

Submissions to the Standing Committee on Justice Policy

Regarding Bill 251, *Combating Human Trafficking Act, 2021*

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About

The Durham Community Legal Clinic (DCLC) is a community legal clinic serving marginalized and low-income residents. The clinic was founded in 1985 and provides a variety of community services, including legal services, education, information, and representation. The clinic also partakes in advocacy and law reform initiatives, to make sure the law adequately represents and considers the perspectives of historically marginalized Ontarians. The DCLC offers legal services on a variety of topics but focuses primarily in social benefits, employment, housing, human rights, and workplace safety law.

The Durham Access to Justice Hub (“Hub”) was established in 2019 in partnership with Legal Aid Ontario (LAO). The initiative intends to provide legal services beyond formal income thresholds. The partnership looks to create client-centered services, and increase A2J by reducing administration barriers, while increasing the efficiency of taxpayer-funded programs. Some techniques include student and volunteer recruitment and using these volunteers' contributions to increase the overall footprint of the legal clinic in the surrounding regions. This program has allowed the clinic to expand its abilities and focus on combating root causes of poverty and inequality within our society.

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Introduction

1. Bill 251, *Combating Human Trafficking Act, 2021* the “Act”, was introduced on February 22, 2021, to reduce human trafficking in Ontario and provide support to survivors. These submissions focus on Schedule 1 and Schedule 2 of Bill 251, which create the *Accommodation Sector Registration of Guests Act, 2021* and the *Anti-Human Trafficking Strategy Act, 2021*, respectively.
2. Human Trafficking is the largest growing illegal industry in the world. It is second only to the illegal drug market worldwide, in terms of revenue, totaling over 150 billion dollars each year, with millions of victims annually.¹ This industry continues to destroy many lives each day, predominantly affecting women and children, with women and girls making up 72% of victims.² The average age of human trafficking is 13 years old, with 70% of victims below the age of 25.³ No group is more marginalized than a child being treated as a slave for forced labour or sexual exploitation.
3. According to the global slavery index, 17,000 people are living in conditions of slavery in Canada. Since 2009, 55% of Canada’s police-reported human trafficking incidents occurred in Ontario, a province that accounts for only 39% of the total Canadian population.⁴ These numbers show that the Ontario government must take steps to further the prevention and response to human trafficking and improve the treatment of victims. However, human trafficking is a hidden industry, typically operating within informal economies, and in certain instances is not identified as a gross human rights violation. Accordingly, it is very challenging to assess the real magnitude of these practices.⁵ We may walk past human trafficking situations without realizing they exist.⁶
4. Ontario has been fighting this issue now for many years, dedicating \$72 million to this cause in 2018. Most of these funds went directly to 44 agencies that support survivors, to

¹ “Human Trafficking by the Numbers” (September 2017), online: *Human Rights First* <www.humanrightsfirst.org/resource/human-trafficking-numbers>.

² *Ibid.*

³ “Ontario’s anti-human trafficking strategy 2020-2025” (2020), online: *Ontario Government*, <www.ontario.ca/page/ontarios-anti-human-trafficking-strategy-2020-2025>.

⁴ John Schofield, “Ontario anti-human trafficking legislation could victimize sex workers, say critics” (09 March 2021), online: *The Lawyers Daily* <www.thelawyersdaily.ca/articles/25142>.

⁵ “Prevent Combat Protect Human Trafficking: Joint UN commentary on the EU Directive - A Human Rights Approach,” (November 2011) at 18, online (pdf): *International Labour Organization* <www.ilo.org/wcmsp5/groups/public/---europe/---ro-geneva/---ilo-brussels/documents/genericdocument/wcms_170010.pdf>.

⁶ Paige Edwards, “Often We Will Walk Past A Human Trafficking Situation Without Even Realising, A startling look at slavery in Australia” (08 July 2018), online: *A21* <www.hit.com.au/story/often-we-will-walk-past-a-human-trafficking-situation-without-even-realising-9597>.

ensure that taxpayer funds were used as effectively and efficiently as possible by focusing on victims and their needs.⁷

5. Ontario's 2018 Strategy to End Human Trafficking established a Provincial Anti-Human Trafficking Coordination Office to coordinate the implementation of strategies across different ministries, and collected research and data related to best practices to help survivors heal. It's unclear to what extent that Bill 251 has made any efforts to adopt the best practices from this ongoing strategy, or to utilize the best lessons learned from them going forward.
6. The Durham Community Legal Clinic recognizes and supports the need for law enforcement to have greater ability and tools to address this social ill. However, Bill 251's unbalanced emphasis on law enforcement will negatively impact marginalized communities. The solution to human trafficking is not achieved through state surveillance and policing but can be improved by addressing the root causes of human trafficking, which include poverty and trauma.⁸
7. Additionally, it is important to ensure that moralistic and stereotypical views of sex work do not motivate the efforts behind Bill 251, to ensure that efforts to address human trafficking are more effective.

Guiding Principles behind Bill 251

8. Bill 251 outlines multiple approaches with various industries and agencies coming together for the goal of reducing human trafficking, including various levels of government and community service organizations. The efforts of Bill 251 align with the federal government's four-pronged approach of 4-Ps, **prevention, protection, prosecution, and partnership**.⁹ The Bill displays an integrated and holistic approach consistent with the recommendations from the UN and UNICEF, that adopts the above-mentioned four P's and implements them favorably and effectively.¹⁰

⁷ Legislative Assembly of Ontario, "Official Report of Debates (Hansard), No. 39," 2nd Session, 41st Parliament, 21 February 2018, at 7232 [Wynne], online: <https://www.ola.org/sites/default/files/node-files/hansard/document/pdf/2018-02/house-document-hansard-transcript-2-EN-21-FEB-2018_L139.pdf>.

⁸ Robert McDougall, "A Global Fight: Supporting Efforts to Address Sex Trafficking In South Asia" (May 2017), online: *FAAE Committee Report* <www.ourcommons.ca/DocumentViewer/en/42-1/FAAE/report-15/page-66>.

