutes

the standard for legitimate and prescriptive sociosexual arrangements." Berlant and Warner

(1998, p. 548) expand on the notion of heteronormativity in their research by stating that:

> [T]he institutions, structures of understanding, and practical orientations that make
> heterosexuality seem not only coherent - that is, organized as a sexuality - but also
> privileged. Its coherence is always provisional, and its privilege can take several
> (sometimes contradictory) forms: unmarked, as the basic idiom of the personal and the
> social; or marked as a natural state; or projected as an ideal or moral accomplishment. It
> consists less of norms that could be summarized as a body of doctrine than of a sense of
> rightness produced in contradictory manifestations - often unconscious, immanent to
> practice or to institutions. Contexts that have little visible relation to sex practice, such as
> life narrative and generational identity, can be heteronormative in this sense.

The division of males and females guide how individuals perceive themselves, their interactions

with others, and their position in society (Macionis, 1993). Thus, heteronormativity is an

important consideration in the study of human trafficking, as the social construction of gender

establishes barriers in victim self-identification, particularly in males, and the identification of

victims and their abusers by the community at large.

The classification of male versus female has long since established an assumption of what

constitutes masculinity and what constitutes femininity that is still present in society today. The

assumption that to be male equates to prescriptions of maleness that emphasize strength,

assertiveness, and self-reliance (Prentice & Carranza, 2002; West & Zimmerman, 1987),

contradicts victimization, as vulnerability and weakness are considered to be characteristics

ascribed to femininity (O'Neil, 1981). To deviate from these prescribed norms is often met with

devaluation and forms of chastisement (Prentice & Carranza, 2002). Moreover, societal norms

that emphasize masculinity to exist in excess in heterosexual males, strengthens the impact of

male-on-male sexual victimization because it causes the male victim to question his own

sexuality.

Heteronormativity and intersectionality represent the social classifications of individuals and groups present. Thus, societal norms are shaped by place and the nuances that exist within a location. As a result, the dimensions of the care available in place are directly related to the social norms present in place. The theory of social care was developed by Carol Gilligan more than two decades ago, and is defined as "the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks which these are assigned and carried out" (Daly & Lewis, 2000, p. 285). Social care, in its infancy, explored the role of women and their experiences in providing care through interpersonal, often unpaid, social relationships (Daly & Lewis, 2000; Hankivsky, 2004). The concept of social care identified women as primary caregivers, focusing on how the responsibility of care "reinforced the disadvantaged position of women" (Daly & Lewis, 2000, 283). While the basis of the concept of social care was imbedded in the defining role of females and their provision of support in unpaid positions, the focus of care is inclusionary of all forms of support spanning the formal and informal constructs of life (Parr & Philo, 2003). Social care theory is extended beyond the interpersonal relationships of care to include the intervening spaces of "state, market, voluntary sector and family obligations" (Hanlon, Halseth, Clasby & Pow, 2007, p. 467).

Social care is rooted both in political and social economies (Daly & Lewis, 2000; Tronto, 1994). The concept of care as it relates to the political economy are connected to the tangible aspects of care needed to enhance a person's well-being; while the social economy of care considers the social interactions that take place as a result of the process of care exchange (Hanlon et al., 2007). Ethics of care are intrinsically situated within social care theory, but are not

universal. Community and cultural assumptions and understanding of human differences, which "arise from gender, class, race, ethnicity, sexuality, ability, and geographic location" need to be examined in order to address the needs of diversity (Hankivsky, 2004, p. 2). Thus, the theory of social care provides a lens through which the interactions of community can be considered as they relate to the provision of services for trafficked individuals.

1.4. Thesis Outline

By situating this research in a geographically remote, non-gateway community, this research identifies the different aspects of human trafficking that exist outside of large urban centres, while contributing to the growing body of literature on human trafficking. Chapter Two, *Literature Review,* contextualizes human trafficking as it exists internationally and nationally. This chapter identifies and discusses vulnerabilities present in society, as they relate to both permanent and non-permanent residents.

Chapter Three, *Community Context,* provides the geographical context in which this thesis takes place. Prince George is a northern city, situated at the conjunction of two major highways, Highway 16 and Highway 97, used as routes to transport trafficked individuals. The process by which I collected and analysed the qualitative data used in this thesis is described in Chapter Four, *Methods and Methodology*. Participant voices are used to articulate and support findings in Chapter Five, *Findings and Discussion*. Participant quotes are used to contextualize the challenges and opportunities of identifying and providing care and support to victims of human trafficking in Prince George. This chapter draws on literature to discuss the complex challenges that exist in supporting a population of victims that are not statistically well represented because of the hidden nature of this crime. The concluding chapter highlights the

findings of this research, and considers future opportunities for policy, academia, and the community to move forward and respond to the complex and dynamic needs of human trafficking victims in rural and northern communities.

2. LITERATURE REVIEW

2.1. Introduction

Human trafficking is said to be a form of modern day slavery, and is considered to be a "low risk/high reward activity" (Government of Canada, 2012, p. 6) because of the clandestine nature of the crime. Investigators, caregivers and policymakers alike experience ongoing challenges as a result of the complex nature of the crime and the limited knowledge available to aid in identifying and supporting victims. In recent years there has been growing recognition of the need for collaborative approaches to providing care for trafficking survivors, as for instance emphasized in many government reports about human trafficking (see Government of Canada, 2012; Ministry of Justice & Ministry of Children and Family Development, 2015; Office to Combat Trafficking in Persons, 2013; United States of America Department of Justice, 2013). The literature reviewed explores the issue of human trafficking and the challenge of providing health related and social support to those victims identified in or residing in smaller and remote communities in North America. The literature reviewed in this chapter will provide the contextual groundwork for further discussion on trafficking victims and the support networks in place in Prince George, BC, seeking to aid people who have been exploited through these illegal networks.

2.2. History and Context

In the last two decades human trafficking has received increasing global attention. The Royal Canadian Mounted Police (RCMP) (2010) note that this form of organized crime is on the rise nationally, though human trafficking is not a recent phenomenon. Historically, opposition to human trafficking has focused on ending sex trade exploitation and slave labour. Destruction of

the African slave trade in Canada and internationally began in the late 18th century by

abolitionists, including former slave owners, those with strong religious convictions, and slaves

themselves (Citizenship and Immigration Canada, 2009; Historica Canada, n.d.). Resistance from

exploited individuals aided in fuelling the fight to abolish slavery, which resulted in international

laws that were enacted internationally throughout the 19th century. Slavery was abolished in

Upper Canada in 1793 with the passing of *An Act Against Slavery*, which made it illegal to bring

new slaves into Upper Canada, though existing slaves were not freed at this time (Citizenship and

Immigration Canada, 2009; Historica Canada, n.d.; Stenou, 2004). Slavery was officially abolished

throughout most British colonies in 1834 with the establishment of the *British Imperial Act*.

International focus on exploitation of those forced to work in the sex trade industry was

introduced in 1902, when the first international agreement to abolish 'white slavery' was

enacted in Paris, France (Doezema, 2002).[2] This international agreement was created as a result

of the ongoing feminist abolitionist movement, led by Josephine Butler, which began in England

and gained momentum throughout Europe and America (Doezema, 2002). The intent of the

agreement was to condemn those who made money off of prostitutes[3], as it was believed that

no woman would enter into the sex trade on their own accord because females are more

virtuous than men (Doezema, 2002).

Historically, slavery was established as a suppression of rights of individuals, and was

defined in the 18th century as "the establishment of a right based on force, a right which makes

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[2]   'White slavery' was the term used to describe white women who were abducted and transported for the purpose of being forced into the sex trade. Initially, legislation for trafficking only applied to cross border transportation, but was amended in 1910 to include transportation within national borders (Doezema, 2002).
[3]   Use of the term "prostitute" is corresponding to historical reference and language used in historical documents, though the term sex trade worker is more commonly used in present day literature.

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of a man the property to such a degree of another man that the former becomes the absolute master of his life, goods and freedom" (cited in Stenou, 2004, p. 53). This 18th century definition has not been altered a great deal. The current definition of forced labour, which came into force on May 01, 1932, under international law states that "all work or service which is exacted from a person under the menace of any penalty and for which the said person has not offered himself voluntarily" (International Labour Association, 2015, para 4; see also Belser, 2005; Perrin, 2010a).

The definition of slavery identifies conditions beyond low wages and unacceptable working conditions. Belser (2005) states that worker consent is irrelevant if deception, fraud, or the retention of personal identification documents occurs in order to maintain control of the exploited individual. Conditions akin to slavery restrict a person's freedoms to choose where work will take place, and to set wage and work agreements that are acceptable to the employee. Human trafficking is considered a form of modern day slavery by numerous organizations and researchers, such as the United Nations (UN), (Benjamin Perrin, 2010a; 2010b; 2010c) the Government of Canada (2012), the Office to Combat Trafficking in Persons (OCTIP) (2013), and the US Department of State (2013), to name a few; all of whom acknowledge that presently more people are existing in bondage than at any point in history.

Increased international focus on trafficking led to the UN adoption of the first international agreement addressing human trafficking. The *Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children*, was introduced in November, 2000, and was ratified by Canada in May of 2002 (The People's Law School, 2010; United Nations [UN], 2014). The UN Protocol is one of three *Palermo Protocols* that fall within the jurisdictions

of the United Nations Office on Drugs and Crime (UNODC). Following examples set by the UN

and the United States, with the passage of the *Trafficking Victims Protection Act (TVPA)* in 2000

(Gozdziak & Collett, 2005), Canada introduced anti-trafficking legislation in 2002, within the

Immigration and Refugee Protection Act, and added provisions to the *Criminal Code* in

November, 2005 (The People's Law School, 2010, 7)[4].

The Government of Canada (2012, 4) and RCMP (2010, 8) define human trafficking as

"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". The Canadian definition is adapted from the UN definition of

human trafficking. For the purpose of this research, I have adopted the current UN definition of

human trafficking, as defined in Article 3 of the *Trafficking Protocol*, which seeks to differentiate

human trafficking from human smuggling (Gozdziak & Collett, 2005)[5], stating that:

> Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or
> receipt of persons, by means of the threat or use of force or other forms of coercion, of
> abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability
> or of the giving or receiving of payments or benefits to achieve the consent of a person
> having control over another person, for the purpose of exploitation. Exploitation shall
> include, at a minimum, the exploitation of the prostitution of others or other forms of

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[4]   The Department of Justice Canada (2015a; 2015b): Human trafficking convictions are either domestic or
international. Domestic convictions would involve any act of human trafficking which takes place within Canada,
including trafficking of Canadian citizens, temporary residents or travellers. Six offences include human trafficking
in Section 279 of the *Criminal Code*: Trafficking in Persons (section 279.01); Trafficking in Persons under the age of
18 (279.011); Receiving a Financial or Other Material Benefit – Adult victim (279.02(1)) or Child victim (279.02(2));
Withholding or Destroying a Person's Identity Documents – Adult victim (279.03(1)) or Child victim (279.03(2));
Exploitation is a chargeable offence under the *Criminal Code* (section 279.04). International victims of trafficking
must have been trafficked across an international border for the purpose of exploitation to be charged under
section 117 and 118 of the *Immigration and Refugee Protection Act (IRPA)*.
[5]   Human smuggling is: (a) human smuggling is a transnational crime; (b) human smuggling generally
involves the consent of the person being smuggled; (c) smuggled persons are released by the smuggler upon
arrival; (d) profits for human smuggling are associated with the act of transporting the person from one destination
to another (Department of Justice Canada, 2015a, 8).

sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (UNODC, 2013b, para. 2).

This definition possesses three elements, including action, means, and purpose. All three elements must be present to constitute trafficking. This is the first globally agreed upon definition of human trafficking (UNODC, 2013b). In the past, definitions tended to focus on females and the exploitation of sex trade workers. The current definition is inclusive of all people (men, women, and children) who are exploited for any form of forced labour.

2.3. Victimology

Human trafficking is composed of hidden populations of adults and children, exploited for the purpose of forced labour and/or sexual exploitation (Brennan, 2005; Government of Canada, 2012; Perrin, 2010a; RCMP, 2010). Exploitation exists as a result of the exertion of one's power over another. Marginalized populations are most vulnerable, such as temporary residents, new migrants, Aboriginal people, and youth living in situations without parental support. The UNODC (2008) considers the young, female, and poor to be most vulnerable to exploitation. Gender inequalities present in society further entrench power imbalances, which may increase females' risk of exploitation (Nolin, 2006; Nolin, Zehtab-Martin, & Halseth, 2011; People's Law School, 2014). Thus, evidence suggests that women and children comprise the largest population of trafficking victims (Brennan, 2005; Godzdziak & Bump, 2008; Latonero, Berhane, Hernandez, Mohebi, & Movius, 2011; People's Law School, 2014; RCMP, 2010). Furthermore, many victims of trafficking do not designate themselves as such, which may be due to lack of understanding of the definition or the term "human trafficking" (Bruckert & Parent, 2004; Newton, Mulcahy, & Martin, 2008; RCMP, 2010) and/or pre-conditioning as a result of past experiences (Ferland, Denby, Neuman & Bruce, 2012).

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Global trafficking populations are estimates, as the actual number of human trafficking victims is un-measurable due to the crime's hidden nature and the constant fluctuations of peoples who are victimized (International Labour Organization [ILO], 2012). The two most cited sources for statistics on human trafficking victims are the International Labour Organization (ILO) and the US Department of State. The ILO (2012, p. 13) estimates that 20.9 million people globally are victims of trafficking at any given point in time, while the US Department of State (2013, p. 2) estimates the number of global human trafficking victims to be much higher, stating that "as many as 27 million men, women and children are victims of trafficking at any given time".

Estimates by the RCMP Criminal Intelligence Directorate, in 2004, indicated approximately 800 individuals are trafficked into Canada each year. Of these victims, approximately 600 were trafficked into the sex trade. Furthermore, between 1,500 and 2,200 persons were trafficked through Canada into the US (cited in Perrin, 2010a, 2010b). These are only estimates and, as stated by Barrett (2010), the Government of Canada (2012) and Perrin (2010b), the RCMP has since rescinded these statistics, rendering Canadian estimates of the total number of human trafficking victims unknown. Though government agencies are apprehensive of publishing human trafficking statistics, Canadian agencies are actively involved in apprehending and penalizing traffickers. As of January, 2015, RCMP (2015) reported that human trafficking convictions in Canada were secured in 85 completed human trafficking specific cases, and that 151 individuals were convicted of human trafficking specific or human trafficking

related offences[6]. Public Safety Canada (2015, p. 3) reported that there were approximately 160 victims involved in human trafficking specific and related cases before the courts, as of March 2014.

2.4. Drivers of Trafficking

Sociologist O'Connell Davidson (2010, p. 245) states that "trafficking, smuggling, and migration are separate but interrelated issues," though it can be argued that policies implemented to decrease human rights and labour violations may also reduce trafficking activity. The connection between migration and trafficking is intricate, as many victims of trafficking enter into a country through legal migration networks, only to face exploitation and human rights violations when they arrive. This has, on multiple occasions, been the situation for trafficking offenses in domestic labour positions, service sector employment, and international marriage relationships (Anderson & O'Connell Davidson, 2003; Castles, 2004; Lansink, 2006; O'Connell Davidson, 2010; Perrin, 2010a).

The movement of vulnerable populations further increases the risk of people falling victim to traffickers. Forces that encourage individuals to seek life in another country or city, often driven by the search for better economic opportunities, are referred to as *pull factors* (Castles & Miller, 2009; Koen, 2004; Lansink, 2006). *Push factors* are those that motivate people to leave their place of residence, and can include factors such as poverty, unemployment, discrimination, violence, natural disasters, or a lack of equal opportunities or rights for women. The motivation to achieve a better life often results in migration occurring "outside legal

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[6]   Human trafficking related offences include, but are not limited to, kidnapping, forcible confinement, uttering threats, extortion, assault, sexual assault, aggravated sexual assault, prostitution-related offences, and criminal organization offences (Department of Justice, 2015).

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channels, leading to clandestine movement, heightened vulnerability, abuse, and exploitation"
(Nolin, 2006, p. 5; see also Goldring, Berinstein, & Bernhard, 2009). Gender discrimination puts
females at greater risk of being trafficked into the sex trade, domestic servitude, and forced
marriage (Lansink, 2006). Disempowerment of women is attributed to unequal power dynamics
which are a result of historically and culturally created gender ideologies, thus increasing
potential vulnerabilities among female populations (Nolin et al., 2011). Increased vulnerability to
women and girls can be attributed to "unequal access to education, traditional practices, limited
possibilities for women to access or own land and property and other forms of gender
discrimination" (Lansink, 2006, 48). Though these gender issues are considered in the context of
international migration, they are also addressed as determinants of vulnerability in Canadian
literature discussing domestic trafficking of Aboriginal girls (see Ferland et al., 2012; Sethi, 2007).

2.4.1. Temporary Foreign Workers

The social isolation and marginalization that occurs with temporary residents creates
opportunities for exploitation to occur. Factors resulting from cultural segregation of non-
permanent and newly permanent residents are recognized by Fudge (2011), Fudge and MacPhail
(2009), Goldring et al. (2009), and Perrin (2010), as they highlight the complexities of migration
in Canada and its associated social implications. One such program commonly debated is the
Temporary Foreign Worker Program (TFWP)[7]. Temporary Foreign Workers (TFW) have been
employed to fill gaps in Canada's workforce since 1966 (Preibisch, 2010). The government's
intention of the TFWP is to temporarily fill short-term labour shortages that are unable to be

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[7]   Temporary residency documentation is obtained through the following programs: Temporary Foreign
Worker Program (TFWP), including the Seasonal Agricultural Worker Program (SAWP), the Live-in Caregiver
Program (LCP), the Low-Skilled Worker Program, High-Skilled Worker Program, and the Canadian Experience class;
Foreign students, with or without a work permit; Refugees claimants; Other humanitarian cases.

filled with Canadian citizens (Zell, 2011). The primary regulatory federal legislation responsible

for the TFWP is the Immigration and Refugee Protection Act (IRPA) (Chow, 2010), and is jointly

managed by Human Resources and Skills Development Canada (HRSDC) and Citizenship and

Immigration Canada (CIC) (Citizenship and Immigration Canada, 2015). This program has raised

much debate since its inception, as issues have arisen due to the treatment of TFWs within

Canada. Mistreatment of TFWs is inadvertently caused by the restriction of freedoms due to

policies regarding the TFWP implemented by both Provincial and Federal Governments

(Canadian Press, 2008; Metropolis Canada, 2008; Dias-Abey, 2013; Fredericks, 2013; Fudge,

2011; Ryan, 2013a; Ryan, 2013b;).

Temporary Foreign Workers often fill positions deemed undesirable to Canadians, which

are referred to as the 3D jobs (i.e., Dangerous, Dirty, and Difficult) (Preibisch, 2010). These types

of positions further cement the division of permanent and non-permanent residents through a

process of social conditioning which emphasizes the division of classes historically created and

enforced through immigration policies. Though beyond the scope of this thesis, it is important to

observe the historical process of inclusion and exclusion in which Canada has participated. For

example, prior to 1962, Canada's Immigration Act restricted migration based on ethnicity,

culture, and place of origin (Marsden, 2011). Presently, Canada stresses the importance of

multiculturalism, which contradicts TFW policies because they are designed to support

segregation and the exclusion of individuals who are not permanent residents of Canada. By

creating a system which benefits the Canadian economy, but at the same time denies TFWs the

same legal entitlements as permanent resident workers, the social exclusion of temporary

workers and minority populations is implicated in the "creation and maintenance of a subclass of

flexible labour, which primarily supports the interests of employers" (Marsden, 2011, p. 41). In

June 2014, Jason Kenney and Chris Alexander, then Minister of Employment and Social

Development and Minister of Citizenship and Immigration respectively, introduced multiple

amendments to the TFW policy (Employment and Social Development Canada, 2015). Changes

to the policy were implemented in stages to address concerns related to the rights of workers

and public concern over outsourcing of Canadian jobs (see Table 2.1).

Table 2.1: Alterations to the TFWP announced 2014

ACTIVITY.	IMPLEMENTATION DATE
LMIA fee increase from $275 - $1,000	June 2014
Launch enhanced tip website on offenders	Spring 2014
Information sharing agreements between CIC, CBSA and ESDC completed	Summer 2014
Monetary fine for employers who break rules	Autumn 2014
End live-in requirement for Live-in Caregiver Program (LCP)	December 2014
Implement expanded inspection regime	March 2015
Implementation of new high and low-wage streams	April 2015

Note: Compiled from Employment and Social Development Canada, 2015

Mistreatment of TFWs often occurs within the place of employment or place of

residency, and is caused by the restriction of freedoms, as workers are not offered the same

provisions with regard to health care, worker rights, length of employment, and dwelling options

as Canadian citizens (Fudge, 2011; Fudge & Parrott, 2014; Metropolis Canada, 2008; Ryan,

2013a; Ryan, 2013b). Foreign nationals residing in Canada under the TFWP have length of

residency restrictions based on their program of entrance. There are many limitations to these

programs, based primarily on the skill level of the worker, including the inability of low-skilled

workers, agriculture workers, and Live-in Caregivers (LCPs) to be accompanied by family

members[8]. Isolation is, therefore, inherent with this form of arrangement, as participants are entering a country with limited social support. Until December 2014, participants in the LCP were further isolated as a result of policy that stated LCPs must reside in the same residence in which they are employed.

2.4.2. Aboriginal Communities

Anupriya Sethi (2007, p. 57), a human trafficking and Aboriginal rights researcher, argues that much of the Canadian human trafficking literature "focuses on international sex trafficking, in turn positioning Canada more as a destination and transit country than an origin country", which leads to a limited focus on cases involving movement of peoples within national borders. Furthermore, she discusses the need to focus on policies that supress the rights of Aboriginal peoples, particularly females and children, as these further establish the potential for exploitation. As stated previously, marginalized populations are considered to be most at risk of being victimized by human trafficking. Aboriginal women and girls are considered to be at even greater risk as a result of the historical impact of residential school and colonialism (People's Law School, 2014).

Individuals forced into the sex trade are often groomed from early childhood, and are possibly products of childhood sexual abuse, the child welfare system, early exposure into street or gang life, and/or substance abuse (Ferland et al., 2012; RCMP, 2013). Colonialism and the

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[8] Skill levels are categorized based on wage levels. As of April 30, 2015, the National Occupational Classification (NOC) system was replaced by the new high and low-wage streams. The NOC was a nationally utilised occupation reference system that organized more than 30,000 job titles into 520 occupational categories. The new stream classifies low and high-wage positions based on the average provincial/territorial wage, such that a TFW wage which is below the BC provincial average hourly wage of $22 is considered to be a low-wage position, and TFWs offered wages at or above the provincial average are considered high-wage positions (Employment and Social Development Canada, 2015).

residential school system further exacerbate these vulnerabilities as racism and segregation have led to the cultural disintegration of many Aboriginal communities. Researchers in the field of social work state that rates of childhood sexual abuse amongst Aboriginal female populations are reportedly as high as 25% to 50%, compared with 20% to 25% of non-Aboriginal children (Collin-Vézina, Dion, Trocmé, 2009, p. 35). The Correctional Service of Canada states that the rate of childhood sexual abuse in Aboriginal youth under the age of 18 is as high as 75% (cited in Sethi, 2007). Childhood sexual abuse normalizes sex in girls and reinforces their assumption that they are sexual objects (Ferland et al., 2012), which further enhances the ability of people, such as family members, relatives, "friends", or those posing as their boyfriend, to manipulate and exploit girls into the sex trade[9].

Many victims of sexual exploitation are runaways, whether single occurrence or chronic, who have fled from a group home or the residence of a primary caregiver (RCMP, 2013). Youth are particularly vulnerable in such situations because of their financial instability, their lack of social connections, and their need for reliance on others to secure housing arrangements. Risk factors increase amongst Aboriginal youth, as they are less likely than non-Aboriginal youth to reside in their family home (Ferland et al., 2012).

2.5. Services and Support for Trafficking Victims

Human trafficking victims suffer from a number of physical and psychological health issues as a result of the trauma they experience while in captivity. The emergence of understanding of the impact that crime has on its victims and their subsequent need for support

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[9]   Evidence suggests that females in some Northern Canadian First Nations communities are initiated into the sex trade by family members, including father, brother, uncle, or grandfather (Lynne, 1998).

and freedom from further impacts of trauma, such as re-victimization, occurred during the 1970s (Dunn, 2007). The growing awareness of the impacts of crime on its victims is recognised by researchers, Non-Govenmental Organizations (NGO) and government agencies, who believe that support services are a vital component to aiding trafficking survivors, and should be implemented within government policy on human trafficking (Dovydaitis & Kirschstein, 2010; Government of Canada, 2012; Ostrovschi et al., 2011; Watson & Silkstone, 2006; UNODC, 2008; US Department of Health and Human Services, 2012; US Department of State, 2013; Zimmerman et al., 2008). Within government service provision a variety of factors must be considered, as outlined by the US Department of Health and Human Services (2012), including the length of time for treatment, location of treatment and housing, access to health care, immigration and legal services, education or job training, and victim compensation.

