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**EVIDENCE**

**Tuesday, March 27, 2018**

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**Chair**

**Mr. Anthony Housefather**



## Standing Committee on Justice and Human Rights

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• (1610)

[English]

**The Chair (Mr. Anthony Housefather (Mount Royal, Lib.)):** Order.

Yes, Mr. Nicholson.

**Hon. Rob Nicholson (Niagara Falls, CPC):** If I may, Mr. Chair, it was a huge responsibility and very difficult, with all the travel we did, to put together the meetings. I've had the privilege of being on dozens of different trips, but I have to tell you that nobody did a better job of it than those who work with us here.

Chloé, Lyne, Julie, and Emma, you did an outstanding job making this all work. I know I speak for everybody on this committee when I say how much we appreciate the wonderful job you did for us. Thank you very much.

**Some hon. members:** Hear, hear!

**The Chair:** You're absolutely right that you speak for all of us.

We echo those comments on the incredible work you all did. Thank you so much. Please pass this on to Emma, who is not here today.

Thank you all so much for joining us today. It's a pleasure to convene this meeting of the Standing Committee on Justice and Human Rights as we resume our study on human trafficking.

As my colleague Rob Nicholson mentioned, we just got back from a cross-Canada tour where we hit Halifax, Montreal, Toronto, Edmonton, and Vancouver. We had a chance to hear first-hand from literally hundreds of Canadians who are involved in this issue. We very much appreciate your coming before us and adding to our understanding.

I'd like to introduce the witnesses today and welcome them here. From Victoria, British Columbia, we have Dr. Cecilia Benoit, a Professor and Scientist at UVic. Ms. Tara Leach is a Primary Health Care Nurse Practitioner. From the Ottawa Coalition to End Human Trafficking, we have Ms. Sherry Lacey, Head of the Youth Committee and a Social Worker in Youth and Family Therapy. We also have Ms. Jodi Mosley, Head of the Community Presentation Committee.

[Translation]

From the Ottawa Police Service, we are very pleased to welcome Sergeant Damien Laflamme and crime analyst Karine Casagrande, both from the Human Trafficking Unit.

Welcome and thank you for being here.

We will proceed in the order of the list I have here.

[English]

We'll go by the list the way I read it, which means we'll start with Dr. Benoit.

You have eight minutes. The floor is yours.

**Dr. Cecilia Benoit (Professor and Scientist, University of Victoria, As an Individual):** Thank you.

Just so that I don't miss any points, I'll read my presentation.

I gather your study aims to shed light on human trafficking in Canada. Understandably, we are all interested in making sure that vulnerable people are not exploited or taken advantage of. Such criminal behaviour needs to be prevented, detected, and prosecuted.

Despite sensational claims, the good news is that human trafficking is not widespread in adult prostitution in Canada. In fact, it appears that most adults who sell sexual services in our country have freedom of movement to work and are not coerced or exploited by others. I draw this conclusion from the accounts of over 1,200 people whom my colleagues and I have interviewed in different studies in the last two decades. As there is no random sample to select from, we used a variety of strategies, including Internet sites, community contacts, and participants' own networks to capture the experiences of a wide group of people.

We found that many of our participants belong to informal groups where they have friendships with other workers, share safety strategies, develop regular clientele, and create connections with those operating escort agencies and massage parlours. We have found, overall, that these networks increase the health, safety, and well-being of individuals engaged in adult prostitution. Further, these networks mean that when human trafficking is happening on the ground, our participants are likely to hear about it. Even though their past negative experience with the police and in the justice system are major barriers to reporting activities, which I'll note below, our participants were very frank in their interviews with us.

Today I want to touch on a few of our research findings. More results are available in our peer-reviewed articles, but first I'll give a short summary of our participants from a recent Canadian study. In 2012-13, we interviewed 218 individuals from six Canadian cities. To take part, participants had to be 19 years of age or older, legally able to work in Canada, and have exchanged 15 or more sexual services in the last 12 months. Participants ranged in age from 19 to 61, and most were in their thirties. Their median annual income was just under \$40,000. Three-quarters identified as women, and 20% identified as indigenous. The average age at which they first sold a sexual service was 24 years. Eighteen per cent said they had done so before age 18. Over half worked independently off the street, 20% worked independently on the street, and 25% said they worked mainly in a managed setting, such as a massage parlour or an escort agency.

Pertinent to this study, 6% had been forced or exploited to sell sexual services at some point in their lifetime, but none said they were currently being controlled by what is commonly called a pimp. The vast majority said the main reason they got involved was the need or desire for money, which is similar to the reason for most Canadians' working occupations. Also, 35% were involved in other kinds of work as well as prostitution, and 20% were enrolled in an educational program.

As I mentioned, we wanted to know more about their views on the justice system, and here is what they told us. Two-thirds said they had little or no confidence in the police, which is four times higher than other Canadians. They had three main reasons for feeling this way. Their first concern was discrimination. Half of them had experienced judgmental treatment in the justice system, caused by stigma towards and about them. One participant said, "They're disrespectful. Police say if you're going to get paid for sex, then you can't be raped." Another participant said, "I had one cop tell me I'm just a native whore."

Their second concern was fear of being arrested. One participant stated, "I've known sex workers who reported the crime that they were a victim of, but when the police found out they were in street sex work, they ended up getting arrested instead of the person who had committed violence against them."

Their third concern was targeting of their workplaces. Participants said that the police made their work "harder and less safe by targeting escort agencies and other safe workplaces when they should be going after traffickers". One participant put it this way: "You know sexual slavery is going on, yet the police don't do anything but waste their time going after small agencies that run well." These actions undermined our participants' trust in the police, increased their suspicion of law enforcement, and discouraged reaching out when someone else was or they themselves were in danger. In contrast, some participants countered with positive accounts of police officers who were respectful and used discretion in law enforcement. Also noteworthy was the variation in police confidence among the cities that we studied.

•(1615)

In closing, I would like to leave you with these take-away messages. First, adult consensual sex for money is not human

trafficking. It is vitally important not to conflate the two so that we are better able to address actual cases of human trafficking.

Second, adults who sell sexual services are more diverse than they are usually portrayed, and their access to health and safety services should be non-conditional and non-discriminatory.

Third, coercion and exploitation in adult prostitution are much less common than is claimed.

Fourth, police need to improve their relationships with people who sell sexual services so they feel confident in reporting crimes without fear of being prosecuted or put under surveillance.

Finally, targeting commercial sex locations forces workers to find clients in other ways, which may make them more vulnerable and also waste police time and resources that would be better used to find actual traffickers and victims.

Thank you for this opportunity to present these research findings. I look forward to your questions.

**The Chair:** Thank you so much.

We will now move to Ms. Leach.

**Ms. Tara Leach (Primary Health Care Nurse Practitioner, As an Individual):** Thank you, Chair.

Thank you to the House of Commons Standing Committee on Justice and Human Rights for inviting me here today. I am thrilled to see the committee is interested in hearing about the intersections of health care and human trafficking.