⁹ Dr. Nipa Banerjee, *Stop the Traffic: Human Trafficking – Illegal Trade of Humans for Commercial Gain*, (July 2017) at 4 [Banerjee, *Brief*].

¹⁰ Robert McDougall, SDIR, *Evidence*, (4 May 2017), 1310; Global Affairs Canada, <*Human Trafficking and Migrant Smuggling*>, (29 November 2016); <*Palermo Protocol*>, Arts. 2 & 5. See also: U.S. Department of State Office to Monitor and Prevent Trafficking in Persons, <*3Ps: Prosecution, Protection, and Prevention*>.

9. Bill 251 is a steppingstone towards eradicating human trafficking, especially since few provinces have anti-human trafficking legislation. Trafficking is not just a federal issue for the RCMP. Provinces need to collect evidence during investigations of human trafficking to help with the prosecution, for such efforts to be effective.¹¹
10. Durham Region is traversed by the 401-corridor, notorious for sex trafficking. According to Business and Professional Women of Ontario, 60% of all human trafficking in Canada is linked to activities occurring along the 401 corridors.¹² Sex trafficking is a known criminal activity that occurs in Durham Region, and victims of sex trafficking are included in the clients of the Durham Community Legal Clinic.
11. The insights and information that the clinic receives from clients allow them to share their information under the protections of confidentiality and privilege.¹³ This allows the clinic to advise and inform others, including government, about the priorities and strategies that may be most effective. Survivors are far more likely to disclose their history, as well as the details of their experiences, to legal counsel in communications that they know are automatically protected, rather than providing information to an adversarial agency or force, or directly to government, due to the mistrust that many of them may have for such institutions.
12. The Durham Regional Police Services Trafficking Unit has effectively worked in conjunction with social workers to provide empathetic, non-judgmental, and compassionate interventions for the victims of sex trafficking. This approach in Durham Region has resulted in several agencies collaborating to create the “Durham’s Human Trafficking Model,” attached as Appendix “A,” which includes fundamental pillars of relational, harm-reducing, trauma-informed, and client-centered approaches.¹⁴
13. To be effective, anti-human trafficking legislation should view trafficked people as victims of crimes, not as criminals. The *Anti-human Trafficking Strategy Act, 2021* focuses on trafficked people as victims and aims to support trafficked persons by offering specialized, trauma-informed, community-based supports.

¹¹ Nicole A Barrett & Margaret J Shaw, "Laws to Combat Sex Trafficking: An Overview of International, National, Provincial and Municipal Laws, and their Enforcement" (2013) at 32, online (pdf): *Canadian Women's Foundation* <www.canadiancentretoendhumantrafficking.ca/wp-content/uploads/2016/10/Laws-to-Combat-Sex-Trafficking.pdf>.

¹² "February 22, 2021 - Ontario Announces new Legislation in the Fight Against Human Trafficking" online: *BPW Ontario* <bpwontario.com/advocacy/anti-human-sex-trafficking-awareness.html>.

¹³ Law Society of Ontario, "Rules of Professional Conduct," Section 3.3., online: <lso.ca/about-lso/legislation-rules/rules-of-professional-conduct/chapter-3#ch3_sec3-confidentiality>.

¹⁴ See Appendix “A,” “Durham Region’s Human Trafficking Model,” at 8.

14. The principles found in Bill 251 under Section 5 of the *Anti-human Trafficking Strategy Act, 2021*, are important for combatting human trafficking, and doing so in a manner that properly engages the communities and agencies that have the most contact with the victims of sex trafficking. The *Act* takes a human-rights-based, survivor-centered, trauma-informed approach, combined with an awareness of collective responsibility, intersectionality, and cultural responsiveness. These include increasing awareness of the general public while educating at-risk demographics. This educational, human-rights-centered approach to prevention has been the focus of many international initiatives, including the EU directive.¹⁵
15. The proposed *Act* takes an intersectional approach by considering how race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, and disability impact who is affected by human trafficking. The intersectional approach follows the suggestion of the UN High Commissioner for Human Rights that states and intergovernmental organizations should ensure anti-human trafficking policies address vulnerability factors such as inequality, poverty, and discrimination, recognizing that these factors are inherently complex and multi-faceted.¹⁶
16. The Durham Community Legal Clinic is advocating for marginalized communities that are disproportionately affected by human trafficking. We support the intersectional approach of the *Act* because it attempts to identify sites of disadvantage in our society that play a role in human trafficking. These complex factors intersect to increase vulnerability for marginalized groups. Poverty, decreased access to education and few employment opportunities may increase a person's vulnerability to trafficking.¹⁷
17. Although the *Act* is guided by important principles, the emphasis on law enforcement is not an effective way to address human trafficking, as it does not address the root causes of the issue. Therefore, the Durham Community Legal Clinic looks to highlight concerns with such an approach and introduce alternatives that systemically address the issue.

Negative Impacts of Increased Law Enforcement on Sex Workers and Marginalized Communities

18. Law enforcement should not be at the center of the solution to human trafficking because it does not address the systemic roots of the problem. According to Naomi Sayers, a former sex worker and current lawyer and law professor, human trafficking is most effectively

¹⁵ *UN Commentary*, *supra* note 5 at 26.

¹⁶ Barrett, *supra* note 11 at 9.

