



IWK Health

A POPULATION HEALTH  
APPROACH TO ADDRESS

---

# **Commercial Sexual Exploitation of Children and Youth in Nova Scotia**

**2023-2024**

# Acknowledgements

## **Ancestral Territory of the Mi'kmaq**

It is important to begin this document by giving thanks to the Mi'kmaq who have been the careful caretakers of this land for many years.

This population health approach was drafted in Mi'kma'ki – the unceded and ancestral territory of the Mi'kmaq. Acknowledging the land is just one step in working towards honouring the treaties of peace and friendship.

It is important to acknowledge that there has not been peace. The history of colonization has had a tremendous impact on this land, the people who share it and the systems that shape how and where people live, learn, work, play, and grow.

Oppression, racism, discrimination, and systemic barriers still contribute to inequitable conditions that increase a person's vulnerability and risk for poor health outcomes, including exposure to violence and exploitation.

While no one is immune to the risk of commercial sexual exploitation and sexual violence, the National Inquiry into Missing and Murdered Indigenous Women and Girls Report<sup>1</sup> highlights the significantly disproportionate rate at which Indigenous women, children,

youth and two-spirit, lesbian, gay, bisexual, trans, questioning, intersex, asexual and countless affirmative ways in which people self-identify (2SLGBTQIA+) people experience harms.

Stories shared must be heard and recommended actions implemented. The path forward must be grounded in justice, truth, and reconciliation.

Communities must be empowered and supported to talk, heal, regain balance, play, and grow with reduced vulnerability for trafficking and exploitation.

”

***Na nuku' elnimul  
Npitrn aqq etamul  
Asite'Imi we'jian  
nsitun  
Kulaman  
Kisi-kina'multes***

*– Rita Joe  
E'nikaq Nsitunaq*

*“So gently I offer my hand and ask,  
Let me find my talk so I can teach you  
about me.”*

*– Rita Joe, I lost my talk*

## ***Contributions of the African Nova Scotian Community***

It is important to appreciate the contributions of individuals and communities who arrived in Nova Scotia many years ago, particularly people of African descent who have contributed to the fabric of this province for over 400 years. Nova Scotia has 52 historic Black communities.

These communities have not been treated fairly. Government-led systems and approaches have caused, and still cause, discrimination, harm, and trauma. The Hearing Them paper: African Nova Scotian and Black Experiences of Sex Work, Childhood and Youth Commercial Sexual Exploitation and Human Trafficking in Nova Scotia,<sup>2</sup> speaks to the stigma, racism, inequities, and lack of representation that continue to create barriers to critical supports and services. Systemic racism and colonial systems contribute to ongoing trauma and have harmful impacts on individuals and communities.

This harm must be understood and acknowledged. To move forward on a path guided by a population health framework, it is essential to lead with diversity of voices, stories, ideas, and communities.

## ***Peace, Friendship, and a Path Forward***

This population health approach was drafted on land covered by Peace and Friendship Treaties. Through a collaborative effort, this approach is built upon the principles of social justice, human rights, equity, and enhancing the social determinants of health. This framework's process has been centered with a primary focus on strengthening community partnerships to build trusting relationships and coordinated action. The intention is to move together on a path where children, youth, families, and communities can live, learn, work, play and grow with reduced vulnerability to trafficking and exploitation.

## Thank you to the people who have powered this process!

The following people were instrumental in generously contributing time, ideas, and expertise – shaping the direction and content of this approach. We're so grateful for valuable connections made with incredible people throughout this work.

<b>Amy Brierley</b>	Halifax Regional Municipality – Safe City & Safe Public Spaces	<b>Mary Jane Abram</b>	HRM – Indigenous Policy Analyst
<b>Anne Simmons</b>	Department of Community Services	<b>Mariya Ahmed</b>	McMaster University MPH Student (IWK Practicum)
<b>Angela Day</b>	NS Health - Public Health	<b>Melissa Dillman</b>	Phoenix Youth
<b>Cara Steele</b>	Avalon Sexual Health SANE Program Manager	<b>Maura Donovan</b>	IWK Health - Integrated Youth Services
<b>Carol Rock-Altenhof</b>	Nova Scotia Health IPP&L Violence Prevention	<b>Naj Siritsky</b>	Nova Scotia College of Social Workers
<b>Charlene Gagnon</b>	Independent consultant	<b>Natalie Bakodi</b>	NS Department of Education and Early Childhood Development
<b>Christina Shaffer</b>	IWK Health - Sea STAR Child and Youth Advocacy Centre	<b>Nnenna Nwokeabia</b>	Nova Scotia Health - Public Health
<b>Corrina Smiley</b>	Mi'kmaw Legal Support Association	<b>Peri Lockhart</b>	NS Health - Mental Health and Addictions Health Promotion
<b>Corinne Sauve</b>	Nova Scotia Health IPP&L Domestic Violence Consultant	<b>Preston Matthews</b>	Nova Scotia Brotherhood
<b>Cynthia Jordan</b>	IWK Health Mental Health and Addictions	<b>Rhonda Atwell</b>	IWK Health – Mental Health and Addictions Manager Partnerships and Community Engagement
<b>Dametre Samuels</b>	YWCA Halifax TESS Partnership Coordinator	<b>Robin Latta</b>	Nova Scotia Health – Policy and Planning Lead
<b>DeRico Symonds</b>	African Nova Scotian Justice Institute	<b>Sabrianne Penner</b>	IWK Health - Mental Health and Addictions Health Promotion
<b>Erica Adams</b>	IWK Health-Mental Health and Addictions Health Promotion	<b>Samantha MacNeill</b>	Peel Region – Human Trafficking Coordinator
<b>Erin Cusack</b>	NS Department of Health and Wellness	<b>Sarah Blades</b>	IWK Health - Mental Health and Addictions Health Promotion

<b>Frances Recknor</b>	Researcher, Clinical Assistant Professor, Baylor College of Medicine	<b>Sarah Granke</b>	Department of Community Services, Specialist, Sexual Violence
<b>Grace Campbell</b>	Nova Scotia Advisory Council on the Status of Women	<b>Shelley Fashan</b>	Health Association for African Canadians – Director of Community Engagement
<b>Jenna Hopson</b>	IWK Health - Mental Health and Addictions Health Promotion	<b>Steve Machat</b>	NS Health - Mental Health and Addictions Health Promotion Manager
<b>Judy Lightfoot</b>	Nova Scotia Health IPP&L DV – PP Leader	<b>Sue Bookchin</b>	Be The Peace Institute Executive Director
<b>Katrina Jarvis</b>	Association of Black Social Workers	<b>Susan McWilliam</b>	IWK Health - Trauma Informed Care Research and Evaluation Lead
<b>Kimm Kent</b>	POSSE Peer Outreach Support Services & Education Director	<b>Susan Wilson</b>	Nova Scotia Health – Director Violence Prevention, Intervention and Response
<b>Kira Kelly</b>	Nova Scotia Health IPP&L Domestic Violence Consultant	<b>Tara Moore</b>	SchoolsPlus Coordinator
<b>Kristyn Anderson</b>	Annapolis Valley Regional Center for Education	<b>Terri Whyte</b>	BGC-Greater Halifax
<b>Kyiaisha Benton</b>	IWK Mental Health and Addictions – Access Community Navigator	<b>Valerie Blair</b>	Nova Scotia Health - Public Health Manager Healthy Communities
<b>Kylee Nunn</b>	YWCA TESS Research Assistant	<b>Wyndolyn Brown</b>	Empowerment for Hope
<b>Liane Khoury</b>	NS Health - Mental Health and Addictions Health Promotion Team	<b>Xavier Hartley</b>	IWK Mental Health and Addictions – Occupational Therapist/African Nova Scotian Services Team
<b>Lila Pavey</b>	IWK Health - Mental Health and Addictions Health Promotion		

**Suggested citation:** Pavey, L., Hopson, J., Ahmed, M., Adams, E., Blades, S. (2024).

*Population Health Approach to Address Commercial Sexual Exploitation of Children and Youth in Nova Scotia. IWK Health Mental Health and Addictions. Available from: <https://iwkhealth.ca/clinics-programs-services/mental-health-addictions-health-promotion-team> [date accessed].*

## *Content Advisory*

The content presented in this document is sensitive and may cause discomfort or distress. This document refers to child and youth sexual violence, exploitation and trafficking, substance use, racism, and discrimination amongst other difficult topics. Please be kind to yourself as you read through this document, take breaks, engage in self-care, and reach out for support as needed.



# Content

<b>Acknowledgements</b> .....	1
Ancestral Territory of the Mi'kmaq .....	1
Contributions of the African Nova Scotian Community.....	2
Peace, Friendship, and a Path Forward .....	2
To the People Who Powered this Process .....	3
Content Advisory .....	5
<b>Executive Summary</b> .....	8
<b>Part 1: Population Health Approach</b> .....	11
Overview .....	11
The Issue of Commercial Sexual Exploitation of Children and Youth.....	11
Hearing Them Series .....	12
Risks and Vulnerabilities .....	13
Health and Well-being Indicators for Child and Youth in Nova Scotia.....	14
What can be done to address the CSEC risk factors in Nova Scotia?.....	21
What is a Population Health Approach?.....	23
Notable Models and Mentions.....	26
Methodology for Drafting a Population Health Approach for CSEC .....	33
<b>Next Steps</b> .....	36

<b>Part 2: Compendium of Actions</b> .....	38
Poverty .....	40
Housing .....	46
Violence .....	52
Online Harms .....	65
Racism & Discrimination .....	71
Substance Use .....	77
Sense of Belonging .....	84
Mental Health .....	88
Education .....	96
<b>References</b> .....	103

# Executive Summary

## Introduction

Commercial sexual exploitation of children and youth (CSEC) is a grave and multifaceted issue. In Canada, the province of Nova Scotia has the highest provincial rate of police-reported human trafficking cases,<sup>3</sup> including one of the highest provincial rates of trafficking of victims aged 12-17.<sup>4</sup> Every facet of where a child lives, learns, plays, and grows influences their health and well-being. A lack of supportive conditions prevents children and youth from having their mental, physical, social, and developmental needs met.<sup>5</sup>

Nova Scotia's conditions, based on child and youth health and well-being indicators, show the province underperforms compared to national averages.<sup>6</sup> Vulnerability increases when needs are not met. Participation in the sex industry often arises from the need to fulfill basic survival requirements, such as access to food, housing, and income, as well as the quest for safety, security, support, emotional connection, attachment, or a sense of belonging within family, community, and society.<sup>7</sup>

CSEC vulnerability needs to be addressed from the context of surrounding conditions of unmet needs. There is a clear correlation

between the underperformance of health and well-being indicators for children and youth and Nova Scotia's high levels of trafficking and commercial sexual exploitation. As a signatory to the UN Convention on the Rights of the Child, Canada, including Nova Scotia, must ensure children and youth have their fundamental "*right to be protected from violence, abuse, neglect, exploitation, and discrimination*".<sup>8</sup> There are emerging calls for public health approaches to address CSEC and ultimately protect these rights.

## Objective

The [2022 Hearing Them report](#) on risks and vulnerabilities recommends the development and implementation of a public health approach to CSEC in Nova Scotia.

A comprehensive strategy to effectively reduce high rates of trafficking and prevent CSEC necessitates a population health approach that fundamentally addresses the underlying risk factors for individuals being trafficked or sexually exploited, as suggested by global literature.

At the time of this report there were few resources documenting what a



population health approach for human trafficking might look like or how it could be applied – and none that specifically focused on CSEC.

## Methodology

This initiative builds upon the insights and discoveries presented in the *2022 Hearing Them report on Risks and Vulnerabilities*, aiming to comprehend the foundational causes of CSEC.

In September 2023, the IWK Health Mental Health and Addictions Health Promotion Team, in collaboration with a Master of Public Health Candidate at McMaster University, embarked on a four-month project to formulate the initial draft of a population health approach dedicated to addressing CSEC in Nova Scotia. The project was initiated with a rapid evidence assessment/literature review.

The next steps involved the mobilization of partners for collaboration, and three semi-structured interactive working group sessions and several strategic one-on-one conversations. The process relied on foundational documents to develop a set of common steps to a population health approach for Nova Scotia.

Attached is the compendium of actions (Part 2 of this document). These actions were identified through a combination of the working group

sessions, one-on-one conversations, and an in-depth literature review. On December 5<sup>th</sup>, 2023, a final presentation on the project was shared with identified CSEC partners and collaborators.

## Findings

Addressing CSEC through a public health lens provides a strategic opportunity to synchronize efforts across sectors. While there is no universally adopted process for a population health approach, the general concepts are widely shared in the emerging literature.

A population health approach focuses on improving the health status of the population and considers the full range of factors that influence well-being. These approaches entail organized, multidisciplinary strategies designed to impact entire populations. Established population health approaches, frameworks, and concepts within public health practice have been instrumental in shaping the draft approach for Nova Scotia.



These foundational documents have given rise to the following set of five steps constituting a population health approach:

1. *Defining the Problem*
2. *Determining underlying vulnerability*
3. *Designing, implementing, evaluating, and revising strategies*
4. *Scaling up through multi-agency partnerships*
5. *Equity, social justice, and human rights*

These concepts, coupled with an emphasis on prioritizing the rights of children, form the cornerstone for shaping this population health approach.

## **Recommendations**

A compendium of recommended evidence-based proposed actions have been compiled as a “collective starting point” for a population health

approach to addressing CSEC in Nova Scotia. The actions provide an opportunity to think across the prevention continuum and invest in opportunities that target the root risk factors that lead to vulnerability for CSEC. This is not intended for one organization to take on in totality but rather provides a menu of actions for various sectors to tackle collectively to strengthen a prevention-focused approach.

## **Conclusion**

A population health approach to addressing CSEC in Nova Scotia is a novel, yet promising practice. Implementing the actions shared in this approach is an important “collective starting point” to improving the conditions in Nova Scotia for children and youth to live, learn, grow and play – with reduced vulnerability for CSEC.

## PART 1

# Population Health Approach

## The Issue of Commercial Sexual Exploitation of Children and Youth

### Overview

Commercial sexual exploitation of children and youth (CSEC) is a complex issue. In Canada, the province of Nova Scotia has the highest provincial rate of police-reported human trafficking cases,<sup>9</sup> including one of the highest provincial rates of trafficking of victims aged 12-17.<sup>10</sup>

While these statistics represent only the number of incidents that were reported to police, it is worth noting that there are several limitations with police-reported data.

Limitations include regional variations in training, enforcement and reporting policies and practices that influence which cases are brought forward to or detected by police, in addition to shame, stigma, fear or trust in the system which compounds the willingness to report.<sup>11</sup>

Given the complexity, sensitivity and global evidence around human trafficking and sexual exploitation, it can be assumed that the real numbers of cases are significantly higher than those reported – both in and beyond Nova Scotia.

CSEC is defined as any action which treats children or youth under the age of 18 as a commercial sexual object. Any adult who paid, collected money, or exchanged something of value (e.g., food, substances, housing, transportation) for sexual services of a child or youth under the age of 18, even with perceived ‘consent’, is a perpetrator of CSEC.<sup>12</sup>

The YWCA of Greater Halifax has depicted the sex industry as operating on a spectrum of choice (see figure 1 below),<sup>13</sup> however, the involvement of children and youth in the sex industry cannot be discussed as choice as it is child sexual abuse.

Trafficking and commercial sexual exploitation of children and youth is deeply concerning, as these experiences can have harmful lifelong implications, including poor physical and mental health outcomes.<sup>14</sup> Exploring the reasons why Nova Scotia has the highest provincial trafficking rate in Canada and high levels of commercial sexual exploitation requires understanding of the risk factors that increase the vulnerability of Nova Scotia’s children and youth to exploitation.

## THE SPECTRUM OF CHOICE

NO CHOICE	COERCED CHOICE	PERCEIVED CHOICE	SITUATIONAL CHOICE	APPARENT CHOICE	EVIDENT CHOICE
3RD PARTY CONTROLLED			MAY BE 3RD PARTY	INDEPENDANT	
KIDNAPPED	DECEIVED	MANIPULATED	CO-DEPENDANCY	EDUCATED DECISION TO PARTICIPATE	
FORCED	THREATENED	ROMANTIC INVOLVEMENT	LACK OF ACCESS TO OPPORTUNITY		ACCESS TO OPPORTUNITY
CONFINED	BLACKMAILED /SEXTORTED	ECONOMIC DEPENDANCY			AUTONOMOUS
SLAVERY	SEXUAL EXPLOITATION		EXPLOITATIVE		EMPOWERED
TRAFFICKING			SURVIVAL SEX WORKER	SEX WORK	

**Figure 1: YWCA’s Spectrum of Choice for Involvement in the Sex Industry**

### Hearing Them Series

To understand the lived experiences of those impacted by CSEC, in 2021, a comprehensive consultation titled ‘Hearing Them’ was carried out by the YWCA of Greater Halifax, the Association of Black Social Workers, and the Nova Scotia Native Women’s Association with support from partners including Peer Outreach Support Services Education (POSSE) and Stepping Stone.<sup>15</sup> These consultations engaged 149 adult individuals who had past or current lived experience in the sex industry in Nova Scotia. While the true rates of CSEC are unknown, the *Hearing Them* series of reports provided important insight and impactful personal stories describing the conditions and the context of

being involved or exploited in the sex industry in Nova Scotia. The reports also confirmed a significantly disproportionate rate of sex industry involvement by those from communities that have been harmed by colonization and discrimination, including people who identify as Indigenous, African Nova Scotian, Black and 2SLGBTQIA+.<sup>16</sup> It is important to note that this disproportionate amount is not due to identity, race, or gender, but is related to the societal realities and circumstances that have shaped these risks. Alarmingly, over half of the participants of the *Hearing Them* consultations reported being commercially sexually exploited when

they were 19 years old or younger.<sup>17</sup> Many of the participants also identified having had past or current involvement with justice or child services. The data gathered during these consultations was used to create multiple themed reports, one of which highlighted the risk factors for increased vulnerability to experience commercial sexual exploitation as a child or youth.

*Trauma* Within the context of this population health approach, the concept of trauma is the lasting emotional response that often results from living through a distressing or disturbing event. Experiencing a traumatic event or situation can harm a person's sense of safety, sense of self, and ability to regulate one's emotions and navigate relationships. Long after

the traumatic event occurs, people who have experienced trauma can often feel shame, helplessness, powerlessness, and intense fear.<sup>18</sup> Children and youth who have been sexually exploited or trafficked generally have been exposed to 'multiple traumas of an interpersonal, severe, and prolonged nature at a formative stage of development' emphasizing the need for trauma informed lenses, approaches, and care.<sup>19</sup> The intention is to create an approach that encompasses this understanding about trauma and moves forward with compassion and empathy with a focus on creating services, practices, policies, and surroundings that create both physically and psychologically safe spaces.<sup>20</sup>

## ***Risks and Vulnerabilities***

Health and well-being of children and youth are impacted by every aspect of where they live, play, learn and grow. It is well documented that a lack of supportive conditions prevents children and youth from having their mental, physical, social, and developmental needs met.<sup>21</sup>

In Nova Scotia, when examining the context for health and well-being for children and youth, **the province underperforms on several important indicators related to safety,**

**belonging, and health among others compared to the rest of Canada.**<sup>22</sup>

This underperformance increases the vulnerability for children and youth to experience poor health outcomes as their needs for optimal growth and development are unmet.

As noted in many pieces of global literature, exploitation in the sex industry can be driven by attempts to meet immediate survival needs, such as: access to food, secure housing, and basic income, as well as safety,

support, or emotional connection, or a sense of belonging with family, community, and/or society.<sup>23</sup>

Therefore, vulnerability to commercial sexual exploitation of children and youth should not be evaluated individually. **Rather, vulnerability**

**needs to be analyzed and addressed from the broader context of the surrounding conditions and environment to determine the necessary actions needed to prevent and address the risk factors.**

## *Health and Well-being Indicators for Children and Youth in Nova Scotia*

From a population health perspective, it is integral to understand the context in which Nova Scotia children and youth are living. **The context is important to prevent and address the contributing risk factors:**

- poverty,
- child abuse and exposure to violence,
- substance use and substance-related harm,
- lack of belonging and social isolation,
- harms in the online environment
- systemic racism, and discrimination specific to race, gender, and sexuality.

**Children and youth who have experienced these risk factors have an increased vulnerability to CSEC.**

These contextual circumstances, surroundings and conditions can increase their risk for exploitation or trafficking.

**Poverty:** The childhood poverty rate of a community is vital indicator of children's well-being. Nova Scotia has the highest rate of child poverty in Atlantic Canada and the fourth-highest provincial child poverty rate in Canada, with 35,330 children (about 1 in 6) living in poverty in 2023.<sup>24</sup> In 2022, 31.4% of children under 18 years of age in Nova Scotia were living in food-insecure households.<sup>25</sup>

A lack of safe, affordable housing is a known risk factor that makes youth vulnerable to sexual exploitation and human trafficking. In addition to meeting human needs and rights for shelter, housing is also a requirement for successful interventions to exiting exploitative or human trafficking situations and is necessary for the long-term recovery and aftercare of victims and survivors.<sup>26</sup>

Nova Scotia is currently amid a housing crisis, which includes a significant shortage of adequate, safe, and

affordable housing to meet the needs of individuals, families, and communities. The housing crisis disproportionately affects those from communities that have been discriminated against and marginalized due to race, gender, sexuality, income and/or newcomer and international student status. Although not captured in the *Hearing Them* data – a growing trend across Canada is the intentional targeting of international students for commercial sexual exploitation based on the limitations to access economic resources and housing.<sup>27</sup>

Another key population group known to be targeted for commercial sexual exploitation is children and youth who are in the care of the province or involved in the criminal justice system. Multiple pathways into sexual exploitation and human trafficking open as these youth age out of the care system without adequate resources, housing, or support.

**It has become clear that the growing affordability crisis impacting income, food security, and housing will exacerbate the vulnerability of children and youth in Nova Scotia to exploitation.**

***Child Abuse and Exposure to***

***Violence:*** In Nova Scotia, there are higher levels of violence, child sexual abuse and intimate partner violence compared to the rest of the country. In Nova Scotia, 22% of youth reported

intimate partner violence while dating compared to 17% for the rest of Canada.<sup>28</sup> Referrals to the Nova Scotia Department of Community Services for various concerns ranging from neglect, to emotional, physical, and sexual abuse result in about 4,100 cases per year that are substantiated and require protection as specified in the legislation.<sup>29</sup> In 2019, the Nova Scotia Department of Community Services reported a total of 927 children and youth in care.<sup>30</sup>

Communities who have been harmed by colonialization and discrimination, including Black/African Nova Scotian and Indigenous communities, are disproportionately involved with the Nova Scotia Department of Community Services (including foster care and child protection etc.). This involvement places these individuals at a higher risk for exploitation.

Compared to the national rates of police-reported statistics of violence against children and youth from 2018-2019, Nova Scotia had higher rates of both violence by a family member and by non-family members.<sup>31,32</sup> The latest data from Statistics Canada indicates that family violence against children and youth was 9% higher in 2021 than it was before the COVID-19 pandemic in 2019. Compared with 2020, **the rate of family violence among children and youth in Canada increased by 13%.**<sup>33</sup> Participants from the *Hearing Them* consultations disclosed a high

prevalence of childhood abuse and/or exposure to violence, with 84% indicating they had experienced physical violence, 61.4% sexual violence and 82.6% witnessed physical or emotional violence in their home.<sup>34</sup>

***Substance use and substance-related***

***harm:*** From 2021 to 2022, national youth substance use data was collected after several years of pandemic interruption. Among Nova Scotia youth in grades 7-12, 39% of respondents reported having consumed alcohol in the previous 12-months. High-risk drinking, consisting of more than five standard drinks on a single occasion, was reported by 20.8% of youth. The Canadian Student Tobacco and Drug Use Survey (CSTADS) data report that the average age of first drink of alcohol has decreased to a younger age of 13.1 years old from 13.4 years in the previous cycle, collected in 2018-19. Further, youth who identified as Transgender/Gender Diverse or Questioning reported using alcohol for the first time at the young age of 12.4 years.<sup>35</sup>

**In Nova Scotia, there is a culture of alcohol use that is influenced by marketing, sponsorship, and promotion of heavy episodic drinking.**

This has been largely unchanged since 2007 when a department within the provincial government had an Alcohol Strategy.<sup>36</sup> **The heavy use of alcohol is strongly associated with family conflict, intimate partner violence,**

**child abuse and neglect, and violent crimes, including sexual assault.**<sup>37</sup> The younger the age of the youth when they start using substances, and the heavier or more frequent their use, the higher the risk for substance use disorder and harms later in life.<sup>38</sup>

Substance use among children and youth is complex. As described in both the research and the *Hearing Them* report, many intersections can perpetuate or protect one from future harms associated with substance use. These include the surrounding environment, family and peer relationships, experiences of abuse and trauma, the need to escape or survive, and social factors such as unstable housing and poverty.<sup>39</sup> Unlike all other regulated substances (Cannabis, Tobacco, and Vaping Products), **currently, Canada does not have a federal alcohol act in place to protect the health and well-being of children and youth.**

***Lack of Belonging and Social***

***Exclusion:*** Meaningful connections with self, family, friends, community, and supportive surroundings, deeply impacts children and youth's overall well-being and ability to thrive. Belonging is a fundamental human need that is achieved by participating in lasting, stable, and positive, interpersonal relationships.<sup>40</sup> Research has found that various factors within a family, including single-parent families, poor relationships between parents

and/or parent and child, dysfunctional family dynamics, and a lack of family cohesion can lead to increased risk of exploitation for young people.<sup>41</sup>

It is also important to mention that **there is a financial expense associated with children and youth's ability to participate in society, and those costs can be exclusionary and have major impacts on belonging** – this includes sports and recreation, birthday parties, and travelling to events and activities.