As mentioned, my name is Tara Leach. I am a Primary Health Care Nurse Practitioner. For the past 20 years I've worked with victims of violence within both primary care and emergency settings, both within Ontario and in many of the northern states of the U.S.A. I have worked with ages across the spectrum, spending time in facilities that focus on children, youth and adolescents, and adults. While I had already been exposed to patients who are experiencing human trafficking, I did not come to know the term until I was introduced approximately seven years ago through my husband's politics class. In truth, as a health care professional, I had never been taught about human trafficking: what it was, how to identify someone, or how to intervene or respond effectively. In fact, if I had waited for an opportunity from my professional organization or institutions I had worked for to teach me about human trafficking, I would still be waiting.

With this in mind, I present to you what I feel is a significant gap when I look at Canada's strategies to address human trafficking. Research tells us that a health care provider is one of the few professionals likely to interact with trafficked women and children while they are still in captivity. Studies have reported that upwards of 84% of trafficked individuals saw a health care professional while still in captivity. This represents a serious missed opportunity for intervention. Health care providers are in a unique position to identify victims of trafficking and provide important physical and psychological care to victims while in captivity and after.

The health care problems in victims of trafficking are largely as a result of several factors, including deprivation of food and sleep, extreme stress, hazards of travel, both physical and sexual violence, and hazardous work. Because most victims do not have timely access to health care, by the time they reach a clinician it is likely that health problems are well advanced. These women are at higher risk of acquiring multiple sexually transmitted infections and a sequelae of multiple forced and unsafe abortions. Physical abuse and torture often occur, resulting in broken bones, contusions, dental problems, and cigarette burns. From my experience, this population has a significant incidence of strangulation-type injuries.

Psychological violence results in high rates of post-traumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms. In my experience in working with victims of trafficking, victims are less stable, more isolated, have higher levels of fear, more severe trauma, and greater health needs, more than any other victims of crime I've previously served. In fact, one study even quoted that one trafficking victim can take the same amount of the provider's time as about 20 domestic violence victims.

Further to this, we now know through research that trauma has life-long effects and that it itself can be considered a chronic illness, one that will prove costly to our system if not properly managed. When I look at Ottawa, my home community, I reflect on how many primary health care providers are employed within hospitals and walk-in clinics, places where it is known that victims of human trafficking access care. How many do you think have taken a personal interest and continued with this interest, like I have, to evoke change and recognition to our health care system? How many do you think understand human trafficking, know how to recognize and respond to human trafficking, and work in environments that even support care of trafficking victims? As you may have guessed, not many have.

• (1620)

**The Chair:** Ms. Leach, I'm sorry. Could I ask you to slow down a little bit, please? The interpreters are apparently having some issues.

**Ms. Tara Leach:** I'm sorry. I talk fast anyway, let alone when I'm nervous.

**The Chair:** Don't worry about it. I do the same.

**Ms. Tara Leach:** When I look at our very stressed health care system, I understand competing interests and needs. I understand that the patients I have described contradict the "treat and street" funding philosophy of our health care system, that the "one problem" that may get focused on is the most obvious and the one that health care providers may know how to treat.

Health care professionals are not aware of human trafficking, as there is no mandated education on human trafficking. There are no requirements for licensing that this be learned within professional reporting requirements. There is no developed standard education, within medical schools or nursing schools, to even open the awareness that this could be a potential patient. Health care providers are not aware and they do not have the tools, or even sometimes the permission, to spend the necessary time with patients to navigate their needs.

I would like to propose that health care providers be seen at more tables when issues like this are discussed. We need the opportunity to

discuss how our current health care system is in fact inaccessible to victims of human trafficking. We need to discuss the stigma and shame that silences victims and prohibits disclosure, because our system is not trauma-informed and it should be. We need to discuss that care is not coordinated and often in keeping with often changing and very dynamic needs of those who have been trafficked.

For clients, previous experiences with stigma, judgmental attitudes, and punitive treatment by providers negatively influence health care engagement, especially among marginalized patient groups. Despite laws recognizing trafficked persons as victims of crime, the perception that survivors are complicit in criminality persists.

Research and practice indicate that human trafficking survivors experience stigma, discrimination, marginalization, institutional violence, and distrust of official systems, which includes health care professionals. Too often, I hear patients recognized as "being in the sex trade" and not identified as being trafficked. The change of language will change referral sources and the frame of mind when caring for somebody of this experience.

Because of the high rates of abuse and violence, human trafficking is associated with substantial trauma. Limited research exists to develop an effective model of health care delivery for human trafficking survivors, but practices that have been effective in other marginalized groups provide an initial road map. An example of this is actually based here in Ottawa. Voice Found, a survivor-led organization, has opened up Canada's first health care clinic focused on human trafficking. I happen to be the lead health care provider for this clinic. The HEALTH clinic is one example of a trauma-informed, survivor-centred, comprehensive health clinic that provides long-term primary and preventative health care as well as case management to survivors of human trafficking aged 13 years and older.

Innovative practices implemented at our clinic are derived from principles of trauma-informed care and psychological literature for a phase-based model of trauma treatment. A trauma-informed approach to treatment encourages therapeutic engagement with health care services and fosters health care access behaviours. While clinics like this can provide rich data to your committee, challenges related to financial sustainability need to be overcome. Our clinic has only three-year funding, provided by our province, and has the capacity to be open only two days a week, which already isn't enough for our demand.

As you gather your data, remember our clinic here in Ottawa and health care professionals like me. I took personal interest and continued to invest my own time to learn more because clients need me to. Oftentimes advocates are born from personal experience. I am not such an individual. Instead, I have been inspired by the strength of survivors, and have taken note of where health care has not been accessible because they did not have the right card or the right attitude. Health care providers cannot ignore human trafficking as an issue, and our government can no longer ignore the fact that health care is challenged and often inaccessible to persons who need it most.

Health care is an important partner to consider when looking at strategies and how to address human trafficking. No matter the moment, health care is generally part of a person's experience, and prevention efforts need to be framed to match a person's needs.

I thank you for your time and for offering me this opportunity. I look forward to your questions.

**The Chair:** Thank you very much.

We'll go now to the Ottawa Coalition to End Human Trafficking.

**Ms. Sherry Lacey (Head, Youth Committee, Social Worker (Youth and Family Therapy), Ottawa Coalition to End Human Trafficking):** Thank you to the standing committee for the opportunity to present on behalf of the Ottawa Coalition to End Human Trafficking.

The coalition is a volunteer-based network that works to meet the service and resource needs of those affected by all forms of human trafficking. To our knowledge, we are the only organization offering an established training program for service providers to develop their ability to identify a trafficked person and to know how to respond appropriately.

As mentioned, my name is Sherry Lacey. I've been the Head of the coalition's Youth Committee for about three years. I've also been working as a Social Worker with Youth and Families, including victims of trafficking, for about 12 years.

I will begin with a declaration that human trafficking is modern-day slavery that is alive and well in Canada. It exploits for profit by extracting sex, labour, or human tissue and organs through deception, coercion, or force. It is a gross violation of a person's most basic and fundamental human rights. Sadly, no person or community in Canada is immune.

The focus of our coalition work is on the response. It is important to recognize that an appropriate response that is effective is also extremely complex and must consider the following factors.