¹⁷ McDougall, *supra* note 8 at 1335.

addressed by education, support, and remedies grounded on evidence addressing the root cause of the issue.¹⁸

19. Sayers also highlights how the current approach under Bill 251 does not effectively combat human trafficking, because it requires extensive evidence and testimony from the victims.¹⁹
20. Victim cooperation into investigations of sex trafficking is often extremely difficult to obtain, as many survivors tend to distrust law enforcement due to prior interactions.²⁰ Due to this existing lack of trust, police officers working under the Durham Human Trafficking Model no longer first approach survivors directly, as it is known to evoke fear. Instead, survivors are now approached by HT Crisis Intervention Counsellors, who hope to increase the feelings of trust and safety.²¹ The new approach has increased survivor testimony by 30%, based on building trusting relationships.²²
21. Sayers also argues that law enforcement must have extensive training to properly distinguish between sex workers and human trafficking activities. The increased law enforcement set out in the *Act* will reinforce the conflation of human trafficking with sex work.²³ Sex trafficking and sex work are distinct acts but are intricately connected. Sex trafficking, characterized as the exploitation of one person by a third party, is a crime, whereas non-coerced prostitution is legal.
22. The International definition of human trafficking connects sex trafficking and prostitution by stating that human trafficking includes the exploitation of prostitution or other forms of sexual exploitation.²⁴ Traffickers put girls and women in prostitution, advertise them with prostitution-related services, and threaten victims if they expose their traffickers.²⁵ This makes it often difficult to distinguish between legal prostitution and human trafficking.
23. When police officers wrongly accuse sex workers of being involved in trafficking, it decreases the likelihood of sex workers reporting violence or exploitation. This will further push these workers into dangerous environments, decreasing their interaction with law enforcement, and reducing their willingness to come forward with information. Sayers

¹⁸ Schofield, *supra* note 4.

¹⁹ *Ibid.*

²⁰ “Durham Region’s Human Trafficking Model”, *supra* note 14 at 13.

²¹ *Ibid.*

²² *Ibid.*

²³ “Joint Submission on Bill 251, Combating Human Trafficking Act, 2021” (8 April 2021), online: *HIV Legal Network* <www.hivlegalnetwork.ca/site/joint-submission-on-bill-251-combating-human-trafficking-act-2021/?lang=en>.

²⁴ Barrett, *supra* note 12 at 2.

²⁵ *Ibid.*

cautions that increased use of law enforcement not properly trained in identifying sex work and human trafficking can also risk stigmatizing sex workers.²⁶

24. Similarly in *Canada (Attorney General) v Bedford*, Ms. Bedford, and Ms. Lebovitch expressed fears that criminalizing sex work and further stigmatization would push their activities into more unregulated and dangerous depths, including street and unmonitored prostitution.²⁷ This stigma is an issue faced across the globe, as victims are often “fearful or unable to self-identify to authorities or other first responders, partly due to the stigma they face.”²⁸ Increased prosecution and enforcement do not solve this issue and may even exacerbate it. This stigma will only be mitigated through further education, training, recovery, and support.
25. The increased emphasis on law enforcement is also problematic because it disproportionately affects marginalized groups, including immigrants, newcomers, and racialized minorities, even though 90% of Ontario's human trafficking originates domestically.²⁹ This approach exacerbates the over-policing of marginalized communities, and can perpetuate paternalistic approaches and stereotypes towards consensual sex work.
26. The social stigmas around consensual sex work are one of the greatest barriers to identifying and addressing patterns of exploitation that can be found within these communities. The Ontario Superior Court in *Bedford* heard considerable expert evidence regarding stereotypes of sex workers. Experts in *Bedford* “challenged the notion of the prostitute as a victim, maintaining that some turn to prostitution not out of desperation, but because they see it as a better option than other opportunities, such as unskilled labour.”³⁰
27. Consensual sex work is a function of poverty, resulting from the lack of appropriate funding towards community-based resources. When stereotypes prevail, sex workers are alienated from the community, preventing society from addressing the root causes of human trafficking.
28. The 2018 Ontario Strategy to End Human Trafficking committed to reviewing Ontario Works and Ontario Disability Support Program, to ensure that the appropriate supports for the victims of sex trafficking were in place. There is no indication that Bill 251, or the current strategy that will be developed, will put in place a similar commitment.

²⁶ Schofield, *supra* note 4.

²⁷ *Canada (Attorney General) v Bedford*, 2013 SCC 72 at paras 8, 14 [*Bedford SCC*].

²⁸ Banerjee, *supra* note 9 at 4.

²⁹ “Trafficking in persons in Canada, 2018” (23 June 2020), online: *Statistics Canada* <www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00006-eng.htm>.

³⁰ *Bedford v Canada (Attorney General)*, 2010 ONSC 4264 at para 120 [*Bedford ONSC*].

Ineffectiveness of Prosecution for Prevent Human Trafficking

29. Deterrence is largely ineffective at preventing crime. Research from South Africa suggests that increased sentences do not achieve deterrence to combat human trafficking, where the state has attempted to employ such strategies to address the problem there.³¹ South African sentences are therefore more severe compared to foreign jurisdictions, such as the United States and Europe.³² Even with these more severe sentences, crime rates fluctuate randomly, and bear no real relationship with the severity of the sentence.³³
30. This inability to use prosecution as an effective deterrent to crime has been a consistent statistical phenomenon across Western society.³⁴ Germany's low sentenced inmate population, relative to their volume of serious crimes, illustrates that a country can successfully impose an effective human-centric model to combat crime, rather than increasing law enforcement's power.³⁵ Often, the latter is employed more for political reasons than an evidence-based approach for assisting survivors. The criminal justice system often functions by reacting to crime with punishment, in an attempt to deter future crime. Increasing law enforcement's authority will not end human trafficking. Human trafficking requires a proactive solution.
31. Many communities around the world have successfully taken more nuanced approaches to combat human trafficking. For example, in the United States, *Truckers Against Trafficking* (TAT) is a nonprofit organization that trains truck drivers to detect, spot, and assist trafficking victims.³⁶ The organization has created an "anti-trafficking" culture in the United States, with truckers across the country implementing the program.
32. Another example is Prajwala, a nonprofit organization in India that rescues, which rehabilitates and reintegrates victims and survivors into society.³⁷ This initiative became aware that the main source of demand for human trafficking was from rickshaw drivers and industrial employees, and adopted a holistic approach to work with victims and law enforcement to respond effectively.³⁸

³¹ N Mollema & SS Terblanche, "The Effectiveness of Sentencing as a Measure to Combat Human Trafficking" (2017) 30:2 S Afr J Crim Just 198 at 198.