In order to address the numerous health-related issues faced by trafficking victims, it is first important for governments to recognise that human trafficking is a health care issue (Family Violence Prevention Fund, 2005; Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2008). Furthermore, it is necessary to create programs that address the needs of culturally diverse victims and the differing traumatic experiences of trafficking victims. As nonmedical professionals are often the initial contact persons for victims, Hossain, Zimmerman, Abas, Light and Watts (2010) suggest that mental health practitioners should develop and test interventions that nonmedical professionals can implement in the absence of a mental health service provider. Survivors have a great deal of information to contribute to the design and implementation of services for trafficking victims, as they have an insider's perspective on the sensitive needs of those who have been victimized. It is vital, therefore, that programs utilize the expertise and insight of

trafficking survivors (US Department of State, 2013). Transken, Strader and Boyd-Noel's (2008, p. 20) research in Prince George, addressing the needs of women who were previously homeless, agree with the value of including individuals who have been exploited, stating that inclusion aids in developing an understanding of which "agencies were actually helpful, [it] removes an element of speculation and replaces it with actual insight based on success stories. This is the kind of data that is crucial in creating informed policies, successful programs and clear direction regarding where the 'need' is for funders".

Of the research I reviewed on the design of services for survivors of human trafficking, the primary focus was on the experiences of female survivors, with limited focus on the needs of child and youth victims, and less on male survivors. Due to the focus on trafficking in women and children, particularly in the media and promotional materials, male victims often go unidentified by professionals, as they are often assumed to be criminals and tend to be treated as such (US Department of State, 2013). This lack of awareness and exclusion of male victims within literature has led to a female-based focus on service provision of trafficking victims, and the creation of shelters with programs designed to aid female victims of abuse. Furthermore, I found no studies that addressed the role of the gender identity of trafficked male victims (e.g., those who identify as transgender) and how this affects victim identification, care and support. Lack of attention to these concerns leads to missed opportunities to identify victims and increased vulnerabilities of individuals who do not meet culturally-based expectations of the "common victim".

2.6. Service Provision in Remote Communities

Service provision in northern and remote communities in Canada, and more specifically northern British Columbia, differs greatly from urban centres. Though Prince George is a small urban centre, it supports many rural communities in the North. Thus, the geography and isolation of northern communities adds a dimension to service provision that is vastly different from larger urban centres in southern BC. The objective of this section is to highlight some of the disparities faced by those living in marginalized communities, while outlining how these disparities may influence the flow of trafficking. Health care and law enforcement in rural communities are intrinsically linked to human trafficking, as health care workers and police officers are amongst those who are in a position to identify and aid victims of exploitation. In many cases, support workers are in a positive position to aid local residents, though, at times, their personal relationship with the victim or the victim's family may hinder a service provider's ability to administer care. Positive and negative aspects of service provision in remote communities are considered within this section.

Health care in rural and remote communities is unequal to that in urban areas due to a variety of limiting factors, including Canada's expansive geography (Commission on the Future of Healthcare in Canada, 2002), harsh climate (Leipert, 2002), physician retention difficulties (Humphreys & Gregory, 2012; Roberts, Battaglia, & Epstein, 1999; Toguri, Jong, & Roger, 2012), reorganization of the health care delivery system in British Columbia's non-metropolitan areas (Hanlon & Halseth, 2012), and an assumption that rural residents retain ties to urban areas, thus failing to address issues of availability, access and financing (Blank, Fox, Hargrove & Turner, 1995). Furthermore, due to the restructuring of government policy, there is increasingly greater

reliance on family and the voluntary sector for health care provision in rural areas (Hanlon et al., 2007; Skinner, 2008). Skinner (2008) argues that reliance on the voluntary sector for community support exacerbates inequities in health care, as the economic and social stability of the community influences external funding provision. The relationship between geography and the success of volunteer organizations is relational to the stability of the community, as many remote communities in the rural hinterland experience population fluctuations leaving gaps in the voluntary sector in some communities. This issue is paralleled in funding allocation for NGOs working with victims of trafficking in non-urban centres (Bales & Soodalter, 2009).

The role of law enforcement officers is two-fold because they are not only in a position to detain an offender, they are often the first person who has contact with a victim. As a result, "police response to victims may be the most significant post-crime experience" (Dunn, 2007, p. 214) and may influence a person's receptiveness to further support. Professionals and front line workers' interactions within a community impact the information which can be gathered with respect to violence, crime, and exploitation, as well as the level of trust community members have for those in an influential role. Hence, the formal and informal social interactions, relationships and memberships within community groups influence a community's social cohesiveness and are, therefore, used as measures to identify a community's social capital (Portes & Landolt, 2000; Wall, Connell, & Fuller, 2004).[10]

Community social capital fosters social cohesion in a variety of ways, including the building of social networks through volunteer organizations, sport organizations, youth centres,

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[10]   The term 'social capital', first coined by economist Glen Loury in 1977, is defined by Pierre Bourdieu (1985, p. 248) as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition" (citied by Gregory, Johnston, Pratt, Watts & Whatmore, 2009, p. 689).

addictions services, or cultural organizations, to name a few. By encouraging community engagement, issues of seclusion and isolation may be avoided. Not only does community involvement aid in maintaining a healthy state of mind, it provides opportunities to share information and educate individuals on issues concerning health and safety, and other personal welfare needs, such as employment opportunities.

In communities where social capital is weak, the rates of crime are higher and resident segregation is often apparent (Deller & Deller, 2010; Pino, 2001). Portes and Landolt (1996) address the issue of outsider exclusion from a community where social capital does exist. In such cases, it may be difficult for newcomers to a community to seek aid and establish relationships needed for the maintenance of physical and emotional health. In some extremely remote communities where limited transportation options act as a barrier to accessing service, individuals who are at risk of exploitation may be isolated from protection services. Therefore, there is a need to address the differences in urban to rural communities with regard to service provision. Though opportunities exist to build relationships in communities with small populations through ongoing professional and personal interactions, these same relationships may also create barriers which impede service provision.

3. COMMUNITY CONTEXT

Prince George is the largest city in northern British Columbia (BC), located in what is often referred to as BCs hinterland (see Figure 3.1) (Halseth, 2005). Northern British Columbia is a vast geographic region, comprising 70% of the province's total land mass (Initiatives Prince George Development Corporation & Northern Development Trust, 2009, p. 12) and between 7% and 8% of total population (BC Stats, 2014). The rugged physical landscape of northern BC has led to the creation of small isolated communities (Halseth, 2005; Hayter, 2000).

Prince George, commonly referred to as BC's Northern Capital, is located on the traditional territory of the Lheidli T'enneh (People from the Confluence of Two Rivers) (City of Prince George, 2011). Built at the confluence of the Fraser and Nechako rivers, Prince George is located geographically near the centre of British Columbia, acting as a connecting route to communities in all cardinal directions (see Figure 3.1). The city's population in 2013 was 74,133 (BC Stats, 2013). The main driver of the economy in Prince George is the wood industry, particularly the forest sector and saw mills (City of Prince George, 2011).

The economy in northern BC has focused historically on natural resource extraction, though in recent years efforts to diversify the economy are evident (Initiatives Prince George Development Corporation & Northern Development Trust, 2009). The goods-producing sector was the primary sector of employment in northern British Columbia between 1995 and 2012. Table 3.1 indicates that the top five employment industries for 1995 and 2012 were: manufacturing; trade; forestry, fishing, mining, oil and gas, and; health care and social assistance, with construction replacing education in 2012 as a leading industry employer. The city's economy is growing, with a number of new infrastructure projects, such as the ongoing

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expansion of the airport and new Boundary Road Connector, which connects Highway 97 South

to Highway 16 East. Additionally, Prince George was the host city of the 2015 Canada Winter

Games, which generated an estimated $123.4 million in revenues provincially, of which $84.2

million was spent in Prince George (Province of British Columbia, 2015).

Figure 3.1. Northern British Columbia. Map by Alexander Martin, 2009 (Cited in Nolin et al., 2011, p. 121)

Table 3.1: Leading Industry of Employment, Northern British Columbia

1995		2012	
Industry	Employed	Industry	Employed
Manufacturing	23,900	Trade	24,900
Trade	23,900	Manufacturing	18,000
Forestry, Fishing, Mining, Oil and Gas	13,700	Health Care and Social Assistance	17,900
Educational Services	13,200	Construction	16,500
Health Care and Social Assistance	12,500	Forestry, Fishing, Mining, Oil and Gas	14,300

Note: Adapted from BC Stats, 2013.

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Prince George serves as a regional service centre for much of northern BC. Health professionals attend not only to the population of Prince George but much of the North as well. The main campuses of the University of Northern British Columbia (UNBC) and the College of New Caledonia (CNC) are located in Prince George, accounting for much of the region's employment in the fields of education and health care. Because Prince George is the largest city in the North, it is also a major shopping and supply destination.

Resident mobility is high in northern BC, because many natural resource-based employment positions require individuals to travel or work in other communities. The non-permanent population of Prince George is always in flux. Many people move to the city temporarily for work. Tree planters account for some of the summertime population increase in Prince George and many other northern communities. Population flux is also relational to resource boom and bust cycles, as out-migration of unemployed person's in smaller communities often results in a greater number of people accessing shelter and other social services in Prince George.

Crime rates in Prince George have been a concern amongst community members, policy makers and protection agencies for many years, particularly in light of Prince George receiving the designation of being Canada's most dangerous city in 2010, 2011, and 2012 (MacLean's, 2010; 2011; 2012). Statistics Canada reports annual crime rates nationally, provincially, and municipally. Based on a ten-year period between 2005 and 2014, the Crime Severity Index, which reports all Criminal Code violations, indicates that while national annual crime rates have consistently decreased, Prince George and BC have experienced fluctuations in annual rates of crime severity, with a reported downward trend since 2011 (see Appendix A) (Statistics Canada,

2015a & 2015b). National and provincial reporting between 2005 and 2014, indicate similar

patterns in annual increase and decrease in the Violent Crime Severity Index (Statistics Canada,

2015). The Prince George Violent Crime Severity Index reports rates of increase and decrease

opposite to Canadian and provincial rates of change (see Appendix A) (Statistics Canada, 2015).[11]

The Crime Severity Index and Violent Crime Index support MacLean's findings that crime rates in

Prince George are high when compared to national and provincial statistics. Gang activity is

evident in Prince George, affecting youth and adults of all ages. One research participant

identified that the Independent Soldiers (IS) and Game Tight Soldiers (GTS) are currently

established as the two prominent gangs in Prince George, along with a number of smaller

unnamed gangs. Historically, other gangs have established chapters in Prince George, including

the Red Scorpions, the Native Sons, and the Renegades (who were affiliated with the Hell's

Angles) (RCMP Officer 5)[12].

Any discussion of crime in Prince George and the rest of northern BC has to take account

of the Highway of Tears. The Highway of Tears is named for the more than 700 km stretch of

Highway 16, connecting Prince George and Prince Rupert, where at least 18 women have been

murdered or disappeared since 1969 (Carrier Sekani Family Services, n.d.; Purden & Palleja,

2015). Many of the missing and murdered women and girls along this corridor are Aboriginal.

The Highway of Tears Symposium held in March 2006, in recognition of growing concerns about

missing and murdered women in communities along the Highway of Tears, identified four broad

recommendations (Carrier Sekani Familiy Services, n.d.; Olsen Harper, 2006): 1) victim

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[11]   The Violent Crime Severity Index reports all violent Criminal Code violations, including uttering threats, criminal harassment, and forcible confinement (Statistics Canada, 2015).

[12]   I will provide more detail about participant coding in the following chapter

prevention; 2) emergency planning and team readiness; 3) victim family counselling and support; and, 4) community development and support.[13]

3.1. Crime Reduction Strategy

In response to concerns over the city's crime rate, Prince George City Council introduced the *Prince George Crime Reduction Strategy* in 2013 (City of Prince George, 2013). The strategy associates policing challenges "with transient crime populations, prolific and chronic offenders, gang violence and drug distribution" and increasing reliance on law enforcement to "manage individuals suffering from complex mental health and addiction issues" (City of Prince George, 2013, p. 5).

The city's commitment to reducing crime and intervening in crime related involvement is outlined in the four strands of the comprehensive strategy (City of Prince George, 2013, p. 6):

- *Prevent and Deter* - The Prevent and Deter strand focuses on practical actions that can be taken to reduce the incidence of crime in Prince George. These actions often include a visible policing presence, education and awareness, as well as early childhood development, youth intervention and Community Policing programs.
- *Apprehend and Prosecute* - The Apprehend and Prosecute strand focuses on actions that can be taken to detect crime and bring offenders to justice. It emphasizes the removal of offenders from circumstances where they are committing crimes.
- *Rehabilitate and Reintegrate* - The Rehabilitate and Reintegrate strand focuses on actions that can be taken to rehabilitate and reintegrate offenders as productive members of the community. Effective rehabilitation and reintegration initiatives consider the root causes of crime and therefore focus on issues such as housing, education, mental health and addiction treatment, employment, as well as leisure, social and recreational supports.
- *Perception and Reality of Crime* - The Perception and Reality of Crime strand focuses on what can be done to address the fear of crime and promote feelings of safety in a community.

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[13]   The full *Highway of Tears Symposium Recommendation Report* can be retrieved from the Carrier Sekani Family Services (n.d.) website.

The first strand, *Prevent and Deter*, is an expansion of a previous project which focused on reducing homelessness in Prince George. The focus of this strand is to work in collaboration with programs and agencies with a youth focus, emphasizing youth at risk, with no mention of human trafficking or trafficking related crimes.

Prior to the introduction of the Crime Reduction Strategy, RCMP raised concerns about the increase in drug trades and associated crimes. In response to the "significant adverse impact [of crime] on the downtown core", in April 2010, RCMP created the Downtown Enforcement Unit (DEU) (Whitwham & Stubbs, 2011, p. 1). The DEU's intent was to address concerns over the increased prevalence of crime in the downtown core of Prince George and to target chronic offenders. Improvements reported in 2011, 18 months after the DEU's inception, identified a decrease in visibility of crime in the downtown core, as evidenced by the reduction of public complaints and resulting files (see Table 3.2). City Council and RCMP reported that they had received positive feedback about perceptions of safety from stakeholders as a result of the DEU initiative. A negative impact of this initiative is the resulting disconnection outreach workers and service providers have with vulnerable populations (Community Based Service Provider 1), which is vital to relationship building and identification of victims, including victims of trafficking.

Table 3.2. Downtown Prince George Statistical Crime Comparison

18 Months Prior to DEU Sept 2008 to March 2010	18 Months After DEU March 2010 to August 2011	% Reduction in Crime
Total Files Downtown 5156 files	Total Files Downtown 3946 files	24%
Intoxicated in Public 1008 files	Intoxicated in Public 404 files	60%
Causing a Disturbance 1031 files	Causing a Disturbance 671 files	35%
Cocaine Trafficking 53 files	Cocaine Trafficking 6 files	88%
Armed Robbery 11 files	Armed Robbery 2 files	80%
Mischief 317 files	Mischief 210 files	34%
Suspicious Person/Vehicle 165 files	Suspicious Person/Vehicle 121 files	27%
Unspecific Assistance (The catch all file) 208 files	Unspecific Assistance (The catch all file) 88 files	58%
Theft from Motor Vehicle 205 files	Theft from Motor Vehicle 162 files	21%

Source: Retrieved from Whitwham & Stubbs, 2011, p. 2.

3.2. Community Care Providers

Service provision for trafficking victims may be provided by a number of local agencies, including: the RCMP; medical practitioners and emergency healthcare workers; migration services; and, local non-governmental organizations (NGOs). These front-line workers and first responders may be just a few of the many professionals and individuals who could come in contact or aid a victim of trafficking. This thesis focuses on these organizations because they likely have the greatest number of opportunities to identify and aid victims, and also have varying degrees of experience and education working with vulnerable and/or abused individuals.

3.2.1. Royal Canadian Mounted Police (RCMP)

The RCMP is the Canadian national police service and an agency of the Ministry of Public Safety (RCMP, 2013). The RCMP was established in 1873 as the North West Mounted Police

(NWMP) with only 150 members. Presently, the RCMP operates within each of Canada's

provinces and territories, including more than 150 municipalities and more than 600 Aboriginal

communities (RCMP, 2013, para.1), and employs more than 28,000 men and women (RCMP,

2007, para.1). The RCMP does more than offer local civilian protection, they offer a wide scope

of operations that combat illegal activities, including "organized crime, terrorism, illicit drugs,

economic crimes, and offences that threaten the integrity of Canada's national borders" (RCMP,

2007, para. 13).

In Prince George, the RCMP incorporates a community policing method to help reduce

crime. Community policing is focused on creating meaningful community partnerships, which in

turn help to reduce crime and fear of crime (RCMP, 2011), as well as build the trusting

relationships between community members and officers (Murray, 2006). General Duty (GD)

officers are often first on scene to address the needs of the community. Prince George RCMP

employs members within a wide variety of specialized units as well as GD.[14]

Victim Services is jointly operated by the RCMP and City of Prince George to offer support

to people around the clock who have been victims of crime and trauma, and their family

members (RCMP, 2011). Victim Services are comprised of civilian members and volunteers who

are qualified to offer emotional support, court orientation and accompaniment, criminal justice

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[14]   "General Duty (GD) officers work on one of four 24-hour "Watches". Each Watch is commanded by a Staff
Sergeant who is assisted by a Sergeant and two Corporals. There are usually sixteen to seventeen constables per
Watch. The GD Section are the front line first responders, responsible for the day to day, uniform policing of the
City of Prince George as well as the surrounding rural areas including south to Hixon, north to Bear Lake, west to
Clukcas [sp] Lake and east on Hwy. 97 to near Dome Creek. Calls for service can range from minor complaints, such
as a disturbance, through to a shoplifter, to more serious events such as a sex assault, robberies, or homicides"
(RCMP, 2011, para. 6).

information, referrals, and crisis intervention (RCMP, 2011). Members who work in this section act as liaisons to other community organizations.

3.2.2. Healthcare Professionals

The Northern Health Authority is the largest health authority geographically in BC, serving a region over 600,000 km^2 (see Figure 3.2). Due to the remote and isolated nature of many northern communities, health services are scattered throughout the region, with Prince George acting as the primary location where many specialized services are offered. This unique setup allows for a vast network of service providers who work to provide services to a variety of communities with differing cultural backgrounds and practices.

Prince George offers a diverse range of health care sectors to residents of northern BC. The number of health care practitioners exceeds what can be supported by the immediate population, in order to serve patients from remote and surrounding communities. The designation of Prince George as the northern health care hub and location of Northern Health's main office has enabled the establishment of a number of specialized care providers working in a variety of health care fields. One such specialized facility, adjacent to the University Hospital of Northern British Columbia (UHNBC), is the largest cancer treatment facility in northern BC. Centre for the North was established by the BC Cancer Agency, in conjunction with UHNBC, in 2012.
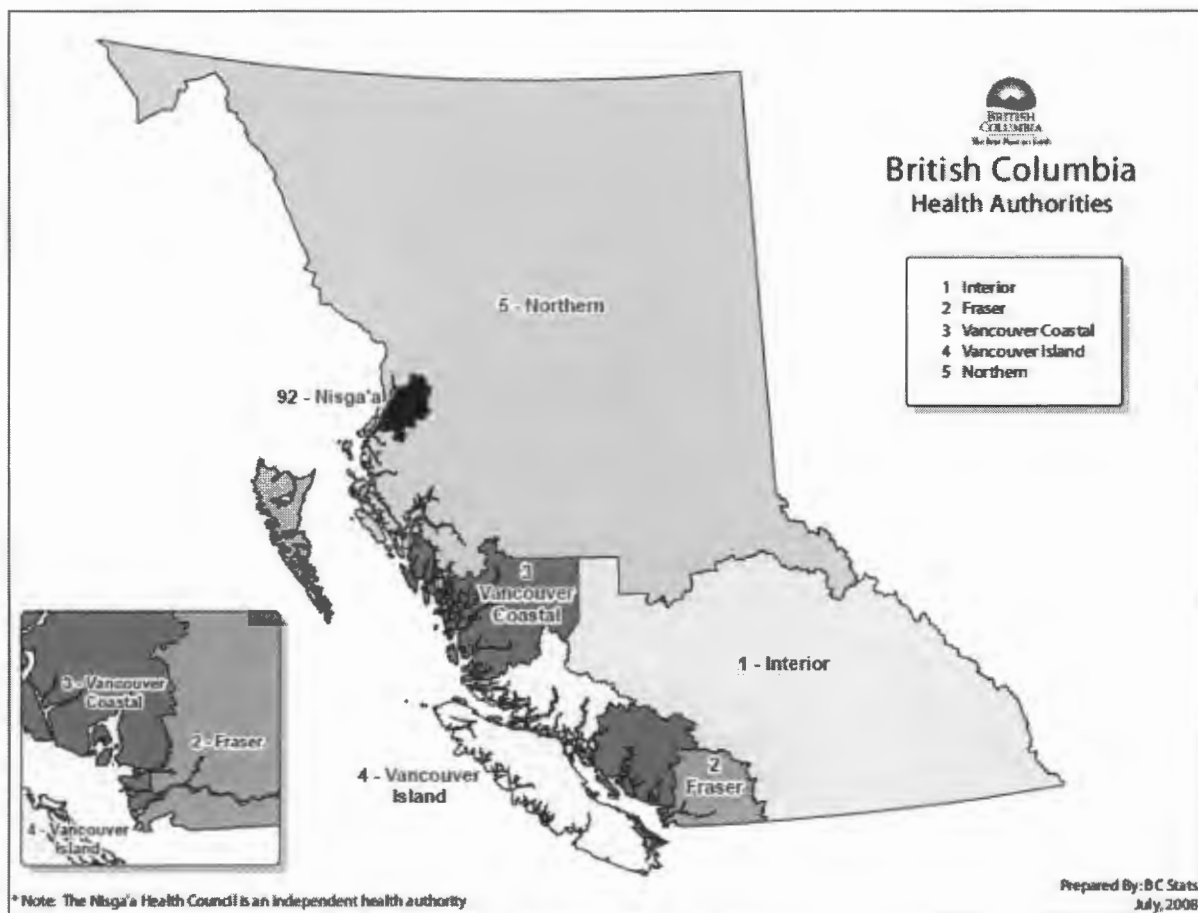
Figure 3.2. British Columbia Health Authorities (BC Stats, 2015).

Emergency care units in Prince George are comprised of the city's two walk-in clinics, the

Nechako Medical Clinic located at the Spruceland Shopping Centre and the Salveo Medical Clinic

located in Superstore. The UHNBC delivers healthcare needs to community members throughout

northern BC. The UHNBC is partnered with the Northern Medical Program, run by the University

of British Columbia (UBC), the University of Victoria (UVIC), and the University of Northern British

Columbia (UNBC), hosting residents during rotations throughout their Clinical Practice Residency

(Northern Health, n.d.,a). The hospital also provides educational training to nursing and health

sciences students studying at the College of New Caledonia (CNC) and UNBC.

The Northern Health community is comprised of more than 24 hospitals, 14 long term care facilities, and multiple public health units and offices providing specialized services (Northern Health, n.d.,b). Throughout the northern region, in 2012-2013, emergency room visits totalled 261,873 times (Northern Health, n.d. b). The number of emergency room unitization throughout the northern region is also representative of potential opportunities where victims of trafficking could be identified and provided care.

Dovydaitis (2010) argues that health care providers are one of the few sectors likely to come in contact with a person who is actively being trafficked. Though victims may present to emergency care facilities because of an immediate health concern, other sectors may also come in contact with a victim, possibly through a secondary interaction. A number of possible scenarios may involve the presentation of a victim of human trafficking, including interactions with social workers, mental health counsellors, community pharmacists, nurse practitioners, emergency responders, or in a hospital setting where care is being provided to the trafficker.

In an ongoing effort to support the varying needs of northern BC residents, Northern Health developed a service plan, to be implemented between 2015 and 2018. Northern Health recognizes the need to increase access to services for 'unattached patients' (i.e., those without a regular General Practitioner) through the creation of primary care homes and interdisciplinary primary health care teams that are better integrated with community care services. This plan is intended to serve vulnerable populations (Northern Health, 2015), although there is no explicit mention of victims of trafficking. Integration of services and increased access to care for vulnerable populations will be a positive step to improving identification and support to victims of human trafficking, but these plans are still in the development phase.

3.2.3. Non-Governmental Organizations (NGOs)

A number of organizations within Prince George have the goal to provide care and support to individuals and families in need. Support can be in the form of food, shelter, counselling services, education, and more. No centres in Prince George provide counselling and support specifically to victims of trafficking. Non-Governmental Organizations within the city operate both 24-hour and daytime shelters and drop-in centres. This section identifies the NGOs which are represented in this thesis.