In 2018-2019, 61.7% of Nova Scotia students in grades 6-10 indicated they do not feel they have high family support.<sup>42</sup> Lack of family support is a significant risk factor in several health and social outcomes; for example, research indicates that youth experiencing homelessness reported their inability to connect with their parents as a significant reason for why they left home.<sup>43</sup>

According to the most recent Canadian-based Trans Health survey at the time of the *Hearing Them* Report, more than 1 in 4 trans youth aged 14-18 reported they had run away from home in the past year, and this was much more likely among those who had reported a history of physical or sexual abuse; the numbers were higher in Atlantic Canada.<sup>44</sup>

While children and youth spend many of their waking hours in school, 24% of

Nova Scotia students from grades 4-12 report feeling they do not belong.<sup>45</sup> One in five students in Nova Scotia in grades 4 to 12 said they felt unsafe or threatened at school due to their mental health, their marks in school, the way they speak and their family's financial status.<sup>46</sup>

**Discrimination and systemic racism in schools are incredibly harmful and reduce the sense of belonging. Notably, there has been increased violence in schools across Nova Scotia coupled with intensified political discourse surrounding trans youth. This reduces the inclusivity of school spaces and directly makes youth and their families feel unsafe.**<sup>47</sup>

School completion is a protective factor for many components of life and several studies have determined that a low-level educational achievement, or dropping out of school, significantly correlates to CSEC victimization.<sup>48</sup> Of the *Hearing Them* participants, 38% indicated they had not completed high school.<sup>49</sup>

**Online Environments:** The internet is widely used by children and youth to communicate and seek connection with others. Online participation has increased and intensified since the initial closure of schools and other facilities where children gathered, due to the COVID-19 pandemic. Some online interactions that increase the risk for CSEC can include meeting

strangers online, publicly sharing personal life details, and exchanging personal intimate photos and videos.

**As the children and youth of Nova Scotia increasingly engage with the online world, the risk of online luring, grooming, and exploitation increases.**

Perpetrators of CSEC seek out and engage with children and youth on social media platforms, online games, and streaming video sites.<sup>50</sup>

Perpetrators are typically adults who seek out popular social media platforms to identify children and youth with the intent to groom them for eventual exploitation.

For some children and youth, violent online pornography is their first or only exposure to sexuality and observing these acts influence their expectations of future sexual activity.<sup>51</sup> Viewing violent pornography that includes aggressive themes is associated with an increased risk for youth relationship violence.<sup>52</sup> Additionally, emotional, social, and health outcomes are negatively impacted for children and youth who are exposed to extremely violent pornography. Exposure to mainstream pornography is now associated with aggressive sexual behaviour when pornography includes violent themes.<sup>53</sup>

The necessity of online engagement for entertainment, education, connection, and socialization remains, despite the risks of connecting online. Further

measures to increase safety online and reduce exploitation risks are ongoing, and Nova Scotian organizations have shared feedback to revise existing legislation for improved online safety.<sup>54</sup>

**Systemic Racism, Discrimination and System Involvement:**

The history of colonization has tremendously impacted the land, the people who share it, and the systems that shape how and where people live, learn, work, play, and grow.

**Oppression, racism, discrimination, and systemic barriers contribute to inequitable conditions that increase a person's risk for poor health outcomes including exposure to violence and exploitation.**

Individuals and communities impacted by colonization, systemic racism, and discrimination (including discrimination based on gender and sexuality) are disproportionately represented in the *Hearing Them* data.<sup>55</sup>

**Systemic and Structural Racism** are forms of racism that are widespread and deeply embedded in systems, laws, and policies, and are entrenched in practices that create and reinforce unfair conditions, unfavourable circumstances, and oppression.<sup>56</sup>

Specific to Nova Scotia, the reports on *the Restorative Inquiry for Nova Scotia Home for Colored Children*,<sup>57</sup> the stories of the relocation of Africville,<sup>58</sup> and the

review on the street checks for black men in the Wortley Report<sup>59</sup> outline examples of current and historical systemic racism. The impact and outcome of racism is reflected in the social indicators; in 2022, the Nova Scotia poverty rate for children who are racialized (29.5%) was almost double the rate for non-racialized children (15.8%).<sup>60</sup>

***The Impacts of Colonization*** can be understood through the report *Reclaiming Power and Place: National Inquiry on Missing and Murdered Indigenous Women and Girls*,<sup>61</sup> which includes testimony from family members and survivors of violence who spoke about “a surrounding context marked by multigenerational and intergenerational trauma and marginalization in the form of poverty, insecure housing or homelessness and barriers to education, employment, health care and cultural support. Experts and Knowledge Keepers spoke to specific colonial and patriarchal policies that displaced women from their traditional roles in communities and governance and diminished their status in society, leaving them vulnerable to violence”.<sup>62</sup>

***Discrimination based on gender and/or sexuality*** can have a deep impact on the well-being of children and youth, and it is documented that 2SLGBTQIA+ populations experience worse health outcomes than those who identify as cisgender and

heterosexual.<sup>63</sup> These worsening health outcomes due to discrimination can be connected to issues with housing, income, employment, and access to appropriate healthcare.<sup>64</sup> “The key reasons for these differences stem from the long-standing stigma, discrimination, and social exclusion associated with diverse sexual orientations and diverse gender identities in a heteronormative world”.<sup>65,66</sup>

In many reports,<sup>67</sup> identifying as female is noted as a risk factor. The data from the *Hearing Them* participants clearly outlined that people who identify as female are significantly disproportionately subjected to exploitation and trafficking. Though boys, men, and individuals identifying as 2SLGBTQIA+ are also targeted, those identifying as female face a disproportionate level of risk.<sup>68</sup>

However, it must be clearly noted that this risk factor is not that an individual identifies as female, rather **it is the inequitable conditions which create situations and circumstances where people identifying as females are devalued and disproportionately targeted. These conditions are deeply buried in the fabric of the culture and society, and it is these inequitable conditions that are far more impactful than one’s gender.**

As noted in a YWCA paper on understanding human trafficking, there

is a great need to explore and examine historical context to truly address the complexity of human trafficking with a preventative lens. “Problems with a legacy of colonization, gender and racial inequity, patriarchal politics, business and wealth, the objectification of women, gender-based violence, poverty and traumatized communities and people, all intersect with CSEC and human trafficking specifically”.<sup>69</sup>

**Furthermore, toxic masculinity which plays a pivotal role in the culture and societal norms has perpetuated and upheld gender-based violence. This is built on patriarchal values and is continually supported by influential factors such as mainstream media.**

Addressing this multifaceted issue requires a comprehensive understanding of the conditions and surroundings that fuel the normalization of gender-based violence and exploitation.

**System Involvement: Child Protection, Foster Care, Youth Justice System:**

The literature outlines that involvement in these systems are risk factors for exploitation or trafficking. The research is unclear whether it is the experience of involvement with the systems themselves that increases vulnerability, or whether the vulnerability stems from an individual's life circumstance which led to their individual's initial placement in the system. The more likely conclusion is that the risk for vulnerability is not one

or the other, but rather a combination of both.

**What is clear is that systemic racism and colonialization have compounded issues, and specific communities are over-represented in the child protection, foster care, and justice systems.**

This creates intersecting risks which exponentially increases vulnerability to sexual exploitation. More global and local research and understanding of these specific intersections is needed.

From the *Hearing Them* report, 42% of the participants with lived experience in the sex industry in Nova Scotia indicated that they had been involved in either the Child Welfare System or Mi'kmaq Family Services as a child or youth, and 20% indicated previous incarceration at a youth detention centre.<sup>70</sup> Those percentages rose when looking specifically at the African Nova Scotian and Indigenous populations.<sup>71</sup>

**The experience of undiagnosed or untreated trauma due to life experiences prior to, during, and after transitioning from system involvement needs to be highlighted and underscored as an area that needs deep investment and support. This support also needs to prioritize dismantling barriers to accessing trauma counseling and support services for populations who experience systemic discrimination.**

## **What can be done to address the CSEC risk factors in Nova Scotia?**

The surroundings and conditions where children and youth live, learn, play, and grow can create vulnerability to sexual exploitation.

There is a correlation between the underperformance of child and youth health and well-being indicators and Nova Scotia's high levels of trafficking and sexual exploitation.

The UN Convention on the Rights of the Child, to which Canada is a signatory,<sup>72</sup> states that children have a right to be protected from violence, abuse, neglect, exploitation, and discrimination. Canada has an obligation to provide children and youth with their social determinants of health. When children and youth's basic needs are met their risk for exploitation decreases.

Nova Scotia has made many advancements in responding to CSEC, predominantly with criminal justice approaches (detecting and prosecuting perpetrators),<sup>73</sup> and through the development of the *Trafficking and Exploitation Support System (TESS)*. The TESS partnership coordinates awareness, survivor support, and advocacy.

When addressing criminal activity, supporting victims and survivors is essential; to effectively prevent the

high rates of CSEC at a population level, a multi-dimensional population health approach that includes actions across the entire prevention continuum is necessary.

A prevention continuum aims to comprehensively address exploitation before, during, and after it occurs by incorporating primordial, primary, secondary, and tertiary prevention strategies.<sup>74</sup>

Primordial prevention targets the risk factors that place children and youth at risk.<sup>75</sup> Primary prevention involves things such as proactive measures to prevent trafficking and early intervention during warning signs before exploitation. Secondary prevention includes screening and early identification of trafficking in its initial stages. Tertiary prevention is implemented after exploitation has occurred, aiming to reduce the long-term impact of trafficking on the health and well-being of survivors.

Currently, efforts to address CSEC predominantly focus on secondary or tertiary prevention. It is crucial to emphasize the implementation of primordial and primary preventative actions to enhance the overall effectiveness of anti-exploitation measures.<sup>76</sup> (See Figures 2 and 3 for



more details on prevention and cycles of exploitation).<sup>77, 78</sup>

Global literature suggests that **to effectively reduce the high rates of trafficking and prevent CSEC, a population health approach that fundamentally addresses the risk factors for being trafficked or sexually exploited is required.**

At the time of this report, there were very few resources documenting what a population health approach for human trafficking might look like and how it could be applied, and none that specifically focused on a population health approach to addressing commercial sexual exploitation of children and youth.

Literature/Foundational Document Review

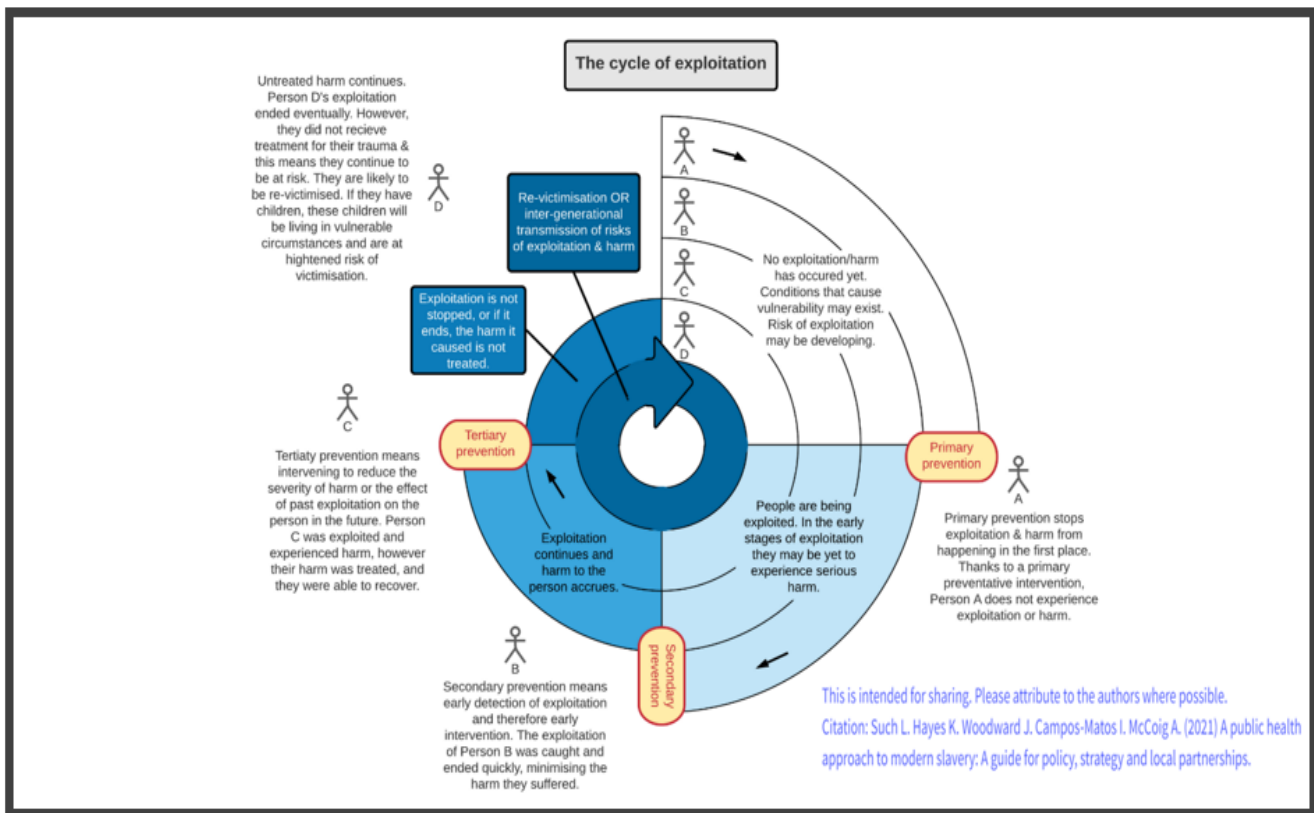
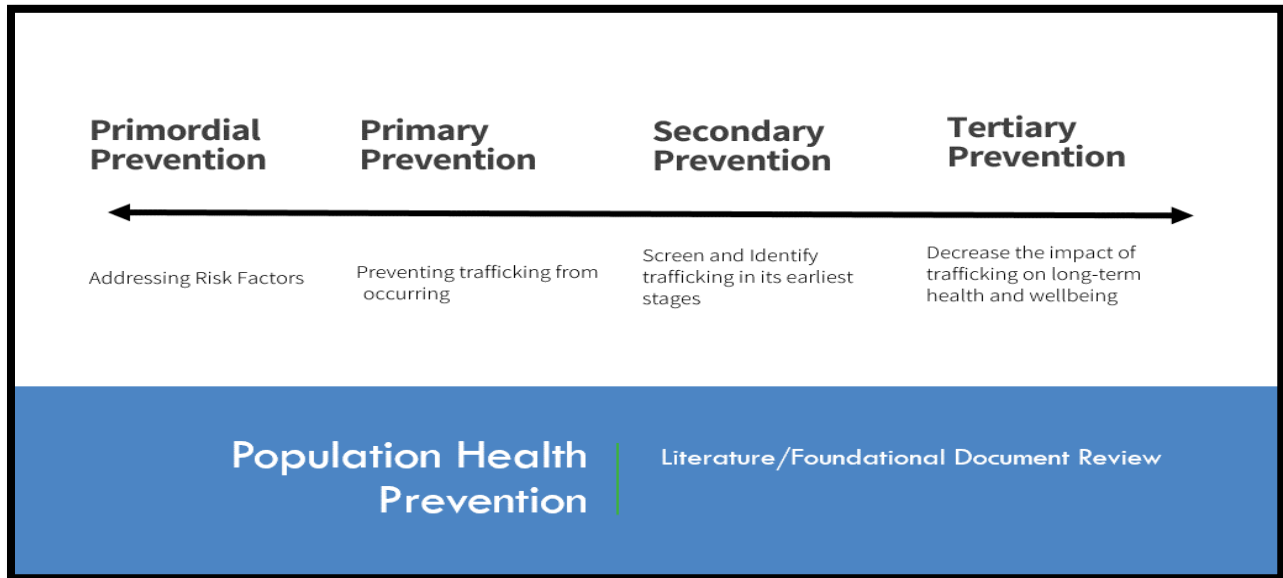


Figure 2: The cycle of exploitation - prevention opportunities



**Figure 3: Population Health Prevention Continuum**

## What is a Population Health Approach?

Although there is not one universally adopted model for a population health approach, the underlying concepts and steps are widely shared. A population health approach focuses on improving the health status of the population and considers the full range of factors that influence well-being. These approaches entail organized, multidisciplinary strategies designed to impact entire populations.

The commercial sexual exploitation of children and youth not only violate children's rights but also presents a significant public health concern that demands attention. The widespread impacts of human trafficking and sexual exploitation on the health and well-being of populations underscore

the necessity of adopting public health approaches for prevention.<sup>79</sup> Addressing CSEC through a public health lens provides a strategic opportunity to synchronize efforts across various sectors. The approach has gained prominence as a promising framework for planning at the national, provincial, and local levels, acting as a unifying force that integrates existing frameworks into a child-centred perspective.<sup>80</sup>

Effective strategies for improving health must encompass the social determinants of health (SoDH). These are the social conditions that interact to influence one's health and well-being, and the circumstances under which people are born, grow up, live,

work and age.<sup>81</sup> In a report by the World Health Organization,<sup>82</sup> it was clearly outlined that the “unequal distribution of health-damaging experiences is not in any sense a ‘natural phenomenon but is the result of a toxic combination of poor social policies and programs, unfair economic arrangements, and bad politics”.<sup>83</sup>

The WHO Commission<sup>84</sup> proposes three overarching recommendations for action to improve the SDH, including:

- Improve daily living conditions.
- Tackle the inequitable distribution of power, money, and resources.

- Measure and understand the problem and assess the impact of action.

To be impactful, this population health approach to address CSEC should be evidence-informed, comprehensive, and multifaceted, grounded in the principles of social justice and equity, human rights, and evidence-based practice (Figure 4).<sup>85</sup> Evidence-informed practice acknowledges the impacts of historical factors like colonialism, systemic racism, discrimination, and violence.

## Public Health Approach Principles

Social Justice  
& Equity



Human  
Rights



Evidence-based  
Policy & Practice



Address the underlying social determinants of health



**Figure 4: CPHA's Public Health Approach Principles**

Many established population health approaches, frameworks, and concepts within public health practice have been instrumental in shaping the foundation of a population health approach for CSEC in Nova Scotia. These foundational pieces include Georgia State University Law Review's *The Public Health Approach to Human Trafficking Prevention* (United States),<sup>86</sup> The Center for Disease Control and Prevention's *Public Health Approach to Violence Prevention* (United States),<sup>87</sup> Dr. Elizabeth Such et al.'s *Modern slavery and public health's: a rapid evidence assessment and an emergent public health approach* (United Kingdom),<sup>88</sup> Canadian Public Health Association's (CPHA) *Conceptual Framework for Public Health*,<sup>89</sup> and Canada's approach to human trafficking which has been guided by UN Convention against Transnational Organized Crime and its supplemental Protocol [Palermo Protocol] to Prevent, Suppress and Punish Trafficking in Persons, especially women and children.<sup>90</sup> Canada's *National Strategy to Combat Human Trafficking 2019-2024* is organized around five broad pillars: 1) prevention of trafficking, 2) protection of victims; 3) the prosecution of offenders, 4) working in partnership with others, and 5) empowerment to enhance support and services to victims affected by this crime.<sup>91</sup>

These foundational documents have given rise to a common set of five steps constituting a population health approach. The approach involves:

**(1) Defining the Problem:**

Comprehending, defining, and monitoring the given issue through systematic surveillance and evidence-gathering at a population level. This includes framing the problem as a complex system.

**(2) Determining Underlying Vulnerability:**

Identifying risk and protective factors through risk assessments and research. This entails collating data and evidence to understand what works and what happens in each context.

**(3) Designing, Implementing, Evaluating, and Revising Strategies:**

Developing, executing, assessing, and refining prevention and protection strategies.

**(4) Scaling-up through Multi-Agency Partnerships:**

Collaborating to expand successful programs and ensure widespread implementation with the support of multi-agency partnerships.

### **(5) Equity, Social Justice, and Human Rights:**

Incorporating evidence-informed decision-making to address the social determinants of health. This step emphasizes the importance of fostering fairness, justice, and human rights in the pursuit of improved population health outcomes.

These concepts, coupled with a pronounced emphasis on prioritizing the rights of children, form the cornerstone for shaping the development and execution of a population health approach. This approach is accompanied by a comprehensive compendium of actions, collectively serving as the initial framework to address the issue of commercial sexual exploitation of children and youth in Nova Scotia.

#### ***Notable Models and Mentions:***

Researchers and advocates around the globe, including places within Canada and Australia, are making strong cases to move from the current focus on criminal justice efforts and towards complementary public health approaches.<sup>92</sup>

In the United States (US) and the United Kingdom (UK), efforts are underway to incorporate population/public health approaches

to address human trafficking (US) and modern-day slavery (UK) – both of which include elements of CSEC.

Ontario's Peel and Toronto Region's, as well as the Government of Alberta, are examples in Canada where there have been impressive strides made in coordinated invested actions on human trafficking. For example, the new *Toronto Region's Multisector Community Approach to Child Sex Trafficking Protocol and Resource Toolkit*,<sup>93</sup> which provides an in-depth understanding of opportunities to improve service delivery and coordination.

Over the past few years, Canada and Nova Scotia have produced several inquiry reports calling for investment in better approaches to addressing violence, safety, health, and well-being. These models have had an impact on shaping this population health approach for Nova Scotia and have informed the actions in the attached compendium (See Part 2 of this document).

#### ***United Kingdom:***

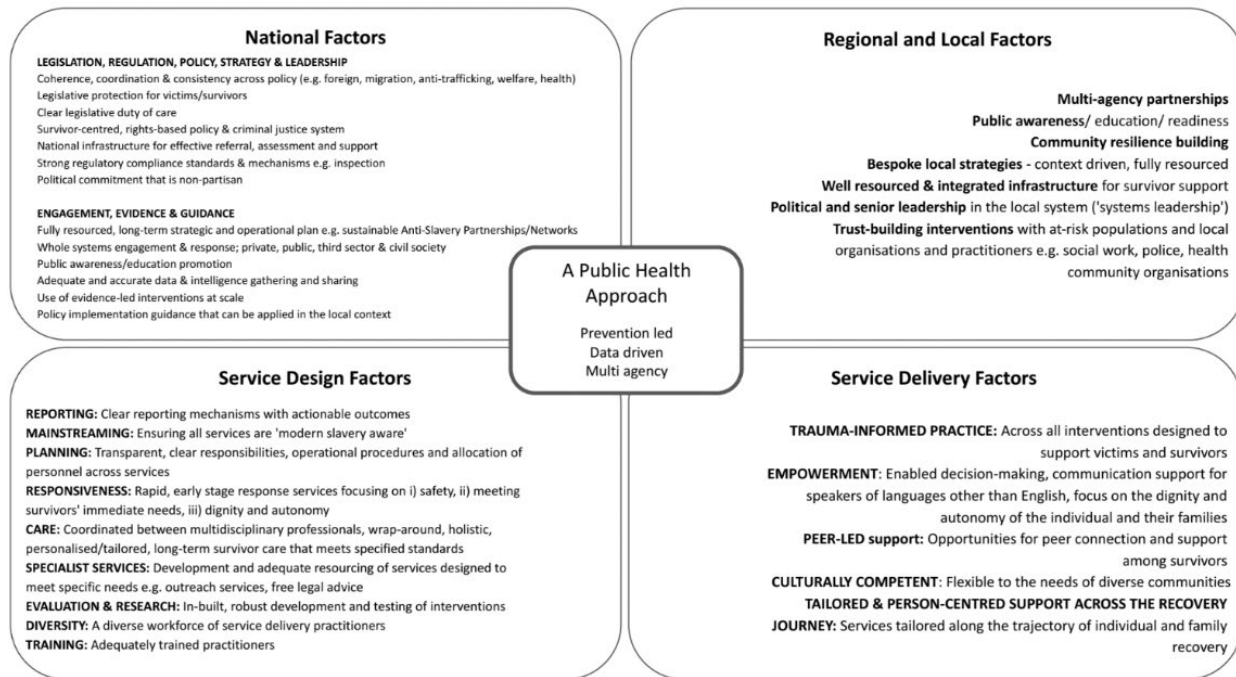
The initial research on a public health approach to modern slavery in the UK has gained momentum and they have developed a model that can be considered for adaptation in other countries.<sup>94</sup> Workshops were conducted with Public Health England and partners to develop a refined

public health approach to address modern slavery (Figure 5).<sup>95</sup>

*The Public Health Framework for Addressing Modern Slavery.*<sup>96</sup> consists of four domains: national factors, regional and local factors, service design factors, and service delivery factors. National factors comprise legislative protection, consistency across policy, and evidence-led interventions at scale. Regional factors include considerations such as multi-agency partnerships, public education, and community resilience building. Service design factors incorporate

themes such as responsiveness, diversity, and training. Service delivery factors address themes such as empowerment, trauma-informed practice, and peer-led support.

The model offers opportunities for practical application as it is an umbrella framework that can guide policy, strategy, and practice. It is a model that sets high aspirations for the modern slavery response in the UK and could be applied to similar population health approaches in other jurisdictions.<sup>97</sup>



**Figure 5: UK’s Public Health Approach to Modern Slavery and Its Components**

## The United States:

The National Human Trafficking Training and Technical Assistance Center (NHTTAC) for the United States acknowledges that a public health approach to human trafficking would complement a criminal justice approach to preventing and ending human trafficking (Figure 6).<sup>98</sup> NHTTAC has a few goals when applying the public health approach to human trafficking.

One goal of this model is to improve the trauma-informed response by linking those who have been trafficked with specific supports and programs. The second goal is to prevent the recurrence of CSEC victims by providing people with increased risks assistance and enhancing survivors' health and well-being. This model seeks to address underlying risk factors making people, families, and communities vulnerable to trafficking.



**Figure 6: Intersection of a Criminal Justice Framework and Public Health Framework**

Georgia State University Law Review published Jordan Greenbaum's *Public Health Approach to Trafficking Prevention* in 2020 which provides a well-researched, succinct report comprising three important sections:

- 1) An overview of Human Trafficking, inclusive of commercial sexual exploitation
- 2) The Public Health Approach to Human Trafficking, and;
- 3) How Can Legal Professionals Contribute to Prevention?<sup>99</sup>

The paper also identifies and acknowledges promising evidence-based practices and movement towards anti-trafficking policies, such as the American Public Health Association's issued statement calling for research on human trafficking, health care professionals incorporating prevention strategies into their primary care work, providing resources to address patient and family vulnerability, and including screening for exploitation. Greenbaum's report highlights promising prevention programs targeting girls at risk for CSEC. For example, the Boston-based "My Life My Choice Program", or programs that focus on potential traffickers and buyers. Another example provided was the Chicago Alliance Against Sexual Exploitation's provision of a school-based curriculum for adolescent boys to challenge views on masculinity and healthy relationships.