³² *Ibid* at 216.

³³ M Tonry, "Judges and sentencing policy - the American experience" in C Munro and M Wasik (eds) *Sentencing, Judicial Discretion and Training* (1992) at 152.

³⁴ *Ibid*.

³⁵ Mollema, *supra* note 31 at 220-223.

³⁶ Regina Menachery Paulose, "Community Prosecution and Human Trafficking: A New Approach to a Dynamic Challenge" (2017), online: *ECPR Standing Group* <standinggroups.ecpr.eu/sgoc/community-prosecution-and-human-trafficking-a-new-approach-to-a-dynamic-challenge/>.

³⁷ *Ibid*.

³⁸ *Ibid*.

33. These examples show that community-based models are effective when there is political will and appropriate resources to combat human trafficking. These community coalitions can target the demand of human trafficking that helps address problems in the current reactionary framework. The examples illustrate that there are alternative solutions to combat human trafficking, other than increasing law enforcement.³⁹
34. According to Julia Drydyk, the Executive Director of the *Canadian Centre to End Human Trafficking*, effective enforcement requires investments towards inter-jurisdictional law enforcement, and frameworks that can act quickly and decisively across provincial and municipal borders.⁴⁰ Increasing the presence of law enforcement in Ontario alone is therefore much less effective due to the lack of coordination with other provinces. We need to support initiatives to work across the nation to collaboratively prevent the transportation of these victims. Even then, the problem of sex trafficking does little to assist victims if governmental interventions are limited to the time when the problem already exists.
35. Some of the main drivers of sex trafficking include persistent poverty, unequal income distribution, and lack of education.⁴¹ A more effective form of prevention is to increase economic opportunities for marginalized groups, instead of increasing law enforcement.
36. *Durham Region's Human Trafficking Model* has decided to address these concerns by both directly intervening with financial support, medical services, and trauma counselling, as well as indirectly intervening through income support, housing security, and mental health treatment.⁴² Children often become exploited because of a lack of opportunity. We must address the needs of these marginalized communities through community assistance, to effectively decrease the vulnerability to human trafficking.
37. Furthermore, human trafficking is linked to a child's Adverse Childhood Experience (ACE). The more adverse childhood experiences, the more likely they are to conduct such risky behaviour and become more vulnerable to human trafficking.⁴³ Focusing and supporting on social benefits and social securities, and assisting families in need or crisis, can have long-lasting consequences, preventing or eliminating one of the main causes of human trafficking.

³⁹ *Ibid.*

⁴⁰ Schofield, *supra* note 4.

⁴¹ McDougall, *supra* note 8.

⁴² *Ibid* at 23.

⁴³ Reid JA et al, "No youth left behind to human trafficking: Exploring profiles of risk" (2019) 89:6 Am J Orthopsychiatry at 704-715.

38. An additional prominent cause of human trafficking is the lack of adequate access to justice for civil remedies or legal options that do present.⁴⁴ Legal institutions not only attempt to prosecute offenders, but they also help rehabilitate the victim, while reducing the risk of re-exploitation, and supporting those seeking medical benefits and visas.⁴⁵ This has also been addressed by the *Durham Region's Human Trafficking Model*, which highlights a notable lack of human trafficking legal support. This type of legal support can increase accountability for the hospitality industry, and government organizations through possible legal action. This has yet to be observed in Canada, but in the United States there have been many effective civil lawsuits against hotels for actions related to human trafficking, which would not have been possible without adequate legal support and representation.⁴⁶ To achieve these goals, lawyers and judges must have adequate knowledge of human trafficking to reduce the risk of re-traumatization of victims, and do so with many principles enunciated in Bill 151, to better understand the nature of coercion within human trafficking that results in concurrent charges for victims.⁴⁷
39. Our clinic has assisted many survivors of human trafficking, in particular through the Criminal Injuries Compensation Board (CICB), which was disbanded in 2019. Much of these funds were transferred to law enforcement and related agencies, and the expanded VQRP+ program. Ontario's Anti-human Trafficking Strategy 2020-2025 effectively continues the successes of the 2016 Strategy to End Human Trafficking, but does not emphasize that the solutions to human trafficking are achieved by prioritizing funding to youth-in-transition workers, specialized human trafficking victim services workers, and community-based programs. In this regard, it already appears to depart from best practices, the available evidence on human trafficking, and effective strategies already employed in Ontario.

Bill 251 Creates New Human Trafficking Channels

40. Schedule 1 of Bill 251 creates the *Accommodation Sector Registration of Guests Act, 2021*, which requires hotels to keep a register of guests, including the names and addresses of everyone checking in. Schedule 1 also states that businesses in a prescribed class are required to keep registers, however it does not specify which businesses are included. Police officers and First Nations Constables are given the power under section 4 of the

⁴⁴ *UN Commentary*, *supra* note 5 at 87.

⁴⁵ "15 Ways You Can Help Fight Human Trafficking" (January 2017), online: *U.S Department of State* <2009-2017.state.gov/j/tip/id/help/index.htm>.

⁴⁶ Valentin Luz, "Human Trafficking and the hospitality industry" (8 Oct 2020) online: *Canadian Centre to End Human Trafficking* <www.canadiancentretoendhumantrafficking.ca/human-trafficking-the-hospitality-industry/#:~:text=According%20to%20a%20report%20from,motel%20during%20their%20trafficking%20experience.>

⁴⁷ "Human Trafficking Model", *supra* note 12 at 28.

Accommodation Sector Registration of Guests Act, 2021 to obtain the register if they have reasonable grounds to believe human trafficking is occurring.