3.2.3.1. An Organization Advocating for Women and Children. An Association Advocating for Women and Children (AWAC) is one of three women's shelters in Prince George. Women over 18 years old are able to access emergency shelter services, outreach, transition services, referrals and counselling, and educational support (Community Based Service Provider 1). The shelter offers three programs to meet the needs of women accessing services in Prince George. AWAC's Drop-in Program provides women with access to shelter, food, clothing, and other necessities. The Twenty-four Hour Program is a mid-stage program that supports women committed to making long term life changes. The Twenty-Four Hour Program provides women with supported three-month housing and outreach services. The Supported Housing Program is a final-stage program, in which women are able to gain life skills and access to educational resources in support of their goal of independent living. The third stage program is designed to replicate real life situations by requiring participants to contribute financially and cook meals, utilizing skills acquired through ongoing training and seminars offered by the shelter and community partners.

3.2.3.2. Carrier Sekani Family Services. Carrier Sekani Family Services (CSFS), established in 1990, offers a wide variety of health, child and family services to Carrier and Sekani people (Carrier Sekani Family Services, 2011). Carrier Sekani Family Services runs a number of programs both within and beyond Prince George, serving the eleven nations of "Burns Lake Band, Cheslatta Carrier Nation, Lake Babine Nation, Nadleh Whut'en, Nee Tahi Buhn Band, Saik'uz First Nation, Skin Tyee Band, Stellat'en First Nation, Takla Lake First Nation, Wet'suwet'en First Nation, and Yekooche First Nation" (Carrier Sekani Family Services, 2011, para. 9). The CSFS has responsibility to provide for the health and social welfare of Aboriginal people throughout Carrier territory through the implementation of support services located primarily in Prince George. Carrier Sekani Family Services has a prominent connection with the Highway of Tears Initiative, and are ensuring the implementation of the 33 recommendations made at the 2006 Highway of Tears Symposium.

3.2.3.3. Ketso'Yoh. Ketso'Yoh is a 24-hour emergency shelter, recovery program, and halfway house for males 19 years and older. The shelter is operated by the Prince George Native Friendship Center (PGNFC). The PGNFC, established in 1971, is one of the largest and busiest of the 14 Friendship Centres throughout BC. To meet community needs, the PGNFC offers a variety of educational, employment, health, and social programs to Aboriginal and non-Aboriginal people (Prince George Native Friendship Centre, 2011). The PGNFC's "values and beliefs are embedded in... respectful and culturally appropriate practices as directed by Elders and other leaders versed in traditional ceremonies" (Prince George Native Friendship Centre, 2011, para. 9).

3.2.3.4. Migration Services. The Immigration and Multicultural Services Society of Prince

George (IMSS) is an NGO funded by the Immigrant Integration Branch of the Ministry of Jobs,

Tourism and Skills Training and the Minister responsible for labour (Immigration and

Multicultural Services and Society [IMSS], 2013). Their program "supports local initiatives that

have the role to increase the capacity of [the] Prince George community to support the

integration of New Immigrants by: improving access to community services; supporting the

development of intercultural relationships and mutual trust; supporting welcoming and inclusive

workplaces; and, creating welcoming and inclusive spaces in the community" (IMSS, 2013, para.

2).

The IMSS offers a wide variety of programs, primarily to new immigrants. The Settlement

Integration Program (SIP) supports immigrants and their families throughout the process of

migration. They are provided with a wealth of information which enables newcomers to the

community to understand, navigate, and access BC's social and economic systems so the process

of integration is both successful and positive (IMSS, 2013). A few of the services listed on the

IMSS website include: counselling, assisted access to services, education assistance for those

who qualify for the Skills Connect for Immigrants Program, assistance with government forms,

and provision of up-to-date immigration policies. The IMSS promotes cultural diversity and

multiculturalism through youth art programs, involving food, photography, and other art

mediums. A women's program, a youth program, and a senior's program are available. Each

program is designed to specifically meet the challenges faced by these individuals and to help

them overcome barriers to success.

3.2.3.5. Prince George and District Elizabeth Fry Society. The Prince George and District

Elizabeth Fry Society (commonly referred to in Prince George as E-Fry) is a feminist, community

based non-profit, volunteer organization established in 1979, as a centre which assists women,

children and youth (Elizabeth Fry Society, 2010). They act as advocates on behalf of the women

they support, as well as provide counselling services and educational programs. The society has

22 locations throughout Canada, three of which are in northern BC: Burns Lake, Prince George

and Quesnel, though Prince George offers the greatest number of services. The Prince George

program offers outreach to women, support for children who witness abuse, victim support

services, assistance to court services, housing, emergency shelter, a resource centre to aid

families, and a young parents program (Elizabeth Fry Society, 2010).

3.2.3.6. Prince George New Hope Society. The Prince George New Hope Society was

established in 2005, by human rights activist Christal Capostinsky. The mission of the New Hope

Society is to provide services for women working in the sex industry, in a safe and comfortable

environment, free of judgement (Prince George New Hope Society, n.d.).[15]

Easily recognisable to females working in the sex trade by the red umbrella on the

window, which serves as a symbol of resistance to discrimination, the New Hope Society is a day

time drop-in centre which provides a place of shelter, counselling, food, and other support

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[15]   The mandate of the New Hope Society is "[t]o identify and address the barriers that women, both adult
and youth, face while working in sex work and survival sex in Prince George and Northern BC; To facilitate
educational opportunities that will empower women, both adult and youth, who work and live in this
environment; To improve the health status of people living with [Human Immunodeficiency Virus/ Acquired
Immunodeficiency Syndrome] HIV/AIDS and [Hepatitis C Virus] HCV; furthermore, to address the issues around
[Sexually Transmitted Disease] STD's and other diseases to individuals and community; To support and promote
experiential leadership, the development of essential services and a continuum of services for active sex workers;
and, To address the barriers and bridge the gap in services around mental health and addictions issues for sex
workers in this community" (Prince George New Hope Society, n.d., para. 3).

services. Staff at the New Hope Society work in partnership with community organizations and survival sex trade workers to design and deliver services which will promote the safety of women who are forced or chose to work in the sex trade industry (Prince George New Hope Society, n.d.).

3.3. Conclusion

There are multiple service agencies and providers in Prince George to respond to the varying needs of individuals impacted by trafficking, as there is no designated human trafficking treatment centre. Though Prince George is just one of many communities located in northern British Columbia, it is the largest, and therefore, offers the greatest number of services. Community-based service agencies in Prince George report that the number of people they support fluctuates in response to the economy. That is, the number of clients accessing services, and the population of low income people in Prince George, increases in times when the cost of living in surrounding communities increases (Community Based Service Provider). Community agencies strive to aid all people in need of support, though the vast and rugged geography of northern BC often impacts negatively on service provision and victim identification.

The highly mobile population of Prince George both hinders and aids communication networks. The transient and mobile nature of the population decreases visibility of possible victims of human trafficking. At the best of times it is difficult to establish networks of communication and trust with individuals in vulnerable situations; thus, the decreased capacity of repeat interactions further inhibits relationship building. Alternatively, the increased mobility of people accessing services may support information sharing between regions and communities, as there are enhanced opportunities for networking.

At the local level, City Council and RCMP are working to reduce the impacts of crime in the community. The RCMP and City Council's recognition of petty and serious crime and its associated impact on community perceptions has resulted in a move to action. Though the focus of this thesis is on support and services for people impacted by human trafficking, it is important to recognize the associations of other forms on crime with human trafficking, and the overarching implications crime has on the community. This chapter identified the actors involved in supporting victims of exploitation and trafficking and intended to illustrate the complex network of providers that exists in northern BC. The following chapter identifies the methodologies used to collect data in the field.

4. METHODOLOGY

Research on human trafficking covers a wide range of topics, incorporating legal and criminal facets, transnationalism, globalization, gender issues, and physical and psychological trauma. Human trafficking has been studied within various disciplines, such as social work, law, criminology, anthropology, psychology, and human geography, thus, the need for an interdisciplinary approach in this thesis. This research takes a case study approach to examine the availability of human trafficking support and the social interactions between those providing services in the northern urban community of Prince George, BC. Trustworthiness and rigour were practiced throughout the research process through such techniques as member checking, positioning, and reflexivity. My purpose for engaging in human trafficking research in Prince George is to provide insight into the critical aspects of post trafficking care within the city. To my knowledge no study exists on available services and support for victims of trafficking in northern Canada. Therefore, through the aid of participant interviews, my thesis provides insight into the strengths and gaps in services, as they relate to culture and identity, for men, women, and children.

4.1. Case Studies

My research is constructed as a case study. The purpose of implementing a case study is to continually engage in real-life situations within my own community because case study allows the researcher to meaningfully understand human behaviour through constant interactions with both the community and research participants (Buchanan, 2012; Flyvbjerg, 2006). Yin (2003, p. 15) states that "case studies aid in describing a real-life context in which it [an event or intervention] occurred". Furthermore, Yin describes the usefulness of case study design in

evaluating an event in which there is no single outcome. Dynamic community relationships create differing outcomes. With respect to my research objectives and questions, the level of support and services available from one place to the next is expected to differ based on differences in culture, social relations, and environment. By conducting research based on the experiences of those who work and interact within the Prince George community, my goal is to identify some of the strengths and weaknesses of community interactions and the service provision for victims of human trafficking in a particular social and geographic setting.

Case study methodologies are widespread and take on a variety of forms because they allow the researcher to match the subject matter and study context to the disciplinary approach of the topic being investigated (Hancock & Algozzine, 2006). This exploratory case study seeks to broaden the literature on human trafficking by exploring networks of support for victims of trafficking and how caregiver relationships influence care provision in Prince George. The case presented in this research is set up to be intrinsic (Stake, 1995), as it seeks to broaden knowledge about trafficking awareness and support in a non-gateway community.

One concern about conducting a case study is the lack of transferability due to the specific characteristics of the community and data collected (Baxter, 2010; Gozdziak & Collett, 2005; Gozdziak & Bump, 2008; Seigel & McCormick, 2002; Wennerholm, 2002). Though specific nuances exist in Prince George, there are many commonalities between Prince George and other northern and rural communities. For this reason, I feel that the information presented in this thesis will be useful in forming an understanding of human trafficking and support needs in similar communities and will, therefore, contribute to the growing knowledge base that exists on human trafficking.

4.2. Sampling and Participants

In order to understand service provision policies and practices in Prince George, I conducted 19 semi-structured interviews between July 2014 and October 2014, with participants from Prince George and Vancouver, British Columbia (see Participant Package, Appendix D). Each interview was between 45 Minutes and 90 minutes in length. I selected semi-structured interviews as the best method of data collection because they are well suited to exploring the perceptions and opinions of the participants on subject matter that may be sensitive or complex, thus allowing for clarification and elaboration (While, 1994). Interviews empower participants (Dunn, 2010), as their responses and emotions aid in guiding the interview process. While (1994) indicates that interviews are proficient in enabling the researcher to evaluate validity by observing a respondent's non-verbal indicators, and to ensure that answers are the respondent's own perceptions because the conversation is taking place between the researcher and participant only.

The individuals asked to participate in this research were selected using a combination of purposive and convenience sampling. The selection of interview participants was aided by personal contacts in care and support fields that had been identified as the most pertinent to my research objectives and questions. This hybrid recruiting process was chosen to ensure rich sources of information and intensive research within the time and resource constraints of my thesis research (Baxter & Eyles, 1997; Bradshaw & Stratford, 2010). Initial participants were contacted by phone, email, and in person. I was able to expand the number of participants in this research through snowball sampling, as people who were already participating referred me to others who are employed in similar fields (Bradshaw & Stratford, 2010; Kirby & Hay, 1997).

The purpose of my research is to gain insight into service provision for trafficking victims from a variety of service sectors within the local and external community that are knowledgeable in the field(s) of crime, human trafficking, physical and mental trauma, and victimization. Thus, participants from Prince George are employed in law enforcement, nursing, social work, community based service provision, victim services, migration services, and as physicians. Interviewing individuals from a variety of human service fields enabled me to capture the experiences of a large group who may, or have, come in contact with a victim of human trafficking, and to gain a better understanding of the inter-agency interactions present in the community of Prince George.

In order to better understand the complexities of service provision that exist in Prince George, I also conducted interviews with three participants from Vancouver. Vancouver participants represent organizations which specialize in human trafficking, as they interact with victims of trafficking on a regular basis and can, therefore, speak about the needs of trafficking victims from an experiential role. The participants from Vancouver represent the federal government (RCMP Human Trafficking Coordinator), provincial government (Ministry of Justice Office to Combat Trafficking in Persons), and community based service providers (Deborah's Gate).

To distinguish quotes and information shared by each participant, while maintaining anonymity, participants are identified by their field of service and role. The categories included are (in alphabetical order): Community Based Service Provider, ER Nurse, ER Physician, ER Social Worker, Migrant Services, Ministry of Justice, RCMP Officer, and Victim Services Worker. A numeric coding based on the order of interview (i.e., transcript number) is included for

categories for which more than one participant was recruited. The participant identification

coding is summarized in Table 4.1.

Table 4.1 Participant Identification Codes

Research Participants		
Field of Employment	Code #	Transcript #
Community Based Service Provider	1	3
	2	6
	3	7
	4	9
	5	12
	6	16
ER Nurse	1	15
ER Physician	1	5
	2	8
ER Social Worker	1	18
Migrant Services	1	10
	2	11
Ministry of Justice	1	2
RCMP Officer	1	1
	2	13
	3	14
	4	17
	5	19
Victim Services Worker	1	4

Two key groups of potential informants were not included in this research. First, I chose

not to include anyone directly involved in the care and support of child and youth victims of

trafficking (e.g., Ministry of Children and Family Development employees). In consultation with

key informants, it was determined that access to these individuals would be very limited due to

restrictive guidelines concerning confidentiality. My supervisor and I agreed that the

complexities of issues surrounding care and support of minors was beyond the scope of my

thesis research. Second, I chose not to recruit and interview victims of human trafficking. I did so

for two reasons: 1) I did not want to cause any further trauma to survivors; and 2) I did not have

sufficient time to establish a trusting relationship with people who have been exploited by

traffickers. Thus, my Master's thesis allows community members who work to protect people

from exploitation to give voice to those who are unable to speak for themselves.

Nineteen professionals participated in this study, exceeding my original estimate of 10

participants. More participants were included to ensure that each field of care was well

represented. Though there are many others working in Prince George who would have

contributed to this research, I felt that I obtained a balance between the fields of care. The

information provided during the interviews is insightful and is often replicated by others working

in the same field, thus there was no need to incorporate more participants.

At the beginning of my research, I contacted individuals who had expressed an interest in

participating and provided them with a copy of the interview guide. The purpose of doing so was

to ensure that participant's had an opportunity, if they would like, to prepare for the interview. I

found this step to be useful, as many agencies have guidelines pertaining to confidentiality, and

as a result participants may have needed to ensure that the information they intended to

provide was in compliance with protocol.

Each participant was asked to consent to the recording of their interview. Seventeen of

the 19 interviews were audio-recorded, and one was recorded through the process of

notetaking. I transcribed each interview within 48 hours of the interview. This step allowed for

reflection of the interview conversation while transcribing. Throughout the interview and in the

reflection period post-interview I compiled handwritten notes in my journal to encapsulate as

much information as possible (Dunn, 2010), which I used in the transcription to reconstruct the atmosphere of the interview, as the nuances of conversation are not often expressed through recordings alone.

4.2.1. Interview Guide

To aid in guiding my semi-structured interviews, I brought along an interview guide (see Appendix B) which outlined the main questions I asked each participant. The purpose of the guide was to allow for flexibility in conversation, and to provide redirection when the topic of conversation veered from the intended path (Dunn, 2010). As Dunn (2010, p. 104) states, "conversation [is meant] to follow as 'natural' a direction as possible". The guide was available to both myself and the interview participant for reference when the conversation was not flowing easily, and to ensure the themes of the research were achieved throughout the conversation. By having a conversation that flowed naturally, participants were able to "share their own perspectives and experiences" (Alvesson & Ashcroft, 2012, p. 241).

4.3. Analysis

Upon completion of transcribing the interviews, I began reading and re-reading the transcripts to develop a deeper understanding of what the research participants were saying. I included notes in the margins of the transcripts (Kirby & McKenna, 1989), and colour coded sections when similar topics were discussed in multiple transcripts. Prior to developing descriptive and analytical codes (Dunn, 2010) I wrote a summary of the information contained in the transcriptions. This summary aided in identifying emerging patterns in the text of the transcripts. Summarizing the data helped me, with the support of my supervisor, Dr. Hanlon, to further understand the messages contained within the transcripts and to identify the four

themes, awareness and understanding, exploitation, place, and organizing care and support, outlined in my discussion and analysis chapter.

Themes that emerge during the process of data analysis are defined by King (2012, p. 430) as "the recurrent and distinctive features of participants' accounts (in interviews, diaries, blogs and so on) that characterize perceptions and/or experiences, seen by the researcher as relevant". Four key themes developed with numerous, related sub-themes. I coded the transcripts by hand, using spreadsheet software to store the information. I prefer this method, as I was able to develop connections between the interview data that may not be evident to a computer program. I created sheets which stored the codes in a hierarchical format (King, 2012), enabling the data to be arranged according to the sub-themes which are presented in Chapter Five. By identifying first the descriptive codes, which are reflective of obvious themes and patterns in the transcripts, I was able to discern the analytic codes hidden beneath the surface, which connect the emerging themes to the research questions (Dunn, 2010). This process enabled me to organize the data in such a way that the discussion flowed cohesively, and the quotes of the participants were available to include in the text of this thesis.

Four separate pages were utilized within the spreadsheet software, each representing the identified code. Within each sheet, information was organized first, by the field in which the participant works. The sheets were then arranged using a four column system. The first column held the transcript number, the second held the page number, the third held the sub-code heading, and the fourth column held the participant quote. When completing my discussion chapter, I had the sheets printed and used a system of highlighting to ensure that each topic was discussed and quotes were not repeated within the text of the chapter.

4.4. Ethical Issues

In the past, researchers attempted to engage in objective research while remaining neutral throughout the process (Dowling 2010; Winchester & Rofe, 2010). The false position that a researcher must remain objective has since been dispelled, allowing for the researcher to engage subjectively with both the research and participants (England, 1994; Lobasz, 2009; Madge, Raghuram, Skelton, Willis, & Williams, 1997; Maguire, 2001; Rose, 1993). My subjective approach to research is grounded in the ideals of feminist geography and feminist epistemology which requires the researcher to acknowledge her or his positionality within the research (Behar, 1996; Dowling, 2010; England, 1994; Kobayashi, 1994), and address power relations that exist within the research process (Madge et al., 1997).

4.4.1. Power

Power relations exist within all facets of human interaction. The interview process itself is an exertion of power, as it intrudes on an individual's time and attempts to extract information and emotions from the participant that may otherwise not be externalized (England, 1994; Mountz, Miyares, Wright, & Bailey, 2003; Stacey, 1996). I have dealt with power dynamics throughout the research process. Through critical reflexivity, I have critiqued my research practices to ensure that instead of asserting power over others, my position as researcher has been reframed to incite an atmosphere which fosters "effective interaction, and access to resource mobilization for others and self" (Maguire, 2001, p. 67). To address the power dynamics that participants hold over me as a researcher, I worked to establish ongoing communication with participants. This connection has enabled participants to ascertain my

intentions as a researcher, as I am passionate about implementing the recommendations set forth in the final chapter.

4.4.2. Rigour

I acknowledge the concern raised by Phillips and Johns (2012, p. 10) that studying a familiar site may be "difficult to see afresh". The difficulty in identifying barriers and strengths of service provision to trauma victims in Prince George is not a concern I have, as I was not faced with the dilemma of conducting an ethnographic study within a community I am a part of, such as that of victim or survivor of human trafficking.[16] Instead, my purpose was to understand an aspect of crime which occurs within the city in which I live and the services in place to care for those who have been victimized. I believe that, by acknowledging the existence of this crime that I am not at risk of devaluing information as an insider. Instead, the information gathered through various organizations within the community provide voice to issues that are not widely understood.

Participants often relayed similar thoughts in their interviews, though at times information was contradictory to other's beliefs and perceptions. My intention is to portray, as accurately as possible, the conversations relayed to me throughout the interviews, using participant voices. In order to ensure that the opinions of the participants are clear (i.e. to ensure validity), I have included direct interview quotes in my thesis (Baxter & Eyles, 1997; Seale, 1999).

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[16] Gupta and Ferguson (1997) use the term "native ethnography" to describe situations when ethnographers are at risk of becoming too involved in the community that research is being conducted in, thus diminishing a researcher's objectivity.

4.4.2.1. Member Checking. Trustworthiness is an essential component of being rigorous within a qualitative study, which Baxter and Eyles (1997) feel can be established using a list of standardized procedures which lead to: *credibility*; *transferability*; *dependability*; and *confirmability*. In order to solidify my understanding of information provided during the interview process and to ensure that I was relaying the meaning of participant's statements in the manner in which they intended, I employed the member checking method. Member checking entails confirming the meaning of conversations with participants by re-interviewing and/or by providing a copy the transcribed interview(s) to the participant (Bailey, Pain and White, 1999a, 1999b; Baxter and Eyles, 1997; Seale, 1999; Till, 2001). After transcribing interviews, a copy of the transcript was sent to the participant. Transcript changes were made based on the participant's corrections. If corrections were made the process of sending the completed transcript was repeated to ensure accuracy.

I tried to maintain contact with all of my participants throughout the writing process, allowing for the exchange of information on an ongoing basis. Situations arose that prevented ongoing communication with two participants. In both cases, prior to participants leaving their positions, they read and revised their transcript and provided consent to the continued inclusion of their voices in the research prior to ending communications. When the discussion quotes were selected I sent an email to all active participants with their list of quotes, including the text preceding and following the quote (to allow for context).

I will offer to provide a printed or electronic copy of the thesis to each participant, and will offer a copy of this thesis to all participating agencies so this research may act as a reference tool to inform care providers about human trafficking in our community. I will continue to

present to community participants and agencies about human trafficking with the intent of raising awareness about this crime.

    4.4.2.2. Positionality. As I conducted each stage of the research, I was engaged in reflexivity, or what Haynes (2012, p. 73) describes as "the process by which research turns back upon and takes account of itself". Throughout my journey as a Master's student, I am aware of my position within the research, and understand that my position shapes the way I interpret data, interact with participants, and convey my findings.

    My motivation for undertaking this research is two-fold. At the most basic level I want to further my education. At a deeper level, I want to engage in a topic that is not widely understood. Much of the Canadian research on human trafficking focuses on larger cities and Canada's border regions, leaving a gap in data on northern Canada and rural and remote communities. Perrin (2010a) and Nolin and McCallum (2007) argue that there is a need for more research in non-metropolitan areas, with a focus on vulnerable and marginalized populations. I feel that by conducting this research in Prince George there is an opportunity to build awareness and create further opportunities for education. Human trafficking is a traumatic experience, even though each individual may suffer different emotional or physical traumas, the knowledge that this exists and an understanding of how to aid those who have been exploited and victimized may help the healing process. If even one person is identified and supported as a result of this research, it was worth conducting.

    Two important questions that Haynes (2012, p. 78) suggests asking prior to conducting research are: "1) what underlying assumptions am I bringing to [the research]?; and, 2) how am I connected to the research, theoretically, experientially, emotionally? And what effect will this

have on my approach?" As a researcher, my connection to this topic stems from personal relationships. As the wife of a member of the RCMP I have heard some horrific stories. My previous research on the sex trade in Prince George allowed me to engage with staff at the New Hope Society. This research will allow me to build on information I gathered in my previous study. Hearing the stories of vulnerable populations has resulted in a personal need to act on behalf of those who are unable to speak for themselves.

Throughout my research I reflected on interviews, readings, and community engagement. I recorded thoughts in a research diary as well as field notes of observations, conversations, and emotional responses (Dowling, 2010; Haynes, 2012). The notes allowed for a more detailed depiction of the interview. The field journal supported reflection of personal observations that are not evident on an audio recording, such as facial expressions or body language. Notes were taken throughout the recorded interview to ensure greatest accuracy in transcriptions.

The topic of human trafficking elicits strong emotions in many, and I am no exception. I selected to engage in this research topic because of my ongoing intention in life to "contribute to the greater good". I feel that the topic of human trafficking needs to be discussed and knowledge needs to be expanded to ensure that those victimized by this crime are provided an opportunity to heal. As Gillian Rose (cited in Mansvelt & Berg, 2010, p. 339) argued, "given the difficulty in completely understanding the 'self', it may be virtually impossible for authors to fully situate themselves in their research", but I certainly tried. Human trafficking has been of interest to me since my undergraduate years when I first understood the prevalence of human trafficking in North America and northern British Columbia, and its connection to the sex trade industry. I

was fortunate to establish a rapport with one of Prince George's community based service providers while conducting research on a paper about the pros and cons of legalizing the sex trade industry in British Columbia. The information gathered in the initial interview sparked an interest in giving a voice to the oppressed.