Program ideas that target community vulnerabilities, and national laws which address prevailing cultural norms that condone trafficking, including the sexual objectification of girls and women, male gender roles emphasizing dominance and sexual prowess, homophobia, and xenophobia are also mentioned.<sup>100</sup>

In February 2024, the United States Government department of Health and Human Service released the prevention framework "A Public

Health Approach to Preventing Human Trafficking".<sup>101</sup> The National Human Trafficking Prevention Framework primarily includes established concepts of violence prevention to outline strategies and approaches that can help develop and enhance human trafficking prevention efforts.

The prevention framework is grounded in a public health approach and recognizes the complexities of individual, relational, communal, and societal variables which contribute to the underlying factors that increase risks for violence, including human trafficking.

To effectively address this public health issue that impacts individuals, families, and communities across generations, the prevention framework encourages collaboration among diverse sectors.

The framework provides methods to strengthen prevention efforts at primary, secondary, and tertiary levels to stop human trafficking before it occurs, reduce its impact, mitigate lasting effects, and prevent it from recurring. Guiding principles include Equity and Inclusivity, Evidence-Based Approaches, Multidisciplinary Collaboration, Person-Centered Approaches, and Two-Generation/Whole Family Approaches. These principles are guiding each strategy and approach within the

prevention framework to enable the development of human trafficking prevention initiatives which support children and adults concurrently.<sup>102</sup>

Other notable mentions from the United States include the State of Texas's House Bill (HB) 2059, 86th Legislature, 2019, which requires the Texas Health and Human Services Commission to approve, post and update training courses on human trafficking, including at least one that is free of charge.

Human Trafficking Training Standards are adapted from a comprehensive and evidence-based training assessment tool created by Health Education Advocacy Linkage (HEAL) Trafficking and the Laboratory to Combat Human Trafficking. The assessment tool has been widely accepted as a gold standard of training criteria.

As of September 1, 2020, the completion of an approved training course has been mandated as a condition for registration, permit, or license renewal for certain healthcare practitioners.<sup>103</sup>

### **Canada:**

In Canada, public and population health approaches to addressing human trafficking are still burgeoning. An academic paper by Recknor, Di Ruggiero and Jensen (2022),

*Addressing Human Trafficking as a Public Health Issue.*<sup>104</sup> was written with the intent to catalyze discussions in Canada and globally on making the case for what public health and health promotion can offer the emerging anti-trafficking field from improved surveillance, healthy public policy, and prevention programming. While conversations are still developing, there are many examples across Canada of promising practices and dedicated investments.

The Peel Region in Ontario has been championing work on human trafficking in their area for some time. In June 2018, the Peel Regional Council endorsed a three-year pilot for the report, A Strategy to Address Human Sex Trafficking in Peel Region. In June 2022, the program was designated permanent.

This strategy aligns with the Province of Ontario's Anti-Human Trafficking Strategy. Specifically, the objectives of Peel Regions' strategy are to increase awareness and coordinated access to dedicated and dignified services to victims, survivors, and those at risk of sex trafficking in Peel. The implementation and oversight of the strategy involves a systems-based approach with cross-sectoral collaboration led by Peel Region staff, a committee, and a task force that is comprised of various representatives from organizations in Peel and the Greater Toronto Area, including

Indigenous, education, employment, legal, health and social services sectors.

Alberta has developed a *9-point Action Plan*<sup>108</sup> to combat human trafficking to protect at-risk individuals from being trafficked in Alberta. The plan includes:

1. Adopting the 2002 Palermo Protocol definition;
2. Establishing a provincial human trafficking task force to coordinate action;
3. Increasing efforts to educate the public and report tips to the new National hotline;
4. Training judges, prosecutors, and first responders including police, nurses, and doctors;
5. Ministry of Labour providing information to Temporary Foreign Workers in Alberta about their rights;
6. Collecting and sharing better data on human trafficking as part of the National Action Plan;
7. Naming and shaming traffickers;
8. Lobbying the federal government to strengthen penalties against human traffickers (Bill C-452), and;
9. Introducing legislation to establish a process for restraining orders and, torts and

to proclaim a Human Trafficking Awareness Day.

In addition, Alberta is creating free e-learning courses for various groups and agencies working on human trafficking. Alberta is the first province in Canada with a dedicated human trafficking task force.

***Reclaiming Power and Place: The National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) Calls to Justice:***<sup>109</sup>

The MMIWG Calls to Justice identifies four pathways that need to be addressed to end the violence Indigenous Women and Girls continue to face. These pathways are 1) historical, multigenerational, and intergenerational trauma, 2) social and economic marginalization, 3) maintenance of the status quo and institutional lack of will; and 4) ignorance of the agency and expertise of Indigenous women, girls and 2SLGBTQIA+ people. Many of the calls to justice speak directly to population health approaches to safeguard Indigenous women, girls and 2SLGBTQIA+ people from exploitation and trafficking. The compendium of actions in part 2 of this report is aligned with the MMIWG Calls to Justice.

**Count Us In Nova Scotia's Action Plan in Response to the International Decade for People of African Descent 2015-2024:**<sup>170</sup>

The Count Us In report outlines specific actions and priorities to help the government end the many challenges facing African Nova Scotians. The report is built on three pillars: **recognition** (understanding history, celebrating heritage, combating racism); **justice** (supportive and culturally relevant family and community services, redressing historic injustice, and access to fair and equitable justice systems); and **development** (creating healthier and more prosperous communities). These pillared areas have important actions that are critically aligned to addressing the root causes of vulnerability and exploitation for African Nova Scotians.

**Nova Scotia's Mass Casualty Commission Report:**<sup>171</sup>

In response to Nova Scotia's 2020 Mass Casualty, the joint federal/provincial public inquiry was established to provide meaningful recommendations to make communities safer in the future. In particular, the report's third volume on violence shines a light on the root causes of violence in Nova Scotian communities and makes recommendations on how they can be addressed. Recommendation 16 (V.16) specifically speaks to shifting to preventative responses and addressing poverty and oppression:

*"V.16: Prioritize women's safety in all strategies to prevent, intervene in, and respond to gender-based violence and in those designed to support recovery and healing. (b) **Governments should shift priority and funding away from carceral responses and toward primary prevention, including lifting women and girls out of poverty and supporting healthy masculinities.** (c) Governments should take steps to ensure women are resourced so they can stay safe and find paths to safety when they are threatened, including by lifting women and girls out of poverty with a focus on marginalized and oppressed women and women living in precarious situations. (d) Governments should employ restorative approaches in cases where a woman-centred approach is maintained, and survivors are adequately supported and resourced."*

**Nova Scotia's Restorative Inquiry into the Home for Colored Children:**<sup>172</sup>

Nova Scotia's Restorative Inquiry into the Home for Colored Children was the first inquiry in Canada to take on a restorative approach and to be community-led. It established several critical recommendations based on learnings from systemic and

institutional based racism and harm. From the restorative inquiry emerged the calls for a shift to human-centred systems and structures, increased understanding of systemic racism, integrated systems of care, and the need for a Children and Youth Commission.

## Methodology for Drafting a Population Health Approach *A Collaborative Journey:*

**Review of evidence and defining the problem:** The journey started as a response to the 2022 Hearing Them: Exploring Risks and Vulnerabilities paper.<sup>113</sup> The IWK Health Mental Health and Addictions Health Promotion Team, a member of the TESS partnership and co-authors on the *Hearing Them* report embarked on a journey to facilitate the draft development of a population health approach to address CSEC in Nova Scotia.

In September 2023, the IWK Health Mental Health and Addictions Health Promotion Team welcomed a Master of Public Health candidate on board, demonstrating increased priority, dedicated time, and focused attention to the critical issue of commercial sexual exploitation of children and youth.

This strategic direction and concentration involved conducting a swift evidence assessment of literature, aimed at further enhancing the foundational understanding of risks and vulnerabilities identified in the three Hearing Them reports, namely, 1) Risks and Vulnerabilities, 2) African Nova Scotian Experiences, and 3) Stigma. The review of the literature also identified several public health frameworks to guide the process. A thorough jurisdictional scan was conducted to identify similar public health or prevention models.

## Multi-Agency Partnerships:

Concurrently with the collection and review of evidence, there were deliberate efforts to establish connections with diverse community partners and networks actively involved in delivering services, providing support, or advocating for efforts related to CSEC. **These initial connections generated momentum to launch into the second step of mobilizing and collaborating with community partners and health colleagues.**

Key partners from the community, frontline services and government systems with diverse perspectives and expertise were invited to participate and collaborate in the development of the population health approach. **Partners were originally selected from TESS membership and key government and health sector**

**colleagues with an interest in the work. From there, a snowballing approach was used to build participation in the work.**

**Designing and revising prevention and protection strategies:** Partners were invited to participate in three 90-minute, virtual, semi-structured and interactive working group sessions. The sessions consistently followed the same design and scaffolded learnings from one session to the next.

Each virtual workshop started with an introduction to the working group session goals, background material/evidence, a recap of the previous session and next steps. After this, partners moved into a space for interactive collaboration using Google jam-boards. All participants were provided with a survey link to respond to questions to support guiding the subsequent working session. After each session, the IWK Mental Health and Addictions Health Promotion team systematically compiled and organized the submissions, synthesizing themes and integrating the gathered data and discussion points into a preliminary draft of the population health approach document.

Between each working session, one-on-one meetings and/or email touch points were set up with partners to further inform targeted next steps and identify other potential collaborators,

community needs, evidence, and literature. The overall objectives of these three virtual working sessions were to build momentum for a population health approach to address CSEC, to introduce a framework model, and to expedite the co-creation of a first draft population health approach for Nova Scotia. These workshops and the final presentation spanned a four-month period from September – December 2023.

85 key partners and collaborators, representing a variety of communities, organizations, and government departments/systems, participated in these working group sessions or one-on-one touch points.

A final presentation overviewing the collective development journey was held in conjunction with an opportunity for collaborators to validate the process, review the content, and help discern the next steps.

### ***Key Questions from each working session***

Consultative questions were posed within each interactive session with virtual breakout rooms to collaborate on an online “Google Jam-board” that could collect participants' responses.

*Working Group Session 1: September 27<sup>th</sup> 2023*

1. *What is currently being done to address the risks and vulnerabilities for CSEC in Nova Scotia (strengths/assets)?*
2. *What are the gaps in addressing the Risks and Vulnerabilities for CSEC in Nova Scotia?*

Following the meeting, the team collated and themed the responses and organized them on a prevention continuum to outline where actions are located among primordial, primary, secondary, and tertiary prevention. This collection of responses indicated that there were many gaps in the primordial and primary prevention components of the prevention continuum.

*Working Group Session 2: October 25<sup>th</sup>, 2023*

This session built upon the first and moved toward adapting the Framework developed by Dr. Elizabeth Such and colleagues. *The Public Health Approach to Addressing Modern Day Slavery* provides a factors framework to consider prevention actions at a National, Regional, Service Delivery and Service Design level. The participants were asked to identify key approaches and initiatives that are currently happening or need to be included in a population health approach to address CSEC in Nova Scotia across the various domain

factors from the framework model. This provided a thorough scan and review of what is being done to address the risk factors of CSEC and identified gaps and areas for opportunities.

*Working Group Session 3: November 22<sup>nd</sup>, 2023*

The final working session was designed to thoroughly include a public health lens as outlined by the CPHA framework with the public health framework principles. The participants were asked the following two questions:

1. How can we consider Social Justice and equity in our population health approach?
2. How can we consider Human Rights/Children's Rights in our population health approach?

Participants indicated interest in the need to have community-specific report recommendations included, such as the MMIWG Calls for Justice, recommendations from the Hearing Them paper on African Nova Scotian experiences, the Count Us in Report, and others. There were also recommendations made to ensure direct involvement from the community or persons with lived experience as the next phase in moving the draft documents forward.

*Final Presentation: December 5<sup>th</sup>, 2023*



The fourth session was a presentation of a draft of the population health approach based on the process, sharing, evidence and research responses up to that point. This document aimed to underscore the risk factors contributing to the likelihood of being exploited and the contextual conditions which increased

vulnerability. It further aimed to outline essential data and evidence, propose preventive measures targeting risk factors, highlight the value and significance of community partnerships, and advocate for a perspective rooted in social justice, health equity, and the social determinants of health.

## Next Steps

This population health approach is designed to be an opportunity for various organizations and departments to adapt as they develop their organizational strategies that encompass the wider-ranging actions across the prevention continuum.

The implementation actions from the compendium could not possibly be implemented by one organization or department alone, nor should they; these actions should be seen as an opportunity to collaborate on solutions to moving this work forward.

These solutions are also not exhaustive but suggested steps to build momentum. It is recommended to:

1. Review and process the information and recommendations in this document with colleagues and partners and identify opportunities to build these

actions into the ongoing and invested work.

2. Communicate with the lead authors of this report and provide feedback on further initiatives and information that can be added to ensure there are ways to collectively share and amplify the need for these actions.

The year 2024 and beyond presents several opportunities that could be leveraged to strengthen efforts to disseminate, align and implement actions that work to address CSEC in Nova Scotia. These opportunities and priorities include:

- Aligning with shared objectives outlined in the mass casualty commission report for Nova Scotia, which ignited a new provincial focus on prioritizing violence prevention and has important ties to community vulnerability and response.

- 2024 is the final year of the United Nations Declaration for the Decade of People of African Descent, which creates an opportunity to discuss what further possibilities and opportunities are ahead for these communities.
- 2024 is the final implementation year of the current National Strategy to Combat Human Trafficking and this presents some opportunity for Nova Scotia to highlight CSEC prevention actions in the renewed strategy.
- The Nova Scotia Government has engaged a consultant to lead work in 2024 on the government's Action for Health Solution Six to address social determinants of health. This presents another opportunity to highlight primordial prevention initiatives to tackle the root causes of CSEC.
- There are other ongoing projects such as a joint transportation plan or municipal consultations that enable all of us to bring these identified actions to these tables.
- Also, with an election period coming up in 2025, there is a possibility of embedding CSEC actions into campaign platforms and ultimately new mandate letters.

The work to address Commercial Sexual Exploitation of Children in Nova Scotia will continue to be an approach that is led by evidence, first voice, community partners and an opportunity to achieve lower rates and address the risk factors of CSEC in Nova Scotia.



## PART 2

## A Compendium of Actions to Address CSEC Risk Factors

In collaboration with partners, a compendium of evidence-informed actions/recommendations has been compiled as “**collective starting points**” for a population health approach to addressing commercial sexual exploitation of children and youth in Nova Scotia. Lessons learned from the research on *Refining the Public Health Approach to Modern Slavery*<sup>14</sup> suggests naming this work as a ‘population’ rather than ‘public’ health approach to ensure it remains broad across all systems and communities in the province, and not designated to a single public health department. These actions are not exhaustive and were drawn from or align to multiple sources.

As the development of the population health approach unfolded through partner collaboration and strategic conversations, several themes and/or risk factors were presented that require inclusion in the final iteration. These themes and risk factors were not necessarily at the forefront of the literature review nor the survey data from “*Hearing Them*” participants; however, there was significant mention within feedback and conversations and therefore these themes have been included in the compendium for actions. Discussions pertaining to

people with disabilities were mentioned in recognizing this population to have increased vulnerability for both experiencing risk factors and being targeted for exploitation. Further discussion unfolded on providing enhanced support and services for parents and caregivers, as this is protective for children, youth, and families. Several observations from the review of meeting notes and collaborative “Jamboard” sessions highlighted the need to specifically address the children and youth who are involved in the care of the province (for example foster or justice systems).

There is great understanding that children and youth who are living within these systems have enhanced risks for vulnerability to be exploited. Several key informants highlighted that the geographic locations where children and youth are in care of the province are specific targets for recruiters and traffickers and therefore extra surveillance and support are needed to protect these youth. Anecdotally, there was mention of the increasing exploitation of international students as they arrive in Nova Scotia during a time of housing and affordability crisis and find themselves in precarious situations and being



targeted by traffickers. Specific actions to address these individuals have been noted in the compendium of actions.

Given the prevention focus of this work, the actions provided in this compendium have been organized by specific priority risk factors for CSEC that need to be addressed. Each risk factor category includes suggested implementation actions across all four domains adapted from the UK-based *Public Health Framework for Addressing Modern Day Slavery* (National & Provincial Factors, Regional & Local Factors, Service Design Factors and Service Delivery Factors). The compendium also provides guidance as to which sectors might be involved in the implementation of the actions, the prevention level involved (primordial, primary, secondary, or tertiary) and the alignment the action has with other key provincial/national priorities.

This compendium was developed through a population health lens with the principles of social justice, equity and evidence-based policy and practice at the forefront. It is intended to be used to guide governments, organizations, or community partners to think about what might be possible when developing their own internal strategies, advocacy briefs, services etc. The compendium provides an opportunity to think across the prevention continuum and invest in

opportunities that target the risk factors which increase vulnerability for commercial sexual exploitation. This is not intended for one organization or department to take on in totality but rather provides a menu of actions for different sectors to tackle collectively to strengthen a population-based prevention-focused approach. Implementing these actions identified through this Population Health Approach is an important **collective starting point** for addressing commercial sexual exploitation of children and youth in Nova Scotia.

#### **Key for Compendium of Action Tables – Sector Partners:**

- CCTH = Department of Communities, Culture, Tourism and Heritage
- Community Services = Community Services general
- Education = Education sector general
- Health = Health sector general
- IWK = IWK Health
- Justice = Justice sector general
- LAE = Department of Labour and Advanced Education
- Municipal Affairs = Department of Municipal Affairs and Housing
- NSH = Nova Scotia Health
- OMHA = Office of Mental Health and Addictions
- SANE = Sexual Assault Nurse Examination

# Poverty

Children have the right to be the first to be protected from adverse economic conditions.<sup>115</sup> Poverty contributes to poor health outcomes and increases vulnerability to being exploited. Among people who participated in the *Hearing Them* consultations, there was an overwhelming indication that poverty and inability to meet the needs related to housing, food, substances (coping or dependence), and transportation increased their vulnerability to

commercial sexual exploitation of children and youth and prevents them from exiting.

By acting on efforts to reduce poverty and improve affordability, the risks for CSEC are lowered. People who no longer experience poverty are better able to meet their basic needs and are less vulnerable to exploitation in return for money or the commodities mentioned above.

## National & Provincial Actions – Poverty

(Legislation, whole-system engagement, coordination, data collection, evidence-led interventions, infrastructure, strategic plans)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
<b>Poverty: Income</b>				
1.1	Advocate for Bill S-233 - Act to develop a national framework for a guaranteed livable basic income a guaranteed (GLBI) program throughout Canada.	Federal and Provincial Governments	Primordial	<a href="#">MMIWG Calls for Justice 4.5</a> <a href="#">Mass Casualty Commission</a>  Call to action #13: <a href="#">An-Intersectional-Feminist-Housing-Agenda.pdf</a> <a href="#">(womenshomelessness.ca)</a>  <a href="#">S-233 (44-1) - LEGISinfo - Parliament of Canada</a>
1.2	Strengthen income supports by removing barriers and scaling funding to meet the depth of poverty experienced by women and gender-diverse people and their families.  Strengthening income	Federal and Provincial Governments  Community Services	Primordial	Call to action #4 <a href="#">An-Intersectional-Feminist-Housing-Agenda.pdf</a> <a href="#">(womenshomelessness.ca)</a>  Recommendation #2: <a href="#">Keys to a Housing Secure Future for all Nova Scotians</a>

	<p>supports should also include:</p> <ul style="list-style-type: none"> <li>• Increasing the number of hours and maximum earnings someone on Income Assistance is allowed to make.</li> <li>• Increasing the transportation dollars Income Assistance allows for people living in rural areas.</li> <li>• Review Income Assistance eligibility criteria and barriers for youth ages 16+.</li> </ul>			
1.3	Invest in a comprehensive, robust Poverty Elimination Plan incorporating an outcomes-based framework, with targets and timelines embedded in legislation, requiring regular reporting to the legislature. This will also serve to reduce food insecurity measures.	Provincial Government	Primordial	<p><a href="#">2022 Report Card on Child and Family Poverty in Nova Scotia- CCPA</a></p> <p><a href="#">2021 Ministerial Mandate Letters</a></p> <p><a href="#">Poverty Elimination Strategy Act (princeedwardisland.ca)</a></p> <p><a href="#">One Chance to be a Child Report</a></p>
1.4	Remove “failure to provide to the child adequate food, clothing or shelter” from the Children and Family Services Act and invest in preventing child apprehension by enabling families to provide for children’s needs.	Provincial Government Community Services	Primary	<p><a href="#">2022 Report Card on Child and Family Poverty in Nova Scotia- CCPA</a></p>
1.5	Enter into an agreement with the federal government to stop the removal of the Canada Child Benefit and other benefit programs for families whose child is in temporary care and custody. The new provincial <i>Financial</i>	Federal and Provincial Government Community Services	Primary	<p><a href="#">2023 Report Card on Child and Family Poverty in Nova Scotia - CCPA</a></p> <p><a href="#">2022 Report Card on Child and Family Poverty in Nova Scotia- CCPA</a></p>

	<i>Stabilization Payment</i> recognizes the hardship caused by this problem by instituting a universal payment of \$500 monthly per child to families with children in temporary care and custody (\$700 for those receiving the Child Disability Benefit).			
1.6	Eliminate the <i>Your Energy Rebate</i> and establish a Universal Service program that limits household expenditure to less than 6% of income for low- and modest-income households. Note the need for this program will be reduced or eliminated as energy retrofits take place.	Provincial Government Community Services	Primordial	<a href="#">Keys to a Housing Secure Future for all Nova Scotians</a>  <a href="#">UniversalServiceProgram_Dec2022.pdf (ecologyaction.ca)</a>
1.7	Ensure that the core and capital funding to non-profit organization sectors is at a level that allows them to pay staff a living wage, decent working conditions that allow for work-life balance and support the non-profit sector to access provincial benefits and pensions.	Federal and Provincial Government	Primordial	<a href="#">Keys to a Housing Secure Future for all Nova Scotians</a>  <a href="#">Determining Health: Decent work issue brief   National Collaborating Centre for Determinants of Health (nccdh.ca)</a>
<b>Poverty: Transport</b>				
1.8	Develop a plan for improving rural transportation that focuses on improved transportation movement and access needs for people identifying as women and girls.	Provincial Government Public Works	Primordial	<a href="#">Understanding and responding to the transit needs of women in Canada.</a> <a href="#">MMIWG Calls for Justice Action 4.8</a>
1.9	Enhance provincial government investment in a safe, reliable, connective, and affordable public transportation system across Nova Scotia. It is important to build transportation networks in rural areas	Department of Municipal Affairs Municipalities Joint Regional Transportation Agency	Primordial	<a href="#">Living wages in Nova Scotia 2023 update: Working for a living, not living to work (policyalternatives.ca)</a> TESS partnership CSEC Briefing Note to intergovernmental ADM table on CSEC <a href="#">Regional Transportation Plan-JRTA</a>

	where existing transportation models are underdeveloped, infrequently accessible, or non-existent.	Nova Scotia Federation of Municipalities		
<b>Poverty: Food Access</b>				
1.10	Invest in supporting equitable, local, sustainable, affordable food production and distribution. Position food as a universal human right.	Agriculture	Primary	<a href="#">Living wages in Nova Scotia 2023</a> <a href="#">Action for Health - Solution 6</a> <a href="#">JustFOOD – Action Plan for the Halifax Region</a> <a href="#">Milan Charter</a> <a href="#">Action for Health Solution 6</a>
1.11	Invest in a National Healthy School Food Program that aligns to the 8 principals of 1. Health Promoting, 2. Universal, 3. Cost-Sharing, 4. Flexible, 5. Committed to Indigenous control over programs for Indigenous students 6. A driver of community economic development, 7. Promoting of Food Literacy, 8. Supported by guidance and accountability measures.	Federal and Provincial Government Education	Primordial	<a href="#">Coalition for Healthy School Food   Canada</a>
<b>Poverty: Education &amp; Employment</b>				
1.12	Invest in making post-secondary education, both university and college, affordable or free and explore what a comprehensive tuition waiver program for equity deserving populations would entail.	Education Academic Institutions	Primordial	<a href="#">Living wages in Nova Scotia 2023</a> <a href="#">Atlantic Tuition Waiver Research</a>
1.13	Increase funding for the Youth Employment and Skills Strategy ensuring youth have access to high-quality education opportunities and jobs of the future.	Community Services	Primordial	<a href="#">Youth Development Initiative</a> <a href="#">A plan to support Canada's Youth in post-pandemic Recovery 2021- YMCA</a> <a href="#">Ivany Report</a>
1.14	Enact and implement legal amendments to prohibit worker/student-paid recruitment fees and	Federal Government Academic	Primordial	<a href="#">2022 Trafficking in Persons Report - United States Department of State</a>

	strengthen protections for temporary foreign workers in Canada.	Institutions		
1.15	Fund research and studies to better understand the relationship between resource extraction and other development projects and violence against Indigenous women, girls and 2SLGBTQIA+ in Nova Scotia.	Provincial Government	Tertiary	<a href="#">MMIWG Calls for Justice Action 13.4</a>
1.16	Continued examination and evaluation of equitable staffing models and policies, as well as addressing structural vulnerabilities to burnout, such as job precarity and economic insecurity to inform efforts to improve well-being.	Provincial Government	Primordial	<a href="#">Experiences of Harm Reduction Service Providers During Dual Public Health Emergencies in Canada: Substance Use in Canada (ccsa.ca)</a>  <a href="#">health-equity-framework.pdf (novascotia.ca)</a>
1.17	Advance public policy for recovery benefits for people living with disabilities and disability-related income support, such as the Canada Disability Benefit, which is grounded in the experiences of people living with or have lived with disability-related income supports.	Federal and Provincial Government	Primordial	<a href="#">A plan to support Canada's Youth in post-pandemic Recovery 2021- YMCA</a>
1.18	Build a high quality, early learning and childcare system that is child-centered, play-based, seamless (all day, full year), affordable and accessible.  Increase availability of childcare spaces to meet the needs of underserved areas.	Federal and Provincial Government  Community Services	Primary	<a href="#">Keys to a Housing Secure Future for all Nova Scotians</a>  <a href="#">Recommendations for Building an Early Learning and Child Care System in Nova Scotia   CCPA</a>  <a href="#">Not Done Yet: \$10-a-day childcare requires addressing Canada's childcare deserts (policyalternatives.ca)</a>
1.19	Permanently eliminate the 20-hour cap on work for international students so they can support	Federal Government	Primordial	<a href="#">Canadian Centre to End Human-Trafficking International Students Policy Brief</a>

	themselves while living in Canada.			
<b>Poverty: Health</b>				
1.20	Expand public health care: develop a multiyear plan for providing universal access to pharmacare, dental care, eye care and more community-based mental health and addictions services, ensuring fewer essential services are paid for by households.	Health	Primordial	<a href="#">Keys to a Housing Secure Future for all Nova Scotians</a> <a href="#">Living wages in Nova Scotia 2023</a> <a href="#">Action for Health – Solution 6</a>
1.21	Advocate for the government to enact Bill 73, the Free Birth Control Act, where no-cost prescription contraception is universally available to all Nova Scotians.	Health	Primordial	<a href="#">Nova Scotia Legislature - Bill 73 - Free Birth Control Act (nslegislature.ca)</a>
1.22	<p>Increase access to reproductive health services in communities across the province, including but not limited to, universal contraception and investment in the expansion of service locations offering pre- and post-abortion care services, as well as STI screening and treatment, IUD insertion/removal and Pap smears etc.</p> <p>Increase access to universal contraception.</p>	<p>Federal and Provincial Government</p> <p>IWK Health</p> <p>Nova Scotia Health</p>	Primordial	<a href="#">Roe v. Wade: Canada can respond to U.S. bans by improving access to abortion care here</a>  <a href="#">Federal Government Petition e-4516 - Petitions</a>

# Housing

Children have a right to be provided with an adequate standard of living which includes safe shelter. Housing is a human right as it is essential to well-being and overall health. All people need access to safe, secure, stable, and acceptable housing to thrive. When children and youth experience precarious housing or become unhoused, they are at an increased risk for exploitation in return for the provision of shelter. This is particularly common for youth who identify as female, and those who identify as part of the 2SLGBTQIA+ community and may have left their home for various reasons.