First, before a victim exits a trafficking situation permanently, they typically return to that situation multiple times. For a response to be effective, it must understand and take into consideration the reasons behind this in order to prevent it.

Secondly, the needs of trafficked victims are unique to the experience of each person. No two situations or sets of needs are the same. Why, might you ask? Consider this. We have seen victims forced to have children with their traffickers. We have seen youth who have been trafficked out of the bathroom stalls of their high school or over their lunch hour. We have seen adult victims who are

incapable of giving legal consent to exit a trafficking situation because their trafficker has forced them into a drug addiction and a constant state of psychological fear. The needs of these victims are vastly different; therefore, a one-size-fits-all approach will ultimately be unsuccessful.

The obstacles faced by trafficked persons in trying to access services and resources allow the coalition to conclude that the current response to human trafficking does not take the above factors into consideration in a meaningful way. To that end, I would like to highlight the need for a renewed national action plan to combat human trafficking that includes all provinces, territories, and indigenous communities. This plan should be driven by input from grassroots front-line professionals who work directly with trafficked persons within established codes of conduct. These workers understand the wide range of unique needs and challenges in accessing services and resources.

Second, it should include standardized data collection about the human trafficking landscape in Canada so that it may inform the development of an effective response.

Third, there is a need for the advancement of services dedicated to factors that link with human trafficking, including addiction and homelessness. The needs of specific groups, such as youth, indigenous peoples, LGBTQ individuals, and migrants, must also be incorporated.

Lastly, all forms of human trafficking need to be addressed in the plan, including trafficking for labour exploitation and trafficking for organ harvest and removal. In Canada the demand for organs by patients in need of transplants far outweighs the available supply. Anecdotal evidence suggests that some of the demand is met by Canadians purchasing organs from the "red market", which is known to extract organs from donors by force or without their knowledge or consent. More work is needed to better understand this form of human trafficking.

I will now turn this over to my colleague, Jodi Mosley, for a more detailed look at the gaps.

● (1625)

**Ms. Jodi Mosley (Head, Community Presentation Committee, Ottawa Coalition to End Human Trafficking):** Thank you.

My name is Jodi Mosley. I am the Head of the coalition's training committee, and have been so for a number of years now. I'm also the Co-Director of a foster care agency here in Ottawa that specializes in high-risk youth from all over Ontario, as well as Co-Founder of A New Day, which is the first-ever residential treatment program here in Ottawa that is dedicated to victims of human trafficking in the NCR area. I know for a fact that I've been working with human trafficking victims for at least four years now, but putting on the new lens it's probably the last 30 years that I've worked with high-risk youth. We're just looking at it through a different lens now.

As head of the training committee, I would like to begin with a word about training. It is true that the spotlight on human trafficking has increased awareness and resulted in progress. The police now have human trafficking in their formal initial training, and we have a human trafficking team, and steps are being taken to train those employed in the aviation industry. The Canadian Federation of Medical Students, in collaboration with organizations like ours, is working to include human trafficking as part of the medical curricula. This is great news. However, we have a long way to go.

We still have law enforcement who cannot distinguish between cases of human trafficking and those of domestic violence. We have doctors and teachers who don't know how to identify human trafficking, and academic and medical institutions that don't have protocols for properly responding to the cases of human trafficking. Just two weeks ago, we were made aware of a case where a trafficker, dressed in medical scrubs, accessed his victim, who was a patient in a local hospital where supposedly security measures had been put in place. There is a clear need for investment in establishing protocols that outline step-by-step courses of action, with built-in security features, that are supplemented by ongoing training.

Building on the required elements of an effective response as outlined by Sherry, which includes training as I've just outlined, there is also a need for improvement within the criminal justice system in how it deals with human trafficking. The current legal framework that requires witness testimony, thereby revictimizing the victim, is ineffective and serves to discourage victim testimony. Traffickers need to be held accountable, prosecution needs to be a real threat, sentencing needs to be severe, and victims need to be assisted through the court process in a meaningful way, with professionals and mentors, so that their criminal justice system experience contributes—and I highlight “contributes”—to their healing journey.

Another key element of an effective response is a well-targeted information campaign that delivers information about the availability of services directly to persons in a trafficking situation. This campaign needs to be informed by grassroots front-line workers so that it is delivered in a way that does not put the victim at further risk. For example, information campaigns that splatter a hotline number all over the media and ad posters will trigger traffickers to check the phones of their victims for these numbers, and that could put the victims' safety at further risk.

Lastly, I would like to talk about licenced establishments. We know that legitimate businesses, such as strip clubs, massage parlours, spas and hotels, have also been known to be venues of human trafficking. We also know that new private member clubs are opening up, don't have a store front, and don't always have a business name prominently displayed. They exist in a clandestine way, and if you need to know of them you seek them out. The explicit descriptions of their services on the website make it obvious that sex is sold on site, yet they have managed to acquire liquor licences and ATM machines, which enhance their legitimacy as a business and hide traces of monetary transactions. Anecdotal evidence suggests that trafficked female victims are being dropped off and picked up at these clubs by their traffickers. It is unclear whether the owners or operators are aware of this. Hence, it is important for the government to conduct a review of the regulatory

policies governing the establishment and operations of these types of businesses, coupled with a heightened level of enforcement.

Further, as these establishments are disproportionately linked with human trafficking, it should be mandatory for them to post information on site on available services for trafficked persons. This information should be posted in prominently visible areas, similar to advertisements on gaming sites regarding gambling addictions, photos of the consequences of smoking on cigarette packages, as well as health and safety and victims' services that happen in government buildings.

I would like to conclude by saying that while much work is needed so we have a meaningful impact on this issue, consultations such as this make us hopeful that we will get there.

Thank you.

• (1630)

**The Chair:** Thank you very much.

We'll now move to Sergeant Laflamme of the Ottawa Police Service.

**Sergeant Damien Laflamme (Human Trafficking Unit, Ottawa Police Service):** Good day. I'd like to thank the members of the Standing Committee on Justice and Human Rights for the opportunity to be here today. It's both a pleasure and a privilege to be able to contribute to your study on human trafficking in Canada.

If you put together everything you know about a kidnapping victim, a domestic violence victim, a rape victim, a child abuse victim, and a person with addictions, you have the reality and mindset of many of the human trafficking victims we encounter. More needs to be done to understand these individuals and to support them.

I'd like to begin by telling you a bit about the makeup of our team here in Ottawa, our mandate and goals, as well as our approach to working collaboratively with survivors of human trafficking. Our Ottawa police human trafficking unit was officially created on January 23 of last year, after a lengthy pilot project. Our six-person team is comprised of four investigators, a full-time crime analyst, and me, the sergeant who oversees the unit's activities and investigations.

In the last year alone, we have seen a 21% increase in active investigations where we have laid charges. This equates to approximately 10 additional investigations per investigator for the year. Our mandate is to identify victims and survivors of human trafficking through both proactive and reactive investigations and to support the prosecution of the traffickers. Our unit's main objectives are to render assistance and offer support services for any and all survivors wishing to exit the sex trade work. We diligently investigate and prosecute any traffickers once survivors are ready to come forward, provide statements, and proceed through the judicial system. We raise awareness and educate partners and stakeholders about human trafficking. We also treat every victim and survivor with the utmost respect and dignity.