My personal experiences as a mother and wife have fuelled my desire to elicit change and increase awareness of such a mystified topic. My husband is a member of the RCMP, and as such, I have been exposed to many stories of exploitation and suppression of rights. As a parent of two children, it is my life's goal to ensure that they remain as safe as possible throughout their lives. My responsibility to my own children, by nature, extends to the many other children in our community and beyond who may be victimized in some way by human trafficking. As such, I was determined to conduct research on a topic that would increase knowledge about human trafficking by dispelling myths that it only happens "over there" and not in our own backyards.

I have been fortunate throughout my journey as an undergraduate and graduate student to work with Dr. Catherine Nolin on her TFW research. As such, I have gained extensive knowledge on the TFWP and its resulting social implications for such a marginalized society. As a result, I opted to be inclusive of all individuals who may be encapsulated within the context of the human trafficking "umbrella". My ongoing collaboration with many of the service agencies in which I have conducted interviews has further increased my knowledge on the topic of human trafficking, and drive to ensure that oppressed people have an opportunity to access services.

As a result of the knowledge I have gained while conducting research on human trafficking I was offered a position at the Prince George and District Elizabeth Fry Society as their Human Trafficking Coordinator. I began work at the Elizabeth Fry Society in March, 2015, while

still in the process of analyzing data. My position as Human Trafficking Coordinator has enabled me to expand my connections with research participants and to engage in in-depth conversations with many of them on an ongoing basis. This experience has allowed for an expanse in knowledge about human trafficking service provision, and to experience the complexities of inter-agency communication and the capacity of the community to care for those victimized by human trafficking first hand. My responsibilities in this position are to present to community agencies and the community at large on human trafficking, and to collaborate with community partners on protocols for providing services for identified victims of trafficking. Reflexivity has led me to acknowledge that throughout this research process my "embodied knowledge" has expanded (Waitt, 2010) resulting in a more in-depth understanding of human trafficking and community capacity. Thus, many of the suggestions I had conceived early on through reflections and journaling are currently in the early stages of implementation, while other suggestions have been conceived as a result of my lived experiences in interacting with service providers.

My ongoing interactions and community partnerships have further enhanced my position as an 'insider' (Groves, 2003). In the early stages of research, my position as an insider was reflective of the fact that I am a community member and had relationships or previous interactions with a number of the people interviewed for this thesis. My husband has been an ambassador of my research, and as a result of his introductions and our personal interactions with RCMP members, I must acknowledge the positive impact that this has had on my capacity to engage in human trafficking research. The ease in which many of the interview conversations flowed occurred because I was already a member of many officers' circle of trust. I was able to

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use my status in the community as a tool for engaging further with other community agencies, as my personal connections with a member of the RCMP and community agency employees put at ease those who had not been personally introduced. My insider status was further enhanced as a result of my current work position and the partnerships I have embarked upon as an employee of the Elizabeth Fry Society.

Though I am considered an insider because I call Prince George my home and because of my personal interactions with research participants, I exist in a world of between-ness. This is because there are other ways in which I am an outsider to the community of care and support providers I am researching. My outsider status is further enforced by the fact that I have never been a victim of trafficking and, therefore, cannot personally speak to the lived experiences of the traumas suffered by a trafficking victim, nor to experiences seeking and receiving help as a victim of trafficking. Reflexivity is an important aspect at each stage in the research process because it provides an opportunity for researchers to reflect on the positionality and insider/outsider dynamics, and to employ strategies to address ethical issues that may arise.

4.5. Conclusion

This research has been well received within the community, as many participants have acknowledged the need to raise awareness about human trafficking in northern and rural communities. Thus, my experiences working with care providers in Prince George and Vancouver have been insightful and encouraging. By conducting research in northern BC, I have gained a better understanding of the interactions which take place between care agencies and the level of autonomy a community holds in establishing systems of support to care for victims of exploitation and trafficking.

Validity and rigour were upheld through the process of acknowledging and reflecting on positionality, member checking, and ongoing communication between participants. The social interactions between community care providers are unique to the environment in which they take place and are dynamic, as they shift with the ever changing nature of employment positions. The case study methodology captures these dynamic interactions within the community and seeks to portray the community's response to support provision for trafficking victims in an environment where even human trafficking and its associated offences do not remain stable.

5. FINDINGS AND DISCUSSION

This chapter presents an analysis of the data collected during 19 semi-structured interviews with professionals working in health care, law enforcement, migration services, government, and non-governmental organizations. Three of the 19 interviews took place both in Vancouver, BC, and the remainder took place in Prince George, BC. The purpose of interviewing participants from Vancouver was to include an informed 'outsider' perspective of the strengths and weaknesses of care and support in Prince George and the North. Participants from Vancouver had more experience in supporting victims of human trafficking because of the larger population of victims present there. These participants were also able to speak about service provision in a gateway community as another point of comparison.

Four key themes emerged from the thematic coding of interviews. These themes are: awareness and understanding; exploitation; place; and organizing care and support. Each of these themes is presented in more detail below, including the illustrative use of the voices of the participants and reference to relevant literature to develop and discuss the themes and sub-themes more fully.

5.1 Awareness and Understanding

Under the umbrella of human trafficking, the most common types are labour trafficking, domestic servitude, and sex trafficking. In order to identify and support victims within the community, an awareness of this crime and its many forms is necessary. Although human trafficking is not a new form of exploitation, the term is often poorly understood. This section illustrates the varying degrees of understanding of human trafficking that exist within the community.

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5.1.1 Community Awareness

Most participants felt that awareness of human trafficking has grown in the past decade, and that having a definable label for human trafficking helps to increase knowledge and understanding of pre-existing forms of exploitation. These feelings were strongest amongst participants from health care, community organizations, and law enforcement:

> I think that the big issue is that this isn't a new phenomenon, we're just calling it something different now and we're recognising a different group of people being victimized in the same way that other people are being victimized (ER Social Worker).

> I think there is more awareness. I don't think that the numbers have increased. I think that our awareness of what human trafficking is has increased over time and there are more organizations in place to deal with human trafficking situations. So, there are more avenues to report to, without necessarily reporting to police (Ministry of Justice).

There was much concern amongst participants that misconceptions about human trafficking still exist amongst the general public and many professionals. Participants discussed sensationalized portrayals of human trafficking in movies and in the media as a reason for misjudging less hideous acts of exploitation as not being human trafficking.

In terms of perceived changes in human trafficking, staff from the Immigration and Multicultural Services Society of Prince George (IMSS) focused on the increase in employment of Temporary Foreign Workers (TFW) in Prince George and surrounding communities. Participants who encounter TFWs in their positions also observed that the number of temporary employees in Prince George has increased in recent years. One participant stated that human trafficking is changing "… because there is more TFW's, more caregivers. More and more you see it around, you see it in the papers. Before, it was mainly the mail order brides, that's where you saw the human trafficking…" (Migrant Services 2). In the past, identified victims of trafficking and exploitation in northern communities were often foreign brides (LeBourdais, 2014). In recent

years, there has been less communication with foreign brides at IMSS and increased

communication with TFWs. This does not mean that less abuse is occurring in marriages

between Canadian residents and foreign nationals, but rather that there are simply fewer

identified cases than in the past.

5.1.1.1. **Perceptions of Abuse.** Perceptions of abuse are slowly changing. As one

participant discussed (Community Based Service Provider 5), in the past a child in the sex trade

was thought of as a "child prostitute", whereas now they are considered to be a victim of

exploitation. Many of the community organizations in Prince George implement a feminist

perspective into their practice of care. Thus, the general perception of the sex trade is that it

needs to be considered more in terms of exploitation because few people in the industry

perform sexual acts by choice. Nor are people in the industry gaining anything in the way of

personal benefits.

Trauma experienced through exploitation and human trafficking is ongoing. Similarities

between domestic violence and human trafficking occur in the trauma experiences of human

trafficking victims. Though similarities exist, there are many differences which should be

considered, such as control methods may extend to external family threats, the threat of public

exposure, and the possibility that there are numerous people involved in the trafficking

organization (Freedom Network USA, 2012). The following quote further emphasizes the

psychological impacts of severe trauma:

> For me, human trafficking is different than, say, other types of abuse that the person
> might experience because of the sustained nature of it, the fact that it impacts their daily
> living in every way... So trying to find services that recognise the impact on a person,
> when it's complex trauma that they're dealing with and not your typical domestic
> violence or your typical sexual abuse [needs to be considered]. I don't mean to use those

terms lightly, but they have, they can have an impact on a person's whole world of health and wellbeing, both physically and psychologically (ER Social Worker).

This statement identifies the need to further understand the process of care when counselling or supporting a victim of human trafficking, because many of the victim's experiences may have long-term traumatic impacts, and may differ significantly from those who have survived other forms of trauma.

As Zimmerman, Mazeda, and Watts (2011) suggest, when strategizing about care options for supporting victims of human trafficking, it is important to draw on models which focus on similarly abused and marginalized groups. They identify the need to draw on interventions which have proven effective when working with "survivors of torture and abuse, irregular migrants and refugees, low-wage labourers" and, programs to support sex trade workers (Zimmerman et al., 2011, p. 333; see also Zimmerman et al., 2008). Incorporating practices derived from models of care from a variety of marginalized populations, beyond those of domestic violence, would expand current practices of care provision and identification of victims to include a larger population of oppressed individuals. This form of service delivery is referred to as trauma-informed care, and is derived from an interdisciplinary approach to care provision. Huckshorn and LeBel (2013) describe the process of trauma-informed care as the integration of trauma care practices which emphasize the physical, psychological, and emotional safety of the trauma survivor and care provider (see also Hooper et al., 2010). Trauma-informed care takes into account the increased prevalence of post-traumatic stress disorder (PTSD) often identified in human trafficking survivors (Williamson, Dutch & Clawson, 2010; Zimmerman et al., 2011).

5.1.1.2. Community Awareness. As with any controversial subject, there is a divide between those who acknowledge the existence of human trafficking in the community and those

who do not. Though many participants stated that community awareness is increasing, many participants felt that there is still a large portion of the population who are unaware of the prevalence of human trafficking in northern communities. There is a misunderstanding that human trafficking occurs only in urban centres and gateway communities. As one participant stated: "I think a lot of people would like to think there really isn't a lot of human trafficking around here. It seems like a big city problem, so they just assume it's not happening" (ER Physician 2). Therefore, the "perceptions of human trafficking are not the realities" (Community Based Service Provider 6). One participant well versed in community education on human trafficking for a number of years stated that training and education "is still the biggest hurdle, as people just still don't believe it happens in Canada" (Ministry of Justice).

Community organizations such as the Carrier Sekani Family Services, Elizabeth Fry Society, the Office to Combat Trafficking in Person's (OCTIP), and the RCMP, work to increase community awareness on human trafficking. Employees from each of these organizations discussed the varied public response they have experienced when speaking with members of different communities. As one participant stated:

> The training that we have done for the last two years, community safety training, we met with service providers, First Nations community members, and other stakeholders that made sense... I would say that [in] a lot of communities it was a really positive response to the training because, I think, it's in how you approach it. We don't go in and say "there is obviously human trafficking going on in your community" ... [What we have experienced is] a lot of the people that come to the training already know [about human trafficking]. You're preaching to the converted, they know it's there. It's reaching the, not necessarily Chief and Counsel, but the higher ups have to believe that it does happen in their backyard. So there's pushback that way... People want to say that it's not happening in their community for fear that people will look at their community as doing something wrong, but it's happening everywhere (Community Based Service Provider 4).

Participants emphasized the need to extend human trafficking awareness and understanding to all sectors of the community and the community at large, because it cannot just be those who have taken a personal interest in the topic and are working to educate and speak about this topic with this knowledge. Collaboration between all sectors was thought to be a positive step toward breaking down communication barriers in education and support.

5.1.2. Provider Awareness

Human trafficking awareness varies between key caregivers within the community. Employees from community based organizations, such as the Elizabeth Fry Society, AWAC, the New Hope Society, Carrier Sekani Family Services, and RCMP Victim Services, have all attended various presentations and workshops on human trafficking, including the Train-the-Trainer workshop presented by OCTIP, and are present on multiple committees which address the various forms of trauma present in the community[17]. The Train-the-Trainer workshop supports community organizations in identifying an action plan to support trafficking victims "…because each community's different. The situation might be different, it could be labour, it could be international, it could be domestic. So it's difficult to have very specialized services in small communities standing by for maybe one situation that may emerge every couple of years" (Ministry of Justice). The key message here is that service providers in smaller centres are more

[17]   The Train-the-Trainer workshop is a multi-day community oriented training tool intended to aid communities in designing an action plan to facilitate community training and awareness on the facets of human trafficking. The program is facilitated by OCTIP and includes presentations by individuals who are experienced in working with victims of human trafficking.
        The Violence Against Women in Relationships (VAWIR) committee is co-chaired by representatives from the Elizabeth Fry Society, RCMP Victim Services, and Probation. The VAWIR committee is attended by community based service agencies, Probation, and the Ministry of Children and Family Services (MCFD). The Prince George (Integrated Case Assessment Team) ICAT has representation from various community based support organizations, Probation, RCMP Victim Services, and MCFD. The Human Trafficking Advisory Committee (which was dormant until April 2015) is chaired by the Elizabeth Fry Society, and has representatives from multiple community based organizations, City Council, MCFD, the Prince George Chamber of Commerce, and IMSS.

likely to be generalists with limited experience from which to identify and work with victims of human trafficking.

In terms of barriers to training, health care workers and law enforcement officers communicated similar concerns. Time was considered the primary obstacle to attending seminars and presentations, as many people working in either sector often work shift work. The following quote identifies the difficulties faced when providing training to shift workers:

> Well I think maybe if there's better advertising for those kind of courses. Another problem that we run into with any kind of training is time, money, the funding. Can they let that member go to do the training? When I was on General Duty it's hard to get courses or workshops or anything. It means taking members off the road. It's definitely a funding issue and a manpower issue to get those members to be able to take any kind of specialized training. So I would say human trafficking and those kinds of areas don't get addressed as much as they should (RCMP Officer 2).

Health care workers also noted that human trafficking presentations were not well advertised within the hospital. Another barrier is limited access to industry specific training. These barriers were cited as major reasons that community-based training was often poorly attended. As one law enforcement officer indicated, much of the training obtained is done so by personal interest; if training is not mandatory, many chose not to attend.

The need for individuals working in upper management to prioritize human trafficking awareness was a common concern of participants. Furthermore, sentiment amongst participants was that only those who take a personal initiative will focus on the subject of human trafficking. Many also cited the need for management to take a top-down leadership role in prioritizing human trafficking. The following quote discusses the impacts that taking a top-down and bottom-up approach would have on human trafficking awareness:

> I think with RCMP, I just see it has to come from the top down... It has to be a change from the Commissioner, not [just] from individuals at a community level. It has to work

both ways. Agencies and community members have to see that there's a change being made. [T]he first time I reported a human trafficking incident, I know that the officer I was talking to was like "what do you mean human trafficking?" Not because he wasn't listening but because the language was not something he knew how to approach. So they're not being trained but service providers are, that's really frustrating on both sides (Community Based Service Provider 4).

Participants also stated that individuals need to learn about human trafficking while in the training phase of their careers, which will facilitate awareness from the beginning of a professional's career on the facets of human trafficking and its impact on society, thus, a bottom-up approach. With few exceptions (e.g. Ahn et al., 2013; Barrows & Finger, 2008; Dovydaitis, 2010; Family Violence Prevention Fund, 2005), the literature says little about incorporating human trafficking education early into professional training.

5.1.3. The influence of a professional lens

The professional lens through which social workers and law enforcement officers peer may aid or hinder the identification of trafficking victims. As victims of human trafficking are often housed with the perpetrator, they may also be mistaken for an offender. As one participant described:

> [I]f the cops go to a drug house and there is a girl there that's in lingerie and has no shoes and nothing except a nightgown on, and she gets busted because technically she is prostituting. But why is she there with no shoes on? So I don't think those are identified all the time as what they are, which is potentially human trafficking. (Victim Services Worker).

Similarly, participants in health care and law enforcement often discussed the need to look at the "bigger picture". Participants in these two disciplines felt that they often tended to focus on the immediate situation with which they were confronted.

Professionals' perceptions of an incident are conditioned by their training and socialization. In many cases, professionals are taught to focus on the immediate aspects of a

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situation and not the totality of it. Health care workers and law enforcement officers identified

the need to look at cases through a wider lens when presented with an individual who has

experienced trauma and to look more closely at the cases that are presented. As one participant

stated:

> I don't think even 90 percent of us would even think of [human trafficking] even if we saw a case of oppression. We would just go "oh well, the women's shy, or it's just a very dominant husband" or whatever it is. I think the biggest improvement is really making us more aware it's there and that we need to be more vigilant for it (ER Physician 2).

Therefore, further education for primary care providers and law enforcement personnel, and

more emphasis on considering a person's underlying reason for accessing services, may help

increase the visibility of victims.

Professional socialization may also interact with behaviors and expectations of the victim

to make identification difficult. As one emergency room specialist shared:

> ... I think in emergency we are ground zero for a lot of that [victims of sexual exploitation and sex trade workers accessing services]. We really provide primary care for most of those types of patients but I think we don't identify them. I don't think we do a good job at identifying them for many reasons, many times they don't want to disclose it. It may be because of the way we approach them. [We may be seen as] [a]nother person in authority... In the midst of trying to deal with all the other issues that kind of overshadow their presentation, if they have a head injury, they've got a scalp laceration, a broken arm, and we're trying to deal with all that, but getting down to that form of identifying them as a trafficking victim would tend to be lost. The opportunity would be lost. I think it's unfortunate that we miss many of those situations... (ER Physician 1).

Here the context of the exchange puts priority on the immediacy of treatment over the

underlying cause, which is victimization.

5.1.4. Personal Bias of Providers

Personal bias was discussed by health care professionals as a reason why an individual

may not be identified as a victim when being treated in the emergency department. Prior

interactions may impede a person's decision to access services. Providing care to an individual

who is receptive, not argumentative or abusive, is less stressful. Therefore, how a professional

responds to a patient or client may be affected by the nature of the client and how the situation

presents itself. Similarly, a victim's previous experiences with service providers may be enabling

or constraining in later exchanges with authority figures. Obstacles to communication and,

ultimately, victim identification are illustrated in the following quote:

> There's many [people] that don't like coming to emergency for many reasons, there are
> long waits. There can be, although they're supposed to be healthcare professionals,
> nurses, doctors or whatever, we all have our biases and I think sometimes those come
> out and it backfires and people are not treated well. They're not treated with respect
> which is something that should be at a minimum. You have to treat everyone with
> respect and you don't know what they've been through... (ER Physician 1).

This quote illustrates how social conditioning and personal bias can act as an impediment in

identifying victims of exploitation.

Client/care provider interactions are not influenced solely by individual situations, but

also by a personal judgement of right and wrong and moral beliefs. For instance, literature

indicates that perceptions of health care professionals towards patients with substance

addictions were often negative and disapproving (Ford, 2011; Deans and Soar, 2005; van Boekel,

Brouwers, & van Weeghel, 2014; van Boekel, Brouwers, van Weeghel, & Garretson, 2013).

Health care professionals approach treatment in various ways, creating both positive and

negative experiences for patients. These experiences do not exist only within the confines of

healthcare practices, but with interactions between all agencies. Research conducted by van

Boekel et al. (2014) indicates that the length of time the physician has practiced affected their

personal attitudes, with newly practicing physicians tending to have a higher regard for patients

with substance use disorders.

5.1.5. Victim Self-Identification

Victim self-awareness is one of the largest hurdles identified by participants, as a victim does not often identify themselves as such. Many people who become victims of human trafficking have been conditioned into believing their situation is "normal", or that they are in the situation they are in out of a desire to be there. There is often much shame associated with experiences of exploitation and, as a result, many individuals are unwilling to share their experiences with others (Criminal Intelligence & Human Trafficking National Coordination Centre, 2010; Family Violence Prevention fund, 2005; Ferland et al., 2012; Oxman-Martinez, Lacroix, & Hanley, 2005). Furthermore, if a person is not able to accept that they are a victim, they will not be receptive to the supports available to them (Daley, 2010; Zimmerman et al., 2008). The need to create a culture of understanding about what constitutes a victim was universally shared by all participants in this research. As one participant stated, "being a victim is subjective. Are you really a victim of crime? ... Sometimes they don't see themselves as a victim, when we know that they are..." (RCMP Officer 3).

Terms such as exploitation or human trafficking must be understood before an individual is able to identify that they are a victim of this crime. The process of educating individuals who are at risk often involves expressing these terms in their simplest forms. When conducting workshops or information sessions for marginalized women, a participant described the process of breaking down the terms so that they are understood by the participants because "[t]hey didn't know what it was, or even sexual exploitation. They don't have an idea of what it is, it's just what they have to do to survive" (Community Based Service Provider 2).

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5.1.5.1. A culture of understanding. Cultural differences were discussed by participants in

law enforcement and in community services as a barrier to identifying oneself as a victim of

exploitation. Participants of the TFW program who come from the Philippines participate in a

mandatory pre-departure seminar hosted by the Philippine Overseas Employment

Administration (POEA) and an optional information session hosted by the Canadian Embassy in

the Philippines, to educate workers on their rights as an employee. The program is not offered in

all sending countries. Though this program is offered to help protect potential victims from

abuse, action against mistreatment is not often taken, as outlined in the following quote:

> [T]he clients, the people being exploited, they themselves don't even know that they are
> exploited. For me, when I say the word trafficking, it's a big word. But if you look deeper,
> even if you were asked to work more than what you should be working and you were not
> paid, that's exploitation, right? But for them it's not. In our culture, Filipino's, we're just
> like "okay, it's no problem we can do it." Even if it's beyond our job description we do it
> because we want to please people. These workers, they come to Canada with less
> education about their rights, their responsibilities… (Migrant Services 1).

This quote highlights the fact that, even though TFW's are provided with an information package

at their port of entry outlining their rights and what actions can be taken if such rights are

violated (Employment and Social Development Canada, 2015), temporary residents are still not

gaining the knowledge required to ensure that this information is understood and well applied.

When this topic was discussed, all participants agreed that there needs to be a formal process in

place to educate vulnerable persons about their rights before entering the country because very

little funding is provided to aid migration services in supporting temporary workers after arriving

in Canada, nor is there any other formal education service offered by Citizenship and

Immigration Canada or Employment and Social Development Canada (ESDC).

Another reason identified by participants for temporary worker's silence is the fear of losing income, as many send remittances home to their families. The sense of family commitment is described in the following quote:

> I have heard of abusive situations with nannies, for example, here in Prince George and with foreign workers coming in. I understand why they would not be able to come forward, because they are sending money back home and if they were to lose their employment then they would be letting their families down. There is a huge sense of family commitment. Just that culture around providing for your family and not airing your dirty laundry. So, there are cultural, not barriers, but differences for sure. Perhaps they wouldn't look at it like they are being used or exploited. They're the perfect victims. You know, they want to be in Canada, they want to work, their families are depending on them sending money back home (Community Based Service Provider 4).

Cultural differences and family commitments are two significant reasons which may impact a person's decision to seek support. Participants also identified the difficulty in changing employers as a barrier because the process involved in changing employers is extensive, and many employees are fearful of decreasing their length of stay in Canada.

5.1.5.2. Desire for change. Not only is it necessary to help an individual identify themselves as a victim, a person must feel that they are ready to exit their situation in order to be truly receptive to accessing services. One health care professional discussed the process of realization that must occur if a person is to embrace support:

> Sometimes they may not be aware of the fact that they want to be out of that [oppressive lifestyle]. Do you know what I mean? To get to that point where they have that self-realization, thinking that "this is a bad place, I could be doing better than this". They think that this is their destiny and that this is what they do (ER Physician 1).

This quote illustrates a common sentiment amongst the informants in this research; which is, that if a person does not accept their position as a victim, they are often not receptive to the supports available to them. This, therefore, makes treatment extremely difficult, particularly in

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cases of sexual exploitation when 'love bombing' has occurred because of the personal attachment a victim may feel for their exploiter.

5.1.6. Summary

A common thread running through the various aspects of understanding is the need for broader and more universal agreement about human trafficking and exploitation amongst caregivers and service providers. Community involvement is a fundamental priority in increasing this awareness, whether training occurs formally or informally. It was universally agreed on by participants that, in order for more people to come forward and identify themselves as victims, awareness needs to increase. It would be false to infer the level of self-identification which exists amongst victims of crime without speaking to that population directly, though interactions with service providers do provide an idea of the perceptions that people who have experienced violence have about their situation.

5.2. Exploitation

Human trafficking victims are exploited through a multitude of avenues. Those who are most vulnerable are children and youth, individuals living in poverty and those from marginalized communities. Though traffickers often prey on the oppressed, victims can originate from any walk of life. This section examines factors identified by participants as putting a person at risk of becoming a victim of human trafficking.