Exploitation in exchange for shelter or rent is common for youth who are

experiencing homelessness. This is often referred to as ‘survival sex’. Survival sex is sexual exploitation and sexual exploitation of children and youth is a crime. For youth who have been in foster care, the experience of multiple moves, “aging out” of care, and negative interactions in group environments contribute to homelessness, and therefore increase vulnerability to be exploited in exchange for meeting the basic need of housing. International students arriving in Canada for the first time and who find themselves unhoused or exposed to precarious housing arrangements are also at a heightened risk for exploitation.

## National & Provincial Actions – Housing

(Legislation, whole-system engagement, coordination, data collection, evidence-led interventions, infrastructure, strategic plan)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
1.1	Apply a consistent, income-based, national definition of affordable housing.	Federal Government	Primordial	<u>Federal Housing Advocate</u>  Call to action #9: <u>An-Intersectional-Feminist-Housing-Agenda.pdf</u> ( <a href="http://womenshomelessness.ca">womenshomelessness.ca</a> )
1.2	Advocate for a robust national supportive housing strategy focused on increasing social housing stock to bring Canada in	Federal Government	Primordial	<u>National Housing Co-Investment Fund and the Rapid Housing Initiative</u>

	line with the OECD average.			<p>Call to action #2:  <a href="#">An-Intersectional-Feminist-Housing-Agenda.pdf</a>  (womenshomelessness.ca)</p> <p><a href="#">Canadian Centre for Housing Rights 2023</a></p>
1.3	Implement all recommendations from the Nova Scotia <a href="#">charting-new-course-affordable-housing</a> .	Federal and Provincial Government Housing	Primordial	<a href="#">Nova Scotia Affordable Housing Commission Final Progress Report-august-2022</a>
1.4	Strengthen the intersectionality between CSEC, human trafficking and Housing Actions in Nova Scotia into the Nova Scotia Provincial Housing Plan, Our Homes, Action for Housing.	Provincial Government	Primary	<a href="#">Ministry Mandate Letter</a>  <a href="#">Provincial Strategy</a>  <a href="#">Our Homes, Action for Housing A five-year housing plan</a>
1.5	Consistently and more accurately collect data on hidden homelessness and all housing loss due to unaffordability in Canada. This data needs to be gender and race disaggregated.	Federal and Provincial Government Academic Institutions Community Groups Municipalities	Primordial	<a href="#">National Housing Strategy</a>  <a href="#">Canadian Centre for Housing Rights 2023</a>
1.6	Explore the possibility of enhancing and expanding the <a href="#">landlord rental registry registration</a> that prioritizes housing regulation tracking and enforcement to hold landlords accountable.	Municipalities	Primary	<p>Call to action #7:  <a href="#">An-Intersectional-Feminist-Housing-Agenda.pdf</a>  (womenshomelessness.ca)</p> <p>Chapter 8 recommendations:  <a href="#">Keys to a Housing Secure Future for all Nova Scotians</a></p> <p><a href="#">Preserving Affordable Homes in the Private Rental Market-Policy Brief-2024</a></p>
1.7	Support the establishment and long-term funding of Indigenous-	Federal and Provincial	Tertiary	<a href="#">MMIWG Calls for Justice Action 4.7</a>

	led low-barrier shelters, safe spaces, transition homes, second stage housing and services for Indigenous women, girls and 2SLGBTQIA+ people who are homeless, near homeless, dealing with food insecurity or poverty, and who are fleeing violence or have been subjected to sexualized violence and exploitation. These all must be appropriate for cultural needs and available close to where Indigenous women, girls and 2SLGBTQIA+ people reside.	Government Municipalities		<p>Call to action #1: <a href="#">An-Intersectional-Feminist-Housing-Agenda.pdf</a> (<a href="#">womenshomelessness.ca</a>)</p> <p><a href="#">Indigenous-Housing-Claim-June-14-2022.pdf</a> (<a href="#">womenshomelessness.ca</a>)</p>
1.8	Adopt and robustly resource a National Encampments Response Plan that is grounded in human rights and a gender-sensitive approach.	Federal and Provincial Government Status of Women	Primordial Primary	Call to action #8: <a href="#">An-Intersectional-Feminist-Housing-Agenda.pdf</a> ( <a href="#">womenshomelessness.ca</a> )
1.9	Monitor, evaluate, track, and report on the impacts and outcomes of federal housing investments, seeking to ensure intersectional gender equity and that federal investments go to those in greatest need. Ensure that affordable housing solutions address race, gender, class and ability, and others with intentional design choices and the removal of systemic barriers.	Provincial Government Housing Status of Women	Primordial	<p>Call to action #10: <a href="#">An-Intersectional-Feminist-Housing-Agenda.pdf</a> (<a href="#">womenshomelessness.ca</a>)</p> <p><a href="#">Keys to a Housing Secure Future for all Nova Scotians</a></p> <p><a href="#">MMIWG Calls to Justice 1.1, 4.1, 4.6, 18.25</a></p>
1.10	Incorporate universal design into <b>all</b> new social and affordable housing units.	Provincial Government Municipalities Housing Health Public Works	Primordial	<p><a href="#">Keys to a Housing Secure Future for all Nova Scotians</a></p> <p><a href="#">Universal Design Guide for new MURBs   CMHC</a> (<a href="#">cmhc-schl.gc.ca</a>)</p> <p><a href="#">Housing Series: Universal Design and Accessible Housing</a></p>
1.11	Ensure appropriate amount of funding and infrastructure are dedicated to diverse needs of youth including housing and supports for youth “aging out” of child welfare system and families with children.	Provincial Government Community Services	Primordial Primary	<p><a href="#">Keys to a Housing Secure Future for all Nova Scotians</a></p> <p><a href="#">A plan to support Canada's Youth in post-pandemic Recovery 2021-YMCA</a></p>

1.12	Advocate for Provincial and Municipal Governments to implement Recommendations 1-6 from the Keys to a Housing Secure Future document to bring more sites onto the market for affordable, supportive, and social housing.	Provincial Government Municipalities Housing Community Services	Primordial	Chapter 9 Recommendations 1-6 <u>Keys to a Housing Secure Future for all Nova Scotians</u>
------	--	--	------------	--

## Regional & Local Actions – Housing

(Multi-agency partnership, public awareness, education, community resilience building, Bespoke strategies, trust-building intervention)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Establish youth specific safe houses in different municipalities. Ensure accessible wrap around programs are expanded offering beds and services in multiple locations across the province.	Provincial Government Municipalities Non-Profits Health Justice	Tertiary	<u>Safe House Project   End Human Trafficking</u>  <i>local examples:</i>  <u>EFry's Girls Against Trafficking and Exploitation (GATE)</u>  and  <u>YWCA's NSTAY</u>
1.2	Commit long-term funding for a variety of transitional and permanent supportive housing specific to survivors of human trafficking through existing funded programs. For example: Peel Region's Housing Program: Bonnie McPhee Home (stay for up to six months) and Peel Transitional (stay for up to 2 years) and in development with community partners a first stage no-to-low barrier safe emergency beds where people can stay for a few hours to a few days to regroup even if they are not ready to commit to a safe house.	Provincial Government Community Services Municipalities	Secondary Tertiary	Reaching Home, the Rapid Housing Initiative, and the National Housing Co-Investment Fund.  <u>Peel Region: Human sex trafficking Housing Program</u>

## Service Design – Housing

(Responsive, reporting, mainstreaming, planning, coordinated care, specialist services, evaluation & research, diversity, training)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
1.1	Develop enhanced care programs during time in foster homes and provide ongoing follow-up and support for youth out of foster care systems to prevent the recruitment and/or pathways into exploitation.	Provincial Government Community Services Health	Primary	<a href="#">MMIWG Calls for Justice 12.14</a>  Executive Council Office and DCS led Human Centered Learning Journey – Let’s Care Collective project
1.2	Fund the transportation costs to support the return of human trafficking victims and survivors to shelters, including between Canadian regions.	Justice Community Services Transportation Private Sector Partners	Tertiary	Working Group Session
1.3	Organizations to support clients with creating dedicated pathways to stable housing for individuals exiting prisons, hospitals.	Federal and Provincial Government Municipalities Health Justice Community Services Housing	Secondary Tertiary	<a href="#">An introduction to Housing First - Housing First Europe</a>  <a href="#">Best Practice Guideline: How to Build Supportive Housing in Canada 2022</a>
1.4	Significantly increase trauma-informed specialized services and shelter available to all victims, including male victims and foreign national victims, throughout the country, in partnership with civil society and through ongoing dedicated funding from federal and provincial governments.	Federal and Provincial Government Municipalities Community Services Non-Profits	Tertiary	<a href="#">2022 Trafficking in Persons Report - United States Department of State</a>

## Service Delivery – Housing

(Empowerment, trauma-informed practice, peer-led support, tailored person-centred support across recovery, culturally competent)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
1.1	Scale up investments for peer navigators and community mobilization teams to support survivors of CSEC with navigating housing, education, health supports and systems.	Health Housing Education Non-Profit Organizations Municipalities	Secondary Tertiary	<a href="#">HRM Public Safety Strategy 1.1 and 2.4</a> <a href="#">MOSH</a>
1.2	Commit to providing \$145 million of COVID-era funding that is set to expire in September as annual ongoing funding to VAW emergency shelters across the country.	Federal and Provincial Government Non-Profits	Secondary	<a href="#">Women's shelters across Canada are losing nearly \$150 million in federal funding   CBC News</a>
1.3	Invest in Housing First initiatives and gather evidence-based evaluations and knowledge sharing of Housing programs and services for children, and youth with a focus on those identifying as women, girls and 2SLGBTQIA+.	Federal and Provincial Government Municipalities Organizations	Primordial	<a href="#">Housing First for Youth Model</a>  <a href="#">Housing First for Youth: A Program Model Guide.</a>  <a href="#">CPHA Framework for A Public Health Approach to Substance Use 2024</a>

# Violence

Children have a fundamental right to be protected from violence including all forms of abuse. Adverse childhood experiences (ACES), including exposure to violence where children live, learn, grow, and play, increase the likelihood that a child will have poor health and social outcomes later in life. Exposure to violence in a child’s environment also normalizes the experience of violence, and therefore it may be challenging for a child or youth to recognize when violence negatively impacts their relationships and functioning.

When exposure to violence is mitigated for children and youth, their

environment becomes less volatile and related harms are lessened. Two key Nova Scotia specific documents (Mass Casualty Commission Report and Desmond Fatality Inquiry Report) outline valuable recommendations to address violence and gun-related violence have been released. Efforts will ensue to collaboratively partner with other networks and government departments to respond to the reports’ calls to action. Violence, including gender-based and sexualized violence, is particularly important to mitigate as CSEC is a form of this and should not be normalized, especially for children and youth.

## National & Provincial Actions – Violence

(Legislation, whole-system engagement, coordination, data collection, evidence-led interventions, infrastructure, strategic plans)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
<b>Data</b>				
1.1	Increase funding and support data collection, coding consistency and comparability across provinces and territories. Data needs to be disaggregated by race, age, and gender.	Federal Government	Tertiary	<a href="#"><u>Standing Together to Prevent Domestic Violence: Building an Action Plan</u></a>  <a href="#"><u>Truth and Reconciliation Action 39</u></a>

1.2	Increase nationwide trafficking data collection, including timely consolidation of investigations, prosecutions, and convictions disaggregated by type of exploitation, numbers of identified victims, and assistance provided.	RCMP Police Justice Health Municipalities	Tertiary	<a href="#">Trafficking in Persons Report</a>  <a href="#">Standing Together to Prevent Domestic Violence: Building an Action Plan</a>
<b>Legislation</b>				
1.3	Adopt the inter-American convention to prevent, punish, and eradicate violence against women which is a unique international treaty – Canada has yet to sign this treaty despite a commitment to do so by the current government.	Federal Government	Primordial	<a href="#">United Nations Sustainable Development Goals: 16.2, 5.2, and 16.2</a>
1.4	Review and reform Federal and Provincial laws about sexualized violence, intimate partner violence, and gender-based violence utilizing the perspectives of feminist and Indigenous women, girls, and 2SLGBTQIA+ people.	Federal and Provincial Government Justice	Primary	<a href="#">Truth and Reconciliation Action 36</a> <a href="#">Tech-Facilitated Violence in Canadian Educational Curricula, Policies and Legislation Report</a>
1.5	Establish pardons and defense available to victims who were coerced into criminal activity. Support Bill C202 which had first reading on Nov. 25 <sup>th</sup> , 2021.	Justice	Tertiary	<a href="#">Trafficking in Persons Report</a>
1.6	Support <a href="#">Bill S-251</a> . Children and youth are the only people under Canadian law who are not legally protected from assault. When passed, Bill S-251 would extend this protection to children.	Federal Government	Primordial	<a href="#">Truth and Reconciliation Commission's call to action number 6</a> <a href="#">Canada's obligation to support the UN Convention of the Rights of the Child</a>
<b>Partnerships and Strategies</b>				
1.7	Increase partnerships with the private sector, particularly financial institutions but also companies such as, car rentals, Airbnb etc. to understand, identify and flag concerns of suspicious activity to minimize harms to children and youth.	Provincial Government Municipalities Private Sector CSIS Business Associations	Primary	<a href="#">Trafficking in Persons Report</a>  <a href="#">Polaris Project Human Trafficking-and-the-financial-services-industry</a>  <a href="#">UNU's Guide for HT Financial Monitoring</a>

1.8	Increase information-sharing and cooperation with First Nations, Métis, and Inuit Indigenous communities and NGOs to address the disproportionate impact of trafficking.	First Nations Government Tajikeimik Federal and Provincial Government Atlantic-based Friendship Centres Municipalities	Tertiary	<a href="#">Trafficking in Persons Report</a>  <a href="#">Truth and Reconciliation Calls to Actions numbers 36 and 39</a>
1.9	Establish a Provincial Child Abuse and Family Violence Reduction Strategy that connects with action taken to address the social determinants of health, invests in accessible supports, therapy, and restorative approaches where appropriate.	Health OMHA Community Services IWK Health Nova Scotia Health Justice Standing Together Partners	Primary Secondary	<a href="#">New Zealand's 25-year National Strategy to Eliminate Family Violence and Sexual Violence launched in Dec. 2021.</a>  <a href="#">Standing Together to Prevent Domestic Violence: Building an Action Plan</a>  <a href="#">Hearing Them: Exploring Risks and Vulnerabilities</a>
<b>Funding and Resources</b>				
1.10	Fund research to improve modern understanding of men who commit violence against women, girls and 2SLGBTQIA+ people (include understanding of movements such as Incel, Andrew Tate etc.).	Academic Institutions Non-Profits Federal and Provincial Governments Municipalities	Primary	<a href="#">MMIWG Calls for Justice Action 5.25</a>
1.11	Establish a Human Trafficking/Online Harms Provincial Office with dedicated resources to ensure policies and practices in place that prioritize the issues related to tracking, tracing, detection, documenting trends and coordinating appropriate response. The Office should be well connected with cybersecurity experts, researchers, and law enforcement agencies. Tracking	Federal and Provincial Government Law Enforcement Agencies	Tertiary	<a href="#">Standing Together to Prevent Domestic Violence: Building and Action Plan – Office for Gender Based Violence</a>  <a href="#">Anti-human trafficking services and supports   ontario.ca</a>

	could include, but not be limited to, vehicular traffic to New Brunswick, purchasing of airplane tickets from Halifax to Toronto, frequent AirBnB/Hotels rentals, landlords with multiple properties etc. For example, Ontario has a Provincial Anti-Human Trafficking Coordinating Office (PATCO).			
1.12	Increase number of dedicated Human Trafficking Crown Attorneys from current 2 crowns to 5 crowns.	Justice	Tertiary	Working Group Jamboard session
1.13	Scale up resources for free legal support for survivors of Human Trafficking, especially the application of Human Trafficking restraining orders to deter traffickers from continuing to engage with a victim or their family.	Justice Legal AID Universities Provincial Government Non-Profits	Tertiary	<a href="#">Free legal support for survivors of human trafficking   ontario.ca.</a>
1.14	Implement anti-human trafficking campaigns such as Relentless Resilience.	Provincial Government Non-Profits	Primary Secondary	<a href="#">Human Trafficking Info Hub Part 1 - Aura Freedom International and GBV Resource Centre - Violence Against Indigenous Women - Aura Freedom International.</a>
1.15	Explore opportunities to invest in treatment for self-identifying and help-seeking pedophiles, ephhebophiles and hebephiles outside of the legal system to support men and boys' continuous sexual self-control to prevent child sexual abuse and child pornography consumption like networks such as Germany's Prevention Project Dunkelfeld. As of now, most interventions in Nova Scotia take place only after justice system involvement.	Provincial Government Health Justice Community Services	Primary	<a href="#">Prevention Project Dunkelfeld</a>

## Regional & Local Actions – Violence

(Multi-agency partnership, public awareness, education, community resilience building, Bespoke strategies, trust-building intervention)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Municipalities to officially condemn human trafficking and make statements to commit to supporting survivors such as in Toronto City Council 2019 – or statements made in councils related to gender-based violence epidemics.	Municipalities	Primary	<a href="#">End Trafficking TO – City of Toronto</a>  <a href="#">MODL declaration of GBV</a>
1.2	Continue core funding for TESS Partnership and strengthen membership across all sectors into the TESS partnership with structured reporting to the intergovernmental committee on CSEC with Assistant Deputy Ministers.	Provincial Government YWCA Justice Health Municipalities	Primary	Working group Jamboard session
1.3	Create a repository for evidence-based practices and emerging research to addressing CSEC and public safety which is accessible to the public.	Status of Women YWCA Municipalities Health Justice	Tertiary	<a href="#">Standing Together to Prevent Domestic Violence: Build an Action Plan - Prevention</a>  <a href="#">HRM Public Safety Strategy 1.5</a>
1.4	Pilot a program that would train sports coaches and players about safe, inclusive sports, respect in relationships and how to disrupt harmful 'locker-room' talk, masculinities, consent, toxic behaviour, combatting harassment, abuse, injury prevention, mental health, and gender equity.	Sport NS Rec NS School Sport NS Elite Sport Clubs Education Health Justice Municipalities	Primary	<a href="#">MMIWG Report Calls for Justice Action 16.23 and Action 1.9</a>  <a href="#">Hockey Canada Action Plan to Improve Canada's Game</a>

1.5	Launch a province-wide social media/social marketing campaign for the public about CSEC as well as targeted campaigns for youth related to health (for example <a href="#">Australia's landmark social media campaign – One Talk at a Time</a> , which urges people to have conversations with the people around us which have the power to prevent child sexual abuse, one talk at a time). All campaigns must include a plan for wrap around supports for increased levels of disclosures and reporting.	Provincial Government Health Community Services OMHA Municipalities	Primary	<a href="#">MMIWG Report Calls for Justice Action 1.9</a>
1.6	Establish a municipal level blueprint or report card of specific actions municipalities can take to tackle violence.	Municipal Affairs Municipalities TESS Partnership Community Health Boards	Primary Secondary	Working Group Jamboard Session  <a href="#">HRM Public Safety Strategy 1.2</a>
1.7	Explore non-police-based reporting mechanisms and interventions so survivors have multiple avenues to seek support and re-establish trust in systems. Recommendations to bring multiple systems, organizations, community and first voice to identify opportunities for change.	Municipalities RCMP Police Agencies Community Services Health SANE Programs	Tertiary	Working session consultations with frontline service providers  <a href="#">HRM Public Safety Strategy 2.1</a>
1.8	Conduct a revised version of the Hearing Them consultation survey in 2025 with a series that includes a focus on Indigenous Communities, African Nova Scotians, and International Students along with an updated version of risks and vulnerabilities.	Status of Women TESS Partnership Health Justice	Primary Tertiary	<a href="#">Standing Together to Prevent Domestic Violence: Building an Action Plan</a>
1.9	Embed Human trafficking training into Medical, Nursing, Social Work and Dentistry School curriculum as is being done in other jurisdictions.	Health IWK Health Nova Scotia	Primary Secondary	<a href="#">University of Louisville in Kentucky</a>  <a href="#">Human Trafficking</a>

		Health Universities		<a href="#">Prevention – Hotel Association of Canada</a>
1.10	Promote National and Provincial trafficking hotlines, Kids Help Phone, suicide prevention lines and local support services and resources in public spaces, transport locations, car rental services, libraries, etc.	Provincial Government Municipalities	Primary Secondary	Working group Jamboard session
1.11	Introduce school-based prevention programs for school-aged youth about avoiding child sexual abuse behaviors/how to have responsible behavior with younger children.  These programs should be paired with appropriate supporting school-based and child/youth programming policies, such as work conducted by Priority Kids.	Education SchoolsPlus Community Municipalities	Primary Secondary	<a href="#">School-Based Prevention Program Shows Promise Educating Young Adolescents About Avoiding Child Sexual Abuse Behaviors   Johns Hopkins   Bloomberg School of Public Health (jhu.edu)</a> <a href="#">Priority Kids</a>
1.12	Scale up opportunities for service providers to participate in DCS offered 3-day training on CSEC to ensure access by all social workers, foster parents, community partners, law enforcement, crown attorneys, healthcare workers, staff providing programming/care to children and youth etc.	Community Services CCTH Justice Health Municipalities	Primary	Working Group JamBoard Session

## Service Design – Violence

(Responsive, reporting, mainstreaming, planning, coordinated care, specialist services, evaluation & research, diversity, training)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Expand IWK's SeaStar Program funding and scope to include a pediatric health advocacy program for children and their families who have experienced or are at risk of experiencing sex trafficking.	Health Justice Community Services Community	Secondary Tertiary	<a href="#">Multisector Community Response to Child Sex Trafficking: Toronto Region Protocol and Resource Toolkit (sickkids.ca)</a>

1.2	Strengthen interagency referral processes and consider one assigned caseworker per client who follows the client through all interactions with agencies/services rather than one caseworker/agency. Model: Austin, TX	Health Justice Community Services Non-Profits	Tertiary	Working Group Jamboard Sessions
1.3	Expand high-quality level one Trauma-Informed Care training to ensure safe, welcoming and trustworthy healthcare environments to prevent traumatization and re-traumatization. Train all healthcare staff in trauma-informed care and integration. Monitor and evaluate implementation progress and culture change.	Health Justice Community Services Municipalities	Secondary Tertiary	<a href="#">Hearing+them+-+ANS20230127.pdf (squarespace.com)</a>
1.4	Mandate the hospitality industry (inclusive of AirBnB) to undertake training to identify and respond to sexual exploitation and human trafficking, as well as the development and implementation of reporting policies and practices.	Community Services CCTH TESS Partnership NS Status of Women Municipalities	Secondary	<a href="#">MMIWG Calls for Justice Action 8.1</a>  <a href="#">Human Trafficking Prevention – Hotel Association of Canada</a>
1.5	Continue to scale up investment for organizations and community members to participate in training for the <a href="#">Not a Number Program – Love146’s child trafficking and exploitation prevention curriculum</a> . This is currently being implemented by Association of Black Social Workers (ABSW) and trained by ElevateHer.	Federal and Provincial Government Municipalities Community Services Health ABSW TESS Partnership	Secondary	<a href="#">HRM Public Safety Strategy 1.4 – Public safety training capacity</a>
1.6	Scale up investment for government partners to participate in YWCA’s CSEC module training program	YWCA Federal and Provincial Government Municipalities	Secondary	Working Group Jam- Board Sessions