41. It is unclear if Schedule 1 will extend to Airbnb and other types of short-term accommodations. Airbnb has explicitly said that the company has dealt with sex trafficking problems at its properties. In response, the company has teamed up with Polaris, an anti-trafficking charity, to train its employees, develop new systems and work with police to spot signs of slavery and to prevent trafficking.⁴⁸ However, according to Airbnb, hosts are required for meeting the legal requirements in their countries, and they indicate that they should not be the party responsible for meeting these types of regulation.⁴⁹ This lack of accountability, in combination with the lack of face-face interaction through the Airbnb platform, raises deep concerns as to how effective the company's "risk analysis" algorithm can be.⁵⁰
42. Police have noted, especially in the GTA, that human traffickers are now preferring to use Airbnb because it provides an added layer of privacy in private residences, and increases anonymity, compared to hotels and motels where police have access to more information. Police have stated that they have a good relationship with Airbnb, and that there also has to be more due diligence on the part of the people renting out their properties.⁵¹ It is of the utmost importance to deter this transition from hotels to short-term online accommodations, as over 75% of trafficking victims were in contact with hotel accommodations.⁵²
43. By penalizing, surveilling, and regulating this industry, and doing so without its counterpart of online rental accommodations, Bill 251 is opening the door for legal loopholes to infringe legislative enforcement. This will not achieve the goals of combatting human trafficking, but instead may make it more invisible, allowing authorities to proclaim progress in the face of a deteriorating situation.
44. Corruption and private sector complicity are leading drivers of human trafficking.⁵³ Shifting the onus from companies like Airbnb to homeowners is an example of how private

⁴⁸ Kieran Guilbert, "Airbnb vows to crack down on sex traffickers using its properties as brothels" (18 Feb 2018), online: *Global News* <globalnews.ca/news/4033379/airbnb-sex-trafficking-brothels/>.

⁴⁹ "Airbnb must face the facts: human trafficking and modern slavery happen in rented accommodation" (30 Oct 2019), online: *The Conversation* <theconversation.com/airbnb-must-face-the-facts-human-trafficking-and-modern-slavery-happen-in-rented-accommodation-124933>.

⁵⁰ *Ibid.*

⁵¹ Jackie Marchildon, "Airbnb Rentals are Increasingly Being Used for Human Trafficking, Police Say" (23 February 2018), online: *Global Citizen* <www.globalcitizen.org/fr/content/airbnb-human-trafficking/>.

⁵² Luz, *supra* note 46.

⁵³ *FAAE Report*, *supra* note 8 at 103.

companies often evade responsibility for human trafficking, and also illustrates how this type of shift will make enforcement even more challenging. Increasing the government's data collection abilities and penalties concerning these short-term accommodations places the onus for eradicating human trafficking on the private sector, and may allow government to avoid proper responsibility. The definition of a "hotel" in Bill 151 must therefore include Airbnb's and other short-term accommodations. Without doing so, this legislative gap poses an unacceptable and existential threat to the goals of Bill-251.⁵⁴

45. Schedule 1 will invariably displace human trafficking victims and sex workers from hotels into private locations. This will very likely violate the security of the person, as the Supreme Court found in *Bedford*. The application judge in *Bedford* found that out-call work, where prostitutes go to private residences, is more dangerous than in-call work, where prostitutes work from a fixed location.⁵⁵ Experts in *Bedford* testified that prostitutes are safer when they work from an indoor location with other people nearby to intervene if necessary.⁵⁶ Experts also stated that out-call work is dangerous because "it is difficult to assess the safety of a destination beforehand, the client may not be alone and exit routes may not be easily identifiable or accessible."⁵⁷ For all of these reasons, Schedule 1 may in fact make the situation for victims worse than before, especially if these powers are used routinely and without adequate judicial scrutiny.
46. Human trafficking victims and sex workers are safer working in hotels than in private residences and unsupervised locations. Schedule 1 deters traffickers and sex workers from working in a fixed, regulated, and public location such as hotels, where activities can be properly monitored, and where investigations can adequately ascertain the presence of human trafficking that may occur in the vicinity of legally conducted sex work. As a result, Schedule 1 therefore increases the risk for these vulnerable populations by forcing trafficking and sex work behind closed doors, and may frustrate and prevent law enforcement from properly targeting these activities.

Conclusions

47. The efforts behind Bill 251 is a step many provinces have not yet taken, and is a positive step towards eradicating human trafficking. By treating this crime as a human rights violation, the government is moving towards a holistic, community-centered approach that promotes support and recovery for victims, as well as communities at large. This progress

⁵⁴ Nicole Ireland & Trevor Dunn, "Advocates urge Ontario government to fill a potential gap in new human trafficking bill" (28 February 2021), online: *CBC News* <www.cbc.ca/news/canada/toronto/ontario-government-combat-human-trafficking-bill-251-1.5930882>.

⁵⁵ *Bedford SCC*, *supra* note 27 at para 63.