Here are some of the successes and best practices that I can share from our experiences in Ottawa. At the Ottawa Police Service human trafficking unit, we aim to conduct as many proactive initiatives as possible. We participate in national and provincial initiatives, including the Northern Spotlight initiative, where we work collectively with other agencies to identify and locate victims of sex trafficking.

During high-profile sports events, such as the 2017 Grey Cup and the week leading up to it, we reached out to 21 sex trade workers. I'm happy to report that our unit, in conjunction with the Gatineau police service, managed to rescue two sex trade workers who opted to take our support services and leave their traffickers. Although from a police perspective no charges were laid, these two cases are most certainly viewed as successes, in our eyes. With the assistance of our victim support community and their resources, one of the survivors was safely returned to her family and friends in another province.

Our team has always had a "victim first" approach, and we always aim to reach out in a very non-threatening manner. We make it clear that we are there to help rather than prosecute victims. We connect victims with community resources, and offer safety plans for those not yet ready to exit the sex trade.

At the Ottawa Police Service human trafficking unit, we make it a point to treat each and every one equally, as we only get a glimpse into their lives, stories, or experiences. In the words of Maya Angelou, "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." We have had much success with this approach, and we are hopeful that more police agencies will respond in the same manner. If all police agencies took this approach, I feel we would see much more co-operation and willingness to provide information about traffickers. The trust in police would grow exponentially. As well, in the future we would aspire to bring along outreach workers with lived experience to better relate and empathize with survivors, thus increasing the trust in us and the process of exiting the sex trafficking world.

In terms of the challenges we continue to face, I would say that education continues to be an area where much more work needs to be done. As I mentioned, we exponentially increased education and awareness of trafficking through meetings, information sessions, presentations to organizations such as law enforcement training facilities, community organizations, border services, and regional hotel associations.

● (1635)

We have started to work with post-secondary institutions, and would like to expand our outreach to transportation hubs, such as airports and bus and train terminals. This has certainly generated an enormous increase in investigation and follow-ups from various community groups, school boards, as well as stakeholders. As a result of our increased community partnerships, we've been able to identify more sex trade workers, maintain contact with victims, and connect them with ongoing community services and assistance.

Despite our efforts to raise awareness, we have noticed that increased understanding of the realities and the complexities of human trafficking victims would be beneficial at the judicial level. It's quite an extensive process to assist our survivors during the

judicial process until their trial goes to court. They are always revictimized by preliminary hearings and then the actual trials. Making some concerted efforts to minimize their testimony and accept their sworn audio and video statements in court would go much further in instilling and restoring faith in the judicial process for all our survivors throughout the country.

Prosecuting traffickers has proven very difficult. As I mentioned, most survivors have been manipulated and convinced to be distrustful of police. Subsequently, court testimony has been a major hurdle for our investigators. More often than not, traffickers have managed to affect and threaten our survivors in a negative way prior to their testifying in court. Numerous survivors refuse to testify, and recant their statements while awaiting trial, putting lots of the investigations in jeopardy.

We anticipate much success in the wake of the Ontario Court of Justice project appointing judges to bail hearings, specifically in our jurisdiction. This concerted effort by the Ministry of the Attorney General will assist in increasing the prospect of detaining traffickers pretrial.

We are aware of the push to have Criminal Code amendments that would remove preliminary inquiries. This would certainly minimize any revictimization of our survivors prior to trial. With the hard work of our investigators and prosecutors over the last few months, we have seen some very successful convictions on human trafficking cases within our provincial courts. These types of investigations are being recognized for their complexities.

To conclude, I would leave the committee with these observations about addressing the needs of human trafficking victims. Coordinated efforts by police, community support organizations, and the judicial system continue to be at the source of our success stories. When it comes to the service provided and offered to our survivors, we will need to continue to strengthen our partnerships with stakeholders for the benefit of these survivors.

Thank you very much for your time. I'm happy to answer any questions the committee would like to bring forward at this time.

● (1640)

**The Chair:** Thank you so much to all our different witnesses.

We'll now go to questions, and we'll start with Mr. Nicholson.

**Hon. Rob Nicholson:** Thank you very much.

Thank you to all of you for your testimony here today.

Ms. Leach, you said that you've been in the business of trying to help out for the last seven years, that you were completely unaware of most of the aspects of human trafficking, and that you might still be there today if you hadn't gotten involved with this. One of the things we are doing here, by having this study and going across the country, is part of an effort that I think we're starting to see in this country to raise the awareness of human trafficking.

You said, among other things, that health care is “inaccessible” to the victims. How so? Can't they go to a hospital? Can't they see a doctor? What's the holdup?

**Ms. Tara Leach:** I guess it depends on what the goal looks like. So yes, if I had a broken bone I could indeed go to an emergency room and I could have that broken bone fixed. The likelihood of my attending follow-up in the situation that I'm in, the likelihood of the full root of the problem being uncovered as part of a health care visit—that's what I mean by inaccessible. Certainly people can go to a walk-in clinic, an emergency room, and have that need attended to, but the underlying awareness of what human trafficking is, understanding what the root of that person's problem might be, maybe understanding the behaviour, perhaps questioning how that broken bone occurred versus the history that might have been given—that's what I mean by that.

Also, if I don't have a health card, then I'm not able to go to an emergency room or a walk-in clinic. If I don't speak the language, then I'm generally not able to.... Sometimes the translator who might be provided might be the person who brought me to the emergency room, who actually might be my trafficker. When I look at health care and at what that client is really there for versus what might be obvious, that's what I mean by it being inaccessible.

Also, keep in mind that substance abuse and mental health are very closely linked. Oftentimes when people access places like emergency rooms and walk-in clinics, they may not be their best selves, so sometimes they are asked to leave. Behaviour isn't recognized as being defensive, it's only seen as being aggressive.

**Hon. Rob Nicholson:** Fair enough.

Ms. Lacey, you talked about a new aspect of this, that there are people outside this country being human-trafficked for their organs. You pointed out that there is a shortage of organs to assist Canadians, and that Canadians need. Would it be helpful, do you think, if we got rid of that sort of thing; if we decriminalized the purchase of organs, or the payment to individuals who provide...they become surrogate mothers and that kind of thing?

•(1645)

**Ms. Sherry Lacey:** I think the reality with that issue is that it does require more research and more information specific to it. We are only, as a coalition, starting to scratch the surface a little bit in that research ourselves. I think it would be kind of inappropriate for me to take a position on that at this point.

I do think that the health care systems in our country are a little bit fragmented in the sense that health is provincially funded, and that there are kinds of other systems internationally that could be looked at for further observation or further research.

**Hon. Rob Nicholson:** Fair enough.

Ms. Mosley, you said that there should be more done to investigate the businesses where there are sex workers and all that. We hear both sides of this here. On the one hand, we hear that this is a legal business and as long as the individuals get the necessary labour rights and freedoms that they are entitled to have, that's okay. On the other hand, we get people who tell us that these businesses are just fronts for human traffickers.