		Status of Women Justice Health Community Services		
1.7	Increase funding for training programs and translation fees to make resources available in French, Mi'kmaw, Arabic, and other emerging priority languages. Programs should also emphasize understanding of rights and protections in Canada.	Health Community Services Justice Municipalities	Primary	Working Group Jamboard Sessions
1.8	Engage in a mass public awareness campaign to counter general lack of awareness around CSEC, trafficking and intimate partner violence in communities, schools, and health settings. Campaigns should include public symbols and learn from the successes of previous campaigns in Nova Scotia such as the red hand anti-bullying campaign. Examples include <u>Beh1nd the Scr3nes</u> ,- a partnership between Meta and OneChild, where social media ads were developed with youth. This can preview before Cineplex Cinema Movies. Another example is Toronto's Victim Services campaign " <u>Ask for Angela</u> " - a partnership with Loblaws (Shoppers Drug Mart Ontario) related to gender-based violence and human trafficking. <b>ALL CAMPAIGNS RUN MUST PLAN FOR SUPPORTS TO DEAL WITH INCREASED DISCLOSURES AND REPORTING</b>	Education Health Community Services Justice	Primary	Working Group Jamboard Sessions  <u>Desmond Fatality Inquiry - Recommendation 11</u>  <u>BEHIND THE SCR3ENS - Adult - OneChild   One Child Exploited Is One Child Too Many.</u>  <u>Loblaws, Shoppers Drug Mart and other Toronto stores roll out safety campaign using a code word - NOW Toronto.</u>
1.9	Scale up services to SANE programs to enhance coordination, data trend analysis and reporting and the provision	SANE implementing partners	Tertiary	HRM Public Safety Strategy 1.5

	of increased wrap around supports. SANE programs should also incorporate screening for porn addiction and sextortion to normalize conversations with youth.	Health Health Authorities Justice		<u>PARADIGM SHIFT</u>
1.10	Evaluate hospital emergency room triage protocol for identified survivors of human trafficking/CSEC with a survivor-informed lens to identify opportunities for improvements.	Health Justice	Tertiary	Working Group Jamboard Sessions
1.11	Scale up community awareness of SANE programs and supports to ensure alternative safe places to disclose if/when and where people feel safe to do so (Make Every Contact Count Principle). For example, <u>Victim Services of Durham</u> has imbedded 1 outreach worker within emergency departments to engage with high-risk patients that have red flags for CSEC/Human Trafficking. The outreach worker can extend support after discharge from the hospital.	Health Universities and College Campuses Non-profits Victim Services Municipalities	Tertiary	Working Group Jamboard Sessions  <u>Victim Services of Durham Region. We're here to help, when people need us most.</u> <u>(victimservicesdurham.ca)</u>
1.12	Ensure all organizations providing direct services to survivors of human trafficking have access to an established pool of unrestricted funding to support survivors of human trafficking/CSEC exiting the sex industry (i.e., tattoo removal, cellphone, damage deposit, shelter movers, plane/bus ticket, IUDs etc.) For example, see <u>Ontario's Victim Quick Response Program Plus</u> or specialized funding through YWCA's NSTAY program.	Community Services Frontline Organizations Status of Women	Tertiary	Working Group Jam-Board Sessions  <u>Ontario Providing New Supports to Victims of Crime   Ontario Newsroom</u>
1.13	Invest in prevention programs targeting girls at risk for CSEC such as Boston's evidence based <u>My Life My Choice program</u> which provides 10 group sessions led by trained professionals and	Education Health Community Services	Primary	Working Group Jamboard Session

	survivor mentors.	Frontline Organizations		
1.14	Support local organizations with the opportunity to evaluate programs and build evidence-based work. An example includes <a href="#">Empowerment For Hope   Non-profit organization</a> .	Education Health Community Services Frontline Organizations	Primary Tertiary	<a href="#">Hearing Them African Nova Scotian Experiences</a>
1.15	Establish a pilot male engagement task force comprised of men in 'positions of power' or 'opinion leaders' across government systems and from community to connect quarterly to discuss and strategize ways to tackle unhealthy masculinities in communities and online, and the mobilization of men and boys in violence prevention work. This should include conversations on how to address trauma as a root cause of youth violence and gang involvement.	Health Justice Executive Council Office Community Services Community Partners Finance Transportation Provincial Government Municipalities	Primordial	Working Group Jamboard Sessions  <a href="#">HRM Public Safety Strategy 2.5</a>  <a href="#">"She was willing to send me there": Intrafamilial child sexual abuse, exploitation and trafficking of boys - PubMed (nih.gov)</a>
1.16	Expand awareness of programs targeting individuals troubled by their sexual interest or behaviour involving children to live a safe, healthy, and non-offending life. These resources need to be promoted also to people who may be worried about someone they know who may be at risk of offending.	Health Public Safety Canada Justice	Primary	<a href="#">Home - Talking For Change</a>

## Service Delivery – Violence

(Empowerment, trauma-informed practice, peer-led support, tailored person-centred support across recovery, culturally competent)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Train, supervise and support MHA clinicians in a variety of trauma-specific treatments such as ARC, TF-	Health	Tertiary	Working Group Jamboard Sessions

	<p>CBT, EMDR and sensory approaches to ensure there is capacity in the system to work with youth impacted by CSEC. Create triage and referral pathways that increase timely access to trained clinicians and universally screen children/youth for exposure to traumatic events/experiences and related impacts on their functioning upon entry into health care services.</p> <p>Ensure trauma-informed practice during every step of the procedures, especially those for children and youth. (i.e., Examinations of body, promising practice, continuous training).</p>			
1.2	<p>Scale up opportunities for frontline service providers to participate in <u>ARC training model</u>. ARC is a trauma-informed framework for intervention with youth and families who have experienced prolonged traumatic stress. It focuses on improving attachment, self-regulation, and competency.</p>	<p>Health Community Services Youth Serving Organizations Municipalities Justice</p>	Tertiary	<p><u>HRM Public Safety Strategy 2.5 Addressing Trauma</u></p> <p><u>Becoming Trauma Informed   Your Experiences Matter</u></p>
1.3	<p>Invest in <u>GEMS Victim, Survivor, Leaders™ Training</u> <u>GEMS — Girls Educational &amp; Mentoring Services</u> for organizations offering peer support related to human trafficking.</p>	<p>Health Community Services Frontline Organizations Status of Women</p>	Tertiary	<p>Working Group Jamboard Sessions</p>
1.4	<p>Ensure that frontline professionals in multiple systems are up to date with current information about intimate partner violence, the dynamics in these relationships, the impact of intimate partner violence on children and the potential for lethality in these cases. This should include an awareness of risk factors, risk assessment, safety planning and risk management strategies.</p>	<p>Health Education Social Services Justice</p>	Primary	<p><u>Desmond Fatality Inquiry – Recommendation 12</u></p>
1.5	<p>Establish a network of peer support workers to connect with SANE</p>	<p>Health</p>	Tertiary	<p>Working Group</p>

	programs and support individuals navigating various systems.	Community Services Frontline Organizations Status of Women		Jamboard Sessions
1.6	Establish a compensation matrix for lived experience consultation to strengthen input and co-design of programs and services.	Executive Council Office Frontline Service Organizations	Tertiary	Working Group Jamboard Sessions
1.7	Ensure vicarious trauma and secondary trauma support, debriefing, supervision practices are in place for service providers.	IWK Health Trauma-Informed Care Teams	Primary	<a href="#"><u>Becoming Trauma Informed   Your Experiences Matter</u></a>
1.8	Establish tailored & person-centred supports across the recovery journey that facilitates a restorative approach or family-based counseling that emphasizes relationship repair and re-entry into family and social settings during or after exiting exploitation or trafficking. Special emphasis on dealing with shame.	IWK Health Nova Scotia Health Frontline Service Providers Community Services Restorative Justice	Tertiary	Working Group Jamboard Sessions
1.9	Invest in promoting the uptake and roll out of locally developed resources to support understanding of sexual violence, such as an accessible online training: <a href="#"><u>Break the Silence</u></a> .	Health Education Justice Non-Profits Municipalities Community	Tertiary	<a href="#"><u>Break the Silence</u></a>

## Online Harm

Children and youth widely use the internet and online technology to communicate and seek connection with others. There are benefits to connecting with others, and there are risks that come with the increased use of technology. Some risks include meeting strangers online, false anonymity and publicly sharing personal life details, exchanging personal intimate photos and videos, and being exposed to violent pornography. When these incidents occur, youth are vulnerable to being involved in cyber-bullying and extortion.<sup>116, 117</sup> Viewing violent pornography that includes aggressive themes is associated with an increased

risk for youth relationship violence.<sup>118,119</sup> There are also increased risks of being lured and groomed into the sex industry.

The risk of online harms for children and youth must be addressed, as there is increased risk for poor health outcomes including suicide. Awareness campaigns, public policy and legislative work is underway to determine national, regional, and local level actions to improve conditions in the online environment and reduce harms to children and youth. Children have a right to be protected from exploitation.

### National & Provincial Actions – Online Harms

(Legislation, whole-system engagement, coordination, data collection, evidence-led interventions, infrastructure, strategic plans)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
1.1	Call for implementation of the Online Harms Act proposed by the Government of Canada in 2021.	Federal Government	Primordial	<a href="#">Australia Act for Online Harms</a>
1.2	Establish a commissioner to support Online Harm Reduction and connect activities internationally such as <a href="#">CyberTip</a> for reporting sextortion and <a href="#">Take It Down</a> through the National Centre for Missing and Exploited Children (currently the only organization in the world that	Federal Government	Primordial	<a href="#">eSafety Commissioner - AU</a>  <a href="#">Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory</a>  <a href="#">Home – Cybertip.ca</a>

	removes compromising images from the internet).			<a href="https://ncmec.org">Take It Down (ncmec.org)</a>
1.3	Implement recommendations in the review of the Intimate Images Sharing and Online Safety Act.	Justice	Primary	<a href="#">Report on the Review of the Intimate Images and Cyber-protection Act</a>
1.4	Advocate for governments to implement appropriate and robust age verification measures on websites and social media platforms deemed harmful for children and youth as they do with regulated substance websites.	Federal and Provincial Government Justice Health	Primary	<a href="#">Public Bill (Senate) S-210 (44-1) - Third Reading - Protecting Young Persons from Exposure to Pornography Act - Parliament of Canada</a> <a href="#">euCONSENT and the Better Internet For Kids+ Strategy - EuConsent</a> <a href="#">Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory</a> <a href="#">Social media and youth: A call to action   Canadian Paediatric Society (cps.ca)</a>
1.5	Advocate that governments pass regulations requiring industry to protect children online as they do offline through social media and online gaming. For example: - Regulating access to harmful products and content. - Regulating advertising and marketing of harmful products and content.	Federal and Provincial Government Justice Health	Primary	<a href="#">AGA-Preventing-and-Combating-Human-Trafficking-in-the-Gaming-Industry.pdf (americangaming.org)</a> <a href="#">Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory</a> <a href="#">Social media and youth: A call to action   Canadian Paediatric Society (cps.ca)</a> <a href="#">WeProtect-Model_National_Response.pdf</a> <a href="#">Policy Brief 2024 Freedom of Thought, Social Media and the Teen Brain</a>
1.6	Implement recommendations in section 2.5: Protection From Grooming and Sexual Abuse of the UNICEF Online Gaming and Children's Rights: Recommendations for the	Gaming Industry Gaming Regulators Government	Secondary	<a href="#">Recommendations for the Online Gaming Industry on Assessing Impact on Children Report - UNICEF</a>

	Online Gaming Industry on Assessing Impact on Children Report.			
1.7	Expand filters for content based on age i.e., Meta restrictions for youth viewing content related to suicide, eating disorders, self-harm.	Federal and Provincial Government Private Sector	Primary	<a href="#">Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory</a> <a href="#">Health advisory on adolescence social media use</a>
1.8	Conduct and facilitate transparent and independent assessments of the impact of social media products and services on children and adolescents in Canada.	Federal Government Academic Institutions	Primary	<a href="#">Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory</a> <a href="#">Policy Brief 2024 Freedom of Thought, Social Media and the Teen Brain</a>
1.9	Enhance the focus on Technology Facilitated Sexual Violence in educational curricula, policy, and legislation. This will increase understanding of TFSV on and off-line and student's ability to access relevant resources.	Federal and Provincial Government Education	Primary	<a href="#">TFSV in Canadian Educational Curricula Policies and Legislation Report</a>
1.10	Criminalize the production and distribution of non-consensual deep nudes and sexual deepfakes. Implement policy that would enforce media companies to detect and remove non-consensual deep nudes and sexual deepfakes.	Federal Government Media Private Sector	Primary Secondary	<a href="#">Policy Options on Non-Consensual Deep nudes and Sexual Deepfakes - Learning Network - Western University (gbvlearningnetwork.ca)</a>
1.11	Collaborate with academic partners who will improve AI in understanding intent of harmful content online.	Federal Government Academic Institutions	Primary Secondary	<a href="#">Responsible AI development</a>
1.12	Close loopholes in acts governing parts of online sale and payment for unregulated substances. (ie: <a href="#">Canada Post Corporation Act</a> , <a href="#">Quebec's Tobacco Control Act</a> )	Federal Government	Primary	<a href="#">High Time for Change – Manitoba Legal Review</a> <a href="#">Utah Restricts Online Sales of Vape and Tobacco Products</a>
1.13	Design and implement legislation that places restrictions on features that encourage and even reward screen time.	Federal Government Gaming Industry	Primary	<a href="#">Policy Brief 2024 Freedom of Thought, Social Media and the Teen Brain</a>

## Regional & Local Actions – Online Harms

(Multi-agency partnership, public awareness, education, community resilience building, Bespoke strategies, trust-building intervention)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Fund continued research on the short- and long-term impacts of social media use on child and youth health and well-being to enable academia and government to make recommendations on improvements for regulatory environments for online spaces/social media.	Federal and Provincial Government Community Social Media Industry Academic Institutions Health Justice	Primary Secondary	<a href="#">Children's Rights and the Internet</a> <a href="#">DIY Digital Safety Project</a> <a href="#">Social media and youth: A call to action   Canadian Pediatric Society (cps.ca)</a> <a href="#">Policy Brief 2024 Freedom of Thought, Social Media and the Teen Brain</a>
1.2	Adapt the Nova Scotia Grade 9 Healthy Living Curriculum that addresses Online Harms to be implemented in an age-appropriate way for upper elementary school (ideally Grade 5) classes as access to online gaming sites, social media apps and smart phones is happening much sooner.	Education Health OMHA	Primary	TESS Partnership Working Group Recommendations
1.3	Engage parents in the development of a public awareness campaign for parents, about online harm, warning signs for parents, and provide what to do to protect children and youth, and how to work with kids on online safety.	Education Regional Centers for Education Health TESS Partnership	Primary	<a href="#">One Talk at a Time   National Office for Child Safety</a>
1.4	Implement and enforce school policies that restrict cell phone use in schools to reduce distractions, limit sharing/viewing during school hours and helps to normalize time spent away from phones.	Education Regional Centers for Education Health	Primary	<a href="#">Global Education Monitoring Report 2023 UNESCO</a> <a href="#">The State of Learning and Equity in Education, 2023 OECD</a>
1.5	Provide opportunities for frontline service providers, school staff and government partners to understand the intersections and	Provincial Government Health	Primary Secondary	Working Group Jamboard Sessions

influence of mainstream pornography on intimate relationships, child on child violence, toxic masculinities, and culture shifts. Could include intersections with global leaders such as evidence-based research, tools, and programs (i.e. Dr. Gail Dines, <a href="#">Culture Reframed</a> and Heidi Olson from <a href="#">Paradigm Shift</a> ).	Education Justice		
---	----------------------	--	--

## Service Design – Online Harms

(Responsive, reporting, mainstreaming, planning, coordinated care, specialist services, evaluation & research, diversity, training)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Re-orient health services to destigmatize and improve accessibility for services for children and youth who have experienced CSEC or identified youth with problematic sexual behaviour – opportunity to co-locate services with integrated youth services.	Provincial Government Integrated Youth Services Health Community Services	Secondary Tertiary	<a href="#">IWK Health's Integrated Youth Services</a>
1.2	Professional development for youth supporting sectors, facilitated by peer support organizations with harm reduction orientation, intersecting via a Community of Practice.	Frontline Community Organizations Education Health Justice Municipalities	Secondary Tertiary	<a href="#">YWCA Halifax's WhitePaper-1 -Building-a-Community-of-Practice-for-CSEC-and-Trafficking-Victims.pdf</a>
1.3	Scale up capacity by hiring an additional 1-2 Psychologist FTE's for IWK Health's Initiative for Sexually Aggressive Youth (ISAY) program to assess and treat 12–18-year-old youth to reduce the current 2-year waitlist. Considerations for program expansion could also be considered for youth exhibiting problematic behaviours despite not having yet	Health	Tertiary	<a href="#">Standing Together to Prevent Domestic Violence: Building an Action Plan – Men and Boys</a>

	been criminally charged.			
1.4	Expand educational curricula to include information on how power, intersectionality, and intersecting forms of oppression factor into people's experiences with tech facilitated sexual violence.	Education Health Community Services Non-Profits	Primary	<a href="#">Tech-Facilitated Violence in Canadian Educational Curricula, Policies and Legislation Report</a>
1.5	Specifically address the gender-based and sexuality-based nature of tech-facilitated sexual violence for inclusion in curricula and policies as these are not explicitly stated in current materials in Nova Scotia.	Education Health Community Services Non-Profits	Primary	<a href="#">Tech-Facilitated Violence in Canadian Educational Curricula, Policies and Legislation Report</a>

## Service Delivery – Online Harms

(Empowerment, trauma-informed practice, peer-led support, tailored person-centred support across recovery, culturally competent)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Professional development for healthcare providers to use trauma-informed and person centred screening for online harms and CSEC. Adolescents should be routinely screened for signs of harms associated with social media use that can impair their ability to engage in daily roles and routines and may present risk for more serious psychological harms over time.	Health Community Services	Primary Secondary	<a href="#">Health advisory on social media use in adolescence (apa.org)</a>
1.2	Peer-led digitally-informed youth support for youth who have experienced CSEC, and tech facilitated gender-based violence.	Academic Institutions Health Education Justice Policing Municipalities	Tertiary	<a href="#">DIY Digital Safety Project</a>
1.3	Refrain from taking a risk-based approach to technology – encourage	Education	Primary	<a href="#">Tech-Facilitated Violence in Canadian Educational</a>

	secondary school programs to have students think critically about tech-facilitated sexual violence to empower them to identify and address harms as they arise rather than scare and shame tactics related to potential dangers of tech use.	Health Community Services Frontline Community Organizations		<a href="#"><u>Curricula, Policies and Legislation Report</u></a>
1.4	Inform students about technology-related rights, and responsibilities, and resources and supports available when they need help.	Education Health Community Services	Primary	<a href="#"><u>Tech-Facilitated Violence in Canadian Educational Curricula, Policies and Legislation Report</u></a>

## Racism and Discrimination

Children have a right to be protected from all forms of discrimination. Racism and discrimination at a systemic level seriously impact the health and well-being of children and youth. Systemic and structural racism are deeply embedded in systems, laws, and policies, and are entrenched in practices that create and reinforce unfair conditions and unfavourable circumstances. This contributes to inequitable conditions which increase an individual’s or a community’s risk for poor health outcomes including living in poverty, exposure to violence and exploitation. Individuals and communities impacted by colonization and/or systemic racism and those who experience discrimination are disproportionately

represented in the *Hearing Them* data. As of 2023, the rate of poverty for racialized children living in Nova Scotia (28.9%) was significantly more than the rate for non-racialized children (17.2%).<sup>120</sup> Living in poverty is a leading indicator for poor health outcomes.

Systemic racism and colonization have made it so specific communities are over-represented in the justice and child protection systems. This creates intersecting risks which exponentially increases vulnerability to sexual exploitation. In all approaches to address the commercial sexual exploitation of children and youth, it is vital to apply anti-racist, anti-oppressive, and culturally responsive principles and practices.

## National & Provincial Actions – Racism and Discrimination

(Legislation, whole-system engagement, coordination, data collection, evidence-led interventions, infrastructure, strategic plans)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
1.1	Strengthen the pay equity act and extend it to the private sector, intending to positively impact populations who experience pay inequity.	Provincial Government	Primordial	<a href="#">2022 Report Card on Child and Family Poverty in Nova Scotia</a>  <a href="#">Standing Together to Prevent Domestic Violence: Building and Action Plan</a>
1.2	Strengthen the Federal Employment Equity Act by including protection on the basis of racialized identity, noting the specific impacts on Black and Indigenous communities. Ensure protection on the basis of gender expression, gender identity, and sexual orientation	Federal Government	Primordial	<a href="#">A plan to support Canada's Youth in post-pandemic Recovery 2021-YMCA</a>
1.3	Establish a Child and Youth Commission focused on Children's Rights and measuring child and youth well-being indicators	Provincial Government	Primordial	<a href="#">Restorative Inquiry for the home for colored children</a>  <a href="#">One Chance to be a Child Report</a>
1.4	Ensure the rights to health and wellness of Indigenous Peoples, and specifically Indigenous women, girls, and 2SLGBTQIA+ people, are recognized and protected on an equitable basis.	Federal and Provincial Government Municipalities	Primordial	<a href="#">MMIWG Calls for Justice Action 3.1</a> <a href="#">Truth and Reconciliation Action 18</a> <a href="#">Federal 2SLGBTQI+ Action Plan</a>
1.5	Establish robust and well-funded Indigenous civilian police oversight bodies which include the representation of Indigenous women, girls and 2SLGBTQIA+ people, with the power to, i) observe and oversee investigations in relation to police negligence or misconduct, including but not	Federal and Provincial Government Municipalities	Tertiary	<a href="#">MMIWG Calls for Justice Action 5.7</a>  <a href="#">HRM Public Safety Strategy Action 1.3</a> <a href="#">Advance Indigenous Community Safety</a>

	limited to rape and other sexual offences, ii) observe and oversee investigations of cases involving Indigenous Peoples, iii) publicly report on police progress in addressing findings and recommendations at least annually.			
1.6	Develop and deliver education to address racism in and across all government departments and agencies including crowns, boards, commissions, schools, and institutions	Provincial Government Health Justice Municipalities	Primordial	<a href="#">Count Us In Action Plan - Recognition Actions</a>
1.7	Ensure equity tools and measurable actions are included when policy funds and programs are established.	All levels of Government Community Groups Health Systems	Primordial Primary	<a href="#">Canadian Public Health Association: Policy Statement on Health Equity Impact Assessment</a>
1.8	Provide core funding support to established organizations providing services, supports and advocacy for 2SLGBTQIA+ community members	Federal Government	Primary	<a href="#">Policy priority: Core Funding   Imagine Canada</a>

## Regional & Local Actions – Racism and Discrimination

(Multi-agency partnership, public awareness, education, community resilience building, Bespoke strategies, trust-building intervention)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Continue to support First Nations in Nova Scotia to assume self-governance over child and family services to ensure they meet their cultural, historical, and geographical needs and circumstances.	First Nations Governance	Primary	<a href="#">2022 Report Card on Child and Family Poverty in Nova Scotia</a>
1.2	Increase public knowledge of rates and avenues of trafficking and sexual exploitation across the	All Municipalities	Secondary	Working Group Jamboard Sessions

	province to dispel misconceptions that these issues only take place within certain communities.	Health Justice		
1.3	Strengthen understanding and connection with African Nova Scotian and Indigenous communities. Create and circulate resource guide for annual standing community-based events and gathering points that take place in First Nations Communities or across the various African Nova Scotian Communities (i.e., Annual Africville Reunion, church events etc.), so service providing organizations can build in participation of frontline and management staff.	CCTH 211 HRM Municipalities Organizations Community Health Boards	Primary	<a href="#"><u>Hearing Them: African Nova Scotian Experiences</u></a>
1.4	Increase the presence of Black and African Nova Scotians in the Nova Scotia Public Service to support better client and community services. Public Services must also ensure there is a plan in place, co-created with community, that emphasizes Black/African Nova Scotian employee retention and advancement. Particular attention needs to focus on the justice system, and educational scholarships for Black Registered Nurses and Nurse Practitioners with appropriate provincial funding.	Justice Community Services Health Education	Primordial	<a href="#"><u>Count us In Action Plan - Justice Actions</u></a>  <a href="#"><u>Desmond Fatality Inquiry – Recommendation 8</u></a>
1.5	Adopt a policy that no affordable housing designed for Mi'kmaw or Black/African Nova Scotian communities will be located near a toxic site or located on a flood plain, close enough to an ocean shoreline to be subject to storm damage, saltwater intrusion arising from present day rising sea levels.	Federal and Provincial Government Housing	Primordial	<a href="#"><u>Keys to a Housing Secure Future for all Nova Scotians</u></a>

## Service Design – Racism and Discrimination

(Responsive, reporting, mainstreaming, planning, coordinated care, specialist services, evaluation & research, diversity, training)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
1.1	Promote the roll out and uptake of the publicly accessible, locally-developed and free of charge online sessions from Impact Organization of Nova Scotia's (IONS) <u>decolonization journey – learning series</u> among public servants and frontline organizations to increase cultural competency.	All	Primordial	<u>Truth and Reconciliation Action 22</u>
1.2	Advocate for hiring practices that honor lived experience or experience working with community rather than degree or diploma. For example, Peel Region has developed a lived experience Remuneration Framework to standardized fair remuneration.	All Municipalities Health Justice	Primordial	<u>Council on Criminal Justice and Behavioural Health – Employing Individuals with Lived Experience</u>
1.3	Provide funding for engagement and participation of lived experience. Establish a defined remuneration matrix for varying levels of engagement.	All	Primary Tertiary	Working Group Jam-Board Sessions
1.4	Incentivize the recruitment and retention of Black/African Nova Scotian, Indigenous and 2SLGBTQIA+ nurses into the SANE programs across the province to ensure diversity of frontline service providers responding to sexual violence.	Health IWK Health Nova Scotia Health SANE program Implementing Partners	Tertiary	<u>Action for Health</u>  <u>Truth and Reconciliation Action 22</u>

## Service Delivery – Racism and Discrimination

(Empowerment, trauma-informed practice, peer-led support, tailored person-centred support across recovery, culturally competent)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Recommend sectors build practices into their programs that are culturally relevant. This will enhance the feeling of ‘belonging’ which refers to an intangible feeling of connectedness or importance. When working with people from various communities, foster a sense of importance by introducing them to cultural traditions and activities.	Health Community Services Justice CCTH Education Community Organizations	Primary	<a href="#">Hearing Them: Black and African Nova Scotian Experiences</a>
1.2	Frontline and management/leadership staff should reflect the communities they serve. Implement workforce diversity surveys and set tangible hiring goals to ensure diverse representation that matches or exceeds population percentages for diverse communities.	All Municipalities Health Justice	Primordial	<a href="#">Action for Health Truth and Reconciliation Action 22</a>  <a href="#">Desmond Fatality Inquiry – Recommendation 7</a>
1.3	Establish targeted community specific programs (2SLGBTQIA+, Black/African Nova Scotian, Indigenous, Newcomers, International Students) that create safe spaces or nuanced targeted resources that connect with children and youth – such as support offices/programs/spaces within university and college settings.	All Municipalities Health Justice	Primary	Working group Jam-board Sessions
1.4	Budget for translation services to ensure Sexual Exploitation and Human Trafficking resources and supports can be produced and accessed in a variety of languages (French, Mi'kmaw, Arabic, Hindi) to reach people in meaningful and inclusive ways.	All Government Grants Justice Status of Women	Primary	Working Group Jam-Board Session

## Substance Use

Children and youth have a right to be protected from harmful substances.<sup>121</sup> Substance use among youth is driven by a dynamic interplay of factors such as the commercial marketing of substances and substance availability to youth, combined with family and peer relationships, experiences of abuse and trauma, stable housing, and family income.<sup>122</sup> A population health approach recognizes that substance use is both a risk factor for exploitation and that substance use can also be a coping strategy for individuals who are impacted by CSEC. A population health approach to substance use requires an understanding of why people use substances, and a focus on addressing risks factors and improving protective factors to mitigate harms from substance use. A public health approach also acknowledges that throughout history, substances have been used for spiritual, medicinal, social, and pleasure purposes.<sup>123</sup> Early, frequent, and heavy substance use is a risk factor for poor health outcomes, including involvement in CSEC. The earlier in one's life exposure to substances occurs, the more likely a person is to experience substance

related harms. A trauma-informed, harm reduction approach must be implemented when addressing substance use. Providing safe supply, clean equipment, and access to services and programs for youth can save lives and remove the need to engage in CSEC to access substances.