5.2.1. Power

Participants described in detail the multitude of ways in which power may be exerted over a victim. Situations when individuals are forced to rely on others for care, transportation, and guidance heighten an individual's risk of being exploited, such as when people are

dependent on hitchhiking as a means of transportation. For instance, participants and literature

(see Sethi, 2007) described the connection between human trafficking and the Highway of Tears.

Possible victims of human trafficking seeking support at Carrier Sekani Family Services are often

referred to staff working on the Highway of Tears initiative:

> [Human trafficking] sort of fell under the umbrella of Highway of Tears. Once I got involved it made a lot of sense because we know that many of the victims could have been involved in human trafficking, once we heard what [human trafficking] actually was because I didn't really think that way until I heard what the definition was. Exploitation, that fits in completely (Community Based Service Provider 4).

This participant emphasized the vulnerabilities faced by women, particularly those forced to seek

transportation through informal means. This participant raised concerns over the fact that

women from remote communities are faced with few options when travel is a necessity,

resulting in the many women have been murdered or disappeared along the Highway of Tears

corridor.

Acceptance of the existence of human trafficking may also be related to the fact that

exploitation may be at the hands of those in a position of power within the victim's own

community, as stated by one participant:

> Here's the thing, [some Aboriginal] communities are still in a lot of denial of what's going on. Actually I have worked with one in particular but they're just in so much denial about what's going on in the community and its people who are in positions of power who are behind some of this. I don't know what to say about it. There is still a lot of work that needs to be done (Community Based Service Provider 1).

A sense of powerlessness was felt by participants when discussing solutions to providing care to

isolated and unreceptive communities, particularly in situations when those in a position of

power may also be the perpetrator because the voices of the victims are supressed further.

Immigrants are susceptible to becoming victims of human trafficking as they often are not aware of their rights within the country. One participant stated "I do know that abusive employers will take all of their documentation, their passports, tell them all kinds of lies, that basically they don't have rights in Canada" (Community Based Service Provider 1). Furthermore, temporary residents are often put in positions of vulnerability because they have limited ability to change employment situations and limited access to resources. The West Coast Domestic Workers Association (2013, 21; see also Marsden, 2011; West Coast Domestic Workers' Association, 2014) assert that "legislative changes to Canada's immigration system sustain and intensify conditions of legal insecurity for 'lower-skilled' foreign workers in Canada". Limitations on maximum duration of residency are rooted in impermanence, creating a natural separation between permanent and non-permanent residents. This separation is further exacerbated by the fact that there is no formal method of correspondence between migration services and temporary residents, as this information is not supplied to host communities. Recent reforms made to the TFWP are implemented for the benefit of Canadian residents, to ensure that Canadians are not overlooked for employment opportunities. Though there have been few alterations, these amendments do little to put the safety of temporary resident first[18].

5.2.1.1. Gender. A vast amount of human trafficking literature highlights forms of abuse suffered by women, the vulnerabilities of women, methods to support women, and identification tools for female victims of human trafficking, exploitation and trauma (see Abas et al., 2013; Dovydaitis, 2010; Hossain et al., 2010; Oram et al., 2012a; Ostrovschi et al., 2011; Sethi, 2007;

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[18] There have been a number of recent amendments to the TFWP, including: Live-in Caregivers are no longer required to live in home with employer, 2015; Labour Market Impact Assessment (LMIA) fee increased from $250 to $1,000 in 2014; and, increased penalties for non-compliant employers, 2015 (see Employment and Social Development Canada, 2015; Citizenship and Immigration Canada, 2015).

Tsutsumi et al, 2008; Zimmerman et al., 2008). In contrast, only a comparatively small amount of

literature highlights the vulnerabilities and resulting experiences and traumas suffered by men

and boys, particularly related to the sexual exploitation by their traffickers (see Dennis, 2008;

Easton, Saltzman, & Willis, 2014). As suggested by many participants, and supported by research

conducted by the Department of Justice Canada (2013) and Weiss (2010), the focus of attention

in policy and research is often put on the vulnerabilities of women, causing males to be

overlooked as victims. In fact, males are more often the focus of criminal investigations (Ferland

et al., 2012). The following quote illustrates the challenges of responding to the exploitation of

young males:

> As I was saying earlier, males rarely identify themselves as victims. I remember consulting
> with one of my colleagues a number of years ago. A young boy who was 14 or 15 was
> running drugs for one of the gangs and his boss was a woman, way older than him, old
> enough to be his mother. She was making him have sex with her in exchange for drugs.
> My colleague was really frustrated because this boy couldn't see how that was wrong. He
> thought that was a score for sex and for drugs and he couldn't understand why his
> worker was so upset about it (Community Based Service Provider 1).

The division of gender roles, as identified in the literature on heteronormativity, has created

ideologies surrounding acceptable behaviours for males and females. Societal assumptions often

portray women as caring, warm, and vulnerable individuals, while men are considered to be

strong, fearless and protective. O'Neil (1981, p. 204) indicates that "gender roles learned during

socialization prohibit a person from using one's human potential". Learned sexism enforced

throughout people's lives, therefore, creates internal confusion about how events are

experienced. The process of categorizing men and women creates barriers in identifying victims

of abuse. Throughout the interview process, participants discussed the difficulties in identifying

male victims because of the societal assumptions present. One participant working in community

based services stated that males are thought to be the protectors in their communities, thus, when males are victims of violence, more specifically sexual violence, there is much associated shame, resulting in the expected silence of the victim. Therefore, as a result of decades of categorizing female and male roles in society, few men come forward and identify themselves as victims of crime (Dennis, 2008; Easton et al., 2014; McDonald & Tijerino, 2013; Stermac, del Bove, & Addison, 2004).

In addition, sexual assault and exploitation "can have profound effects on a man's identity" (McDonald & Tijerino, 2013, p. 7). Men who experience sexual assault at the hands of another male often question their own sexuality, as well, those around them may question their masculinity (Dennis, 2008; Easton et al., 2014; Tewksbury, 2007). Thus, the impact of societal myths regarding masculinity and gendered crime often "exacerbate the difficulties men have in disclosing the experience of sexual assault and increase their stigma while hindering the development of appropriate services and empirical research" (Stermac et al., 2004, pp. 901-902; see also McDonald & Tijerino, 2013).

5.2.2. Vulnerabilities of Youth

Youth are particularly susceptible to being exploited because of their willingness to expose themselves in social media, their propensity to establish new relationships and their natural curiosity to explore facets of adult life. The incentive to make new friends and explore new experiences results in occurrences of youth being lured into gang life under the false pretext of friendship and protection. Manipulation in gangs can be in the form of both labour and sexual exploitation. In cases of gang involvement, participants identified that females tend

to be at a higher risk of sexual exploitation, while males are more often forced into forms of

labour trafficking situations.

> The boys aren't necessarily sexualized like the girls are. The boys are used more like the little work horses, and they're the ones that are being told that they have to stay in the gang, they have to deliver the drugs and they have to do the little thug lifestyle, and they can't get out (RCMP Officer 2).

Participants working with youth in law enforcement and community support agencies identified

a strong connection in Prince George between youth exploitation and gang activity because of

the pressure that gangs put on youth to adhere to the gang's expectations and rules. These

participants identified many avenues of gang involvement and manipulation that occur

depending on the length of time a person is involved in the gang, as gangs are structured

hierarchically. For example, a person who begins their career in a gang as one being exploited

may be "promoted" to a position of power in which they are then the one who exploits others.

The draw for young people to move to new, possibly larger, locations creates

opportunities for victimization, particularly among those who have a history of trauma or who

come from marginalized communities. The following quote identifies some of the situations

youth are confronted with when making decisions about their future:

> ... Especially our youth that are coming out of isolated communities, I know a lot of them are drawn to the big city of Prince George and promised jobs and [that] they will make money and there's all this opportunity here. They might get wrapped up in selling drugs or selling their bodies... I really believe that our youth from the smaller communities are more vulnerable in that situation, or youth in care, or youth that are living in poverty (Community Based Service Provider 4).

Social isolation was identified often as a reason why new community residents may be highly

susceptible to being victimized.

Two participants discussed exploitation through the sharing of inappropriate photos and videos, which is an increasing phenomenon among youth. Susceptibility to peer pressure often heightens many adolescent's likelihood of experimenting with "online expressions of offline behaviours" on social media sites (O'Keefe & Clarke-Pearson, 2011, p. 800). Sexting and photo sharing through social media sites increases a person's exposure to online harassment and trafficking because of the difficulty in keeping such articles private[19]. The resulting social stigma and fear of exposure may impede an individual in accessing the necessary supports.

Particular to sexual exploitation, participants stated that many people who have identified as victims of trafficking in adulthood were exploited when they were in their teens. Thus, experiences throughout a person's developmental years may greatly impact their future. The following quote identifies the vulnerabilities experienced by young individuals:

> The other thing to consider is the point of development... As a normal point of development [teenagers] feel invincible and they don't really realize the impact [of their decisions] until later in life. Even [though] that later in life could be a couple of years, but when you are getting someone who is 12 or 13, they're really just learning about the world. But yet, those photos and the fear of your parents finding out, or your teacher finding out, your coach finding out, whatever, that is the thing that could keep them victimized. That's the type of thing, the fear of being discovered... (ER Social Worker).

Fear of what others may think was commonly stated by participants as a reason that someone may not come forward. Furthermore, victimization often takes place in one's own backyard, as many people are victimized by a person known to them (Abas et al., 2013; Dalley, 2010; Hossain et al., 2010; Lynne, 1998; Sethi, 2007). One participant discussed the vulnerabilities of youth with

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[19]   Sexting is defined as the "sending, receiving, or forwarding sexually explicit messages, photographs, or images via cell phone, computer, or other digital devices" (O'Keeffe &Clarke-Pearson, 2011, p. 802).

respect to victimization by a known individual, often not considered a suspect because they may

exist within a family's circle of trust:

> A lot of attention in Prince George is paid to our most destitute, vulnerable populations.
> But in fact, something like child pornography, which is another whole level of trafficking
> really because all the elements of the definition are there, they're by people who just
> have access to young people. It could be a family friend who grooms the young person
> for a period of time when they're younger, and when they're older they're kind of
> trapped into that situation because the person has the tapes, right? Or they've
> brainwashed them into thinking it's acceptable or something they need to do. I mean,
> there are just absolutely horrific, I mean horrific cases that are out there that never even
> get prosecuted (ER Social Worker).

This statement identifies vulnerabilities discussed by many participants. The level of reliance

many young people have on their abuser was widely seen to be a major barrier to young victims

seeking help.

5.2.2.1. Normalization of sex and violence. The normalization of sex in present society has

aided in blurring the lines between what constitutes appropriate interactions and what does not.

Thus, youth are more at risk of being exposed to situations through sexual interactions that may

lead to exploitation than in the past. Furthermore, this normalcy may create confusion about

what constitutes a victim, as the following quote illustrates:

> I think that society is changing in a different way too. For example, I think it's really
> important that we look at how acceptable that pornography is now. So teenagers are
> feeling that it's comfortable to send nude pictures of each other. Obviously people were
> doing it back when they had Polaroids, but the impact of [social media] is so much more
> widespread. So you have this change in society where it's deemed to be normal for
> teenagers to be making sex tapes, accessing pornography as part of their regular day.
> That seems to be really normalized. And then you also have people who are being
> victimized by that at the very same time. So there's not a lot of distinction between
> who's a victim and who's not. If you think of Amanda Todd, that's a very clear case of a
> young person who's been victimized. But when you read the Facebook feedback on that,
> there was so much blame and judgement placed on this young person, whose 13 years

old, from her peers. Her peers are judging her. That's how society has evolved, is that those same biases are present (ER Social Worker)[20].

Likewise, participants discussed the impacts of exposure to violence early in life. Many suggested that there is a connection between those who were victims of violence in their early years and those who are victimized as adults. Participants in Prince George from all fields identified that many victims of sexual exploitation they had encountered had experienced sexual abuse in their youth our childhood. One participant discusses at length the vulnerabilities experienced as a result of the normalization of violence, which are particularly apparent in many Aboriginal communities as a result of colonialism:

> My understanding is that there are a lot of situations of concern expressed to us around youth being sexually exploited... Our analysis comes from the fact that Aboriginal people are uniquely vulnerable because of colonization, racism, residential schools, and poverty... There's a real connection between, it seems to us anyways, early childhood sexual abuse and sexual assault and normalization of violence... The theme that was very consistent [in one Aboriginal community] is the normalization of violence. So, human trafficking, sexual exploitation, when young women reach about the age of 12, 13, 14, unfortunately that's sort of the next type of exploitation or abuse that they suffer. They're often groomed or lured or just expected to perform sexual services for money. It could be a family member, it could be an uncle. (Ministry of Justice).

As stated previously, experiences throughout childhood are critical, as they shape a person's perception of normalcy. Thus, as identified in this quote, when the cycle of sexual abuse is perpetuated, these activities become "normalized" and are likely to persist throughout a person's life cycle.

5.2.2.2. Dependency. Traffickers prey on young girls through the guise of a relationship, referred to as "love-bombing". In such situations the trafficker may pose as a boyfriend and use

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[20]   Amanda Todd was 13 years old when she committed suicide after years of being bullied and harassed as a result of internet exploitation. This is an example of how an individual's exploitation can be perceived as inappropriate behaviour amongst peers (The Canadian Press, 2012).

the boyfriend tactic as a tool to exert power over their victim. Thus, there is a feeling of

dependency (emotional and/or physical) that a victim has towards their trafficker. The following

quote suggests the vulnerabilities that may exist in youth as they develop relationships:

> [I]t's not just the stereotypical vulnerable one that are on the streets that are being involved in this. You have to look at the other ones too that are from our middle class, upper class society. Their little blinders are on because "this little boy loves me, he just wants me to sleep with his friends, that's all" (RCMP Officer 2).

This participant emphasized that victims can be found in any place. Traffickers do not fit a

particular description, and, by posing as a partner, are often able to lure any person who is

looking for romance.

In many cases, as mentioned by participants, victims are exploited by someone known to

them. Thus, victims may already feel a sense of dependency toward their abuser. In such cases,

shame or fear may inhibit a victim from coming forward and identifying the problem. As one

participant stated, this is often a barrier in many Aboriginal communities:

> What we've heard, talking in the communities, is the amount of shame that's held by the men in particular when they get involved in something, definitely if it's sexual exploitation. In First Nation's culture holding up a family name, I know it's not just First Nation's culture but it's talked about a lot, you don't want to bring shame to the community... The more people talk about it, the more people realize they are not alone, they're not the only ones going through it (Community Based Service Provider 4).

Many participants discussed the level of dependency people feel for their abuser. Therefore,

being more open to speaking about the issue of human trafficking is one way to identify a

greater number of victims.

5.2.3. Technology as a tool for exploitation

As the ease of communication increases in the twenty-first century for the general public,

it does so between offenders and victims also. Cell phone use has decreased the necessity of sex

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trade workers to remain on the street, as purchasers of their services are able to communicate with them directly by voice or text. Technology is often used as a recruitment method by offenders (Quayle & Palmer, 2010; Statistics Canada, 2009) and a tool to enslave victims through blackmail. Two Community Based Service Providers (4, 5) and one ER Physician (2) identified internet use as a method of luring youth from small rural communities, stating that youth are often primed to be exploited because they are lured to the "big city" through online chat rooms and led to believe they will make big money in the city.

To further impact youth, perpetrators use social media as a method of control. The normalization of sex in present day society, discussed earlier, and the increased dependence on technology further enhances opportunities to exploit youth, such as the use of cell phones and computers to send nude and sexually explicit photos. Though technology may be used for positive purposes "...technology has allowed us to take something that was probably a normal behavior and broaden it so that there's no safety" (ER Social Worker). Furthermore, technology aids in increasing networks of crime by expanding the geographical region which perpetrators can access, thus making detection by law enforcement much more difficult. When asked if human trafficking was changing, one participant stated:

> I think so, just because with the advent of technology it could be "the sky's the limit" type of thing. ... Like I said, texting, they're able to communicate so much more effectively. Technology is great, but it's making people have to think differently. ... In some instances we are so far behind on our bad guys. How can we compete? (RCMP Officer 3).

The ease of access caused by technological advancement was almost universally discussed during the interviews as a present concern because of the ease of connection between perpetrator and victim. Participants discussed checking-in via cell phone as a method of control used by the trafficker.

5.2.4. Summary

Power and control can be exerted in any number of ways, as vulnerabilities exist in each person. Participants reflected on the fact that any person can be exploited, though marginalized and oppressed people are most at risk. The forms of exploitation outlined in this section are limited to the experiences of the participants, and do not intend to represent all ways that people are victimized. One key message impressed upon me, as I reflect on the voices of the participants in this section, is that exploitation is not static and is always evolving. Perpetrators are constantly working to find new methods of control and new ways to harm victims. As one law enforcement officer asked, "how do we keep up with the abusers when they always seem to be one step ahead?"

5.3. Place

Prince George is a small urban centre located in the interior of British Columbia. The community, like many others throughout Canada, is not considered a gateway community, nor is it located adjacent to a major water body or on an international border. Patterns of human trafficking in Prince George differ in many ways from large urban centres, thus presenting unique challenges in support provision and victim protection.

Prince George is often referred to as a hub city, as it is a main thoroughfare for those travelling between northern Alberta and British Columbia. Sethi (2007) states that movement by traffickers follows a pattern of city triangles which exist throughout Canada. One such triangle referred to in her research is the Edmonton-Vancouver-Calgary triangle, which would include transportation through Prince George. Consequently, the ease of transport in and out of the community poses a risk to vulnerable individuals. Participants from Vancouver and Prince

George referred to Prince George as a hub community and expressed concern for the transportation of individuals for the purpose of sexual exploitation in and out of the community as a result. Statements such as "... I do think that we are a hub, a way point to Alberta, the oil fields where all the money is" (ER Nurse) were often voiced throughout interviews.

There is no doubt that human trafficking exists in the community and throughout northern British Columbia. Agreement that human trafficking is occurring in Prince George was unanimous among all research participants, though knowledge of the scope of trafficking in the community varied based on the person's area of expertise. For example, participants specializing in migration services possessed a significant amount of knowledge surrounding international victims of exploitation, particularly those exploited in labour and domestic service trafficking situations. Health care workers felt they were most likely to identify a sex trafficking victim because of the nature of the violence which frequently occurs to participants in the sex trade industry.

Domestic sexual exploitation was widely identified by participants as the form of human trafficking most prevalent in the community. The following quote describes the prevalence of trafficking in Prince George and area:

> Sex trade for sure. We've had international around, I think you would say labour, but caregiver, live-in nannies, and service industry. Most people we see are sexually exploited youth and women. We've actually had males as well who have been brought in through labour who have actually phoned us as well trying to get some information. Their passport has been taken away and things like that. It's international, labour, and sexually exploited (Community Based Service Provider 6).

This participant, and many others, identified that many of the victims are lured into exploitative situations while in their youth, possibly through connections to gangs. As well, one participant

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identified rising housing costs in outlying communities which resulted in the highest number of

shelter residents on record at one location during the 2014 season.

5.3.1. Services

There are a wide variety of services in Prince George to aid vulnerable, exploited

populations, though the number and breadth of services available in a larger urban setting are

often greater and vaster. When participants were asked to compare the services in Prince

George with those available in a major city, such as Vancouver, there were varying responses. In

some cases, such as with IMSS, agency services are less specialized than in larger urban centres.

When a specific service is not offered, it is the responsibility of staff to refer a client to another

provider, or to educate themselves on how to provide for the needs of a client. Furthermore,

agencies are often responsible for covering a larger region, as clients are often spread over a

larger geographical area and reside in communities where migration services are not present.

The following quote identifies the challenges of meeting the needs of a diverse clientele:

> Like I mentioned before, we are the only agency. We work first hand with the immigrants
> because we've been through that road. And then in the larger communities there are
> many agencies and there are different agencies that meet different needs, where in our
> community we are only limited, we are the only ones doing everything... here mainly our
> clients are coming for family reunification to us seeking work permits or student visas,
> how to apply for permanent residency when they are graduated from school, because
> there are so many international students. ... Here, very limited and in the Lower
> Mainland, very different, easily accessible (Migrant Services 2).

Though there is only one migration office in Prince George, IMSS employees felt that the needs

of the community are well met. They strive to help all people in need, even when there is little

funding available for services that are required, which is the case with TFWs. This is an example

of how support workers are willing to go beyond their identified role to aid all individuals in need

of support.

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Though there are a smaller number of services available in Prince George compared to a large urban centre, participants from all sectors agreed that the community would bind together well to address the varying needs of exploited individuals, and spoke powerfully about the strength of bonds that exist in Prince George. The following quotes describe the power of relationships that exist in a small community:

> I think the North has less resources, I guess, at our fingertips but they're still there, they're just not as easily found. So it might take us longer to do something up here than it would down there. At the same time, when something happens here, people really bind together quickly and are a good safety net for that victim. I think people are less likely to get washed away or ignored if they were to report something here where it's a standout offence versus the Lower Mainland where it might be one of a thousand (RCMP Officer 3).

> I think what we do really well in this town is relationships. But there's certain agencies where it's really challenging to have, like MCFD, it's hard to have a relationship with each social worker. But we do our best and I think that we can get a lot of mileage out of our relationships because people are willing to find out a bit more and we start to trust. ... (ER Social Worker).

This sentiment is further highlighted in research conducted by Skinner et al. in 2008, as they identified the strength in bonds which are often built in smaller communities, through regular interaction and involvement in the voluntary sector.

The following quote identifies the strengths that exist in some established relationships and the need to further expand these networks to include a larger number of community service providers:

> I feel like we're pretty solid here in Prince George, just because we've done so much interacting and working together already so I think there's a lot of that already in place... I think it's important to make sure we are still staying in contact with everybody and keeping everyone in the loop, which is hard because there's a lot of agencies here. So how do you do that? But I think that could maybe be improved upon (Victim Services Worker).

Though some agencies were identified as ones with less formal relationships, almost all participants stated that they felt the community would bind together in a time of crisis, as their ultimate goal to care for people is the same.

These general sentiments notwithstanding, participants did identify barriers to service provision. A health care professional from the University Hospital of Northern British Columbia (UHNBC) stated that one barrier in this community is that "we have less physicians that are trained in addressing the issue of complex trauma" (ER Social Worker). Toguri et al. (2012) further emphasize the need to retain specialists in rural and remote Canada. Limited access to specialized services results in extended wait times and greater distance between client and caregiver. Thus, the inability to access complex care providers exacerbate the limitations of smaller communities in extending long-term care to victims of trafficking.

Rural and remote communities are increasingly undergoing change as healthcare is being offloaded onto the voluntary sector (Hanlon et al., 2007; Skinner, 2008). The implications of relying on the voluntary sector to support victims of trauma, such as those who have experienced human trafficking, are monumental because of the extensive care needed to rehabilitate an individual who has suffered such traumatic experiences (Abas et al., 2013; Dovydaitis, 2010; Hossain et al., 2010; Zimmerman et al., 2011). Furthermore, the vicarious trauma experienced by support workers may be extensive when attempting to work with such victims[21].

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[21]   Vicarious trauma (VT) is the secondary trauma reactions of counselors' to their exposure to a client's experiences. Vicarious Trauma manifests in disruptions to "core aspects of the therapist's self", including "disruptions in the cognitive schemas of counselors' identity, memory system, and belief system", directly resulting from "the open engagement of empathy, or the connection, with the client that is inherent in counseling relationships" (Trippany, White Kress, & Wilcoxon, 2004, p. 31).

Concerns over limited access to private speaking locations are considered a barrier to identification by physicians and nurses working in Emergency. The following quote identifies the need for greater privacy in the emergency room and more time to speak with patients in order to be able to assess their needs:

> Well, [for support limitations] I think one of the first things, first of all, is identifying these people. I think sometimes we don't always have the best work environment to actually ask them whether they're safe or not because our triage is a big open area, it's not private at all, so it's really hard to get somebody by themselves. So that's number one, is the identification piece (ER Nurse).

Not only is the ability to separate a potential victim from other patients in order to create a sense of privacy an issue, separating a potential victim from their perpetrator is also a point of concern, especially in cases where the patient is under age and is accompanied by their caregiver.

Health care providers working in Emergency are also concerned that not having access to a 24-hour social worker is a significant barrier to identifying victims of trauma and abuse, including victims of human trafficking. Physicians work closely with social workers because they are trained in the field of trauma centred care. Social workers are connected with community agencies and are able to provide appropriate referrals. The following quote speaks to service barriers in the North and possible improvements to the health care system, as identified by health care providers:

> I think improving the healthcare funding so we have a functioning emergency department where people come in, they're seen within a half an hour, an hour, whatever their problem is. You have to eliminate emergency department overcrowding to get there… I think healthcare funding, better access to social workers, to 24-hour social work, 24 hour psychiatric assistance. Those would be, I think, the main areas. (ER Physician 1).