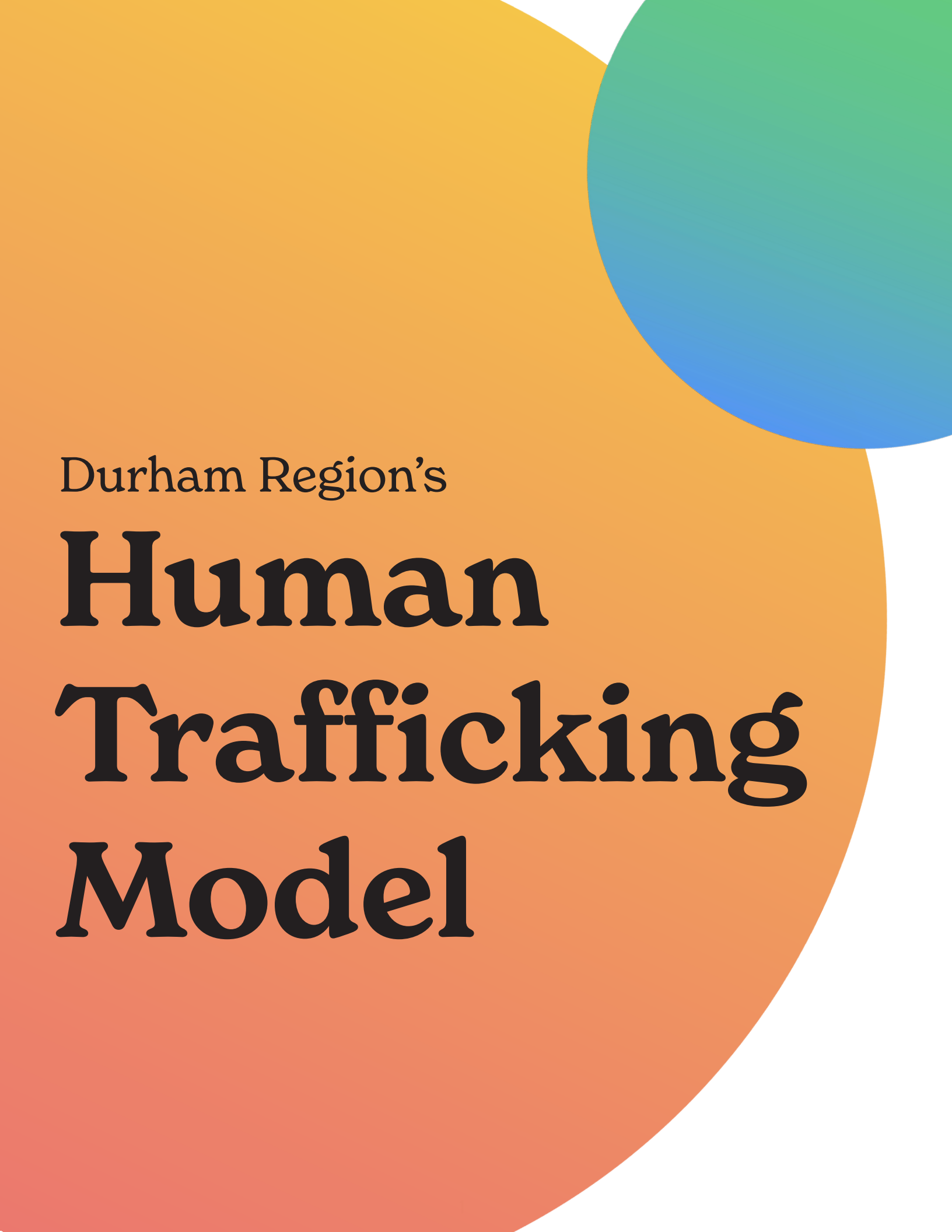
⁵⁶ *Bedford ONSC*, *supra* note 30 at para 121.

⁵⁷ *Ibid*, at para 122.

will allow other provinces to take notice and incentivize their ability to catalyze similar efforts.

48. However, various ambiguities including gaps in the legislation's enforcement, uncertainties pertaining to budget allocation, and a focus on law enforcement have opened up opportunities for criticism. This strategy must focus on education, recovery, and economic development, and provide marginalized groups with an array of opportunities. This will proactively address the root causes of human trafficking, rather than reactively focusing on law enforcement, prosecution, and surveillance. This holistic and community-based approach will help mitigate the stigma associated with sex workers, while uplifting these at-risk groups by keeping trafficking and sex work distinct.
49. In summary, the Durham Community Legal Clinic supports these legislative amendments as progressive. However, we hope to aid the committee in recognizing the legislation's possible flaws. We must realize there is more to be done to implement an effective approach that addresses underlying systemic issues to prevent human trafficking and protect our youth by partnering with the community.

Appendix “A”



Durham Region's

Human Trafficking Model

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<i>Emergency Shelter and Housing Services</i>	48
<i>Counselling</i>	62
<i>Legal and Youth Justice Services</i>	74
<i>Long-Term Community Supports</i>	80

Overview of Domestic Human Trafficking



The United Nations defines human trafficking (HT) as the recruitment, transportation, transfer, harboring, or receipt of persons by improper means for an improper purpose including forced labor or sexual exploitation. More broadly, human trafficking is the forced exploitation of a person for financial gain. There are three elements that must be present for HT to exist; force, fraud and coercion, all of which must be facilitated by a third party, working behind the scenes to accrue profits.

Domestic sex trafficking involves the trafficking of persons within the same country. The process of recruitment for domestic sex trafficking often follows the same pattern. The process has been broken down into the stages of commercial exploitation. These stages include Luring; Grooming & Gaming; Coercion & Manipulation; Exploitation, and; Recruitment. Traffickers target vulnerabilities of young individuals, often posing as boyfriends in the luring stages before taking them further through the stages to ensure Survivors are dependent on them for both physical and emotional needs. There are three main reasons why people do not or cannot leave, including fear of physical violence, fear of the unknown and the psychological hold and relational trauma bond that the trafficker has created between themselves and their Survivors. These reasons make it all the more challenging to support Survivors, even after they have been identified.

In Canada, an estimated 71% to 93% of all cases can be classified as domestic sex trafficking and of these cases, 93% are female and 72% are under 25 years old. Shockingly, the average age of recruitment is between 13 and 14 years old. Human Trafficking (HT) is a serious and ongoing epidemic in Ontario. Ontario, which accounts for 39% of the total Canadian population, has accounted for just over two-thirds (68%) of all police reported human trafficking incidents since 2009.

Durham is a region in Southern Ontario which is part of the east-end of the Greater Toronto Area. Durham Region has been identified as a hotspot for trafficking due to the proximity of municipalities situated on Ontario's Highway 401. In the last three years since 2017, Victim Services of Durham Region (VSDR) has seen an increase in the number of cases, with VSDR seeing exponential growth in the number of clients, doubling every year. In November 2018, The Durham Regional Police formally established a Human Trafficking Unit to address the large increase of trafficking in the region. In 2019, approximately one in 10 Survivors were under the age of 15. The Covid-19 pandemic that began in March 2020 stands to exacerbate trafficking in Durham Region.

Purpose of Model

As a response to the alarming number of cases in Durham alone, the Durham Region Human Trafficking Model was developed over five years to identify Survivors of human trafficking and connect them to interventions.