Which is it—or is it a combination of both?

**Ms. Jodi Mosley:** I believe it is a combination of both. I have worked with a few girls who say they get dropped off by their pimp in the morning and then at the end of the day they are walking out and handing their money over. When we look at strip joints, these are designed to sell sex, which people are going in and buying, and paying for this. I mean, if you have a strip joint that says “new girls every day”, that's not where someone says, “I have a job working 40 hours a week, and I'm going in there because it's my choice”. Those are people being trafficked through different organizations. One young lady said, “I had a choice: I could be a dancer or I could be an escort. I chose to be an escort because of the people who would call to purchase the escorting. A lot of times, my friends—you know, just the boys—could be showing up at a strip joint, and I would be there, dancing in front of them. It would be more public, for them to know.”

So we know there is a combination of both that is happening, but when I look at victims in general, or people who are being trafficked, if they don't know the services that are out there, how do we legislate? In every organization you own or work for, you have to have health and safety. You have to have posters everywhere about violence against women and domestic violence. Maybe it's time to look at our legislation that way and how we are going to hit every organization. Whether they are in a hotel, in a hospital, or working for the government, being trafficked in the evenings, they would at least have this in front of them so that they know.

**Hon. Rob Nicholson:** Before I run out of time here, I want to thank you, Sergeant Laflamme, for the comment—we've heard it before—that these victims are always revictimized by preliminary hearings. Certainly the whole question of preliminary hearings is something we have heard about. I am quite sure it will be part of our recommendations. Thank you very much.

Thank you, Mr. Chair.

**The Chair:** Thank you very much.

Next we'll have Mr. Boissonnault.

**Mr. Randy Boissonnault (Edmonton Centre, Lib.):** Thank you, Mr. Chair.

I'd like to thank all the witnesses today for sharing their testimony with us.

I have a quick question for you, Ms. Lacey and Ms. Mosley. We have heard across the country that there are two solitudes—there are people being trafficked and there are women and men who are choosing to be in the sex trade. Just so that we can get a picture of this, can you tell us to the best of your knowledge what percentage of women and men in the sex trade here in Ottawa are being trafficked and what percentage are doing this of their own volition?

**Ms. Jodi Mosley:** I have been informed that if we look at the stats that...like, working in a strip joint, as we said, 70% of women who are working in the sex trade are actually being trafficked.

**Mr. Randy Boissonnault:** What percentage of men?

**Ms. Jodi Mosley:** We don't have those stats yet. They're not coming forward. What we do understand is that it's more clandestine for men. It's harder to admit and it's more shameful, so we don't have those stats right now.

**Mr. Randy Boissonnault:** That's fine.

**Ms. Jodi Mosley:** But we do know that 90% of people who are being trafficked are women.

**Mr. Randy Boissonnault:** I have a question for you. The Action Coalition on Human Trafficking in Edmonton said that 55% of the people they deal with are being trafficked for the purposes of sexual exploitation, 45% for labour, and 10% is a mix of both. What's the breakdown here in Ottawa, to the best of your knowledge?

• (1650)

**Ms. Jodi Mosley:** I don't know that.

**Mr. Randy Boissonnault:** Okay. No problem.

To the task force, thank you for being here and for your emotional and frank testimony. I appreciate that this is not easy work. Thank you for doing it.

What is the work that you or any of your counterparts do for the hotels that are complicit? Do you do any outreach to the taxi people or the Uber drivers? Do you do any outreach to the health care professionals that Ms. Leach talked about, in terms of sensitizing them to who may be coming through their doors?

**Sgt Damien Laflamme:** With respect to the education with the hospitals, we've done several presentations to CHEO as well as to the Civic Hospital. We anticipate more of these education and awareness presentations in the future.

Your questions were threefold....

**Mr. Randy Boissonnault:** What about the hotels?

**Sgt Damien Laflamme:** We currently sit with a lot of the hotel associations and we conduct presentations with them. We have an initiative that we're trying to spearhead at this particular point with them. We were planning on having flyers or posters put up in hotels, with their consent, whether it's in a room or in public areas, to say that the hotels....

We do suspect that some hotels have employees who are complicit. I don't think hotels per se are complicit. It's very difficult to extract information, because under freedom of information, they're not necessarily obliged to provide us with any information, for that matter.

**Mr. Randy Boissonnault:** FINTRAC is now providing you with financial information. We have been advised to look at legislation protecting the pimps' and traffickers' phones so that it doesn't take a year's worth of work to try to compel getting information from their phones. Is there something similar we could do with hotel information? I'll just let you ponder that.

The other piece is this. It came up with our taxi driver when we were in Edmonton. After chatting with him for a bit, he said, "I think

I dropped a woman off at Travelodge South who was trafficked. She said she was from Vancouver. She had a francophone accent. She kept talking in French. She said, 'Pick me up in 48 hours. I have to go back to Vancouver.'" He said he had never thought of it that way, and that I should talk to the taxi association and to the Uber drivers. He also said, "What happens, though, if I call? Will the police arrest a woman who's doing this of her own choice?" I said that was really up to each jurisdiction. It's not a problem to sell sex; it's a problem to buy sex. He said, "If somebody is being trafficked and I call the cops, could they help that woman or man?" I said, yes, that's what we're learning.

He found it very interesting, because he didn't want to be part of the chain that delivered someone on the human trafficking chain.

**Sgt Damien Laflamme:** We frequently receive "crime stopper" tips that we act on, and those, as you know, are anonymous. A lot of the time they corroborate information that we either know or suspect.

There is an initiative that I'm aware of in Houston, where they've provided a lot of education to the taxi drivers and Uber drivers. I believe they're also posting ads in their vehicles. It's an initiative we're hoping to undertake as well. I would suggest that if we were in a position to present to those types of groups, if they wanted to bring information forward that was confidential—

**Mr. Randy Boissonnault:** You could act on it.

**Sgt Damien Laflamme:** —we could act on it. Absolutely. We could deal with the information as source information or through crime stoppers.

**Mr. Randy Boissonnault:** You said you reached out to 21 sex trade workers, and two took you up on the offer to leave the trade. What was that conversation like when those two women—I'm assuming they're women—said that they wanted to leave and then you helped with the support group around them?

**Sgt Damien Laflamme:** Yes, they were women. The particular woman I was making reference to, who moved out of province, we had dealt with on three separate occasions in the fall.

**Mr. Randy Boissonnault:** So it was your fourth ask.

**Sgt Damien Laflamme:** We had contacted her and approached her through a proactive initiative. We reached out and offered some services, at which point she indicated to us that she was actually independent, was travelling the country, and this was the means for her to pay for the travel and sightseeing.

On the third attempt, she realized that she was dealing with the same group of people, that we were not chastising her or putting her down, and that we were offering her services. We went over a lot of the safety plans that we usually discuss with all the sex trade workers. At some point, I guess the lightbulb came on, and she realized that we were there for her. She decided to take us up on our offer, and we were able to get her a plane ticket home within the next 12 hours.

• (1655)

**Mr. Randy Boissonnault:** Thank you.

**The Chair:** Mr. Rankin.

**Mr. Murray Rankin (Victoria, NDP):** Thank you.

There so much incredible information and so little time.