Public health policies are effective in addressing the needs of the overall population. Policies can address the overall population or be targeted to a more individual cohort or population. It is also important to have targeted programming for individuals to reduce harm. Both approaches of population-based policies or individually targeted policies and programs have the capability to protect children and youth from substance use harm. Investing in evidence-informed healthy public policy and comprehensive approaches that include prevention, harm reduction, education and treatment provides the greatest opportunity to protect the health of Nova Scotian youth from the harms associated with substance use.<sup>124</sup>

## National & Provincial Actions – Substance Use

(Legislation, whole-system engagement, coordination, data collection, evidence-led interventions, infrastructure, strategic plans)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Establish or uphold evidence-informed Federal Acts to regulate all regulated substances, with mandates for public health and to protect youth (Uphold Cannabis Act, and the Tobacco and Vaping Act. Develop a Federal Alcohol Act).	Federal Government	Primordial	<a href="#">Article: Canada Needs a Federal Alcohol Act</a>
1.2	Reduce and restrict density of substance retail availability in vulnerable neighbourhoods and closer to where children and youth gather, learn, and play.	Provincial Government Municipalities	Primary	<a href="#">Policy Domain Results Summary (uvic.ca)</a>  <a href="#">CAPE Policy Domain 2: Physical Availability</a>  <a href="#">2018 Preventing Problematic Substance Use</a>
1.3	Implement pricing and taxation models that reflect the dose or strength of the substance.	Provincial Government	Primary	<a href="#">Policy Domain Results Summary (uvic.ca)</a>  <a href="#">CAPE Policy Domain 1: Pricing and Taxation</a>  <a href="#">2018 Preventing Problematic Substance Use</a>
1.4	Improve regulatory enforcement of the advertising and marketing of substances particularly where children and youth live, grow, play, and learn.	Federal and Provincial Government Municipalities	Primordial	<a href="#">CRTC review</a>
1.5	Advocate that the Federal Government adopt a human-rights-based approach to drug policy, which includes decriminalizing all drug possession for personal use and selling and sharing drugs for subsistence, to support personal drug use costs, and to provide a safe supply.	Federal Government Justice Health	Primary	<a href="#">The Canadian Drugs + Substances Strategy 2023</a>  <a href="#">CPHA Framework for A Public Health Approach to Substance Use 2024</a>  <a href="#">Canadian Civil Society Advancing Safe Supply</a>

				<a href="http://drugpolicy.ca">Working Group (drugpolicy.ca)</a>  <a href="#">Rights-based path to Drug Policy- Canadian Drug Policy Coalition</a>
1.6	Advocate for the redistribution of resources from enforcement to non-coercive, voluntary policies, programs, and services that protect and promote people's health and human rights. This could include health, education, housing, and social services.	Federal Government Provincial Government Municipalities RCMP Police	Primary	<a href="#">Rights-based path to Drug Policy- Canadian Drug Policy Coalition</a>  <a href="#">Housing First Model</a>
1.7	Sustainable and reliable federal, provincial, and territorial funding for harm reduction will allow for a continuity of services and will remove financial and planning stressors for program directors and staff.	Federal Government Provincial Government Municipalities	Primary	<a href="#">Experiences of Harm Reduction Service Providers During Dual Public Health Emergencies in Canada: Substance Use in Canada (ccsa.ca)</a>
1.8	Ensure adherence to relevant WHO and UNODC international standards of care for the design and delivery of evidence-based interventions to individuals who use substances.	Federal and Provincial Government Municipalities Health Non-Profits	Primary Secondary	<a href="#">International standards for the treatment of drug use disorders WHO</a>
1.9	Expand and improve the design, implementation, and evaluation of the current drug treatment court (DTC) model used in Canada.	Federal and Provincial Government Justice Health	Primary Secondary	<a href="#">Recommendations 1-13 Comparing Drug Treatment Court Principles to Evidence-Based Practice (ccsa.ca)</a>
1.10	Advocate for major policy reform in Canada for equitable conditions and known protective factors that influence substance use among youth in the future (i.e., poverty, housing, income, early years).	Federal and Provincial Government Non-Profits Health Justice Academic Institutions	Primordial	<a href="#">2018 Preventing Problematic Substance Use</a>
1.11	Advocate for a comprehensive public health approach to the	Federal Government	Primordial	<a href="#">Federal actions on the overdose crisis -</a>

	overdose crisis in Canada.	Health Justice		<a href="https://www.canada.ca">Canada.ca</a>  <a href="#">A Public Health Approach to Substance Use Handbook 2023</a>
--	----------------------------	-------------------	--	--

## Regional & Local Actions – Substance Use

(Multi-agency partnership, public awareness, education, community resilience building, Bespoke strategies, trust-building intervention)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Create a regional working group on substance use prevention involving academia, community partners, government, and health to strengthen advocacy efforts.	Academic Institutions Community Sector Provincial Government Municipalities	Primordial	<a href="#">SHEA Lab (Substance Use and Health in Emerging Adulthood)</a>  <a href="#">HRM Public Safety Strategy 2.2</a>
1.2	Establish current/new pathways of collecting both qualitative and quantitative data on the impacts of substance use by engaging with those with lived experiences, various community members and leaders and systems that interact with substance use.	Nova Scotia Health IWK Health Municipalities Health	Primary	<a href="#">CCSA Review of NS Municipal Alcohol Projects (2017)</a>
1.3	Advocate for a provincial strategy and/or stronger municipal policies related to substances in communities (access, availability, advertising, sponsorship etc.).	Municipalities Provincial Government Health Non-Profits	Primordial	HRM Public Safety Strategy  <a href="#">BC Harm Reduction Strategies and Services Policy and Guidelines 2023</a>
1.4	Ensure a housing first model with wrap around services is available for housing insecure people who use substances.	Provincial Government Housing Health Community Services Non-Profits	Primordial Tertiary	<a href="#">Housing First in Canada: Supporting Communities to End Homelessness (homelesshub.ca)</a>

1.5	Expand safer supply programs throughout Nova Scotia.	Provincial Government Non-Profits Health Justice Municipalities	Tertiary	<a href="#">Impact of safer supply programs on injection practices: client and provider experiences in Ontario, Canada   Harm Reduction Journal   Full Text (biomedcentral.com)</a>  <a href="#">Scan of Evidence and Jurisdictional Approaches to Safer Supply (publichealthontario.ca)</a>
-----	--	---	----------	--

## Service Design – Substance Use

(Responsive, reporting, mainstreaming, planning, coordinated care, specialist services, evaluation & research, diversity, training)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Invest in community-led programming through collaboration to meet the needs of youth with a focus on increasing and supporting protective factors through policy and programming.	Provincial Government Integrated Youth Services Municipalities	Primordial	<a href="#">Icelandic Model</a>  <a href="#">The Canadian Drugs + Substances Strategy 2023</a>  <a href="#">Government of Canada to support projects aimed at helping prevent and decrease substance use-related harms among young people - Canada.ca</a>
1.2	Incorporate updated curricula on substance use for youth in school. Education around the link between substance use and exploitation should also be incorporated in the curricula. Enhance professional development support for staff to ensure confidence in the implementation of the curricula.	Education Health Provincial Government	Primary	Currently under review: <a href="#">Curricula for Substance Use in Nova Scotia</a>  <a href="#">Action for Health - Solution 6</a>
1.3	Expand populations served and geographic reach of managed alcohol programs and other harm reduction programs.	Health Frontline Community Organizations Youth Serving Organizations	Secondary  Tertiary	<a href="#">Managed Alcohol Program - North End Community Health Centre</a>

1.4	Establish low barrier mental health and substance use services for children and youth.	Health Housing Municipalities Community Services Communities Integrated Youth Services	Secondary Tertiary	<a href="#">Murdered and Missing Indigenous Women, Girls, and 2 Spirit People: Calls for Justice - 4.7</a> <a href="#">Truth and Reconciliation Action 36</a>
1.5	Embed gender-based violence awareness and prevention education into certification for bar staff and service industry employees to strengthen opportunities for appropriate intervention (must be informed by survivors of gender-based violence), similar to completion of a <a href="#">Serve Right: It's Good Business</a> certificate.	Municipalities CCTH Private Sector Business Associations Department of Labor and Advanced Education	Primary Secondary	Working Group Jamboard Sessions <a href="#">Gender-based Analysis Plus (GBA Plus) - Women and Gender Equality Canada</a>
1.6	Establish municipal bylaws to ensure all bar staff and service industry employees have naloxone training as a requisite on the job.	Municipalities CCTH	Primary	<a href="#">Take Home Naloxone Program – NS Health</a>
1.7	Promote knowledge of and equip all first aid kits located in government or municipal spaces with ready-to-access naloxone – like the expansion of the AED program and adding locations to the <a href="#">savelivesns.ca</a> site.	Provincial Government Municipalities	Primary	<a href="#">Take Home Naloxone Program – NS Health</a>
1.8	Introduce or expand a pilot community bed program for young parents and pregnant people who have unique health and housing needs. This program will offer support and care to provide the best start for parent and infant. <a href="#">BC Women's Hospital and Health Centre</a> .	Health Community Services	Primary	Working Group Jamboard Sessions
1.9	Ensure counselling resources are gender-trauma- and grief-informed to prevent further harm and ensure that the investment in these resources will have meaningful outcomes. Employers	All	Primary	<a href="#">Experiences of Harm Reduction Service Providers During Dual Public Health Emergencies in Canada: Substance Use in Canada</a>

	need to provide an adequate number of sessions and coverage to ensure that the benefit of counselling resources are received and sustained.			<a href="http://ccsa.ca">ccsa.ca</a>
1.10	Advocate for a collective response to reduce substance use stigma in the health system.	Health Community Non-Profits	Primordial	<a href="#">A Primer to Reduce Substance Use Stigma in the Canadian Health System</a>  <a href="#">Organizational Assessment Tool for Substance Use and Stigma</a>

## Service Delivery – Substance Use

(Empowerment, trauma-informed practice, peer-led support, tailored person-centred support across recovery, culturally competent)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Services delivered for people who use substances need to be trauma-informed, harm reduction focused, youth-centered, urban and rurally accessible, culturally competent, reflective of population and, where possible, peer-based.	Health Education Community Services	Secondary Tertiary	<a href="#">Action for Health</a>  <a href="#">Truth and Reconciliation Action 36</a>  <a href="#">Experiences of Harm Reduction Service Providers During Dual Public Health Emergencies in Canada: Substance Use in Canada</a> ( <a href="http://ccsa.ca">ccsa.ca</a> )
1.2	Invest in evidence-based evaluations and knowledge sharing of substance use prevention and support services for children and youth with a focus on those identifying as women, girls and 2SLGBTQIA+ in a move to increase understanding of local evidence-based promising practices.	Federal and Provincial Government Frontline Community Organizations IWK Health NS Health Academic Institutions	Primordial	<a href="#">UNtoxicated Queers</a>  <a href="#">Mental Health Commission – Mental Health and Substance Use During Covid-19 Spotlight on 2SLGBTQIA</a>  <a href="#">Canadian Centre on Substance Abuse – Childhood and Adolescent Pathways to Substance Use Disorders</a>

1.3	Facilitate restorative practices and treating substances in schools as a health issue before disciplinary measures.	Education Health	Secondary	<a href="#">Health Promoting Schools</a>
1.4	Provide substance use services and supports for populations served by the federal government including youth, Indigenous communities, those in correctional institutions, veterans, etc.	Federal Government	Primary	<a href="#">The Canadian Drugs + Substances Strategy 2023</a>

## Sense of Belonging

Children and youth have a right to fully participate in their communities as their authentic selves and have their views listened to, their voices included, and their evolving needs respected and met. Social isolation and exclusion from one's family, friends and community can contribute to poor mental health outcomes and increase vulnerability to being exploited. Many participants in the Hearing Them work describe isolation and exclusion from

peers and community as contributing factors to becoming involved in CSEC.

Social inclusion and a sense of belonging are essential needs for the well-being of children and youth. The implementation of healthy public policy and programming can increase the supportive conditions and create opportunities for social inclusion which promotes a fundamental sense of belonging.

### National & Provincial Actions – Sense of Belonging

(Legislation, whole-system engagement, coordination, data collection, evidence-led interventions, infrastructure, strategic plans)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
1.1	Prioritize children 0-5 years and their caregivers in investment and planning of government services.	Federal and Provincial Government Municipalities	Primordial	<a href="#">MHITTY (Mental Health in the Early Years)</a> <b>Article 2:</b> <a href="#">The Convention on the Rights of the Child (unicef-irc.org)</a>

1.2	Adopt a Child Rights Impact Assessment for all legislation and government policy. This should also include gender-based and socio-economic impacts for government funded project proposals. Government officials should aim to complete the CRIA e-learning course by Justice Canada and Gender Based Analysis Plus (GBA+) course.	Federal and Provincial Government Municipalities	Primordial	<a href="#">MMIWG Calls for Justice 13.2</a> <a href="#">Child Rights Impact Assessment (CRIA) tool and e-learning course</a> <a href="#">Gender-based Analysis Plus (GBA Plus) - Women and Gender Equality Canada</a>
1.3	Scale up provincial investment and capacity for evidence-based programming where young men examine how traditional masculinity norms can impact their health and the health of their peers.	Health Education Sport NS	Primary	<a href="#">Standing Together To Prevent Domestic Violence: Building an Action Plan</a> <a href="#">Guys Work</a> <a href="#">Chicago Men &amp; Boys</a> <a href="#">What's up with Manhood</a>
1.4	Raise awareness in the province about heritage and culture for Black and African Nova Scotians and Indigenous Peoples. Initiatives could include education programs in the school system (so learners see themselves, their peers, life experiences, histories, and current communities represented).	Provincial Government Community Organizations	Primordial	<a href="#">Count us In Action Plan - Recognition Actions</a> <a href="#">National Association of Friendship Centres</a> <a href="#">Everyone Everyday – North End Belonging Initiative</a>
1.5	Representation on School Advisory and related Associations (Black and African Nova Scotian, Indigenous Populations, 2SLGBTQIA+).	Education	Primordial	<a href="https://nscsw.org/media-release-open-letter-demands-protections-for-2slgbtqia-youth-in-schools/">https://nscsw.org/media-release-open-letter-demands-protections-for-2slgbtqia-youth-in-schools/</a>
1.6	Introduce a housing innovation strategy with targeted funds to facilitate person-centred design and development of gender-sensitive housing models	Provincial Government Housing Municipalities	Primordial	Call to action #15 <a href="#">An-Intersectional-Feminist-Housing-Agenda.pdf (womenshomelessness.ca)</a>

	from the perspective of lived experts.			
1.7	Secure universal access to high-speed, high-quality internet across Canada. The focus should be on improving access in rural, Northern, and remote communities by 2025.	Provincial Government Municipalities	Primordial	<a href="#">Preventing+a+Lockdown+Generation+-+Final+Report+-+English.pdf (squarespace.com)</a>

## Regional & Local Actions – Sense of Belonging

(Multi-agency partnership, public awareness, education, community resilience building, Bespoke strategies, trust-building intervention)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Work with Municipal planners to ensure design policies and guidelines emphasize street connectivity, mixed land use, and human-scaled developments to enhance a sense of belonging.	Municipalities Communities	Primordial	Complete Communities <a href="https://ecologyaction.ca/our-work/built-environment/complete-communities">https://ecologyaction.ca/our-work/built-environment/complete-communities</a>
1.2	Invest in supporting organizations tasked with learning and belonging at the local level.	Community Organizations Community Services Health Education	Primordial	<a href="#">Every One Every Day Kijipuktuk</a>
1.3	Enhance built environment features (inside and outside) to reflect representation of diverse cultures and communities in Nova Scotia. This could be done through place naming, signage, visual arts, inclusion of unique cultural spaces, plaques, memorials, etc., commemorating and celebrating significant people, places, and events.	Provincial Government Municipalities Organizations CCTH	Primordial	<a href="#">HRM Regional Plan – Chapter 9: Celebrating Culture</a> <a href="#">Equity and Anti-Racism Strategy Nova Scotia</a> <a href="#">Count us In Action Plan - Recognition Actions</a>

## Service Design – Sense of Belonging

(Responsive, reporting, mainstreaming, planning, coordinated care, specialist services, evaluation & research, diversity, training)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Work with unions and employers to prioritize hiring employees from diverse cultural backgrounds at all levels within the child welfare, justice, health, and education systems including within leadership and decision-making roles.	All sectors where children and youth interact	Primordial	<u>Child Welfare Information Gateway – Addressing Disproportionality</u> <u>Count us In Action Plan</u> <u>Truth and Reconciliation Action number 7 and 23</u>
1.2	Prioritize investment in youth-centred places/infrastructure to gather with safe adults.	Public Works Education Community Services Health CCTH Municipalities	Primordial	<u>Integrated Youth Services IWK</u> <u>Youth Service Hubs and Spaces</u> <u>Action for Health</u> <u>Planet Youth</u> <u>HRM Public Safety Strategy 1.6</u>
1.3	Establish a shared outcomes framework to support children and youth indicators across government departments – offers shared language, shared indicators, and shared data to multiservice youth.	Executive Council Office Provincial Government Municipal Affairs	Primordial	<u>Restorative Inquiry into the Home for Coloured Children</u>

## Service Delivery – Sense of Belonging

(Empowerment, trauma-informed practice, peer-led support, tailored person-centred support across recovery, culturally competent)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Establish more youth indoor and outdoor drop-in programming that is accessible and free of charge that offers opportunities for youth	Municipalities Community Services	Primordial	NS Alliance for Healthy Eating & Physical Activity <a href="http://www.nsalliance.ca/">http://www.nsalliance.ca/</a>

	to connect with others in a casual, safe, semi-structured environment located in or around schools.	Education Libraries Teacher Unions		
1.2	Strengthen understanding and delivery of trauma-informed practices in places where children and youth gather.	Education CCTH Municipalities Recreation	Primary Secondary Tertiary	Ednet – Trauma-Informed Approach <a href="https://www.ednet.ns.ca/psp/trauma-informed-approach">https://www.ednet.ns.ca/psp/trauma-informed-approach</a>
1.3	Establish peer support and promotion of peer-led activities in schools, which are culturally relevant and promote connection.	Education Community Organizations Health Promoting Schools	Primary Secondary Tertiary	Ednet – Relationships and Community <a href="https://www.ednet.ns.ca/psp/equity-inclusive-education/relationships-community">https://www.ednet.ns.ca/psp/equity-inclusive-education/relationships-community</a>
1.4	Embed cultural practices with community guidance as a way to support children and youth to connect and strengthen their sense of belonging.	Communities Provincial Government Municipalities Non-Profit Sports and Recreation	Primordial	<a href="#">Teaching About the Mi'kmaq   Mi'kmawey Debert Cultural Centre (mikmaweydebert.ca)</a>  <a href="#">MK Schools - learning</a>

## Mental Health

Positive mental health and well-being of children and youth is essential for them to thrive and fully participate in their surroundings where they live, learn, play, and grow. Children have a right to fully participate as their authentic selves.

Therefore, a population level approach to mental health promotion must include a focus on the social determinants of mental health: social inclusion, freedom from discrimination

and violence, and access to economic resources (shelter, food, transportation, etc.). Improving the social determinants of mental health will greatly reduce the vulnerability to children being sexually exploited.

The promotion of positive mental health is protective because when children and youth feel safe, connected, and comfortable they have less vulnerability to being exposed to,

or lured into, risky and unsafe scenarios.

Mental health promotion at an individual level can assist a child in developing skills to describe their emotions and engage in supportive actions to further improve their wellness.

Emotional literacy, mental health literacy, and resilience play a factor in protecting and promoting positive mental health for children and youth. Positive mental health is correlated with better health outcomes for children and youth.

At a system level, program planners and service providers can make a significant positive difference in client

engagement, retention, and outcomes by making mental health and substance use services emotionally and physically safe. It is important to support learning opportunities, build coping skills, and providing clients with the experience of choice and control.<sup>125</sup>

In one Canadian-based survivor-led study, survivors indicated mental health care was the most important healthcare service for survivors to access after exiting trafficking.<sup>126</sup> Yet there are very few accredited, specialized mental health services for survivors in Canada, specifically for long-term care.

## National & Provincial Actions – Mental Health

(Legislation, whole-system engagement, coordination, data collection, evidence-led interventions, infrastructure, strategic plans)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Commit to funding the routine updating and progress reporting on the One Chance to be a Child Wellbeing Indicators.	Provincial Government Health Academic Institutions	Primordial	<u>One Chance to be a Child</u>
1.2	Invest in comprehensive population-based follow-up studies so that more accurate information about how the pandemic may have affected all children and youth living in Canada, especially those who were disproportionately affected.	Federal and Provincial Government Academic Institutions	Primordial	<u>Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</u>  <u>Nurturing Minds for Secure Futures: Timely Access to Mental Healthcare for Children and Youth in Canada</u>

1.3	Establish a National Child and Youth Well-Being Strategy and plan of action with an emphasis on Mental Health.	Provincial Government	Primordial	<p><u>One Chance to be a Child Report</u></p> <p>New Zealand Example: <u>Programme of Action   Child and Youth Wellbeing</u> (<a href="http://childyouthwellbeing.govt.nz">childyouthwellbeing.govt.nz</a>)</p> <p><u>Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</u></p> <p><u>Nurturing Minds for Secure Futures: Timely Access to Mental Healthcare for Children and Youth in Canada</u> (<a href="http://childrenshealthcarecanada.ca">childrenshealthcarecanada.ca</a>)</p>
1.4	Ensure that children and youth who are at risk of or experiencing CSEC are considered as a priority population for integration with the Universal Mental Health Program planning.	Health IWK Health Nova Scotia Health Integrated Youth Services	Primary Secondary	<u>Announcement of Universal Mental Health in NS</u>
1.5	Develop a patient-centred cultural competency model that brings together cultural humility and health literacy to understand values, beliefs, needs and priorities of the diverse populations within Nova Scotia.	Provincial Government Health IWK Health Nova Scotia Health	Primordial Primary	<u>Culturally Connected</u>
1.6	Support and adequately resource the Network of Black Mental Health Providers built from the work of the Nova Scotia Mental Health and Addiction Strategy.	Health IWK Health Nova Scotia Health	Primary Secondary Tertiary	<u>Desmond Fatality Inquiry - Recommendation 9</u>
1.7	Shift the framework of mental health care in Nova Scotia to ensure a stronger focus on a bio-psycho-social model integrated in mental health programming, to ensure that the social determinants of health are addressed. This can include advocacy and support for core housing needs.	Provincial Government Health IWK Health Nova Scotia Health	Primordial	<u>Keys to a Housing Secure Future for all Nova Scotians</u>

## Regional & Local Actions – Mental Health

(Multi-agency partnership, public awareness, education, community resilience building, Bespoke strategies, trust-building intervention)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Increase health sector membership in the TESS partnership to support a population health approach.	Health	Primary	<a href="#">TESS partnership</a>
1.2	Establish a Municipal Children's Charter or other actions towards creating a Child Friendly City/Town. The Charter should outline opportunities to enhance youth engagement	Municipalities Municipal Affairs	Primordial	<a href="#">Leeds Child Friendly Cities Canada   Child-Friendly Cities Initiative (childfriendlycities.org)</a>
1.3	Local governments and health authorities to include appropriate community-led agencies in the development of mental health programming for First Nations and Indigenous communities	Tajikeimik Mi'kmaw Native Friendship Centre Mi'kmaw Native Legal Services Confederacy of Mainland Mi'kmaw	Primary	Working Group Jam-Board Sessions
1.4	Health authorities should partner with appropriate community organizations to provide more comprehensive virtual care to rural Black and African Nova Scotian communities	Health Nova Scotia Health IWK Health	Primary	<a href="#">Desmond Fatality Inquiry - Recommendation 6</a>
1.5	Scale up/Adopt/Promote large scale campaigns that draw attention to trauma awareness and support for children and youth, such as BGC Canada's ' <a href="#">No child/youth should have un-shareable stories</a> ' campaign	Community Services BGC Greater Halifax YWCA IWK Health	Primary	Working Group Jam-Board Session
1.6	Build community resilience through diversified mental health programs that are offered at community level, involve direct free training for community	Integrated Youth Services Community	Primary	<a href="#">Action for Health – Universal Mental Health</a>

members and are more accessible to children and youth without long waitlists, and do not have rigid criteria requirements for diagnosis of mental illness, or be a victim of a crime.	Mental Health Non-Profits Municipalities		
---	--	--	--