This document seeks to outline the unique collaboration between service providers in Durham Region, which is the cornerstone of the model, as it leads to specialized service pathways and interventions for Survivors of human trafficking. It is built upon special agreements between over 30 partnering agencies in Durham Region, who share a common understanding that client-centred and wraparound services are crucial to mitigating trauma experienced by Survivors.

This model meets Survivors where they are at in terms of their psychological state, regardless of whether or not they have left a trafficking situation or choose to report to police. It is innovative and unique in its implementation of a collaborative, trauma-informed, evidence-based and Survivor-informed strategy. Overall, this model demonstrates how a Survivor-informed, multi-agency response can effectively respond to the complex needs of Survivors of human trafficking. Since 2017, the Durham Region Human Trafficking Model has supported over 500 HT Survivors in various stages of exploitation.

Guiding Principles

The following are the six principles that underpin the effectiveness of the model, followed by brief descriptions of the principles. It's important to note that organizations involved in the model operate within their own philosophies, and therefore provide programs and services aligned within their organizational values and mandates. Having said that, there is a shared understanding that upon collaboration, the following principles inform the manner in which prevention, assessment and intervention activities take place.

1

SURVIVOR-INFORMED

- » Programs and services informed by lived expertise of Survivors
- » Client-centred service provision guided by self-determined needs of Survivors
- » Regular formal and informal feedback by Survivors who utilize the model

2

RELATIONAL APPROACH

- » Human trafficking is a relational crime, therefore the treatment is also relationships
- » Needs first approach that meets physiological and safety needs of survivors and replace dependence on having basic needs fulfilled by traffickers
- » Build trusting therapeutic relationships with Survivors by providing services and resources without expecting anything in return
- » Foster secure attachments to build Survivor resiliency as described by Attachment Theory

3

ANTI-RACIST/ANTI-OPPRESSION LENS

- » Acknowledging the context of colonialism, patriarchy and systemic racism as it relates to HT; women and girls are massively overrepresented as Survivors, as are those who identify as Black, Indigenous and People of Colour (BIPOC)
- » Acknowledging intersectionality and other factors that can lead to more barriers for Survivors of HT to receive adequate supports; LGBTQ2S+, refugees, immigrants and individuals with disabilities
- » Proactive community outreach to marginalized communities to identify and support Survivors of HT

4

HARM REDUCTION

- » Meeting clients where they are at in terms of their psychological, social and physical condition
- » Recognizing that decision-making regarding exiting a trafficking situation should be determined by clients to avoid a "save and rescue" mentality
- » Maintaining services to clients' regardless of their current substance use
- » Promoting safer sex and substance use practices
- » Supporting safety planning regardless of decisions about whether or not individuals are remaining involved in trafficking

5

TRAUMA-INFORMED LENS

- » Adapting a trauma-informed lens; understanding that those who have experienced sexual abuse, prior involvement with child protection and/or criminal justice systems are at dramatically increased risk of trafficking, and that these systems disproportionately target marginalized groups
- » Building trust and rapport through active listening
- » Minimizing the number of times a client shares their story to access services
- » Service provision that takes into account the impact of systemic and individual factors on clients as it relates to trafficking, including prior experiences of violence, abuse and poverty

6

CLIENT-CENTERED APPROACH

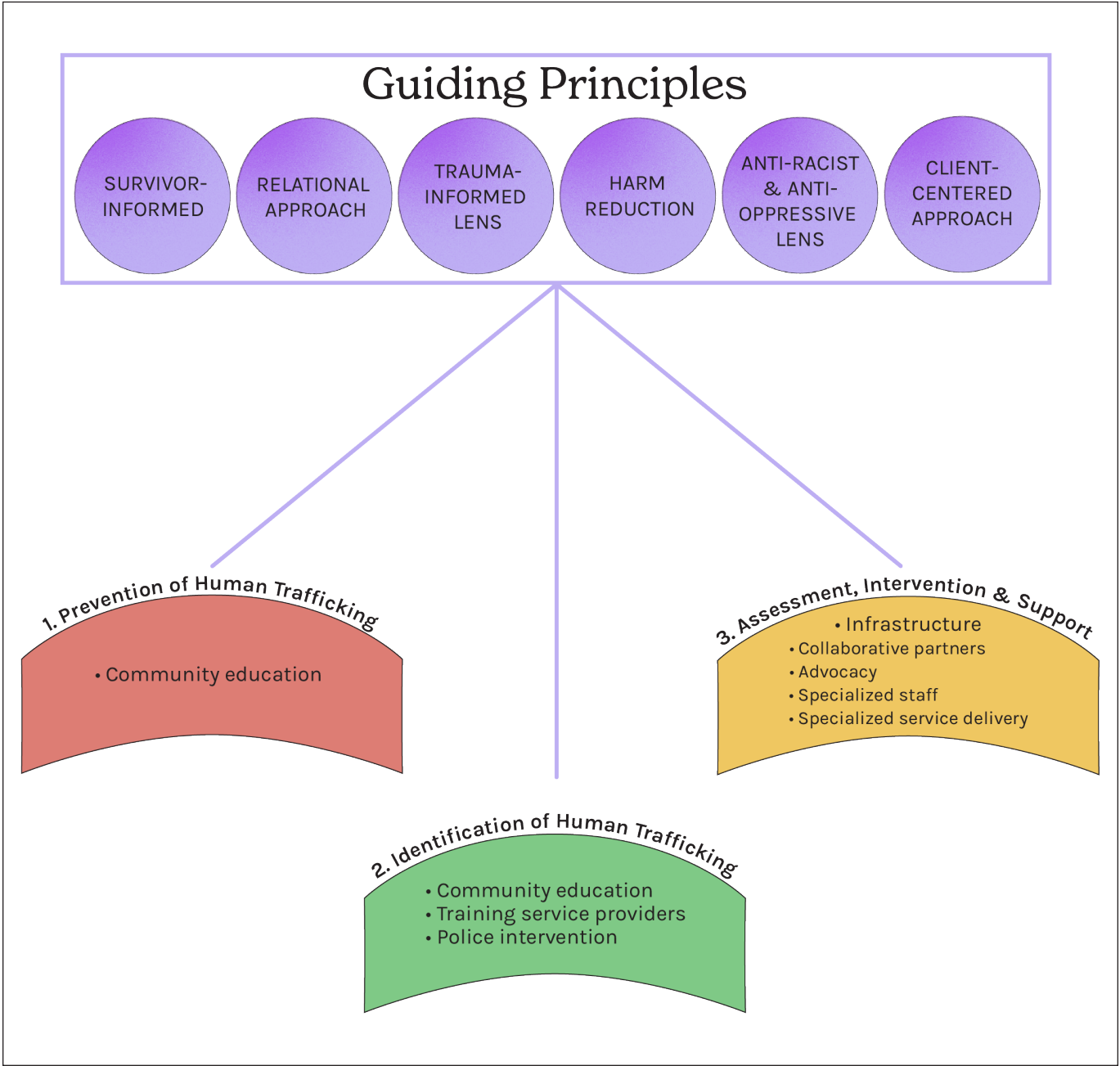
- » Seamless and coordinated, multisectoral wraparound services
- » A continuum of care which meets clients where they're at given their psychological, social and physical state
- » Warm transfers or personal introductions between client case managers and other service providers to increase trust and rapport for clients navigating multiple services