I would like to start with you, Dr. Benoit. First, I'm delighted you could join us from Victoria. I want to salute you for the enormous contribution your research has made over 20 years.

You said two-thirds of the sex workers you interviewed said they had little or no confidence in the police, and you gave three or four reasons for that. The logical question is that if the police need to do better, what do you recommend they should do to improve their ability to detect potential victims of human trafficking?

**Dr. Cecilia Benoit:** Some of the suggestions have already been mentioned, but in particular, I think police could have better liaison relationships with community organizations. Of course, that would include the organizations that are represented today, but also sex worker organizations in the community who come in contact with a lot of people who are looking for other services. They could be health services, food, or safe sex supplies. Those groups have contact as well with people who may be in danger for human trafficking.

In Victoria, where I'm located, the police have done a wonderful job to try to increase sexual assault reporting for sex workers in the community. They have done that by connecting closely with different health and social services as well as the local sex worker organization to assign police officers to work with these organizations and to receive training around how to be respectful, non-judgmental, not to use stigmatizing language, and to increase the reporting for all kinds of victimization such as sexual assault, but also if there is human trafficking.

There is a lot that police can do in some jurisdictions. It seems that here in Ottawa, but also in Victoria, the police are making some strides in that way.

**Mr. Murray Rankin:** As a social scientist doing your research, you started your remarks by giving us some idea of the kind of evidence you have been able to gather. We have heard in different places, from Statistics Canada and from people on the front line, the community service providers, about the difficulty in acquiring useful statistics on human trafficking and related activities. Has that been your experience, and if so, do you have any recommendations on how we can improve the gathering of statistics?

**Dr. Cecilia Benoit:** We have to realize that human trafficking is a very hidden activity. The sex industry in Canada is very hidden. When you have Criminal Code sanctions against an activity, it's very hidden. Therefore, perhaps even more hidden and in the shadows is human trafficking, and not only in Canada, but across the globe.

We can depend on some people coming forward through victims services and so on, but we're not necessarily getting at the underground into the communities where traffickers may be moving. I think we need to use a variety of strategies, including using social science research methods, to get a diverse sample of people in communities where you might like to find people, and then use some other investigative research there.

**Mr. Murray Rankin:** Dr. Benoit, you said you've done your research over two decades. We had a Supreme Court decision in Bedford in 2013, and then we had a statute, Bill C-36, responding to

that. Have you seen any impact from that case or the legislation on the human trafficking situation in Canada over your research career?

**Dr. Cecilia Benoit:** It's a little early to tell, because the law has only been enacted since 2014. I did follow-up interviews in Victoria in 2016 and 2017. I gather from the people I interviewed there, especially indigenous people, that these laws have not helped them feel safer. They have to be more hidden when they're involved in sex work because they don't want their clients to be discovered and so on.

Whether it has impacted human trafficking, I don't know, because we don't really have those data in front of us. I think it has made it more difficult for people who legitimately want to be involved in sex work to do so, and I don't think it has increased confidence in the police.

• (1700)

**Mr. Murray Rankin:** Thank you.

I'd like to direct my next question to you, Ms. Mosley. Understandably, you talked about the difficulty of requiring victims to testify in the criminal process, but on the other hand, there's really little choice but to have them testify in the criminal process. You heard about some of the assistance that Sergeant Laflamme has told us his force is trying to provide, but at the end of the day, a very serious crime, trafficking, is going to require cross-examination and the whole panoply of the criminal justice process. Isn't that true? If so, what can we do about it?

**Ms. Jodi Mosley:** It's very difficult, because when we're looking at trauma and trauma bonds with the victims, the perpetrators, and the pimps, there's that fear that they're being disloyal. So we have that. How do we get them from point A to point B when we look at trauma and the way it affects people mentally? How long are court cases? Someone could have been charged six months ago and still be waiting for their trial while they're living with that, trying to stay within it, and trying to get their health together.

Mental health, however, is very difficult to deal with, and then if we don't have the services for them.... Yes, we have victim services, and they get five counselling sessions, I think, through Ottawa Victims Services. It's very low—

**Mr. Murray Rankin:** So speedier trials, perhaps getting rid of preliminary inquiries where we have to do it all twice, and better victim support would be critical, as would making sure that when they do show up for that trial, it's not put off because there's something else going on and they have to return. Those are some of the practical things. It includes using FINTRAC evidence to do certain things that you wouldn't need the victim to testify about.

Are there any other suggestions that you or perhaps Sergeant Laflamme might have to make things better here?

**Sgt Damien Laflamme:** Sure. I believe the Jordan decision is acting very favourably with regard to expediting trials. Therefore, I think we're taking great steps with regard to speeding up the processes. I do believe that as a result of the type of investigations we do, a lot of our victims are very transient, and there is a lot of difficulty trying to get them to come back to the jurisdiction for a specific trial.

**Mr. Murray Rankin:** Right.

One thing that we heard about—

**The Chair:** Mr. Rankin, it's your last question.

**Mr. Murray Rankin:** Okay. This will be a quick last question.

We've heard from a number of people that when you're trying to rehabilitate, get back from being a sex worker, and get a job, the first thing you face is that you have a shoplifting conviction or something else because you've stolen something in order to stay alive during this slavery that you've experienced. You've given us your views on preliminary inquiries. How would you feel about the expungement of criminal records for people who are in fact victims of trafficking so that they can get back into the workforce?

**Sgt Damien Laflamme:** That's a heavy question.

I think it needs to be looked at on a case-by-case basis, based on the charges that maybe that person or that victim has and what the previous convictions relate to. I would agree that there are certain circumstances where we have had victims who have been arrested for shoplifting or for frauds, based on the type of work they are in, who were forced to do so based on traffickers.

**Mr. Murray Rankin:** And then they can't get a job afterwards.

**Sgt Damien Laflamme:** Correct. I think if there were a way to ascertain or determine that those charges were on the peripheral of trafficking as a major concern, then we could deal with those charges at that particular point.

• (1705)

**Mr. Murray Rankin:** Thanks very much.

**The Chair:** Mr. McKinnon, please.

**Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.):** Thank you very much, Chair.

Thanks to all of you for being here.

I'll start with you, Dr. Benoit. I'd like to build on what Murray was talking about regarding data, and I'd like to understand your testimony a little better. I believe you said that human trafficking is not widespread among adults. In your study—I believe it was in 2014—6% of the respondents indicated that they had been forced at some stage in their lives into a human trafficking situation.

In that testimony, you seemed to be a bit of an outlier, based on the kind of testimony we were hearing from quite a number of people. I'm wondering if you have an explanation for that. Is there a difficulty in collecting data, or is the other data that we're hearing about more anecdotal?

In that respect, I noticed that you mentioned that you required the people involved in one of your studies to be legally able to work in Canada. Might that skew the results in terms of eliminating people

who are not able to work in Canada but who were nevertheless trafficked?

If you could respond, I would appreciate it.

**The Chair:** One second, Dr. Benoit. We seem to have lost the audio.

Mr. McKinnon, perhaps you could pose your second question to somebody in the room while we try to fix this. Then we'll come back.