## Service Design – Mental Health

(Responsive, reporting, mainstreaming, planning, coordinated care, specialist services, evaluation & research, diversity, training)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
1.1	Update policies within the Health Authorities to offer the most up-to-date practice on responding to issues of abuse, sexual violence, etc. Language and definitions should all be updated as well as incorporation of a trauma/violence-informed lens.	IWK Health NSH Health Health	Secondary Tertiary	<p><b>IWK Policy 1101:</b> Reporting Allegations of Abuse/Neglect or Suspected Abuse/Neglect – update definitions and include a trauma/violence informed lens.</p> <p><b>NSH Policies:</b></p> <ul style="list-style-type: none"> <li>- <a href="#">AD-QR-001</a> (Abuse Prevention and Response – Protection of Persons in Care)</li> <li>- <a href="#">CL-EC-050</a> (Care of the Patient who has Experienced Sexual Assault)</li> <li>- <a href="#">AD-QR-040</a> (Responding to Patient Sexual Incidents When Harm is Suspected)</li> </ul>
1.2	With the intention of system and quality improvement, conduct a mock tracer simulation of a CSEC victim's interaction/care pathways and services in the health system and make recommendations for enhanced care opportunities.	Health IWK Health NSH Health Public Health Forensics Laboratory Status of Women	Secondary Tertiary	Example: <a href="#">Rape Crisis England &amp; Wales</a>

1.3	Incorporate CSEC, Pornography Screening tools & reporting processes into social and health systems.	Health Health Authorities Tajikeimik Justice Community Services	Secondary Tertiary	Working Group Jamboard Sessions <a href="#">Academic Library - Culture Reframed</a> <a href="#">About – PARADIGM SHIFT (paradigmshifftc.com)</a> <a href="#">Commercial Sexual Exploitation Identification Tool</a>
1.4	Strengthen capacity of frontline staff's training and knowledge of the WHO Refugee and Migrant Mental Health Toolkit to build capacity of our health system in supporting newcomer populations.	ISANS – Immigrant Services Newcomer Clinics Health Authorities	Primordial Primary	<a href="#">Refugee and Migrant Health Toolkit (who.int)</a>
1.5	Provide youth at risk of or experiencing CSEC with programming that creates opportunities for developing coping skills and provide clients with the experience of choice and control.	Health Community Services Justice	Tertiary	CAPA <a href="#">Video for Families - CAPA</a> <a href="#">Trauma Informed Practice Guide</a> <a href="#">Health Care Providers Play a Critical Role.</a>
1.6	Establish a list of promising practice/ accredited mental health services for survivors of CSEC. Mental health care was the most important healthcare service for survivors to access after exiting trafficking. Yet there are very few accredited, specialized mental health services for survivors in Canada, specifically for long term care.	Health Community Services Frontline Organizations	Tertiary	<a href="#">MMIWG Calls for Justice 3.4</a> <a href="#">Salvation Army Illuminate first voice</a> <a href="#">Improving Physical and Mental Health Care for Those at Risk of, or Experiencing Human Trafficking &amp; Exploitation Toolkit</a>
1.7	Integrate opportunities to use evidence-based trauma-informed resources, tools, and trainings such as those from <a href="#">US National Child Traumatic Stress Network Website</a> .	Health Community Services Education Justice	Primary	<a href="#">US National Child Traumatic Stress Network Website</a>
1.8	Ensure universal and inclusive design in all healthcare settings; sensitive or stigmatized issues, separate rooms and waiting areas, mental health crisis response provisions, increased accessibility to	Health	Tertiary	<a href="#">Universal Design in Healthcare Manual</a> <a href="#">Universal Design Policy (vhba.vic.gov.au)</a>

	check in with staff etc.			
1.9	Advocate for and ensure that children and youth have the right to healthy spaces for play, rest, and leisure and the right to be protected from social harm in schools.	Education Community Services Health CCTH	Primordial	Chapter 5 Recommendations <u>Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</u> <b>Recommendation Article 31</b> <u>United Nations Convention on the Rights of the Child (UNCRC)</u>

## Service Delivery – Mental Health

(Empowerment, trauma-informed practice, peer-led support, tailored person-centred support across recovery, culturally competent)

	<i>Implementation Points</i>	<i>Sectors</i>	<i>Prevention Level</i>	<i>Alignment with other strategies, calls or actions</i>
1.1	Integrated youth services need to encompass CSEC specific targeted services in addition to services for child and youth well-being.	IWK Health NSH Health Non-Profits Municipalities	Primary Secondary	Working Group Jamboard Sessions
1.2	Build training for service providers around understanding why a person might return to their trafficker/exploiter, for increased empathy in service provision.	Frontline Service Providers	Tertiary	<u>Assistance and Support Services for Survivors of Human Trafficking</u>
1.3	Increase focus on working through shame and self-stigma to support strengthening or repairing relationships with family/friends/support networks during or after involvement in CSEC. These resources should emphasize having conversations with family, friends or supports about what has happened and how to deal with it collectively.	Non-Profits IWK Health NSH Health	Secondary Tertiary	<u>End Stigma, End Trafficking   UNICEF USA</u>  <u>Hearing Them: Stigma</u>
1.4	Enhance trauma and violence-informed approaches and	Non-Profits Frontline	Secondary	<u>Human Trafficking Health Alliance of Canada</u>

	competence among child and youth serving organizations. This will improve understanding that while behaviours may appear maladaptive or counterproductive, these behaviors serve as essential tools in the patient's toolbox of survival skills. When used correctly, the trauma and violence-informed approach will help positively reframe these behaviors and allow providers to build trust with their patients, identify suspected and/or confirmed cases of trafficking, and suggest the most appropriate service referrals upon discharge.	Service Organizations Health Authorities	Tertiary	
1.5	Improve trauma-informed data sharing between systems to support child/youth flow across services.	Health Justice Education Community Services	Primary	<u>One Person One Record</u>
1.6	Include grief-informed and shame-sensitive care in service delivery as it overlaps with trauma-informed care approaches but is distinct.	All	Secondary Tertiary	<u>Becoming Grief-Informed: A Call to Action</u>

## Education

The provision of an education is a fundamental human right for children and youth.<sup>127</sup> Achieving an education is a protective factor that provides individuals with an increase in opportunity for employment and/or advancing education or skills development. Access to education can lead to more financial security, which can contribute to reducing rates of poverty. Every possible support should be given to improve the education completion rates to ensure that children and youth are strategically positioned to thrive and to fully participate in society. Several recommendations specific to improving education completion have been included within the poverty tables above.

Increasing the capacity of decision makers to understand the current statistics and risk factors specific to the

CSEC in Nova Scotia is essential to advance the priority of this portfolio. Increasing awareness and training specific to surveillance and support is needed for all front-line workers who interact with children, youth and families within the systems and organizations in broader society.

Supplementary educational supports and curriculum that specifically empowers children and youth to understand the concept of coercion, luring, grooming and exploitation can offer some protection to the risk of CSEC. However, education alone will not reduce the rate of CSEC in Nova Scotia; rather, it will increase awareness and capacity. Education must be coupled with political will and commitment to addressing the contributing factors which place children and youth at risk for exploitation and trafficking.

### National & Provincial Actions – Education

(Legislation, whole-system engagement, coordination, data collection, evidence-led interventions, infrastructure, strategic plans)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Establish Health Sciences leadership with Health Education Specialists in schools to deliver the healthy relationships curricula.	Education Health	Primary	*All Hands on Deck is a resource available through NSH Mental Health and Addictions Health Promotion Team
1.2	Expand curricula and school-based	Education	Primordial	<u>Mass Casualty Report C.</u>

	programs to include all aspects of learning and development (arts, sports, experiential education) at no to low fees to participants. Establish community projects to be part of a multi-sectoral approach that centers prevention by collaboratively addressing social determinants of community safety and well-being, keeping kids engaged in their school community.	CCTH SportNS RecNS Academic Institutions		<a href="#">15 (b)</a>
1.3	Improve digital expertise by including digital competence in all teacher preparation programs by developing a clear plan and strategy so that all Canadian teachers will have full digital proficiency within 3 years.	Federal and Provincial Government Education Teacher Unions Associations	Primordial	<a href="#">Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</a>
1.4	Scale up SchoolsPlus capacity to increase presence of service providers in schools.	Education Health	Primordial	Working Group Jamboard Sessions
1.5	Expand public education campaigns to challenge the acceptance and normalization of violence, the implications of human trafficking and the different types of trafficking. Target Education, Community and Healthcare and Public Service Providers.	Federal and Provincial Government Municipalities	Primordial	<a href="#">MMIWG Calls for Justice 1.8 and 1.9</a> <a href="#">Mass Casualty Commission Recommendations V.12(d) and V.17 (d)</a> <a href="#">Nation Action Plan to End Gender Based Violence</a>
1.6	Advocate for adequate teacher pre-service Bachelor of Educations courses related to health education with a focus on healthy relationships, consent, CSEC, digital safety etc.	Education	Primary	<a href="#">MMIWG Report Calls for Justice 7.9</a> <a href="#">DIY Digital Safety</a>
1.7	Develop public health education and awareness campaigns to promote healthy masculinities and to help to steer males away from exploitive behaviours.	Federal and Provincial Government Education Community Services	Secondary	<a href="#">Mass Casualty Report C 32 (a)</a>

1.8	Standardize oversight mechanisms for education recruiters, including those operating outside the country, by ensuring statement of principles for ethical recruitment of international students by education agents and consultants (known as the “London Statement”). The agreement – which has been signed by the United Kingdom, Australia, New Zealand, and Ireland – provides an ethical framework and seven principles to “promote best practice among the education agents and consultant professions that support international students.” Once signed, countries implement training, regulation, and oversight to ensure recruitment agencies abide by the terms of the London Statement.	Federal Government	Primordial	<a href="#">Canadian Centre to End Human-Trafficking International Students Policy Brief</a>
1.9	Improve internet and digital access to digital learning platforms, high-speed Internet, and digital devices for learning, public, universal, and free of charge, in both English and French.	Federal and Provincial Government	Primordial	<a href="#">Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</a>
1.10	Establish clear policies at a Provincial level to restrict personal cell phone/digital devices use outside of educational purposes in classrooms and during the school day to improve attention, learning and reduce access to online harms.	Provincial Government Education Regional Centres for Education	Primordial	<a href="#">B.C. launches concrete actions to keep kids safe, healthy   BC Gov News</a>
1.11	Advocate to the Federal Government to follow through on an investment into a National School Food Program.	Federal and Provincial Government Education	Primordial	<a href="#">Why Healthy School Food Matters   Coalition for Healthy School Food   Canada</a>

## Regional & Local Actions - Education

(Multi-agency partnership, public awareness, education, community resilience building, Bespoke strategies, trust-building intervention)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Regional Centres for Education to collaborate with TESS Partnership regional groups to improve shared outcomes for children and youth that include actions to address CSEC.	Education TESS Partnership	Primary	<a href="#">MMIWG Report Calls for Justice 7.9</a> <a href="#">Restorative Inquiry into the Home for Colored Children</a>
1.2	Adapt and scale up programs that focus on empowering young men, such as GuysWork, EFRY's Personal Empowerment for Young Men, or <a href="#">TC Online Institute's</a> "360 view of the 'mindset of a trafficker'" training, to address upstream approaches to preventing male children from becoming traffickers.	Provincial Government Education Community Services Health Status of Women Municipalities	Primary	<a href="#">Human Trafficking Education   Tc Online Institute</a> <a href="https://www.efrymns.ca/programs">https://www.efrymns.ca/programs</a>
1.3	Advocacy campaign to establish peer support opportunities/ awareness raising for children and youth to know how to recognize signs of CSEC for themselves or amongst their friends and how to respond appropriately. Campaigns should consider using avenues such as: <ul style="list-style-type: none"> <li>• Targeted awareness bus stops, airports, transit stations and bus terminals</li> <li>• School based assemblies</li> <li>• Support understanding of exploitation and trafficking in Nova Scotia</li> <li>• Needs to be developed and promoted in multiple languages.</li> <li>• School-wide/public campaign, such as the school</li> </ul>	Provincial Government Whole of Government Approach	Primary	<a href="#">MMIWG Report Calls for Justice 7.9</a> <a href="#">Take it down-resources</a> <a href="#">MMIWG Report Calls for Justice 1.8</a>

	<p>wide "Stop bullying" campaign</p> <ul style="list-style-type: none"> <li>• Accessible graphic materials available in clinics</li> <li>• Use posters such as <u>Take It Down</u> in bathroom stalls of all public washrooms (male, female and unisex) as many youth will not take their phone out and access the QR codes in public spaces</li> </ul>			
1.4	Strengthen opportunities to develop children and youth's financial literacy and financial management skills.	Education Private sector banks	Primordial	<a href="#">Home Page   Junior Achievement of Nova Scotia (janovascotia.ca)</a> <a href="#">Aflatoun International – Child Social and Financial Education</a>
1.5	Support Black and African Nova Scotian student success and well-being by developing a strategy that would result in establishing schools as safe, inclusive, culturally responsive education and equitable learning environments and systems.	Education	Primordial	<a href="#">Count Us In: Nova Scotia's Action Plan in Response to IDPAD - Education and Development Actions</a>
1.6	Undertake continuous reflection upon and refinement of the allocation of resources (human, material and/or fiscal) in an increasingly differentiated and equitable manner for students and staff in schools.	Provincial Government Education Regional Centres of Education Health Community Services	Primordial	Chapter 8 Recommendation: <a href="#">Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</a>

## Service Design – Education

(Responsive, reporting, mainstreaming, planning, coordinated care, specialist services, evaluation & research, diversity, training)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Train teachers, school administration and SchoolsPlus support teams to have specific	Education Health	Primary	<a href="#">MMIWG Report Calls for Justice 7.7</a>

	training to recognize risk, vulnerabilities, and signs of exploitation as well as awareness and skills on how to respond appropriately in collaboration with supporting systems.	Promoting Schools Community Policing Restorative Justice		
1.2	Prioritize recess and other forms of breaks as an essential part of the school day for all grades and ensure that every school is equipped with appropriate space for learning and socializing outdoors.	Education Regional Centres of Education Unions	Primordial	<a href="#">Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</a>
1.3	Explore opportunities to scale up restorative school justice pieces to address harm in school settings.	Justice Education SchoolsPlus Community	Secondary	Working Group Jamboard Session
1.4	Increase investment in a comprehensive, accessible, and affordable afterschool program throughout Nova Scotia, particularly in rural communities.	Provincial Government Municipalities Education	Primordial	<a href="#">Submission on priorities for the 2019 Federal Budget- Boys and Girls Clubs of Canada</a> <a href="#">The Growing Importance of Afterschool in Rural Communities</a>
1.5	Invest in the built environment to support both indoor and outdoor spaces for recess including nature, natural materials, and equipment for both indoor and outdoor use.	Provincial Government Education CCTH	Primordial	<a href="#">Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</a>
1.6	Form a national roundtable, in collaboration with Teachers' Associations and the Council of Ministers of Education, Canada (CMEC), to research and develop a comprehensive framework to improve teachers' working conditions.	Federal Government Teachers Associations Council of Ministers of Education Canada Unions	Primordial	<a href="#">Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</a>
1.7	Implement 7 recommendations outlined in chapter 6: After COVID: Lessons from a Pandemic for K-12 Education to support students and educators, if future school closures occur.	Federal and Provincial Government Education	Primordial	<a href="#">Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity An RSC Policy Briefing</a>

## Service Delivery – Education

(Empowerment, trauma-informed practice, peer-led support, tailored person-centred support across recovery, culturally competent)

	<b>Implementation Points</b>	<b>Sectors</b>	<b>Prevention Level</b>	<b>Alignment with other strategies, calls or actions</b>
1.1	Strengthen the introduction of cultural traditions, activities and safe spaces into schools and classrooms to foster a sense of belonging through importance, community, and connection.	Education	Primordial	<a href="#">MMIWG Report Calls for Justice 2.3</a> <a href="#">Count Us In: Nova Scotia's Action Plan in Response to IDPAD - Education</a>
1.2	Empower teachers, school administration and SchoolsPlus support teams to have specific training to recognize risk, vulnerabilities, and signs of exploitation, as well as the skills and confidence to respond appropriately.	Education	Primary Secondary	<a href="#">MMIWG Report Calls for Justice 7.9</a>
1.3	Ensure healthy relationships curricula, education, and awareness sessions, are delivered in French and other emerging common languages. Support organizations supplementing teacher-led curricula to ensure children and youth across Nova Scotia have equitable access.	Education Frontline Community Organizations	Primary	Working Group Jamboard Sessions
1.4	Invest in trauma-responsive pedagogy for professional learning for teachers during pre-service and in-service periods.	Education Health	Primary	<a href="#">Pre-Service Teacher Preparation in Trauma-Informed Pedagogy: A Review of State Competencies (researchgate.net)</a>
1.5	Ensure training for private and public colleges and universities to ensure professors and instructors working with international students know red flags and can refer to supports.	Academic Institutions Provincial Government	Primary	Working Group Jamboard Sessions
1.6	Provide prevention education and increase awareness among university students, particularly racialized and/or international students, related to sexual exploitation vulnerabilities.	Academic Institutions Communities Provincial Government	Primary	Working Group Jamboard Sessions

## References

---

- <sup>1</sup> Government of Canada (2019) Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Retrieved from: [Final Report | MMIWG \(mmiwg-ffada.ca\)](#)
- <sup>2</sup> Cain, T., Colley-Leger J., Gordan, T., Jarvis K. (2021). Hearing Them: African Nova Scotian and Black Experiences of Sex Work, Childhood and Youth Commercial Sexual Exploitation and Human Trafficking in Nova Scotia. Retrieved from: [Hearing+them+-+ANS20230127.pdf \(squarespace.com\)](#)
- <sup>3</sup> Heidinger L (2023). Trafficking in persons in Canada, 2022. Statistics Canada. Retrieved December 11, 2023 from: [Trafficking in persons in Canada, 2022 \(statcan.gc.ca\)](#)
- <sup>4</sup> Statistics Canada. (2021) Table 35-10-0049-01 Victims of police-reported violent crime and traffic violations causing bodily harm or death, by type of violation and age of victim. Retrieved August 12, 2022, from: [Victims of police-reported violent crime and traffic violations causing bodily harm or death, by age of victim and type of violation \(statcan.gc.ca\)](#)
- <sup>5</sup> Gagnon, C. (2020). Safer Spaces White Paper #3 Pathways to Entry. YWCA Halifax. Retrieved August 12, 2022, from: <https://www.ywcahalifax.com/wpcontent/uploads/2021/03/White-Paper-3-Pathways-to-Entry.pdf>
- <sup>6</sup> Department of Pediatrics and Healthy Populations Institute (2022). One Chance to Be a Child: A data profile to inform a better future for child and youth well-being in Nova Scotia. Full Report. Retrieved on December 11, 2023 from: [www.onechancens.ca](http://www.onechancens.ca).
- <sup>7</sup> Gagnon, C. (2020). Safer Spaces White Paper #3 Pathways to Entry. YWCA Halifax. Retrieved August 12, 2022, from: <https://www.ywcahalifax.com/wpcontent/uploads/2021/03/White-Paper-3-Pathways-to-Entry.pdf>
- <sup>8</sup> Government of Canada. (2021) The United Nations Convention on the Rights of the Child. Retrieved on December 11, 2023 from: [The United Nations Convention on the Rights of the Child: An Overview for Children and Teenagers - Canada.ca](#)
- <sup>9</sup> Heidinger L (2023). Trafficking in persons in Canada, 2022. Statistics Canada. Retrieved December 11, 2023 from: [Trafficking in persons in Canada, 2022 \(statcan.gc.ca\)](#)
- <sup>10</sup> Statistics Canada. (2021) Table 35-10-0049-01 Victims of police-reported violent crime and traffic violations causing bodily harm or death, by type of violation and age of victim. Retrieved August 12, 2022, from: [Victims of police-reported violent crime and traffic violations causing bodily harm or death, by age of victim and type of violation \(statcan.gc.ca\)](#)
- <sup>11</sup> Moreau, G. (2021) Police Reported crime statistics in Canada 2020. Retrieved January 31, 2024, from: [Police-reported crime statistics in Canada, 2021 \(statcan.gc.ca\)](#)
- <sup>12</sup> Gagnon, C. (2021) Safe Spaces White Paper #2 Understanding Human Trafficking in Nova Scotia. YWCA Halifax. Retrieved July 29, 2022 from: [White-Paper-2-Understanding-Human-Trafficking-in-Nova-Scotia-3.pdf \(ywcahalifax.com\)](#)
- <sup>13</sup> Gagnon, C. (2020). Safer Spaces White Paper #1: Building a community of practice for CSEC and trafficking victims. Retrieved on December 14, 2023, from: <https://www.ywcahalifax.com/wp-content/uploads/2020/11/White-Paper-1-Building-a-Community-of-Practice-for-CSEC-and-Trafficking-Victims.pdf>
- <sup>14</sup> Centre for Disease Control (2021). Adverse Childhood Experiences. Retrieved August 8, 2022, from: <https://www.cdc.gov/violenceprevention/aces/index.html>
- <sup>15</sup> Pavey, L., Hopson, J., Gagnon, C. (2021) Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia. Retrieved December 11, 2023 from: [Hearing+them+-+Risks+Prevention.pdf \(squarespace.com\)](#)
- <sup>16</sup> Pavey, L., Hopson, J., Gagnon, C. (2021) Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia. Retrieved December 11, 2023 from: [Hearing+them+-+Risks+Prevention.pdf \(squarespace.com\)](#)
- <sup>17</sup> Pavey, L., Hopson, J., Gagnon, C. (2021) Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia. Retrieved December 11, 2023 from: [Hearing+them+-+Risks+Prevention.pdf \(squarespace.com\)](#)



- <sup>18</sup> [Trauma | CAMH Centre for Addictions and Mental Health](#)
- <sup>19</sup> Azzopardi, C., Bruder, R., Smith, T.D. (2023). Multisector Community Response to Child Sex Trafficking: Toronto Region Protocol and Resource Toolkit 2023. Lotus Health Sick Kids. Retrieved on April 5, 2024 from: [Multisector Community Response to Child Sex Trafficking: Toronto Region Protocol and Resource Toolkit \(sickkids.ca\)](#)
- <sup>20</sup> IWK Health Trauma Informed Care Team Position Statement 2023
- <sup>21</sup> Gagnon, C. (2020). Safer Spaces White Paper #3 Pathways to Entry. YWCA Halifax. Retrieved August 12, 2022, from: <https://www.ywcahalifax.com/wpcontent/uploads/2021/03/White-Paper-3-Pathways-to-Entry.pdf>
- <sup>22</sup> Department of Pediatrics and Healthy Populations Institute (2022). One Chance to Be a Child: A data profile to inform a better future for child and youth well-being in Nova Scotia. Full Report. Retrieved on December 11, 2023 from: [www.onechancens.ca](http://www.onechancens.ca).
- <sup>23</sup> Gagnon, C. (2020). Safer Spaces White Paper #3 Pathways to Entry. YWCA Halifax. Retrieved August 12, 2022, from: <https://www.ywcahalifax.com/wpcontent/uploads/2021/03/White-Paper-3-Pathways-to-Entry.pdf>
- <sup>24</sup> Frank, L. Saulnier, C.(2023) 2023 Report Card on Child and Family Poverty in Nova Scotia: Families deserve action, not excuses. Canadian Centre for Policy Alternatives. Retrieved March 3rd, 2024 from: [2023 Report Card on Child and Family Poverty in Nova Scotia | Canadian Centre for Policy Alternatives](#)
- <sup>25</sup> Proof Toronto (2023). New Data on Household Food Insecurity in Canada in 2022. Retrieved on December 11, 2023 from: [New data on household food insecurity in 2022 - PROOF \(utoronto.ca\)](#)
- <sup>26</sup> Gagnon, C. (2021) Safer Spaces White Paper #5: A review of housing models for victims of CSEC. YWCA Halifax. Retrieved on December 11, 2023 from: [Safer-Spaces-White-Paper-5-Housing-Victims-of-CSEC-1.pdf \(ywcahalifax.com\)](#)
- <sup>27</sup> The Canadian Centre for Human Trafficking (2023). Protect International Students Now: Written submission for the 2024 federal pre-budget consultation. Retrieved on December 19, 2023 from: [International-Students-Policy-Brief-Canadian-Centre-to-End-Human-Trafficking-Sept-2023.pdf \(canadiancentretoendhumantrafficking.ca\)](#)
- <sup>28</sup> Public Health Agency of Canada (2020). The health of Canadian youth: Findings from the health behaviour in school-aged children study. Retrieved August 4, 2022 from: <https://www.canada.ca/en/public-health/services/publications/science-research-data/youth-findings-health-behaviour-school-aged-children-study.html>
- <sup>29</sup> Government of Canada (2012). Child Maltreatment in Canada. Retrieved July 19, 2022, from: <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/sfv-avf/sources/nfnts/nfnts-2006-maltr/assets/pdf/nfnts-2006-maltr-eng.pdf>
- <sup>30</sup> Nova Scotia Department of Community Services (2019). Children in care of the Nova Scotia Department of Community Services from January 1st, 2019, to December 31st, 2019. Accessed on September 9, 2022.
- <sup>31</sup> Statistics Canada (2021). Table 2.4 Child and youth victims of police-reported family and non-family violence, by gender of victim and province or territory, 2018 to 2019. Retrieved July 19, 2022, from: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001/tbl/tbl02.4-eng.htm>
- <sup>32</sup> Statistics Canada (2021). Table 2.4 Child and youth victims of police-reported family and non-family violence, by gender of victim and province or territory, 2018 to 2019. Retrieved July 19, 2022 from: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001/tbl/tbl02.4-eng.htm>
- <sup>33</sup> Statistics Canada. (2022) Victims of police-reported family and intimate partner violence in Canada, 2021. Retrieved on December 11, 2023 from: <https://www150.statcan.gc.ca/n1/daily-quotidien/221019/dq221019c-eng.htm>
- <sup>34</sup> Pavey, L., Hopson, J., Gagnon, C. (2021) Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia. Retrieved December 11, 2023 from: [Hearing+them+-Risks+Prevention.pdf \(squarespace.com\)](#)
- <sup>35</sup> Statistics Canada (2023). CSTADS Data, 11<sup>th</sup> Cycle, Table 19: Past twelve-month use and mean age at first use of alcohol and cannabis, by grouped grades, Canada. 2021-2022. <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-detailed-tables.html#t19>