Inadequate health care funding was a concern raised by many participants working in the field. The participant quoted above discussed how increased funding would allow access to greater privacy and how more physicians would vastly improve the ability to build a rapport with a patient, because their time together would be less rushed. This, in turn, would aid in identifying more victims of abuse and trauma.

Insufficient funding was seen as the main reason for the lack of wrap-around services in Prince George[22]. This is considered a detriment when working toward a holistic approach to care provision. Thus, the individual often needs to state and re-state their story many times, which can re-trigger traumas and prevent healing. The following quote discusses possible reasons why services are not better integrated:

> That's actually one thing that came up [at a community meeting], was the lack of wrap around services. The fact that, unfortunately and it's also due to funding, when someone walks through the door here and we don't have all the services. I know the same thing with RCMP Victim Services, they have to take them somewhere else. I mean, these poor people having to tell their story over and over again. It's a huge gap in this community (Community Based Service Provider 4).

There was much concern about re-traumatizing a victim through the process of multiple agency interactions because reliving their experiences through relaying their story is one way that may trigger the victim back to their experiences. Many participants expressed the need to create a formal response plan when working with victims of human trafficking. In the Ministry of Justice and Ministry of Children and Family Development's (2015) report *A Vision for a Violence Free BC,*

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[22]   Wrap-around services are those in which multiple agencies are recognised as being necessary to support an individual. This holistic approach to care is centered in the idea that an individual is often dealing with multiple, complex traumas that cannot be served by one agency or caregiver alone (Debicki, 2009).

the benefits of multi-agency interaction are acknowledged as an invaluable aspect of trauma support in reducing the occurrence of re-traumatization.

Small communities face difficulties in care due to limited anonymity when the client is a community resident (Roberts et al., 1999). As a result, a victim may be familiar with the people working at support agencies through other interactions. The following quote identifies anxiety a trauma victim may feel when deciding to access services:

> ... So in the North, where you become challenged is, you may feel uncomfortable connecting with a particular agency because you may have family that works there. You may have a friend that works there, or you may see them in the community later. So that may limit you from accessing SOS, for example, or Native Healing Centre, or one of those. So that may limit your willingness to access services because you're fear of being exposed. If you were in the lower mainland you could go to any hospital, right? Or any counsellor... So I think that's definitely a barrier for people, is the fear of being exposed... (ER Social Worker).

This participant described some situations where contact between herself and a client has occurred within the community and the unease the client has felt. Interactions between client and caregiver are common in Prince George and, as such, care providers often address this possibility during an initial meeting with the client.

Concealing a victim from their trafficker is also a challenge in a small community, as there are limited places to house victims, many of which are known to the general public. Concerns over victim concealment in a small community are outlined by an RCMP officer from Vancouver:

> I think it's easier for larger communities to support victims. Just because they are larger communities, there are agencies galore, social services galore that can be easily accessed. I think that smaller communities have a difficult time because 1) there isn't much there, 2) if you are in a small community, the victim and the trafficker are in the same community... There are enough agencies here [in Vancouver] that I can provide housing for them [the victim] and be comfortable in the knowledge that the trafficker will probably not find them. So I think those are the advantages of a larger community (RCMP Officer 1).

This concern was echoed by participants working in Prince George. Concealment is difficult, as there are a limited number of shelters and many of the locations are known by community residents. Also, concealment of the identity of a person being housed within a shelter from other shelter residents was of concern to participants.

5.3.2. Hidden Avenues of Exploitation

More than two-thirds of participants stated that they have come in contact with a suspected victim of human trafficking, though none of these connections have resulted in formal human trafficking charges in northern British Columbia[23]. As stated previously, the most common form of human trafficking identified in this community is domestic sexual exploitation, though the number of individuals who are suffering from exploitive employment conditions are becoming an increasing concern. The increase in TFWs and international students in the community may contribute to the increase in labour trafficking victims. In the past, trafficking of non-permanent residents was identified more often in cases concerning international brides, though recently there have been fewer individuals identified through this avenue. Individuals from the Filipino community were identified as the ethnicity most commonly exploited presently:

> Recently now, the bigger trafficking is happening from the Filipino community with the Live-in Caregivers and with the Canadians marrying women from the Philippines. Otherwise I haven't seen that much. There are a few from the Spanish background, like Mexico or Peru. Mainly from Mexico. We had some cases from Russia. Other than that, there's just one or two here or there. These are the main ones. The caregivers are the main ones. (Migrant Services 2).

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[23] There have been two human trafficking convictions in British Columbia, both convictions from southern British Columbia (Moore, 2014; Seccia, 2015).

Approximately 30 percent of the international labour trafficking survivors supported by

Deborah's Gate have been trafficked across international borders (Community Based Service

Provider 5). Comparatively, no victims identified in Prince George and northern BC have been

trafficked across an international border; instead, they have entered Canada under a legal

contract, and were trafficked after arrival.

5.3.2.1. Sexual Exploitation Underground. According to participants working in law

enforcement and community service agencies, Prince George has experienced a decline in visible

sex trade workers in the past decade, as this industry has been driven underground to places

hidden from plain sight, including houses, apartments, and hotel rooms. Participants described

hidden sites of sexual exploitation as places connected to gang and drug activity. When asked

about the visibility of sex trade workers, one participant stated:

> I don't know for sure [if the sex trade has changed] but we talked about that not that
> long ago, probably within the last couple months... Then the conversation came around
> that three to five years ago it used to be much more prevalent. They were on every
> corner, all the time. It was obvious, obvious, obvious. And now, in the last couple of
> years, it's rarely reported and it's definitely not as obvious. You certainly see your people
> walking down and that sort of thing, but they're not on the street corners as much as
> they used to be or as frequently anyways. It doesn't seem like it. So where are they
> going? They're somewhere. So that has changed, it's become less obvious on the streets,
> I think. I think that's fair to say. And we get less calls about them too. (RCMP Officer 3).

Past pressure on Prince George City Council and the RCMP to "clean up the community"

(Community Based Service Provider 1) has further driven crime and sex trade workers

underground. One participant who has worked in the community for a number of years stated:

> ... [H]ere in Prince George anyways, there had been so much pressure on the RCMP and
> the City of Prince George to clean up downtown and this happened about 15 to 20 years
> ago that the girls got red zoned out of downtown and they were pushed out of
> downtown. The RCMP and the City were very much behind that. What that did is that it
> drove the girls into the residential areas, which that became another problem, and with
> organized crime and the heat being on these individuals, it was just easier for them, I

guess, to go underground, out of sight out of mind, where they wouldn't have the heat on them. I don't know what I would do if I was still a front line outreach worker. It would probably be very difficult. I actually had to go into crack shacks looking for girls… (Community Based Service Provider 1).

As suggested by these two quotes, multiple factors have led to limited visibility of sex trade workers and abusers. Participants were concerned about the safety of those who are now hidden from plain sight, because it makes identification of those being exploited more difficult. As well, RCMP officers and shelter workers stated that it is more difficult to estimate the population of people working in the sex trade industry because they are hidden.

Not only do hidden places of exploitation create barriers to identifying victims, they are well hidden from sight from the general public. Participants agreed that the location of places where men, women, and youth are being exploited can exist anywhere in the community. A common misconception about crime is that it often does not exist in high income areas, as identified by one law enforcement officer:

People like to think that just because they paid $600,000 for their house that means they've removed themselves from the scum of the earth because bad guys don't have money. It's anywhere, it can be anywhere depending on who the people are that are involved. You have your stereotypes of the drug addicted sort of lifestyle, people of the streets. Those people are sort of in those stereotypical problem places like "the hood" … So you get those ones. But if the victims are in the mid to upper classes, they are going to be in those areas because they have to be in fairly close proximity to go there and then go back to Mom and Dad's. …We don't really have a true understanding [of the exact locations]. That's sort of where it lies (RCMP Officer 2).

As criminal activity becomes more scattered within Prince George, it is more difficult for locations to be identified, thus driving crime further underground, ultimately resulting in decreased visibility of victims. This quote also highlights the fact that although the most vulnerable populations are often an easier target for human traffickers, anybody can be at risk of becoming trafficked.

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5.3.3. Network and Communication

More than half of the participants stated that communication networks in the community are adequate, though there is always room for improvement. Less than one third of the participants felt that communication between the various agencies that would likely come in contact with a victim of human trafficking is inadequate.

> Well I think we have a really good coordinated approach within the community. I think that… to be honest, I remember the first human trafficking case I ever was handed, I remember thinking "oh my goodness, now what? I mean we've been doing all this training, all this coordination." I was like "who do I talk to about this and this?" But each individual agency really does provide little snippets, right? (Victim Services Worker).

Though not all RCMP members or UHNBC health care workers are personally connected with the various agencies that provide services for the oppressed, they are supported by Victim Services or social workers. For some, they have developed long standing relationships with professionals in the community. For others, they did not feel that they had developed the necessary connections within supporting agencies.

> You say [is communication] adequate, I would say it's adequate. Is it enough? I would say no. Is there room for improvement? Yes. Because in Prince George, we are a close knit community. At the same time, we do have certain agencies who aren't at the table, whether it's because through lack of time, lack of staffing to be at the table, or whether it's through they're so busy and they're not able to be there. But I think what you see are the core groups, the core individuals are always there at the table. But then you have people who don't understand what human trafficking is or are not aware of it, but they're missing and that's why that's happening. So I think the need for improvement is that each and every service provider who's working in this area needs to have a vested interest in their own learning and knowledge around this. And when you come to that table it's your responsibility to ensure that you have enough in your toolkit to be able to work in this area. So that's an area that I feel needs improvement for Prince George and the outlying communities as well (Community Based Service Provider 6).

This participant not only addresses concerns over the disinterest of some within the community, but reflected on concerns raised by many other participants that those most involved are the

ones who possess the knowledge about human trafficking. As many stated, people need to be

made aware because human trafficking does exist here.

The largest gap in community connection was felt to be between health care workers and

the extended community. This feeling was reflected by all participants. The following quote

highlights the observations of one health care professional:

> [Communication is] Definitely inadequate. I mean, there's a massive need for improvement. How do we improve it without irritating everybody because a lot of people may not be interested in the topic, which is their choice? It's always going to be tricky but there has to be some bridge between community organizations and the physicians and nurse practitioners of Northern Health to at least maintain the option of staying in the loop… (ER Physician 2).

The sentiment is further emphasized by another participant, not working at the hospital:

> Probably [the greatest need for improved communication is with] Northern Health. I think it is, and I don't know if it is their understanding of where they can share information [due to confidentiality]. Sometimes, this is what I found through the youth thing, if I built a rapport and a relationship with an employee then I knew that I could go to that employee, have a conversation and that they would generate something within their organization in order to come and meet with me, or to do some sort of wrap for a youth, or whatever. But when those people leave then that connection is lost. I would say that anything to do with mental health and Northern Health and a little bit, maybe, at the hospital too, because I think that people forget about the hospital, but they see everything (RCMP Officer 2).

Concerns over privacy and confidentiality were often present in discussions. Though there are

guidelines to address confidentiality and information sharing within agencies, not all agencies

have the same parameters with regard to what information they are able to share. As well, the

lack of interaction between community agencies and hospital physicians limits the personal

connections that would help to build trusting relationships between these fields. This point is

emphasized in the following quote:

I think in some cases with myself, there's different agencies that have established a rapport, a good working rapport, so it's just natural that you get better results when you've established that (Community Based Service Provider 2).

This participant emphasizes the importance of networking and the fact that trust is not only important between agency and client, but interagency trust is vital as well.

5.3.4. Summary

There is no doubt that human trafficking is present in northern BC, though the patterns identified differ from those in Vancouver. While there is much support available within the community for victims of trafficking, awareness differs amongst agencies. The clandestine nature of this crime creates barriers to victim identification. As such, many victims go unnoticed. Furthermore, for those who do seek care, funding for long-term care and client anonymity were considered to be barriers to service provision within a small urban community.

For the most part, participants felt that the community would work well together when faced with a crisis. Inter-agency connections were strongest amongst non-profit agencies, while the greatest disconnect was considered to be between health care workers. The opinions of the participants may not represent all professionals within the community. To better understand community interactions, more in-depth research would be beneficial to capture a larger population of care workers.

5.4. Organizing Care and Support

Victims of human trafficking need a variety of short term and long term services to support healing. As the needs of victims are being identified, so too are the strengths and weaknesses that exist within communities. As with many communities throughout the country,

support services are not equitable for all populations, with an identifiable gap in services for males and children.

The immediate care needs of a victim of human trafficking are similar to those of many trauma victims. As many participants in this research are experienced in working with victims of trauma, they all identified many of the same immediate requirements that would need to be addressed before a long-term care plan could be arranged, as the following quote highlights:

> First of all I would need to determine what their immediate needs were in terms of their basic physical needs. So things like, do they have clothes? Do they have a place to stay? Do they need medical attention? What kind of legal advice do they need? Do they have a passport? What are their documentation [needs]? So I think that really finding out the exact situation, so sitting down finding out what exactly their needs are would be our first step, and then providing emotional support while we are doing that. From there, just phoning the other agencies and finding out, I think, based on what their answers are assessing what can we do right now. Things like contacting government agencies, that's stuff that takes time sometimes, that can be a bit of a challenge logistically. I would try to do as much of the stuff that is accessible and quick and easy to do as soon as possible, so a place to stay, food, clothes, that sort of thing. Take care of basic needs and then go from there (Victim Services Worker).

This participant discusses a variety of needs, which emphasises the fact that multiple service providers may be necessary to support the immediate requirements of an individual in need of trauma care. Community agency partnership and cooperation is identified by all participants as an integral component of care due to the varying needs of victims and the specific functions of community agencies. This section will consider the strengths and weaknesses of community partnerships and the long and short term components accessed by individuals in trauma care.

5.4.1. Equality of Care

Services must be available in many different forms to ensure that all individuals have fair and equal access. Culturally sensitive approaches to care aid in attending to the needs of a culturally diverse clientele, particularly because human trafficking victims are a socially and

culturally diverse population (Ferland et al., 2012). The following quote discusses the relevance

of incorporating culturally appropriate methods into service provision:

> I think that's so important [providing culture specific care for people] no matter what
> culture it is... It doesn't just come down to First Nations culture and Filipino culture, it's
> also very individual or family culture. I mean, you go into one First Nations community
> and you talk about the Carrier Nation, well each of them is so different... [therefore, not]
> going in with the pan Indian approach [is important]... I don't think necessarily that
> developing a program that's going to suit every individual culture [is necessary], because
> you can't do that, but understanding that you need to ask questions [is necessary]...
> (Community Based Service Provider 4)

This participant felt that people are receptive to sharing their needs with care providers, as long

as the care provider is respectful of the individual and is willing to listen to the client without an

air of assumption of what the process of care should entail. All participants identified the need to

ensure that the voice of the client is heard and respected if there is hope of establishing rapport

between client and care-provider.

Domestic sexually exploited victims, as stated previously, often come from marginalized

communities. In the case of service providers in Prince George, there is a high number of human

trafficking victims from Aboriginal populations. Many participants addressed the importance of

incorporating culturally sensitive Aboriginal practices into services for trafficked individuals

(Sethi, 2007) as discussed by one participant when stating: "I think the whole component that's

missing [when supporting victims of human trafficking] is the Aboriginal healing centres or

lodges or a specifically, culturally based healing program..." (Ministry of Justice). Thus, to

implement care with an Aboriginal approach, which incorporates culturally based services, we

need to take a "whole community based approach" (Ministry of Justice).

While there is evidence of social cohesion amongst certain service providers in Prince

George (Hanlon, Halseth, & Ostry, 2011; Hanlon, Skinner, Joseph, Ryser, & Halseth, 2014), this

may not necessarily be the case for all providers directly involved in care for human trafficking victims. The implications with respect to human trafficking are great because the social cohesion, or lack thereof, of a community directly impacts its capacity to bind together through the construction of trusting social networks (Veenstra, 2002; Veenstra et al., 2005). It is exceedingly important that service providers in a community work together to ensure networks are built based on the unique qualities that exist in each location.

      5.4.1.1. Gender Dimensions. Access to services varies greatly for men, women and children. There are many forms of services available to aid women experiencing violence and exploitation but few services available to address the needs of children and even fewer services for men. One participant with vast experience working with children of sexual violence felt that the emphasis on services for adults, particularly females, has resulted in greater community awareness about adult related violence and has left a gap in awareness about the rates of child exploitation.

> If you're only looking at a Power and Control model, you are only going to adequately be able to serve the people in the population that are being oppressed in that way. But if they're being oppressed for other reasons that don't fit in with that model, the person is probably not going to feel connected to that service (ER Social Worker).

The previous quote identifies the needs of support agencies to expand their service models to include individuals who experience all forms of abuse. By only focusing on one population, other populations of oppressed people may be overlooked.

Another concern discussed by many participants (Community Based Service Providers, ER Social Worker, Victim Services Worker, & RCMP Officers) was the gap in services for men. The

following quote identifies that the service gap is unjustified because the experiences of trauma

related symptoms between males and females are similar[24]:

> In my experience, you would think that there's a huge difference in the experiences
> between male and female victims. That's truly not the case. There's a much narrower
> gap, and yet the services that are available for males that have been victimized, they're
> much fewer... there are fewer services (ER Social Worker).

This gap in services may create barriers for men who need to access support when they have

been victimized, thus limiting opportunities of identification.

The need for specialized housing for males extends beyond the local community, as men

are often lodged in shelters which also house individuals with addictions, homeless people, and

people on parole. This varied mix of individuals creates opportunities for further exploitation, as

discussed in the following quote:

> I think we'd have challenges around housing for a male, just because there's not enough
> places for men really, other than ASAP. If that happened I would be phoning down to
> Vancouver about it and saying "do you have somewhere you can put this guy?" But
> women are a little easier to place because often they are fleeing domestic violence
> situations and also, that said, John Howard Society is trying to get some housing.
> Hopefully, once that's built we can have somewhere where we can potentially put a man
> as well. But the fact that it's a male could provide some different challenges (Victim
> Services Worker).

Inadequate shelter for male victims of trauma is not a problem unique to Prince George; housing

services need to be expanded throughout Canada (McDonald & Tijerino, 2013). In addition to

the issues raised in the previous quote, the following quote emphasizes many other participants'

concerns about the disparity in suitable shelter for male victims:

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[24]   Males and female survivors experience many similar impacts and coping strategies, resulting in similar mental health effects. Common mental health effects include "depression, hostility, sleep difficulties, misuse of alcohol and drugs, as well as suicide attempts" (McDonald & Tijerino, 2013, p. 6; see also King, Coxell & Mezey, 2002).

[The men's shelters are] the catch point for everybody, for all males [who are in need of housing]. Say this person has been a survivor of trafficking, and they need housing and you put them at [a men's shelter], that's also the catchment to provide services to people who've been released from jail. These are your gang involved people, these are your sexual offenders. So they're put back in a place where there is no safety for them, emotional or physical. So then it becomes, sort of, this ongoing thing of how does the person ever get outside that trauma thinking? ... So barriers would be services for males, definitely, and the fact that the resources that are available to them, say housing for example, is that puts them back within the range of people who would be victimizing them. So that would be one barrier. Plus, the counselling services for males are very limited (ER Social Worker).

The two previous quotes provide examples of how the neglect of housing geared specifically to male trafficking victims leads to situations in which these individuals are placed in housing that not only does not meet their needs but actually puts them in further harm's way.

5.4.1.2. Philosophy of Care. Community agencies tend to have a different philosophy of care, depending on whether they provided services to men or women. Female-oriented services providers have a mandate to advocate on behalf of the victim, meaning that social workers, counsellors and other staff members will strive to support the individual in any way he or she needs. As one participant stated "I would do anything [to support a victim]. When they come through [our doors], it's anything we can possibly do, within what we [are legally allowed] to do" (Community Based Service Provider 3). For instance, this support may include things such as, attending court, health care appointments, or meetings with children. Another key element identified by many individuals was the need to accompany the victim to the introductory appointment with a referred agency. Much emphasis is paid by female-oriented service providers to the feelings of female victims and the need to ensure they are as comfortable as possible when being introduced to new services. Though the mandate of men's shelters is to advocate on behalf of the victim, their approach to advocacy differs.

Care provision in men's shelters tends to focus on connecting men with immediate service needs, such as accessing identification, opening bank accounts, and connecting individuals with health care professionals. A focus of the one Prince George men's shelter is their drug and alcohol treatment program, as identified in the following quote:

> Ideally what we do is we work with clients coming in off the streets, street people. We ideally like to put them through the drug and alcohol program so we can get a better depth of understanding of what the individual's problems are, whether he's going to be able to cope with getting away from his addiction (Community Based Service Provider 3).

As identified by this participant, services focus on the immediate needs of male clients, not un-packaging the trauma experienced in their past. The services offered in men's shelters in the community do not focus on trauma based counselling, these needs would need to be met by a secondary source.

5.4.2. Barriers to Victim Reporting

There are various ways for a trafficked individual to be supported in the community. Though there are many ways a person can seek the supports they are in need of, there is no single location to which the agencies report. Therefore, each service provider keeps track of their own list of victims, though some agencies do meet and share information on cases with each other. Confidentiality is one reason for not sharing information about clients. In cases of abused children, professionals do have a duty to report (Ministry of Child and Family Services, 2014). In cases of adults, however, there is no legal means to enforce reporting to the police or other agencies. One participant identified concerns over whether or not it is legally acceptable for a physician to disclose to the RCMP whether or not a possible trafficking victim has been identified or if a person is trapped in the sex trade industry because "there's that fine line of

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confidentiality, even when it comes to the medical profession. You kind of have to tread lightly"

(ER Physician 2).

As identified earlier in this chapter, participants described many reasons that victims do

not report to the police or seek medical care. In the case of international victims, they may be

concerned about deportation and loss of finances, or a distrust of authority. For domestic

victims, there may also be feelings of distrust of authority based on past experiences or

conditioning by their trafficker. A victim may also possess feelings of shame or guilt associated

with their experiences. The following quotes identify some victim concerns shared by my

interview participants:

> [T]here's a lot of victims within [community based services agency] that don't feel
> comfortable reporting to police because of past experiences with police that aren't
> necessarily positive and from being arrested... (Victim Services Worker).

In recognition of these barriers, some in the victim services sector have devised services

and support with victim confidentiality in mind. The previous participant goes on to explain:

> In order to combat that problem we have partnered with [a local agency] to provide
> services outside the realm of the RCMP. They can call us directly, so say if they were in a
> situation where they were potentially being trafficked, they would be able to call Victim
> Service's directly and then we would try to find them help within the community, without
> necessarily having to report and create a case. We would potentially do a "for
> information" file and ask them if we were allowed to do that but otherwise we would
> keep that private (Victim Services Worker).

The purpose of creating a "for information" file, as identified by this participant, is to retain

informal information about an individual. This may help if the individual would like to seek

further action in the future, and also works to build positive interactions amongst professional

caregivers and support providers in the community.

Feeling safe was identified as one of the highest priorities in victim reporting. If an individual is able to communicate with a caregiver with whom they feel safe, they are more likely to seek help. The following quote identifies the need for positive relationship building:

> I'm finding a lot of it does come down to receptiveness of the physicians. Though if you are finding a patient who really does not want to come into a clinic, it might be either because they haven't felt well received by the physician or maybe too confronted by the physician. If the physician goes "what's going on? Why are you doing this?" The patient may get very defensive. I think a lot of it comes down to, if you had a couple of core people who were interested in each of the locations, you would find the patients keep going there. To try and touch base with the one person they knew they felt safe with (ER Physician 2).

For their part, RCMP officers acknowledged the need to be present within community agencies. Law enforcement officers also spoke of steps, such as being out of uniform, as being important to building trust and removing barriers to interaction with trafficking victims.

5.4.3. Support Limitations

Trauma counselling for a victim of human trafficking may be more intense than for a victim of another form of trauma. A barrier in the North is that "there is very limited access to people who have the specialized training in therapeutic interventions for somebody with that level of trauma" (ER Social Worker). Furthermore, it was felt that "there's really not a lot of consistent services, mental health services" because for "someone who has been through those experiences like that, they will need a whole lot of care, psychological care, and that's definitely a gap" (ER Social Worker).

The short-term needs of clients are met well within the community, as many service providers were confident that services would meet the immediate needs of an identified victim. Long-term care needs of clients, however, were not often discussed and protocols were not implemented within the community to provide for persons requiring such services. Additionally,

some individual's may have difficulty accessing supports because they may not fit the criteria of

an agency, as identified in the following quote:

> ... [T]here's really not a lot of consistent services [in Prince George and the North], mental health services, but of course there's this big gap. Of course when someone has been through these experiences like that, they will need a whole lot of care, psychological care, right? And that's definitely a gap. For children's mental health, I think it's pretty well known in the community, that while there are services, there's long wait lists to access services of people who have training and expertise to actually do treatment interventions. So, what I'm specifically referring to is psychologists, clinician's that have additional training in trauma treatment, trauma assessment. Because there is a distinction between trauma informed interventions and trauma interventions... Many people will say that they use trauma informed practices, right? That's just understanding how people are impacted by trauma. That doesn't equip them to actually do trauma-based interventions... So when it comes to dealing with children, there's actually a huge shortage of – not only in Prince George, but across the North – of clinician's that are actually trained to do trauma interventions (ER Social Worker).