**Mr. Ron McKinnon:** Okay.

Ms. Leach, you mentioned that health care providers encounter 84% of trafficked individuals while they're in captivity. I'm wondering where that statistic came from, how you recognize individuals as being in captivity when they come into a health care environment, and whether there's an opportunity for health care providers to intervene in such a case.

**Ms. Tara Leach:** As to where those statistics come from, I have the privilege of belonging to a group called HEAL, which is basically in the U.S., and that's where that data comes from. Unfortunately, in Canada we don't have such data. It's research of survivors through U.S.-based research. Sometimes those statistics can range. Certainly the highest is 84%. The lowest I've seen is 24%.

That information becomes relevant because we're noting that people who are experiencing trafficking at the time they are being held in captivity are coming to access health care. Part of what I want to bring forward to this committee is that, as health care professionals, we're not necessarily educated on how to identify and how to intervene. Oftentimes, when health care providers are looking for something, they're looking for what's called a validated screening tool, and in Canada we don't currently have one. Oftentimes survivors will voice that they feel that when they access health care, they're not being seen for who they are. They might be seen for that presenting complaint, like the example I've given of a broken bone, but capturing the essence of why they're there, the complexity of why it is they're there, and their circumstance of trafficking aren't being identified.

The best example I can give you is that there's no diagnosis, or what we would call an ICD code, for human trafficking. There's no way for me to code an individual as this being their circumstance. I have to, then, code it as the sore throat, the broken bone, etc., or what might be there.

For health care providers to be able to intervene, they need to have these tools for themselves. They need to be taught to ask questions and to go with that gut instinct that they might have to further delve into this person's life and realize what choice they have with regard to their employment, what choice they have with regard to finances, life, etc., which we call a social history screen.

**The Chair:** I think Dr. Benoit is back online.

**Dr. Cecilia Benoit:** Yes.

• (1710)

**The Chair:** We're back to Mr. McKinnon's first question. Go ahead.

**Dr. Cecilia Benoit:** Thank you.

I think it's important to note that I'm not a researcher of human trafficking. I'm studying the organization of the sex industry in the country. I'm looking at the health and working conditions of people involved, and I'm interested in their access to non-judgmental services. I've used a variety of survey methods to try to get access to a diversity of people who are involved in the activity. In those hour-and-a-half-length interviews, human trafficking has been mentioned. It comes up when I ask people about their early life events and how they got involved in the sale of sexual services. That's where 6% describe themselves as being forced or exploited in their earlier life.

That definitely differs from some of the other information you're hearing, which is from when victims of human trafficking are connected with services, so that's very, very different. In studies of the sex industry, where your example is only a clinical example—that is, only people who go to seek services—you get a much more homogenous sample than the one I described we have found in our research.

Second, we chose in our study that a person had to be legally able to work in Canada because we were interested in the impact of the prostitution Criminal Code laws, adult prostitution code laws, on people's ability to work in the country and their experiences of health, safety, and victimization. We were especially interested in Bedford and the consequences that would happen in the Criminal Code. That was the reason and also the reason we chose people as adults.

**The Chair:** Thank you.

Mr. McKinnon, you have a minute left.

**Mr. Ron McKinnon:** Okay.

I'll move on now to the Ottawa Coalition to End Human Trafficking. I believe it was you, Ms. Lacey, who said we need a national action plan again. We had one. Do you think that is the plan we need to go forward with? Does it need changes, and if so, what improvements would you suggest?

**Ms. Sherry Lacey:** Absolutely there's a need to go back and revisit the work that was done previously. Based on the information you're getting in some of these inquiries and discussions, I think it can be evaluated and compared against more current and recent feedback and information to inform making some changes to that strategy.

Part of our discussion at the coalition table is around the need for a national component, incorporating all provinces, all territories, and all communities as well, because we feel it is something we're seeing across the board.

**The Chair:** Thank you.

We'll now have short questions from members of the committee, please, and short answers. This is just to get questions out quickly and have you answer them as quickly as you reasonably can.

Mr. Cooper.

**Mr. Michael Cooper (St. Albert—Edmonton, CPC):** Thank you, Mr. Chair.

Thank you to the witnesses.

I want to follow up with Sergeant Laflamme and Ms. Mosley with respect to preliminary hearings.

You have recommended that they be done away with in order to minimize the revictimization of human trafficking victims. I asked the same question, about whether or not preliminary inquiries should be done away with, of a crown prosecutor in Edmonton who appeared before our committee last week. That crown prosecutor successfully prosecuted a major human trafficking case involving, I believe, 71 exploited workers. Her answer to me was that she found the preliminary inquiry essential to the successful prosecution of that individual. Part of the problem, she said, was that she had witnesses who were disappearing. If she had had to wait to go to trial, the witnesses she needed to get evidence from wouldn't have been available, compromising the likelihood of a successful prosecution.

I was just wondering if you might be able to comment on that, and I'd also just ask Sergeant Laflamme to comment on his experience with respect to the successful prosecution of several cases in Ottawa.

**Sgt Damien Laflamme:** In terms of commenting on a trial in another jurisdiction that I'm not familiar with, I'm not quite sure I can really answer what my beliefs are with regard to that specific preliminary hearing.

• (1715)

**Mr. Michael Cooper:** I mean the underlying concern, which is that if you have to wait for trial, the preliminary inquiry provides a valuable opportunity to get evidence from witnesses early.

**Sgt Damien Laflamme:** We frequently have victims we manage, who end up testifying in a preliminary hearing, and they're cross-examined by defence lawyers. They are treated, and demeaned, and feel belittled to the point where they are not in a position where they want to come back for the said trial. We have to contend with that on a pretty regular basis with respect to assisting those victims and trying to encourage them to come back. It happens quite frequently in our jurisdiction.

I don't think we've had a trial specifically of the magnitude you're referring to, but on a regular basis we have to deal with victims who decide they want to recant or who feel they're not treated as equals and not credible as witnesses. Therefore, as a result of that, they don't want to come back.

**The Chair:** Ms. Khalid.

**Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.):** Thank you, Chair.

Thank you to the witnesses for coming before us and giving your testimony.

On the road, we heard from various police forces and law enforcement agencies about their experience. From one police service, we heard that they had done an operation in which they posted online an advertisement for a minor, and received about 700 hits on that advertisement. However, not one of the people who were on that page called 911 to report the minor. We also heard a lot of testimony about violence against people in the industry, whether they're there by choice or not.

My question to you, Sergeant Laflamme, is basically this. What is the role of johns when it comes to providing training and awareness and really getting that buy-in from the public?

**Sgt Damien Laflamme:** Would it be possible for you to rephrase that question? I'm not sure I understand what "the role of the john", or what you're trying to—

**Ms. Iqra Khalid:** This is in terms of the person who is buying the sex. What is their role in terms of eliminating trafficking? We've heard there are different ends to the spectrum. There are people who are in this industry by choice, sex workers, but then there are also those who are coerced into it. The one thing in common for both of them is the person who is purchasing the service.

In terms of educating the person who is purchasing that service, what kind of training or awareness can be given to those people to ensure that they're not participating in something harmful?