- <sup>36</sup> Nova Scotia Government. (2007). Nova Scotia Alcohol Strategy. <https://novascotia.ca/dhw/addictions/documents/Changing-the-Culture-of-Alcohol-Use-in-Nova-Scotia-Strategy.pdf>
- <sup>37</sup> Sontate, K V et al. (2021). Alcohol, Aggression, and Violence: From Public Health to Neuroscience. *Frontiers in Psychology*, 12. Retrieved December 13, 2023 from <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.699726>
- <sup>38</sup> Tam, T. (2018). Prevention Problematic Substance Use in Youth – CPHO Report on the Health Status of Canadians 2018. Retrieved December 13, 2023 from <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/2018-preventing-problematic-substance-use-youth/2018-preventing-problematic-substance-use-youth.pdf>
- <sup>39</sup> Pavey, L., Hopson, J., Gagnon, C. (2021) Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia. Retrieved December 11, 2023 from: [Hearing+them+-Risks+Prevention.pdf \(squarespace.com\)](#)
- <sup>40</sup> Department of Pediatrics and Healthy Populations Institute (2022). One Chance to Be a Child: A data profile to inform a better future for child and youth well-being in Nova Scotia. Full Report. Available from: [www.onechancens.ca](http://www.onechancens.ca)
- <sup>41</sup> Whittle, H., Hamilton-Giachritsis, C., Beech, A., & Collings, G. (2013) A review of young people's vulnerabilities to online grooming; *Aggression and Violent Behavior*, 18(1) 135-146,
- <sup>42</sup> Craig W, et al (2020). Health and Health-Related Behaviours among Young People: Nova Scotia Report.
- <sup>43</sup> Department of Pediatrics and Healthy Populations Institute (2022). One chance to be a child: A data profile to inform a better future for child and youth well-being in Nova Scotia. Retrieved August 4, 2022, from: <http://www.onechancens.ca>
- <sup>44</sup> Taylor, A.B., Chan, A., Hall, S.L., Saewyc, E. M., & the Canadian Trans & Nonbinary Youth Health Survey Research Group (2020). Being Safe, Being Me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey. Vancouver, Canada: Stigma and Resilience Among Vulnerable Youth Centre, University of British Columbia. Retrieved December 13, 2023 from: [https://apsc-saravyc.sites.olt.ubc.ca/files/2020/12/Being-Safe-Being-Me-2019\\_SARAVYC\\_ENG\\_1.2.pdf](https://apsc-saravyc.sites.olt.ubc.ca/files/2020/12/Being-Safe-Being-Me-2019_SARAVYC_ENG_1.2.pdf)
- <sup>45</sup> Narrative Research. (2023). 2022/2023 Student Success Survey Provincial Report. Prepared for the Department of Education and Early Childhood Development. Retrieved from <https://plans.ednet.ns.ca/sites/default/files/documents/2023StudentSuccessSurvey-EN%2806-30-2023%29.pdf>
- <sup>46</sup> Narrative Research. (2023). 2022/2023 Student Success Survey Provincial Report. Prepared for the Department of Education and Early Childhood Development. Retrieved from <https://plans.ednet.ns.ca/sites/default/files/documents/2023StudentSuccessSurvey-EN%2806-30-2023%29.pdf>
- <sup>47</sup> Grant, T. (2023). Nova Scotia poised to change guidance for teachers on supporting gender-diverse students. CBC. [N.S. poised to change guidance for teachers on supporting gender-diverse students \(cbc.ca\)](#)
- <sup>48</sup> Fraley H. E., Aronowitz T. (2019). Obtaining exposure and depth of field: School nurses “seeing” youth vulnerability to trafficking. *Journal of Interpersonal Violence*, 1–27. <https://doi.org/10.1177/0886260519836779>
- <sup>49</sup> Pavey, L., Hopson, J., Gagnon, C. (2021) Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia. Retrieved December 11, 2023 from: [Hearing+them+-Risks+Prevention.pdf \(squarespace.com\)](#)
- <sup>50</sup> Whittle, H., Hamilton-Giachritsis, C., Beech, A., & Collings, G. (2013) A review of young people's vulnerabilities to online grooming; *Aggression and Violent Behavior*, 18(1) 135-146,
- <sup>51</sup> Rostad, W. L., Gittins-Stone, D., Huntington, C., Rizzo, C. J., Pearlman, D., & Orchowski, L. (2019). The Association Between Exposure to Violent Pornography and Teen Dating Violence in Grade 10 High School Students. *Archives of sexual behavior*, 48(7), 2137–2147. <https://doi.org/10.1007/s10508-019-1435-4>
- <sup>52</sup> Rostad, W. L., Gittins-Stone, D., Huntington, C., Rizzo, C. J., Pearlman, D., & Orchowski, L. (2019). The Association Between Exposure to Violent Pornography and Teen Dating Violence in Grade 10 High School Students. *Archives of sexual behavior*, 48(7), 2137–2147. <https://doi.org/10.1007/s10508-019-1435-4>

- <sup>53</sup> Alberta Health Services (2021). Fact Sheet – Child and Youth Problematic Online Pornography <https://www.albertahealthservices.ca/assets/info/amh/if-amh-ydt-fact-sheet-child-and-youth-problematic-online-pornography.pdf>
- <sup>54</sup> NS Department of Justice. (2022). Report on the Review of the Intimate Images and Cyber Protection Act. Retrieved December 15, 2023 from <https://novascotia.ca/intimate-images-and-cyber-protection-act-survey/documents/report-on-the-review-of-the-intimate-images-and-cyber-protection-act.pdf>
- <sup>55</sup> Pavey, L., Hopson, J., Gagnon, C. (2021) Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia. Retrieved December 11, 2023 from: [Hearing+them+-+Risks+Prevention.pdf \(squarespace.com\)](#)
- <sup>56</sup> Braveman et al., (2022) Systemic and Structural Racism: Definitions, Examples, Health Damages, and Approaches to Dismantling. *Health Affairs* 41 (2). Retrieved December 14, 2023 from [Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches To Dismantling | Health Affairs](#)
- <sup>57</sup> Province of Nova Scotia. (2019). Journey to Light: A Different Way Forward – Final Report of the Restorative Inquiry – Nova Scotia Home for Colored Children. ISBN 978-1-989654-03-3. Retrieved on December 14, 2023- from: [Restorative-Justice-Inquiry-Final-Report.pdf \(restorativeinquiry.ca\)](#)
- <sup>58</sup> Canadian Museum for Human Rights. (n.d.). Africville: A story of community, loss and the fight for rights. Retrieved from <https://humanrights.ca/story/story-afrierville>
- <sup>59</sup> Province of Nova Scotia. (2022). Wortley Report Update. Retrieved from <https://novascotia.ca/just/publications/docs/Wortley-Report-Update.pdf>
- <sup>60</sup> Frank, L. Saulnier, C.(2022) 2022 Report Card on Child and Family Poverty in Nova Scotia: Kids Can't Wait. Canadian Centre for Policy Alternatives. Retrieved December 11, 2023 from: [2022 Report Card on Child and Family Poverty in Nova Scotia: Kids Can't Wait | Canadian Centre for Policy Alternatives](#)
- <sup>61</sup> Government of Canada (2019) Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. Retrieved on December 15, 2023 from: [Final Report | MMIWG \(mmiwg-ffada.ca\)](#)
- <sup>62</sup> Government of Canada (2019) Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. Retrieved on December 15, 2023 from: [Final Report | MMIWG \(mmiwg-ffada.ca\)](#)
- <sup>63</sup> WHO (2006a). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva, World Health Organization.
- <sup>64</sup> Department of Pediatrics and Healthy Populations Institute (2022). One chance to be a child: A data profile to inform a better future for child and youth well-being in Nova Scotia. Retrieved December 15, 2023, from: <http://www.onechancens.ca>
- <sup>65</sup> Gahagan J, Subirana-Malaret M (2018). Improving pathways to primary health care among LGBTQ populations and health care providers: key findings from Nova Scotia, Canada. *Int J Equity Health* 17, 76.
- <sup>66</sup> Department of Pediatrics and Healthy Populations Institute (2022). One chance to be a child: A data profile to inform a better future for child and youth well-being in Nova Scotia. Retrieved December 15, 2023, from: <http://www.onechancens.ca>
- <sup>67</sup> Peel Region. From Concept to Action. A strategy to address Human Sex Trafficking in Peel Region. 2001
- <sup>68</sup> Bell, T. (2013). *A survey and literature review that reveals best practices for working with sexually exploited youth*. University of the Fraser Valley. Retrieved from <https://www.publicsafety.gc.ca/lbrr/archives/cnmcs-plcng/cn000042150630-eng.pdf>
- <sup>69</sup> YWCA Halifax (2020). Safer Spaces With Paper #2 Understanding Human Trafficking In Nova Scotia. Retrieved from [White-Paper-2-Understanding-Human-Trafficking-in-Nova-Scotia-3.pdf \(ywcahalifax.com\)](#)
- <sup>70</sup> Pavey, L., Hopson, J., Gagnon, C. (2021) Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia. Retrieved December 11, 2023 from: [Hearing+them+-+Risks+Prevention.pdf \(squarespace.com\)](#)

- <sup>71</sup> Cain, T., Colley-Leger, J., Gordon, T., Jarvis, K. (2022). Hearing Them: African Nova Scotian and Black Experiences of Sex Work, Childhood and Youth Commercial Sexual Exploitation and Human Trafficking in Nova Scotia. Retrieved on December 15, 2023, from: [Hearing+them+-+ANS20230127.pdf \(squarespace.com\)](https://www.squarespace.com/~/media/inline/attachment/1582230127/hearing-them-+-ANS20230127.pdf)
- <sup>72</sup> Government of Canada. (2021) The United Nations Convention on the Rights of the Child. Retrieved on December 11, 2023 from: [The United Nations Convention on the Rights of the Child: An Overview for Children and Teenagers - Canada.ca](https://www.canada.ca/en/children-teenagers/~/media/inline/attachment/1582230127/hearing-them-+-ANS20230127.pdf)
- <sup>73</sup> Gagnon C., (2020) Safer Spaces White Paper #2: Understanding Human Trafficking in Nova Scotia. YWCA Halifax [White-Paper-2-Understanding-Human-Trafficking-in-Nova-Scotia-3.pdf \(ywcahalifax.com\)](https://www.ywcahalifax.com/~/media/inline/attachment/1582230127/hearing-them-+-ANS20230127.pdf)
- <sup>74</sup> Cant, R. L., Harries, M., & Chamarette, C. (2022). Using a public health approach to prevent child sexual abuse by targeting those at risk of harming children. *International Journal on Child Maltreatment: Research, Policy and Practice*, 5(4), 573–592. doi:10.1007/s42448-022-00128-7
- <sup>75</sup> Cant, R. L., Harries, M., & Chamarette, C. (2022). Using a public health approach to prevent child sexual abuse by targeting those at risk of harming children. *International Journal on Child Maltreatment: Research, Policy and Practice*, 5(4), 573–592. doi:10.1007/s42448-022-00128-7
- <sup>76</sup> Cant, R. L., Harries, M., & Chamarette, C. (2022). Using a public health approach to prevent child sexual abuse by targeting those at risk of harming children. *International Journal on Child Maltreatment: Research, Policy and Practice*, 5(4), 573–592. doi:10.1007/s42448-022-00128-7
- <sup>77</sup> Such, E., Laurent, C., Jaipaul, R. et al. (2020) Modern slavery and public health: a rapid evidence assessment and an emergent public health approach. *Public Health*, 180. pp. 168-179. ISSN 0033-3506 Retrieved on December 13, 2023 from [Modern slavery and public health : a rapid evidence assessment and an emergent public health approach \(whiterose.ac.uk\)](https://www.whiterose.ac.uk/modern-slavery-and-public-health-a-rapid-evidence-assessment-and-an-emergent-public-health-approach)
- <sup>78</sup> Cant, R. L., Harries, M., & Chamarette, C. (2022). Using a public health approach to prevent child sexual abuse by targeting those at risk of harming children. *International Journal on Child Maltreatment: Research, Policy and Practice*, 5(4), 573–592. doi:10.1007/s42448-022-00128-7
- <sup>79</sup> Greenbaum, J. (2020). The Public Health Approach to Human Trafficking Prevention. *Georgia State University Law Review* V(36)4-7. Retrieved on December 13, 2023 from: [The Public Health Approach to Human Trafficking Prevention \(gsu.edu\)](https://www.gsu.edu/lawreview/v36/4-7)
- <sup>80</sup> Such, E., Laurent, C., Jaipaul, R. et al. (2020) Modern slavery and public health: a rapid evidence assessment and an emergent public health approach. *Public Health*, 180. pp. 168-179. ISSN 0033-3506 Retrieved on December 13, 2023 from [Modern slavery and public health : a rapid evidence assessment and an emergent public health approach \(whiterose.ac.uk\)](https://www.whiterose.ac.uk/modern-slavery-and-public-health-a-rapid-evidence-assessment-and-an-emergent-public-health-approach)
- <sup>81</sup>National Collaborating Centre for Determinants of Health. (n.d.). Social determinants of health. Retrieved from <https://nccdh.ca/learn/sdh/>
- <sup>82</sup> World Health Organization. (n.d.). Commission on Social Determinants of Health. Retrieved from <https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/world-report-on-social-determinants-of-health-equity/commission-on-social-determinants-of-health>
- <sup>83</sup>World Health Organization. (n.d.). Commission on Social Determinants of Health. Retrieved from <https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/world-report-on-social-determinants-of-health-equity/commission-on-social-determinants-of-health>
- <sup>84</sup> World Health Organization. (n.d.). Commission on Social Determinants of Health. Retrieved from <https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/world-report-on-social-determinants-of-health-equity/commission-on-social-determinants-of-health>
- <sup>85</sup> Canadian Public Health Agency. Public Health: A Conceptual Framework | Canadian Public Health Association Retrieved on December 13, 2023, from: [Public Health: A Conceptual Framework | Canadian Public Health Association \(cpha.ca\)](https://www.cpha.ca/public-health-a-conceptual-framework)
- <sup>86</sup> Greenbaum., J. (2020) The Public Health Approach to Human Trafficking Prevention. GA. ST. U. L. Rev. 1059. Retrieved on December 14, 2023 from: [The Public Health Approach to Human Trafficking Prevention \(gsu.edu\)](https://www.gsu.edu/lawreview/v36/4-7)

- <sup>87</sup> Centre for Disease Control and Prevention (2022). Public Health Approach to Violence Prevention. Retrieved on December 13, 2023 from: [The Public Health Approach to Violence Prevention | Violence Prevention | Injury Center | CDC](#)
- <sup>88</sup> Such, E., Laurent, C., Jaipaul, R. et al. (2020) Modern slavery and public health: a rapid evidence assessment and an emergent public health approach. *Public Health*, 180. pp. 168-179. ISSN 0033-3506 Retrieved on December 13, 2023 from [Modern slavery and public health : a rapid evidence assessment and an emergent public health approach \(whiterose.ac.uk\)](#)
- <sup>89</sup> Canadian Public Health Agency. Public Health: A Conceptual Framework | Canadian Public Health Association Retrieved on December 13, 2023, from: [Public Health: A Conceptual Framework | Canadian Public Health Association \(cpa.ca\)](#)
- <sup>90</sup> U.S. Department of State. (2022). Trafficking in Persons Report 2022. Retrieved from <https://www.state.gov/reports/2022-trafficking-in-persons-report/>
- <sup>91</sup> Government of Canada (2019). National Strategy to Combat Human Trafficking 2019-2024. Retrieved on December 13, 2023 from: <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2019-ntnl-strtg-hmnn-trffc/index-en.aspx>
- <sup>92</sup> George, E., McNaughton, D., Tsoutos, G. (2017). An Interpretive Analysis of Australia’s Approach to Human Trafficking and It’s Focus on Criminal Justice Over Public Health. *Journal of Human Trafficking* V3 (2) 81-92. Retrieved on December 14, 2023, from: <https://www.tandfonline.com/doi/citedby/10.1080/23322705.2016.1153367?scroll=top&needAccess=true>
- <sup>93</sup> Azzopardi, C., Bruder, R., Smith, T.D. (2023) Multisector Community Response to Child Sex Trafficking: Toronto Protocol and Resource Toolkit. Retrieved on January 30, 2023 from: [Multisector Community Response to Child Sex Trafficking: Toronto Region Protocol and Resource Toolkit \(sickkids.ca\)](#)
- <sup>94</sup> Such, E., Hayes, K., Woodward, J., Campos-Matos, I., McCoig, A. (2021). Refining a public health approach to Modern Slavery. Retrieved from: [Microsite for Public Health Approach to Modern Slavery \(genial.ly\)](#)
- <sup>95</sup> Such, E., Hayes, K., Woodward, J., Campos-Matos, I., McCoig, A. (2021). A Public Health Framework for Modern Slavery – A framework to support policy, strategy and practice in the UK. Retrieved on December 14, 2023, from: [Public health framework for counter slavery effort \(genial.ly\)](#)
- <sup>96</sup> Such, E., Hayes, K., Woodward, J., Campos-Matos, I., McCoig, A. (2021). A Public Health Framework for Modern Slavery – A framework to support policy, strategy and practice in the UK. Retrieved on December 14, 2023, from: [Public health framework for counter slavery effort \(genial.ly\)](#)
- <sup>97</sup> Such, E., Hayes, K., Woodward, J., Campos-Matos, I., McCoig, A. (2021). A Public Health Framework for Modern Slavery – A framework to support policy, strategy and practice in the UK. Retrieved on December 14, 2023, from: [Public health framework for counter slavery effort \(genial.ly\)](#)
- <sup>98</sup> National Human Trafficking Training and Technical Assistance Center. (2017). Applying a Public Health Approach to Human Trafficking. Substance Abuse and Mental Health Services Administration. <https://nhttac.acf.hhs.gov/soar/eguide/guiding-principles/applying-public-health-approach-to-human-trafficking>
- <sup>99</sup> Greenbaum, J. (2020) The Public Health Approach to Human Trafficking Prevention. GA. ST. U. L. Rev. 1059. Retrieved on December 14, 2023 from: [The Public Health Approach to Human Trafficking Prevention \(gsu.edu\)](#)
- <sup>100</sup> Greenbaum, J. (2020) The Public Health Approach to Human Trafficking Prevention. GA. ST. U. L. Rev. 1059. Retrieved on December 14, 2023 from: [The Public Health Approach to Human Trafficking Prevention \(gsu.edu\)](#)
- <sup>101</sup> [Department of Health and Human Service, United States Government, Human Trafficking Prevention Framework “A public health approach to preventing human trafficking.](#) Retrieved February 22, 2024 from: [HHS Human Trafficking Prevention Framework Final.pdf](#)
- <sup>102</sup> [Department of Health and Human Service, United States Government, Human Trafficking Prevention Framework “A public health approach to preventing human trafficking.](#) Retrieved February 22, 2024 from: [HHS Human Trafficking Prevention Framework Final.pdf](#)
- <sup>103</sup> Texas Health and Human Services Commission. (2020). HHSC Human Trafficking Training Standard. Retrieved on December 15, 2023 from: [HHSC Human Trafficking Training Standards \(texas.gov\)](#)

- <sup>104</sup> Recknor, F., Di Ruggiero, E., Jensen, E. (2022). Addressing human trafficking as a public health issue. *Can J Public Health* 113(4): 607-610. Retrieved on December 14, 2023, from: [Addressing human trafficking as a public health issue - PMC \(nih.gov\)](#)
- <sup>105</sup> Peel Region. (n.d.). Human Sex Trafficking. Retrieved from <https://www.peelregion.ca/human-sex-trafficking/>
- <sup>106</sup> Ontario. (2020). Ontario's Anti-Human Trafficking Strategy 2020-2025. Retrieved from [https://www.ontario.ca/page/ontarios-anti-human-trafficking-strategy-2020-2025?\\_ga=2.235365441.1120017678.1583934446-940342317.1583934446](https://www.ontario.ca/page/ontarios-anti-human-trafficking-strategy-2020-2025?_ga=2.235365441.1120017678.1583934446-940342317.1583934446)
- <sup>107</sup> Peel Region. (n.d.). Human Sex Trafficking. Retrieved from <https://www.peelregion.ca/human-sex-trafficking/>
- <sup>108</sup> Government of Alberta (2023). Human Trafficking Action Plan. Retrieved on December 14, 2023 from: [Human trafficking action plan | Alberta.ca](#)
- <sup>109</sup> Government of Canada (2019) Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. Retrieved on December 15, 2023 from: [Final Report | MMIWG \(mmiwg-ffada.ca\)](#)
- <sup>110</sup> Province of Nova Scotia (2015). Count Us In: Nova Scotia's Action Plan in Response to the International Decade for People of African Descent 2015-2024. Retrieved on December 14, 2023 from: [Action-Plan-international-decade-for-people-of-african-descent.pdf \(novascotia.ca\)](#)
- <sup>111</sup> Mass Casualty Commission (2022). Final Report of the Mass Casualty Commission Recommendations. The Joint Federal/Provincial Commission into the April 202 Nova Scotia Mass Casualty. Retrieved on December 14, 2023 from: [Turning-the-Tide-Together-List-of-Recommendations.pdf \(masscasualtycommission.ca\)](#)
- <sup>112</sup> Province of Nova Scotia. (2019). Journey to Light: A Different Way Forward – Final Report of the Restorative Inquiry – Nova Scotia Home for Colored Children. ISBN 978-1-989654-03-3. Retrieved on December 14, 2023- from: [Restorative-Justice-Inquiry-Final-Report.pdf \(restorativeinquiry.ca\)](#)
- <sup>113</sup> Pavey, L., Hopson, J., Gagnon, C. (2021) Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia. Retrieved December 11, 2023 from: [Hearing+them+--+Risks+Prevention.pdf \(squarespace.com\)](#)
- <sup>114</sup> Such, E., Hayes, K., Woodward, J., Campos-Matos, I., McCoig, A. (2021). Refining a public health approach to Modern Slavery. Retrieved from: [Microsite for Public Health Approach to Modern Slavery \(genial.ly\)](#)
- <sup>115</sup> UNICEF Canada. Retrieved February 22, 2024 [UNICEF Report Card 10 | UNICEF Canada: For Every Child](#)
- <sup>116</sup> Grant J., October 2022, British Columbia, [Aydin Coban sentenced to 13 years for sexual extortion of Amanda Todd | CBC News](#)
- <sup>117</sup> CBC News files, November 2023, British Columbia [Police link suicide of 12-year-old Prince George, B.C., boy to online sexual extortion | CBC News](#)
- <sup>118</sup> Rostad, W. L., Gittins-Stone, D., Huntington, C., Rizzo, C. J., Pearlman, D., & Orchowski, L. (2019). The Association Between Exposure to Violent Pornography and Teen Dating Violence in Grade 10 High School Students. *Archives of sexual behavior*, 48(7), 2137–2147. <https://doi.org/10.1007/s10508-019-1435-4>
- <sup>119</sup> Alberta Health Services (2021). Fact Sheet – Child and Youth Problematic Online Pornography <https://www.albertahealthservices.ca/assets/info/amh/if-amh-ydt-fact-sheet-child-and-youth-problematic-online-pornography.pdf>
- <sup>120</sup> Frank, L. Saulnier, C.(2023) 2023 Report Card on Child and Family Poverty in Nova Scotia: Families deserve action, not excuses. Canadian Centre for Policy Alternatives. Retrieved March 3rd, 2024 from: [2023 Report Card on Child and Family Poverty in Nova Scotia | Canadian Centre for Policy Alternatives](#)
- <sup>121</sup> UNICEF Canada. Convention on the Rights of the Child. Retrieved February 22, 2024 from: [About the Convention on the Rights of the Child | UNICEF Canada: For Every Child](#)
- <sup>122</sup> Tam, T. (2018). Prevention Problematic Substance Use in Youth – CPHO Report on the Health Status of Canadians 2018. Retrieved December 13, 2023 from <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/2018-preventing-problematic-substance-use-youth/2018-preventing-problematic-substance-use-youth.pdf>
- <sup>123</sup> Canadian Public Health Association Policy Statement. January 2024. Framework for a Public Health Approach to Substance Use, retrieved February 2024 from: [2024-PHASU-PolicyStatement-e.pdf](#)



---

<sup>124</sup> Department of Pediatrics and Healthy Populations Institute (2022). One Chance to Be a Child: A data profile to inform a better future for child and youth well-being in Nova Scotia. Full Report. Available from:

[www.onechancens.ca](http://www.onechancens.ca)

<sup>125</sup> BC Ministry of Health (2013). Trauma Informed Practice Guide. Retrieved from: [https://cewh.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](https://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)

<sup>126</sup> Salvation Army (2022): SHIFT: Survivor-led Research Initiative. Illuminate Study. Retrieved from: <https://www.illuminateht.com/learn/>

<sup>127</sup> UNICEF Canada. Convention on the Rights of the Child. Retrieved February 22, 2024 from: [About the Convention on the Rights of the Child | UNICEF Canada: For Every Child](#)



IWK Health

[iwkhealth.ca](http://iwkhealth.ca)

**INSPIRED BY:** Children and Youth in Nova Scotia

**INFORMED BY:** Hearing Them – Lived Experience

**POWERED BY:** Community and Partner Collaboration

**COMPILED BY:** IWK Mental Health and Addictions Health Promotion Team: Lila Pavey, Jenna Hopson, Mariya Ahmed, Erica Adams, and Sarah Blades

**REPORT DESIGN BY:** Natalie Jarvis

© IWK Mental Health and Addictions Health Promotion Team, 2024

**COLLABORATE WITH US • HEALTHPROMOMHA@IWK.NSHEALTH.CA**