Many participants identified that there is limited understanding about counseling needs for

victims of human trafficking.

Similar to concerns raised by health care workers, four community based service

providers asserted that funding for services, such as long-term psychological support, was a

barrier, as much funding is accessed for short parcels of time and access to these funds was

highly competitive:

> You get funding for x amount of months and what do you do with all the people? They're still there, they still need the help. You've opened a whole world of triggers and then you are out of funding and forced to stop.... Who's to say how many years it's going to take for them to be in a place of safety?... So we're asking people to open up, to basically bust their souls for us to keep our doors open... We need to be there continually offering support and resources. (Community Based Service Provider 2).

Participants commonly conveyed a feeling of despair when discussing their concerns over the

effects of short term funding. Many felt that little can be done because there are too few

trafficking victims identified in the community to allow for a permanent, long-term care facility.

Several researchers call for more active government involvement to ensure that long-term

funding and wraparound services are accessible to support victims of human trafficking (Ferland

et al., 2012; Hoogland, Olfert, Hunt & Redden, 2010; Sethi, 2007; U.S. Department of State,

2015; U.S. Department of State, 2014) regardless of the size of the community.

As in many communities, there are a large number of service providers, each offering

components of care. There is an identified need to integrate community services in order to

better serve those in need of care access, as acknowledged in the following quote:

> Wraparound services need to be [implemented in the community], a one stop shop, so
> basically when the victim gets the courage to tell their story that should be the one time
> they do it. And then everyone else should work together to provide the services so the
> victim doesn't have to go looking and knocking on however many doors. I think if there
> was unlimited funding, I believe the agencies would come together to do that. I think
> that's what people would want (Community Based Service Provider 4).

One reason to integrate care services is to limit the impact of retelling a story on the victim, as

the process of reliving the experience through relaying the incident(s) may result in re-

traumatization.

The time period in which a trafficking survivor will need to access services, particularly in

the second phase of treatment, depends entirely on the individual, the level of trauma

experienced, their willingness and ability to engage in the program of treatment, and what

specific services are needed. In caring for victims of trafficking, the experiences of one

Vancouver community based organization are that the average length of time a trafficking victim

may access services varies based also on the form of trafficking. For example, the average length

of time a labour trafficking victim accesses services is approximately six months, depending on

the documentation process. Victims of sexual exploitation tend to work in three month

benchmarks as they have a harder time remaining in the program because as they move through

the treatment program and silence the "external chaos", the "internal chaos" begins

(Community Based Service Provider 5). The internal chaos, as identified by the same participant,

is the process in which the individual learns to cope with and accept the traumas that have

occurred throughout her life. As well, often the person must also learn to manage the rage that

accompanies healing (Zimmerman et al., 2011) as they begin to process the abuse they may have

experienced throughout their lives, and the conflicting emotions that accompany the rage when

a person experiences acceptance and stability for possibly the first time in their life. The stress of

coping with these experiences often is too difficult for an individual to handle, thus they may exit

the program and return at a later period when they feel better able to handle the internal

struggles.

5.4.4. Summary

This section highlighted many of the strengths and weaknesses in supporting victims of

human trafficking and exploitation present in Prince George. Through experience working with

victims of trauma, such as victims of domestic violence, many care providers possess valuable

insight into the immediate care needs of trauma victims, hence, several resources are in place to

provide for the immediate needs of a person exiting a suppressive situation. Service providers

emphasized the importance of a victim-centered, culturally appropriate, approach to care, thus

encouraging victim involvement throughout the healing journey. A victim-centered approach

aids in fostering a positive and trusting relationship between the care provider and the trauma

survivor.

Limited access to safe housing services for males exiting trafficking situations, gaps in

services for children and men, and long-term access to resources to care for the ongoing

psychological impact of human trafficking were identified as service barriers in the community. The need for long-term, permanent funding was of concern to community service agencies, as they are not able to guarantee support for victims over an extended period of time when funding is awarded for short-term projects. Extended care is vital to healing, as many identified and suspected victims of human trafficking have long-term traumas extending from early life experiences which need to be addressed when developing programs focused on caring for trafficked individuals.

5.5 Conclusion

The findings in this chapter identified many complexities that are inherent when working with a small population of trauma victims, especially when little is known about their differing needs. It is evident that knowledge about human trafficking needs to increase, not only in the community but in all regions. As many participants highlighted, it is necessary for educators, policy makers, and management to prioritize human trafficking in order to capture a larger population of individuals able to identify and support victims of this crime. Furthermore, greater experience in working with human trafficking survivors will increase community organizations capacities for responding to the long-term care requirements of this population, and support the establishment of an integrated response protocol.

The vulnerabilities present in society impact a person's access to care, and their response to authority figures. Marginalized populations are considered most at risk of victimization, resulting from limited access to resources, stable social connections, and possible history of physical and sexual violence. Gender assumptions further exacerbate marginalization by emphasizing historical myths about the roles of males and females in society. Community care

systems do not dispel these myths, as highlighted by discussions on the structures of care facilities in place, and the greater number of facilities constructed to support female trauma sufferers. Lack of long-term funding is a further impediment to providing care access to victims of human trafficking, as their traumas may require extensive treatments for the psychological damage suffered at the hands of their traffickers. Thus, participants called upon the support of all levels of government in accessing long-term funds which will support all victims of human trafficking, regardless of age, race or gender.

Though the experiences highlighted in this section may not be representative of all care providers in Prince George, or of caregiving in other communities, the common threads conveyed by participants in different sectors highlight the positive community connections present in Prince George. The level of community cohesiveness was valued as a positive result of the work being done in this community to care for victims of trauma, and in recognition of the strength of relationships which have developed through years of partnerships and interactions. Though concerns exist with respect to limited access to specialized care providers and limited interactions between some community-based care providers and many working in health care, there was a strong commitment to the strength of the community in responding to the needs of those victimized by human trafficking.

6. CONCLUSION

The overarching purpose of this study was to examine the support strengths and limitations for victims of trafficking in northern BC, as viewed from the perspective of care providers. The impressions and experiences of front-line providers offered valuable insights into prevailing notions of social care responsibility for victims of human trafficking and how these are influenced by professional, organizational, and sectoral context. The previous chapter highlighted the varying degrees of understanding about human trafficking that exists in Prince George among care providers. Though there was no disagreement amongst participants about the existence of human trafficking activity within the community, the participants in this study noted a great deal of misunderstanding about human trafficking within the community at large. Gaps in understanding were present in all sectors, including health care, law enforcement, and community services providers, although within each of these agencies a number of individuals have taken a proactive approach to educating themselves and others about human trafficking. Participants identified a need to raise awareness amongst support agencies to increase the capacity of the community to respond to human trafficking. A community's capacity to care for trafficking victims extends further than their understanding and acceptance of what it means to be trafficked, and must involve the cooperation and collaboration of multiple service providers. Multiple levels of trauma interventions are needed to support the varying needs of persons exploited through trafficking. Participants recognized the positive impacts of trauma-informed care as a multi-disciplinary approach which draws on the strengths of a variety of care practitioners (Dutch & Clawson, 2010; Hooper, Bassuk, & Olivet, 2010; Huckshorn & LeBel, 2013;

Zimmerman et al., 2011), though concerns were raised about the limited number of care providers in the community equipped to intervene in such dire cases of abuse.

The ongoing exploitation of today's youth is further enhanced by access to technology. Traffickers use technology as a method for recruitment and control. The hidden capacity of a trafficker to access and establish a pseudo relationship with a potential victim eludes law enforcement, causing them to constantly rethink response tactics. The level of attachment a victim often has to their trafficker, particularly in cases of sexual exploitation, was often reiterated by participants. Thus, barriers arise in establishing a rapport with a victim of exploitation, as the individual must be receptive to care in order for treatment to be effective.

Temporary residents are inherently vulnerable because of their exclusion from society. Limited funding is available to provide integration services to members of the temporary labour community. Furthermore, there is no formal identification measure in place to notify migration services of workers living in the community. Therefore, support workers and victims alike are forced to rely on an informal network of communication to identify individuals who are being exploited.

Participants were divided in opinion when asked about the quality of interaction between service providers. While most participants were confident that services would bind together in the time of crisis, participants also identified gaps in communication, most prominently with health care providers. Thus, in order to fabricate an integrated community response plan to support trafficking victims, it is necessary to build upon already established connections and enhance social cohesion. This step is especially important in the north, as Prince George is the central community responsible for providing care to remote regions throughout northern BC. To

further enhance the quality of care available in the community, service providers in Prince George must work to establish a long-term care plan that will aid in supporting the needs of identified victims over an extended period of time.

6.1. Recommendations

Human trafficking is a complex problem taking place throughout Canada. The clandestine nature of human trafficking makes victim identification difficult at best, with no precise indicator of who a trafficking victim could be. The findings of this research support the following three-fold strategy for coordinating care and support in a smaller urban centre: 1) working together as a community to implement an interagency protocol for identifying suspected victims of trafficking and to support victims when they are identified; 2) maintaining a database of identified human trafficking victims and potential victims within the community, that can be shared between organizations who may come in contact with the same victim; and 3) increasing community awareness about human trafficking at all levels of service contact. As there is no simple solution to identifying and working with victims of trafficking, these recommendations are derived from much reflection of human trafficking literature and continued conversations with research participants on the greatest barriers present within the community on human trafficking care and support.

Each trafficked person has their own set of needs unique to their experience, and consequently not all victims require the same services. As detailed in the literature review section, services needed to support trafficking victims draw on a number of professional fields, including law enforcement, legal services, migration, healthcare, and non-governmental support services. In order to address these care components, a victim is required to access services in a

number of different facilities, thus increasing their risk of re-traumatization. Participants often spoke of the importance of "wraparound services". As asserted in a recent report by the Government of British Columbia (2015), such a feat cannot be accomplished without the support of interagency communication and partnerships.

In order to ensure that community partnerships are maintained, community agencies need to ensure that all providers are knowledgeable about human trafficking. As indicated in the previous chapter, a greater emphasis needs to be placed on educating community care providers about human trafficking. A top-down, management approach would aid in emphasising the importance of educating oneself about this topic. As well, presentations need to be made available to fit the schedules of those who work rotating shifts.

Evidence supports the positive effect of integrating a "single point-of-contact" model into coordination and service delivery, as this model eliminates fragmented communication between professionals (Busch-Armendariz, Busch-Nsonwu, & Cook-Heffron, 2014) and helps to support the wraparound service model. The Elizabeth Fry Society introduced the position of Human Trafficking Coordinator after the completion of the interviews, with the intention of establishing a main point of contact for agencies working with victims of trafficking in the community. The intent of establishing such a role is to reduce the responsibilities put on agencies by limiting the number of communications needed outside of that agency, because referrals would be conducted by one person. Busch-Armendariz et al. (2014, p. 13), argue that the point-of-contact model is most impactful when carried out by a social worker or community service worker, as "social worker's attention to coordination of services, understanding of trust building, and cultural competency provide for a thoughtful and thorough catalyst towards survivor

restoration". As well, this system would ensure that a record of agency referrals was up to date for each referred client. The focus on implementing an integrated community response plan through the employment of a central contact person was also reflected in conversations with participants working in Prince George. Participant's felt that by having one person lead community referrals, agencies would be more cohesive and inter-agency knowledge would improve. The inclusion of a Human Trafficking Coordinator is a positive step in facilitating community agency interaction and cohesiveness. This position is in its infancy, thus for it to continue to develop, agencies need to continue to expand their knowledge of human trafficking to ensure that new staff are aware of the identifiers and to ensure that care procedures are up to date.

It is the responsibility of service providers in a community to know which services are available for individuals and to understand the needs of victims within the community, as the forms of human trafficking differ between communities. As such, I recommend that professionals create an action plan based on their understanding of the needs of vulnerable and exploited individuals within their community. As there is no agency in Prince George designed to support only victims of human trafficking, agencies need to identify how services may differ for those who have been victimized by trafficking as opposed to other forms of trauma. For example, by establishing a protocol for housing a victim in a separate space, away from other shelter seekers or in a separately appointed dwelling, community service providers are better able to protect the individual's identity and ensure that they are not stigmatized by others within the shelter. Furthermore, in many cases, wait times for appointments can be lengthy. If agencies were able to work to instil a time-reduced protocol for identified trafficking victims, particularly

when accessing psychological and detox supports, this may work to provide stability for the victim.

Much of the focus on care, in the literature and in the community, is on services for adult female victims of abuse. This can be attributed to that fact that the stereotypical victim of human trafficking is assumed to be female. Many service providers need to acknowledge a greater prevalence of male trafficking victims and expand services to support the needs of exploited males and children. As identified through discussions of heteronormativity, social assumptions and attitudes need to shift to accommodate thinking that does not exclude males as victims, and opens dialogue about same gender victimization to remove stigmatization based on sexual orientation. To better support the needs of males, both adult and youth, agencies need to provide practices that are similar for both male and female clients. Furthermore, greater focus needs to be placed on the extent and impact of child sexual exploitation, and the resulting vulnerabilities this crime has on aging youth being victimized by traffickers.

In June of 2015 Stephanie Cadieux, British Columbia's Minister of Children and Family Development, announced the implementation of new programs designed for youth aging out of foster care (Culbert & Sherlock, 2015). This population is extremely vulnerable, yet many shelters will not house children under the age of 18. Group homes are considered the most logical point of contact for providing shelter for children and youth who have been trafficked, though there is a gap in services for older youth, as many individuals believed to be exploited in the community are part of the population who have opted to exit group home housing. Therefore, a component of the community action plan should be to rethink immediate shelter options to include older youth who are aging out of group homes and foster care.

Client confidentiality was a concern for many participants. One way to address this issue is for agencies to sign an agreement outlining the parameters of information sharing. An Information Sharing Protocol Package was introduced in June 2015 (see Appendix C), to address concerns over confidentiality, and has since been signed by nine partners represented on the Human Trafficking Advisory Committee. Such a document supports agencies in addressing concerns over client confidentiality, and fosters an environment where information that is shared is done so with only those who have signed the agreement. Thus, information would not be available outside the circle of agencies and individuals signed to the protocol. The protocol is a positive step in supporting information sharing, though there are still many agencies who have not signed the protocol and, therefore, are not included in discussions pertaining to individuals who have been, or are suspected of being, involved in trafficking situations.

In conjunction with information sharing amongst agencies about clients being served, I feel that it is vital to share information about at-risk individuals. Prince George is one of five BC cities which have created an Interagency Case Assessment Team (ICAT). This form of information sharing and documentation may be beneficial if applied within a human trafficking context. An ICAT for human trafficking is currently being formed in conjunction with the Human Trafficking Advisory Committee. The purpose of the ICAT for human trafficking would enable agencies to identify potential trafficking victims and perpetrators through a system of information sharing. This system allows for the protection of individuals who are accessing services at multiple agencies, as agencies often only know aspects of a person's case. Thus, implementing the ICAT for human trafficking would allow partners to piece together components of a person's file, and potentially interject services if necessary. This process would

also allow for information to be shared in situations when the perpetrator is known. Implementation of this model and victim/perpetrator tracking may support funding initiatives, as a higher client base would justify the need for increased access to funds. Furthermore, an invitation to the health care community is necessary to ensure that all care providers are included in conversations about victim support and protection, and to increase opportunities of victim identification.

As identified by participants working in the health care sector, social workers are not present at all times in the Emergency department. Many individuals who present in Emergency with human trafficking related traumas are likely to present after regular business hours. Therefore, it is important for Northern Health to consider incorporating a 24-hour social worker shift rotation into the schedule to support the work of emergency health care practitioners in identifying suspected cases of human trafficking. Northern Health's five-year plan addresses some concerns related to access to care for vulnerable populations, and will provide an increased presence of support staff at non-emergency sites. Consideration for the needs of highly traumatized victims, such as victims of trafficking, must be a priory when coordinating services for the planned primary health homes. Through ongoing collaboration with community based service providers, the needs of this population can be supported.

Participants unanimously stated that community awareness about human trafficking needs to be improved. The Elizabeth Fry Society and RCMP Victim Services partnered to educate local business owners about human trafficking during the winter of 2014. This education was provided at no cost to business owners who opted to take part. Similar to the issues discussed in the analysis section, most times, only people interested in learning more about human

trafficking are engaging in training and education. Therefore, human trafficking awareness needs to extend beyond the population of those interested in the topic to the community at large. As many participants stated, education needs to start with young people. Social policies need to implement a practice of prevention, rather than reaction, which is prevalent in present day society (Sethi, 2007). Emphasis should be put on the importance of teaching about human trafficking in the academic setting because it ensures that human trafficking knowledge will be expanded to a larger audience. Additionally, many organizations, including Carrier Sekani Family Services and the Native Friendship Centre, operate youth programs; such programs would be a good place to educate young people.

Not only should youth and adults alike be learning about human trafficking, people from the community should be engaged in the process of formulating and implementing project initiatives. Preventative practices need to be implemented to aid potential victims from being victimized by traffickers. Preventative measures can involve increasing awareness campaigns about the risks of online interaction and social media. As well, through the practice of engagement, youth will learn to recognize the symptoms of exploitation and will, hopefully, be better equipped to find the supports needed in a traumatic event.

The Office to Combat Trafficking in Person's published a series of training tools to support the engagement of youth, businesses, boys and men, Aboriginal communities, and new migrants in 2015. The toolkit highlights the importance of engaging participants from these sectors, particularly youth as they are often overlooked, because "youth bring a unique voice and perspective to the work on human trafficking and sexual exploitation" (Office to Combat

Trafficking in Person's, 2015, p. 1). This form of engagement, through the process of interaction and communication, may also aid in destigmatizing the negative impacts associated exploitation.

In addition to community involvement, it is important to include the voices of the oppressed when possible. Trafficked individuals are able to bring with them insight gained from the lived experience, and as a result are an invaluable source of knowledge in dialogue about policy, practice and prevention techniques. Peer-based support lead by survivors of human trafficking is valuable in establishing connections with victims in the community. It is important for care providers to involve trafficked individuals in the establishment of support programs to care for this population.

This is not to suggest that the community is not working to decrease the number of human trafficking events taking place, or care for the victims who are identified as such. Service providers in Prince George have done much work to improve awareness about human trafficking. As research on human trafficking expands, so too does knowledge about best practices. Therefore, the recommendations are intended to help expand the work already being practiced within the community to better serve the oppressed populations that exist as a result of human trafficking.

The vast expanse of northern British Columbia poses barriers to community access. Not only does education about human trafficking need to be extended into remote regions of northern BC, communities need assistance in establishing their own integrated, culturally appropriate, response plan to support victims and identify potential victims of human trafficking, because it may not be feasible to access resources in Prince George. As indicated by a number of participants, there is a sense of shame which causes human trafficking to go unacknowledged in

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many communities. The expanse of knowledge would work to break down barriers of recognition. Furthermore, community partnerships need to be fostered in order to prevent further suffering at the hands of traffickers.

Many of the previous recommendations cannot be carried out without access to long-term funding. As discussed extensively in literature, many researchers ascertain that care for victims of trafficking and long-term re-integration services need the active involvement of multi-levels of government (Bales & Soodalter, 2009; Ferland et al., 2012; Ostrovschi et al., 2011; Sethi, 2007; U.S. Department of State, 2015 & 2014; West Coast Domestic Workers' Association, 2014). In addition to long-term funding, a national level strategy to support and identify victims of trafficking must be developed to ensure that communities nation-wide, including Prince George, have the tools to support victims. A victim identification tool has been developed in Prince George, and is being implemented by a number of community based organizations to help identification of victims at shelters (see Appendix D). At the local level, municipal governments must acknowledge the importance of this issue in their own jurisdictions, and work to raise awareness within the community as part of a top-down approach to broadening social care responsibilities for supporting victims of human trafficking.

6.2. Future Research

Limitations in human trafficking research are inherent, as the clandestine nature of this crime creates barriers in victim identification and knowledge of how to best support a victim. Because human trafficking knowledge is still in its infancy, understanding of the effectiveness of care treatment and protocols was not well established. Therefore, it is important to revisit

human trafficking research in Prince George. In doing so, ongoing analysis of policy, procedures, and treatment of identified victims can take place in this northern community.

As this is, to my knowledge, the first study which focuses on human trafficking in northern BC, this research will provide a basis for the needed continuation of human trafficking research to be conducted in northern and remote communities. Future research should include the voices of trafficked individuals. As agreed upon by all participants, the trafficked are inherently skeptical of others, and there have been a scarce number of identified victims of human trafficking in the north, this research was unable to include this population. Furthermore, it would be insightful in expand the geographical region in which future research should take place to include other communities throughout the north. In doing so, studies can address the barriers faced by remote communities in working with trauma victims, as identified in this study.

Few articles focus on the importance of incorporating human trafficking education into early training of service professionals (see Ahn et al, 2013; Family Violence Prevention Fund, 2005). Therefore, more research needs to be conducted on current education practices of front-line workers to discover whether or not these early education tools are being implemented into training.

The experiences of participants in this research were unique to the community of Prince George. As a consequence, not all findings are easily transferrable to other communities, though there are many aspects of this research that can be transferred. The experiences and insight of community care providers in establishing a cooperative, intersectoral network of care are applicable to other communities when establishing support networks, as effective service provision requires a collaborative approach. Additionally, this research identifies many

differences in support provision from gateway cities. Thus, the complexities in establishing support services in smaller, rural communities, and the roles community agencies take on are transferable. This research will narrow the gap in understanding of how community interaction enhances the wellbeing of trauma sufferers, as few bodies of work combine the lived experiences of health care providers, law enforcement officers, migration services and non-profit organizations.

6.3. Concluding Thoughts

I never imagined when I began this research that I would be impacted as I have been. Through my interactions as a researcher and experience as an employee in a community support organization, I have witnessed first-hand the response and commitment Prince George has to caring for vulnerable and traumatized individuals. As human trafficking awareness increases, I hope that policy, practice and intervention are able to sustain the ongoing support mechanisms needed to support the increasing number of victims likely to present.

Dynamic social constructions are directly impacted by place, space, and the individuals which occupy it. Thus, the theory of social care set a framework for which to identify and observe critical aspects of care provision, as it relates to human trafficking care and support. This case study allowed the participants working in a variety of care professions to illustrate their personal experiences in working with trafficked and exploited individuals. Participant voices enhanced the identification of strengths and gaps in service access relational to social conditions present in society. Intersectionality provided a lens to identify the relationship between different social categories, and the resulting organization and delivery of care and support. Social segregation isolates individuals and communities, creating opportunities for victimization.

Heteronormativity identified the critical aspects of gender based assumptions which often present a gendered perspective of how a victim and an abuser are perceived.

Changes in policy, public awareness, and support mechanisms are needed to deter traffickers and increase the capacity of a community to aid survivors in healing and reintegration. I believe the only way to ensure that human trafficking and related human trafficking crimes can be diminished is to ensure that awareness and understanding about human trafficking is increased, and that the voices of the oppressed are included in program initiatives. Education and empowerment will aid in supporting communities free of binaries that produce the vulnerabilities in which human traffickers readily exploit.

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Geography	Statistics	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Canada	Crime severity index	101.33	100	95.28	90.57	87.77	82.94	77.6	75.43	68.78	66.66
	Percent change in crime severity index	-2.67	-1.31	-4.72	-4.94	-3.09	-5.5	-6.44	-2.8	-8.82	-3.08
	Violent crime severity index	98.52	100	97.78	95.07	94.29	89.22	85.72	81.86	73.87	70.22
	Percent change in violent crime severity index	2.61	1.5	-2.22	-2.77	-0.82	-5.38	-3.92	-4.5	-9.76	-4.94
British Columbia	Crime severity index	146.31	139.79	132.42	121.81	111.85	104.13	96.77	95.04	88.62	91.63
	Percent change in crime severity index	-4.61	-4.46	-5.27	-8.01	-8.18	-6.9	-7.07	-1.79	-6.76	3.4
	Violent crime severity index	119.55	120.93	117.71	115.91	112.77	103.97	96.04	91.08	80.53	76.98
	Percent change in violent crime severity index	-0.54	1.15	-2.66	-1.53	-2.71	-7.8	-7.63	-5.16	-11.58	-4.41
Prince George, British Columbia	Crime severity index	214.88	224.37	210.92	161.38	167.02	177.95	157.27	150.8	136.89	131.02
	Percent change in crime severity index	-4.32	4.42	-5.99	-23.49	3.49	6.54	-11.62	-4.11	-9.22	-4.29
	Violent crime severity index	206.56	227.68	188.1	171.84	166.66	195.01	158.26	166.02	150.09	118.17
	Percent change in violent crime severity index	-10.95	10.22	-17.38	-8.64	-3.01	17.01	-18.85	4.9	-9.6	-21.27

Note: Compiled from Statistics Canada, 2015a & 2015b

Background Questions

1. **Please tell me about your organization**
   a. What is your role within this agency?
   b. How long has your agency been operational?
   c. What are the various roles of the employees within the agency that work with trafficking or trauma related cases?