**Sgt Damien Laflamme:** Prior to the Bedford decision, we at the police service used to have prostitution sweeps. We would go out and basically, at that particular time, round up all of the sex trade workers, because they were on the streets providing sexual services. Then we would reintroduce our undercover officers and then arrest the johns. As a result of those, we would have john schools where there would be education sessions of I believe about five hours. It's a diversion program for somebody who is not a repeat offender.

With the example that you've given of an initiative that another police service has done, we're planning to undertake doing stuff like that. We're very much more focused at this point in establishing our unit. We anticipate doing somewhat of the same type of venture, but we're running into problems with the actual pictures being posted. You need someone's consent in order to post that picture. As a police service, you can't arbitrarily take a picture off the Internet without someone's consent.

At that particular point, I think we will most likely have a lot of success with regard to arresting the johns. The john school, for lack of a better term, is where we will be sending the males who are arrested, to a pre-charge diversion type of program. I know we're actually giving some lectures—as a matter of fact, tomorrow night. It's been a compiling of certain incidents that's necessitated us to have a john school. I believe it's the first one since the Bedford decision.

• (1720)

**Ms. Iqra Khalid:** How much do you collaborate with other police services, whether in the province or across Canada?

**Sgt Damien Laflamme:** We work hand in hand with the Gatineau police service. As I alluded to earlier, they were a part of our initiative prior to the Grey Cup. There are trends where we see a lot of girls from the Quebec side, mainly the Montreal area, coming over to work in Ontario, simply because the supply and demand is different. What they can actually charge is higher in Ontario than on the Quebec side.

We have a great partnership with the Gatineau police service. We're in conversations, as we speak, to have an initiative with the OPP and the RCMP, as well, within the next couple of months. As a result of the success we had with the Grey Cup initiative, we're hopeful that we'll be asked to assist Montreal in their provincial task

force during Formula One festivities in June. As recently as last week, I was in conversations with the Montreal police service.

**The Chair:** Does anyone else have any questions?

Mr. MacKenzie.

**Mr. Dave MacKenzie (Oxford, CPC):** Thank you, Chair.

Thank you to the panel. I think everyone in this room has the same goal, and that is to assist those people who have been victimized by traffickers. To do that, one of the things, obviously, is that we all have to identify the victims and work with them.

From my perspective, to the social workers who are present, basically you have victims identified to you in some manner, whether you search the information out and identify them or whatever. Basically, they come to you. Would that be a fair assessment? I think that's basically it.

The police agencies, on the other hand, tend to be on the street and identify...as you indicated with the Grey Cup. They try to talk people into whatever it may be to give them assistance.

Would I be right in assuming that we could benefit everybody if we perhaps had more social workers on the street? I know what the police do, and I am 1,000% behind that, but we always end up with the police being seen, as the professor says, sometimes as the bad guy. I'm wondering if part of this equation is that we need more trained social people on the street.

That's to anyone.

**Ms. Jodi Mosley:** Right now we actually are going out and training. People are getting training all over the place. The coalition goes to Operation Come Home. We trained over there. We're starting a hotel initiative, and I'm at Carleton University next month with regard to 211 operators.

The thing is that there are not enough programs. Up until a few weeks ago, we were sending victims of trafficking out to B.C. from Ontario to have programs. In terms of beds, there are a few programs, one in Covenant House in Toronto. Now with initiatives in the funding, there are more, but what we're lacking is in services, completely.

So yes, we need more social workers on the street and we need more training, but we need more services.

**Mr. Dave MacKenzie:** Okay.

I'm a little biased, but the police have always been on the street dealing with all of those people, sometimes with little or no training but what they've learned on the street.

Sergeant, I'm wondering if you can tell us if your people have specific training. Also, is there a mix of males and females in your team?

**Sgt Damien Laflamme:** We have four investigators, two female and two male, and everybody is fluently bilingual. We sit on a lot of steering committees and human trafficking committees with a lot of other social groups, and we share a lot of information. A lot of referrals come our way based on the committees that we sit on and the phone calls that we receive. We also teach at various different levels of courses within the police service, whether that be on a sexual assault response officer course or an initial course such as a general investigations techniques course. We're also teaching at the Canadian Police College, the Ontario Police College, and Criminal Intelligence Service Ontario.

• (1725)

**Mr. Dave MacKenzie:** Very good.

Thank you, Chair, and thank you to the members.

**The Chair:** I have one brief question, Sergeant, if it's okay.

One of the things I heard as we were travelling the country, to come back to my colleague Ms. Khalid's question, was that people procuring sex—I won't signify that it's one sex or another, because even though it's mostly men buying it from mostly women, it could be either—could be the biggest allies in terms of identifying people who are being trafficked if purchasing sex weren't criminalized and people felt free to come forward and report what they were seeing. In the same way, women in the sex trade who we met with were telling us that they could be the biggest allies of police in the cities where they feel confident to talk to the police and point out underage women and people being trafficked.

I'd like to get commentary from you and also Dr. Benoit on whether or not that approach is a feasible approach—that is, to work with the people who are in this trade who are consenting, who are adults, to help identify people who are being compromised and being trafficked.

**Sgt Damien Laflamme:** I can give you a case in point. We worked with somebody who essentially wanted to remain anonymous, which is exactly the circumstance you provided. At that particular time, that individual actually was amorous of the sex trade worker and ultimately was jealous of any other clients who she was servicing. It was a somewhat extensive and exhaustive investigation to draw that conclusion. However, I think if prostitution were legalized, or there was some legitimacy of it, if you will, I'm not so sure we would have individuals coming forward to provide us with that. I think we concern ourselves with anybody who we feel, based

on a number of cues, is being trafficked, or mainly is an underage girl. That's the focus we have.

We've seen countless investigations where johns are fully aware that this individual is underage, and nobody has been in a position where they've either called us or reported it. Unfortunately, that's the reality we're faced with. I don't want to sit here and sound very pessimistic, but with regard to anybody coming forward with that information, I guess there would need to be more extensive study done on that particular matter to confirm or corroborate whether somebody would or not.

**The Chair:** Thank you so much.

Dr. Benoit.

**Dr. Cecilia Benoit:** There have been studies of clients, including by some of my own colleagues here in Canada, and also a fairly large study of clients, or people who buy sexual services, in Sweden after purchasing was criminalized. Those people reported in those interviews that they were less likely to come forward with information about someone who was being forced into prostitution or being held against their will, of course with legitimate reasons; they feared they would be arrested for purchasing.

In Canada I think we have the same situation where people are now fearful to come forward. It's the same with people who operate an escort agency or a massage parlour. If they see something, it's very difficult for them to come forward at this point, given our law.

There could be practices even now where we give an amnesty for coming forward with information about illegal or especially human trafficking activity or a minor being involved in sexual exchange. I think clients and other third parties would be much more willing to come forward with information if they knew the justice system would not criminalize them. That would also be for sex workers themselves, of course.

• (1730)

**The Chair:** Thank you.

Not seeing any more questions, I want to thank the panel for being here today.

Thank you, Dr. Benoit, for joining us from Victoria.

Have a wonderful rest of the day.

The meeting is adjourned.





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