Main Questions

2. In what way does your agency support trafficking victims, i.e. research or aid?
   Prompt: How many trafficked persons has your agency been in contact with and over what time period?
   Prompt: What was the scope of the trafficking case(s) your agency has been in contact with? (International or national, forced labour, domestic servitude or sex trade)
   Prompt: Can you describe the demographic characteristics of the victims of trafficking? (Under 18, above 18, male, female, ethnicity)
   Prompt: Can you describe the strengths or limitations of your agency in aiding victims of trafficking?
3. What do you know about trafficking in PG in terms of profile? How does this differ from urban areas
4. Is human trafficking changing, in terms of number of victims, form of slavery, ect.?
5. Is human trafficking the same throughout Canada or are there different forms which are more prevalent in different regions?
6. Do you feel that your agency offers services that would address the varying needs of trafficking victims? If so, please explain.
7. Are you aware of any funding currently provided to agencies in Prince George to aid victims of trafficking?
   Prompt: In what way can Provincial and Federal funding and/or policy help your organization to provide aid to victims?
   Prompt: How do provincial and federal governments fund support?
8. How would treatment differ for each men, women, or children?
9. What are your thoughts on how different communities support victims?
10. What are your thoughts on how to address the various care needs of survivors of trafficking?
11. In your opinion, is communication between various agencies which may come in contact with trafficking victims adequate, or is it in need of improvement?
    Prompt: Can you discuss some of the benefits and barriers to communicating with various agencies?
12. How often are you in contact with the various committee groups (NGOs, health care workers, law enforcement, Immigration Services)
    Prompt: Do you deal with a specific person in these organizations?
    Prompt: If so, what is the reason for this? i.e. Position within the organization, comfort level
13. What kind of support, if any, can your agency offer to other agencies in assisting victims of trafficking?

INFORMATION LETTER

Study Title: Human Trafficking: An Examination of Available Services and Support in Prince George, BC

Research Investigator:	**Supervisor:**
Carolyn Emon	Dr. Neil Hanlon
University of Northern British Columbia	University of Northern British Columbia
Prince George, BC V2N 4Z9	Prince George, BC V2N 4Z9
emon@unbc.ca	Neil.Hanlon@unbc.ca
(250) 301-6318	250-960-5881- office

Purpose
The purpose of this research is to conduct a community based case study in Prince George on available services and support for victims of human trafficking and to examine the changing geography of human trafficking in Prince George. This research will fulfill the thesis component of my Master's degree at the University of Northern British Columbia (UNBC).

Study Procedures
This study will involve semi-structured interviews, which will take approximately one hour. With participant consent, the interviews will be audio recorded. You have been asked to participate in this research because of your connection to vulnerable populations and victims of crime.

I will provide each participant with a copy of their transcribed interview for verification of statements and information collected. At this time, or throughout the research process, if the participant would like to withdraw or change statements made in the transcriptions, these may also be amended.

Benefits
By participating in this research you will be contributing to a growing body of Canadian-based literature on human trafficking while addressing the needs of vulnerable populations within the local community. This exploratory case study may increase human trafficking awareness in Prince George. This research may aid in identifying barriers to physical and psychological care and may promote awareness can possibly increase identification of victims. Research on human trafficking is valuable to the community of Prince George and by extension to other remote and northern communities where vulnerable populations reside, as there is a need for information describing or implementing service provision for victims of trafficking. As I will be speaking with multiple stakeholders on the topic of service provision and the changing geographies of trafficking in Prince George, this information may aid in providing opportunities for greater communication between community organizations, thus increasing opportunities to aid and identify human trafficking victims.

Benefits of this research to the scholarly community will be the increase of much needed Canadian-based literature addressing the issue of human trafficking in northern and remote communities. This research may create an opportunity for future research in this community as relationships with participants will be established, thus increasing the chance of future research including trafficking survivors. My research, though addressing service provision within Prince George, may be applicable to other northern or remote communities as many communities face the same concerns with regard to support and funding.

Risk
I do not envisage any negative consequences for you in taking part. It is possible that talking about your experience in this way may cause some distress. If this occurs, please do not hesitate to make your feelings known to me and I will make accommodations accordingly.

Voluntary Participation
You are under no obligation to participate in this study. Participation is completely voluntary. You are not obliged to answer any specific questions even if participating in the study.

If at any time during this research you would like to withdraw participation there will be no penalty. Any collected data will be terminated at that time and will not be included in the study, unless permission is given by the participant to continue using interview responses collected at the time of the interview.

Confidentiality & Anonymity
I will use data collected from the interviews to complete my thesis and to publish research articles in academic research journals. A copy of the completed thesis will be published in the UNBC library, which will be available to existing and future students and faculty. These findings may also be presented at academic conferences in conjunction with publications. In the event of publications, your given name will not be included in any written reports or presentations, unless you so desire to have your name included in the published material. Data from this study may be used in future research.

Data will be kept confidential and will be stored in a secure location at UNBC. Myself and my supervisor, Dr. Catherine Nolin, will have access to the collected data. Data will be kept for two years following the completion of the thesis defense, allowing for further publications of findings on related topics. If the participant would like a digital copy of their recorded interview, this will be available for the duration of time the digital copies are stored. Data is will be destroyed in a way that ensures privacy and confidentiality.

Anonymity cannot be guaranteed in a group context due to the limited number of organizations providing support to victims of trafficking.

In the event that reports of abuse, such as child abuse, are reported during the interview I am legally obligated to report this information, thus breaking our confidentiality agreement.

Participants will be provided with a copy of the research findings and their personal interview transcripts. These documents will be provided electronically or in in printed format, as per participant preference. If any other information is required, participants may contact me at any time by phone or email.

Further Information
If you have any further questions regarding this study, please do not hesitate to contact me: Carolyn Emon, UNBC Master's student, (250) 301-6318, emon@unbc.ca.

If you wish to speak to my thesis supervisor, Dr. Neil Hanlon, you may reach him by phone [250-960-5881] or email Neil.Hanlon@unbc.ca].

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at UNBC. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at reb@unbc.ca or (250) 960-6735.

UNBC *UNIVERSITY OF*
NORTHERN BRITISH COLUMBIA

CONSENT FORM

I..agree to participate in Carolyn Emon's research study
Human Trafficking: An Examination of Available Services and Support in Prince George, BC.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Carolyn to be audio recorded.

I understand that I can withdraw from the study, without repercussions, at any time, while research is underway.

I understand that I can withdraw permission to use the data or change any statement throughout the course of the research, until the final draft of the thesis has been approved by the research committee.

I understand that my given name will not be used in the write-up by disguising my identity, unless otherwise stated by myself.

Please select one box:
- ☐ I would like only my field of employment to be identified in the write up
- ☐ I would like to use a pseudonym in the write-up to disguise my name
- ☐ I would like to use my own name in the write-up

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

Please select one box:
- ☐ I agree to quotation/publication of extracts from my interview
- ☐ I do not agree to quotation/publication of extracts from my interview

I understand that steps are being taken to disguise my personal identity to the best ability of the researcher, though anonymity cannot be guaranteed.

Signed ....   Date..

PRINCE GEORGE HUMAN TRAFFICKING ADVISORY COMMITTEE

INFORMATION SHARING PROTOCOL PACKAGE

Written by: Carolyn Emon,

Prince George and District Elizabeth Fry Society

2015

Prince George Human Trafficking Advisory Committee

Information and Sharing Protocol Package

Contents

[1]

Key Messages

- "Life trumps privacy"

- The welfare of a child, youth, or adult, whether male or female, must be the first consideration in all decision making about information sharing

- Professionals can only work together to safeguard and promote the welfare of the oppressed if they share relevant information

- Only share as much information as is needed but share enough to achieved the purpose for which information is being shared

- Recognise that where a child, adult or family needs the support of a number of different agencies, information sharing will be an ongoing process

- The lack of accurate information hampers efforts to develop solutions

Purpose of the Protocol

The purpose of this information sharing protocol is to provide a framework for the appropriate sharing of information between partners. The protocol informs all partners about the circumstances when information is shared and how the sharing of information will be managed.

What is an Information Sharing Protocol?

The protocol governs the sharing of information and in doing so it:

- Clarifies the legal background in respect of information sharing

- Sets out the current codes of practice, best practice and guidance

- Outlines the principles of the process of information sharing

- Provides practical information on how to share information

Who does the Information Sharing Protocol Affect?

The protocol affects all staff engaged with work that requires information to be shared with, or is given to them by other organizations.

[2]

The Benefits of this Information Sharing Protocol

- Aid in the removal of barriers to effective information sharing

- Provide guidance to assist in complying with legislation

- Help to ensure that consent to share personal information is obtained when required

- Help to ensure that information is shared when there is a requirement to do so

- Facilitate agency sharing in compliance with relevant legislation

- Raise awareness amongst all agencies of the key issues relating to information sharing and give advice in the process of sharing information with others

Principles of Information Sharing

Effective information sharing underpins integrated working relationships and is a vital element of both early intervention and safeguarding. Each partner can hold different pieces of information which need to be placed together to enable a thorough assessment to be made.

To share information about a person you need a clear and legitimate purpose to do so, as this will determine whether the information sharing is lawful. For partners working in statutory services, the sharing of information must be included within the powers of the service. This will also apply if partners from a voluntary service are contracted to provide a service on behalf of a statutory body.

Obtaining and Sharing Information

The sharing of information must have due consideration with the law relating to confidentiality, data protection and human rights. Having a legitimate purpose for sharing information is an important part of meeting those legal requirements. It is important only to share as much information as is needed and records should be accurate, relevant and up to date.

[3]

Confidential Information

Confidential information is:

- Private or sensitive personal information
- Information which is not lawfully I the public domain of readily available from another public source
- Information that has been shared in circumstances where the person giving the information should reasonably expect that is would not be shared with others

Signatories to the protocol may lawfully share confidential information without abtaining consent if this can be justified in the public interest. Judgement is required on whether there is sufficient public interest when using the facts of each case individually. Public interest can arise when protecting victims of exploitation from further harm, promoting the welfare of the oppressed or preventing crime and disorder.

Proportionality and necessity are factors to be taken into consideration when deciding whether or not to share confidential information. In making the decision, practitioners must consider the implications of possible concluding events as a result of the information being shared and weight the consequences against what might happen as a result of not sharing information, and apply their professional judgement in such cases.

The nature of the information to be shared is also significant where the information is sensitive and has implications for the practitioner's relationship with the individual, recognising the importance of sharing information in a timely manner if it is not in the individual's best interest to do so.

Where there is a clear risk of significant harm to an individual, the public interest test will almost certainly be satisfied.

Obtaining Consent

Consent must be informed, in other words the person giving consent needs to understand:

- Why the information needs to be shared
- Who will see it
- How much will be shared
- What are the purposes and implications of sharing

It is good practice for signatories to set out their policy on sharing information when clients first join a service and when securing information, the process should be transparent and respect the individual. Consent must not be obtained by coercion and must be sought again if there are to be significant changes in the use to be made of the information.

A child or young person, who is able to understand and make their own decisions, may give or refuse consent to share information. This would generally include children aged over 12, although younger children may have sufficient understanding. The child's view should be sought as far as possible. If a child is competent to give consent or refusal but a parent disagrees each individual case should be considered and professional judgement should be applied.

When assessing an individual's ability to understand, practitioners should explain in a way suited to their age, language and likely understanding. Where an individual cannot consent, a person with caregiver responsibility should be asked to do so on their behalf, although there are circumstances where this might be inadvisable. When obtaining the consent to share information on behalf of a child and parenting is shared, only one person with parental responsibility for a child needs to give consent, unless otherwise stated in a court of law, as declared in the Family Law Act, 2011.

It may not be appropriate to let a person know that information about them is being shared, nor to seek their consent to share the information. For example, this would arise when sharing information is likely to hamper the prevention or investigation of a serious crime or put the individual at risk of significant harm.

[5]

In these circumstances, practitioners need not seek consent from the person or their family nor inform them that the information will be shared.

Similarly, consent need not be sought when practitioners are required to share information through a statutory duty or court order. However, in most circumstances they should inform the person concerned that they are sharing the information, why they are doing so and with whom.

Sharing Information Appropriately and Securely

Information should be shared in accordance with the principles of the Personal Information Protection Act, October 2003, and follow the policy and procedures of the signatory service (see appendix A).

Practitioners should:

- Only share the information which is necessary for the purpose
- Understand the limits of any consent given, particularly if it is from a third party
- Distinguish between fact and opinion
- Only share it with the person or people who need to know and check that the information is accurate and up to date
- If deciding to share the information, record what was shared and with whom
- Retain and store Information

Information must not be retained for longer than necessary for the purpose for which it was obtained. Signatory services should ensure that they have physical and electronic security in place for the stored data and that there is awareness, training and management of the systems where the information is stored.

Regular Review

This protocol will be reviewed at least annually and amended to take account of changes in law, guidance and lessons learned from sharing data.

[6]

Signatories to the Protocol

Protocol Agreement

The agencies signing this protocol accept that the procedures laid down in this document provide a secure framework for an integrated community response to aiding victims of sexual exploitation and human trafficking in Prince George, British Columbia and surrounding areas. Any information shared between parties in respect of this protocol will be compliant with their statutory and professional responsibilities.

As such they will:

- Implement and adhere to the standards for procedures and structures set out in this protocol
- Engage in a review of this protocol with the other signatories twelve months after its implementation and thereafter annually

We the undersigned agree that each agency/organisation that we represent will adopt and adhere to this information disclosure protocol:

ORGANIZATION	SIGNATORY PERSON AND POSITION	NOMINATED REPRESENTATIVE	CONTACT DETAILS (Include telephone number and e-mail address)

[7]

Information Sharing Checklist

☐ Do I already have informed consent to share this information?

☐ Is the information sensitive and personal?

☐ Do I need consent to share the information?

☐ Have I a legal duty or power to share the information?

☐ Whose consent is needed?

☐ Whose information is this?

☐ Would seeking consent place someone at risk, prejudice a Police investigation, or lead to unjustifiable delay?

☐ Would sharing the information without consent cause more harm than not sharing the information?

☐ How much information is it necessary to share in this situation?

☐ Am I giving this information to the right person?

☐ Am I sharing this information in a secure way?

☐ Does the person I am giving it to know that it is confidential?

☐ What will they do with it?

☐ Is the service user aware that the information is being shared (where this would not place someone at risk or prejudice a Police investigation)?

☐ Have I distinguished between fact and opinion?

☐ Does the person who is giving consent understand the possible consequences of sharing the information?

Information package adapted from: Project Phoenix child sexual exploitation sharing protocol template. Retrieved April 2015, from: http://www.itsnotokay.co.uk/professionals/resources-for-professionals/.

Personal Information Protection Act – British Columbia

Assented to October 23, 2003

Part 5 — Use of Personal Information

Limitations on use of personal information

14 Subject to this Act, an organization may use personal information only for purposes that a reasonable person would consider appropriate in the circumstances and that

(a) Fulfill the purposes that the organization discloses under section 10 (1),

(b) For information collected before this Act comes into force, fulfill the purposes for which it was collected, or

(c) Are otherwise permitted under this Act.

Use of personal information without consent

15 (1) An organization may use personal information about an individual without the consent of the individual, if

(a) The use is clearly in the interests of the individual and consent cannot be obtained in a timely way,

(b) The use is necessary for the medical treatment of the individual and the individual does not have the legal capacity to give consent,

(c) It is reasonable to expect that the use with the consent of the individual would compromise an investigation or proceeding and the use is reasonable for purposes related to an investigation or a proceeding,

(d) The personal information is collected by observation at a performance, a sports meet or a similar event

(i) At which the individual voluntarily appears, and

(ii) that is open to the public,

(e) The personal information is available to the public from a source prescribed for the purposes of this paragraph,

(f) The use is necessary to determine suitability

> (i) To receive an honour, award or similar benefit, including an honorary degree, scholarship or bursary, or

> (ii) To be selected for an athletic or artistic purpose,

(g) The personal information is used by a credit reporting agency to create a credit report if the individual consented to the disclosure for this purpose,

(h) The use is required or authorized by law,

(h.1) the personal information was collected by the organization under section 12 (1) (k) or (l) and is used to fulfill the purposes for which it was collected,

(i) The personal information was disclosed to the organization under sections 18 to 22,

(j) The personal information is needed to facilitate

> (i) The collection of a debt owed to the organization, or

> (ii) The payment of a debt owed by the organization,

(k) a credit reporting agency is permitted to collect the personal information without consent under section 12 and the information is not used by the credit reporting agency for any purpose other than to create a credit report, or

(l) The use is necessary to respond to an emergency that threatens the life, health or security of an individual.

(2) An organization may use personal information collected from or on behalf of another organization without the consent of the individual to whom the information relates, if

(a) The individual consented to the use of the personal information by the other organization, and

(b) The personal information is used by the organization solely

> (i) For the purposes for which the information was previously collected, and

> (ii) To assist that organization to carry out work on behalf of the other organization.

Prince George & District
Elizabeth Fry Society
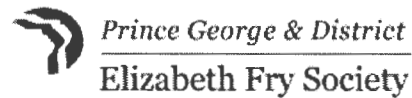
The Human Trafficking Victim Identification Tool is designed to aid in identifiying potential victims of human trafficking. The tool is designed to identify both domestic and international victims. This form is to be filled out by the Victim Services support person, while conducting an initial assesment with the vicitm in a comfortable, relaxing location.

Victim Services Interviewer: Agency: Date:

_____   _____   _ _ / _ _ / _ _ _ _ (MM/DD/YYYY)

Section 1: Interview Background

Not to be filled out with client

---

1. How was the client referred to your agency for this <u>most recent</u> appointment?

☐ Internal agency referral

☐ Other social service provider *[agency name]* _____

☐ Healthcare provider

☐ Police department

☐ Referred by other client

☐ Walk-in

☐ Other *[please specify]* _____

1a. Has human trafficking been officially determined?

☐ No

☐ Yes [By what means]

    ☐ Law enforcement   ☐ Judge   ☐ Temporary residency holder   ☐ Other

    _____

2. Language of interview?

_____

2a. Client's preferred language

_____

2b. Mode of interview

☐ Interview with interpreter   ☐Interview without interpreter

---

Section 2: Client Background

To be filled out with client

---

1. What is your date of birth? __ / __ / __ __ __
2. If you don't know your date of birth, how old are you? _____
3. How many years of schooling have you completed? *[insert number of years or level obtained]*

_____

4. What country/countries are you a citizen of? _____

Employment
5. What is the term you would use to describe the person or people you worked for?

    ☐ Employer

    ☐ Boss

    ☐ Boyfriend

    ☐ Mother

    ☐ Other *[please describe]*: _____

Interviewer: Please use the term to describe the person the client worked for as provided by the client when asking the following questions

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6. Did you work for someone and not receive the money you earned? [Circle] **Yes / No**

    [If yes, please describe]

    _____ ___ _____

    _____

    _____

    _____

    _____

7. How did you begin working for this employer / how did you learn about the position?

    _____

    _____

    _____

    _____

8. What kinds of responsibilities did you have / or actives did you perform for this employer?

    _____

    _____

    _____

    _____

    _____

9. Did someone ever [select all that apply]:

    ☐ Withhold payment or money from you

    ☐ Give your payment to someone else

    ☐ Control the money that you should have received

    ☐ None of the above

10. Were you ever forced to sign a contract/document you did not fully understand?

    ☐ No

    ☐ Yes

11. Were you ever forced to complete tasks different from your job description?   [Circle} **Yes / No**

[If yes, please describe]

_____

_____

_____

_____

12. Did you ever feel scared or unsafe when in your place of employment?   [Circle} **Yes / No**

[If yes, please describe]

_____

_____

_____

_____

13. Have you ever been forced to work to pay of a debt?   [Circle} **Yes / No**

[If yes, please describe]

_____

_____

_____

14. Did someone ever buy you gifts in exchange for your employment?   [Circle} **Yes / No**

[If yes, please describe]

_____

_____

_____

_____

15. Did someone you worked for ever make you feel scared or unsafe?   [Circle} **Yes / No**

[If yes, please describe]

_____

_____

_____

_____

16. Were you ever threatened or hurt by an employer?   [Circle} **Yes / No**

     [If yes, please describe]

     _____

     _____

     _____

     _____

17. Were any people close to you, such as family or friends, ever threatened or harmed by your employer?

                                                                         [Circle} **Yes / No**

     [If yes, please describe]

     _____

     _____

     _____

     _____

18. Were you ever sick or hurt at work?   [Circle} **Yes / No**

     If Yes, Were you allowed to access medical care?   [Circle} **Yes / No**

     [If NO, please describe]

     _____

     _____

     _____

     _____

19. Were you allowed to speak to clients or customers while working?   [Circle} **Yes / No**

     [Ask if client had any limitations in their contact]

     _____

     _____

     _____

20. Did your employer ever threaten to report you to the police or authorities   [Circle} **Yes / No**

     [If yes, please describe]

     _____

     _____

     _____

     _____

21. Were any of the people you worked with threatened or harmed? [Circle} **Yes / No**

    [If yes, please describe]

_____

_____

_____

22. Were you ever forced to act in a sexual way with anyone? [Circle} **Yes / No**

    [If yes, please describe]

_____

_____

_____

23. Were you ever forced to pose for photos or videos? [Circle} **Yes / No**

    [If yes, please describe]

_____

_____

_____

24. [If yes to 21 or 22] Did someone receive payments for these acts? [Circle} **Yes / No**

    [If yes, please describe]

_____

_____

_____

Living Conditions

25. Do you currently live:

☐ On your own,

☐ With family,

☐ With workmates,

☐ With others? If you live with others, who do you live with? _____

26. When in the situation [if client is out of their abusive situation] who did you live with?

☐ On your own,

☐ With family,

☐ With workmates,

☐ With others? If you live with others, who do you live with? _____

27. Have you ever lived in the same place that you were working?   [Circle} **Yes / No**

   [If yes, please describe]

   _____

   _____

   _____

28. Have you ever felt that you could not leave the place where you lived or worked?   [Circle} **Yes / No**

   [If yes, please describe]

   _____

   _____

   _____

29. Were there any devices to keep you from leaving your home or work place?   [Circle} **Yes / No**

   [If yes, please describe]

   _____

   _____

   _____

30. Were you allowed to contact family/friends while at your home?   [Circle} **Yes / No**

   [If NO, please describe]

   _____

   _____

   _____

   _____

31. Were there limits on your ability to leave the location you were living?   [Circle} **Yes / No**

   [If yes, please describe]

   _____

   _____

   _____

32. Were you ever forced to provide someone with your identification (such as driver's license, visa or passport?

                                                                            [Circle} **Yes / No**

   [If yes, please describe]

   _____

   _____

   _____

33. Were you ever told to lie about your age or education?   [Circle} **Yes / No**

    [If yes, please describe]

_____

_____

_____

34. Were you able to eat when and what you liked?   [Circle} **Yes / No**

    [If NO, please describe]

_____

_____

_____

35. Were you able to sleep when you liked?   [Circle} **Yes / No**

    [If yes, please describe]

_____

_____

_____

Accessing Services

36. Did you ever feel that you would not be understood if you spoke to authorities?   [Circle} **Yes / No**

37. Did you ever try to get help but were denied support?   [Circle} **Yes / No**

    [If yes, please describe]

_____

_____

_____

38. Is there anything else you would like to share about your experiences? *[use back of sheet if necessary]*

_____

_____

_____

_____

_____

_____

Section 3: Post-Interview Information

To be filled out after interview is concluded

Did you feel that the client was truthful in all answers? *[Please describe]*

_____

_____

_____

_____

What referrals, if any, will you make for this client? *[use back of sheet if necessary]*

a.

_____

b.

_____

c.

_____

_____

Did you schedule a follow-up meeting?

_ _ / _ _ / _ _ _ _   (MM/DD/YYYY)

_ _ : _ _   (HH:MM)

References

Ministry of Justice. (2015). Human trafficking in B.C. *Office to Combat Trafficking in Persons*. Retrieved June 2015, from: http://www.pssg.gov.bc.ca/octip/.

Vera Institute of Justice. (2014). *Screening for human trafficking: Guidelines for administering the trafficking victim identification tool*. New York, NY. Retrieved June 2015, from: www.vera.org.

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

RESEARCH ETHICS BOARD

MEMORANDUM

To: Carolyn Emon cc:
Catherine Nolin

From: Michael Murphy, Chair
Research Ethics Board

Date: June 24, 2014

E2014.0512.032.OO
Human Trafficking: An Examination of Available Services and
Support in Prince George, BC

Thank you for submitting the approval from the Northern Health Research Review Committee to the Research Ethics Board (REB).

We are pleased to issue approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the REB. Good luck with your research.

Sincerely,

Dr. Michael Murphy
Chair, Research Ethics Board