Overview of Model



Durham Region Human Trafficking Model

The following diagram outlines the relationship between the guiding principles and the model, followed by sections that describe each of these key components of the model.





There are various organizations that are involved with Durham's human trafficking model, including service delivery organizations, advocacy organizations and foundations. These organizations represent the breadth of services needed to respond in tandem to support even just one Survivor of trafficking. In the appendix, there are full descriptions of these organizations which includes Agency name, Agency website, Contact information, Primary mandate, Areas serviced, Population served, Criteria, Services or programs relevant to human trafficking, Basic necessities, Intake and screening process, Accessibility and staff training, Organization principles.

The following are the service delivery organizations whose collaboration with one another has built the foundation for assessment and intervention for Survivors of human trafficking along all stages of their journey in recovery.

VICTIM SERVICES OF DURHAM REGION (VSDR)

Victim Services of Durham Region (VSDR) provides immediate and ongoing services to Survivors of crime, traumas and sudden tragedies through trained staff responders and volunteers. Services include client-centred, trauma-informed crisis intervention including safety planning, systems advocacy, access to emergency financial support and basic necessities. VSDR completes VQRP+ applications for short-term financial support on behalf of clients.

DURHAM REGIONAL POLICE SERVICES HUMAN TRAFFICKING UNIT (DRPS HTU)

The Durham Regional Police Services Human Trafficking Unit (DRPS HTU) is the regional police unit formally that investigates human trafficking cases and facilitate education and awareness to prevent human trafficking. The HTU generally responds to calls for service involving Survivor disclosures of their involvement in the sex trade and the offenders who have exploited them.

DURHAM REGION ONTARIO WORKS (OW)

Durham Region Ontario Works (OW) is the Durham Social Services division that administers the Ontario Works financial assistance program. OW supports basic needs including food, shelter, clothing, household and health costs.

CHILDREN'S AID SOCIETIES OF DURHAM REGION

The Children's Aid Societies of Durham Region (CAS Durham) provide child protection services to children under the age of 16 and their families in the Durham region. CAS Durham has historically handled cases involving parent-Survivors with support for their children, cases in which a child has been trafficked, as well as cases in which families are involved with a child's trafficking. CAS Durham also includes Dnaadwenmaag Binnoojiiyag Child and Family Services (DBCFS) which is an Indigenous children well-being agency that provides wraparound services for children, youth and families that are culturally based and family-informed.

FAMILY SERVICES DURHAM (FSD) & CATHOLIC FAMILY SERVICES DURHAM (CFSD)

Family Services Durham (FSD) and Catholic Family Services Durham (CFSD) provide counselling to individuals who live in Durham. FSD and CFSD offer safety planning, case management, trauma counselling and ongoing mental health counselling. For CFSD, no current religious affiliation is necessary to access service.

LAKERIDGE HEALTH OSHAWA

Lakeridge Health Oshawa provides acute care health services in Durham and has a Domestic Violence/Sexual Assault Care Centre (DV/SACC) with trained physicians and nurses that provide sensitive medical care for Survivors

of trafficking. Services include treatment for physical and sexual trauma, screening and treatment for common concerns for Survivors of human trafficking such as sexually transmitted infections (STI) and forensic injury documentation for evidence collection. Another branch is Pinewood Centre which provides addictions services which includes individual and community-based services. Inpatient Support Services include ED social workers and an opioid patient navigator, a crisis intervention team and a youth crisis intervention team.

DURHAM RAPE CRISIS CENTRE (DRCC)

Durham Rape Crisis Center (DRCC) provides trauma and crisis counselling services to recent as well as historical or childhood Survivors of sexual assault, sexual harassment, and childhood sexual abuse and their families.

Violence Against Women (VAW) shelters

There are four Violence Against Women (VAW) shelters in Durham including Bethesda House, The Denise House, Herizon House and Y's Wish. They also provide counselling services, address basic needs, and provide housing support for securing long-term housing.

SAFEHOPE HOME

SafeHope Home is a Durham Region agency that offers second stage shelter and housing programs specific to human trafficking. SafeHope Home offers a six-bed residential program, a day program and outreach services such as housing and counselling services in the community.

REGION OF DURHAM HOUSING SERVICES

The Region of Durham Housing Services is within the social services of the Regional Municipality of Durham. The municipality's housing services include emergency shelter programs and manages the waitlist for rent-geared-to-income and social housing. The municipality also managed food banks, as well as emergency food distribution.

VICTIM WITNESS ASSISTANCE PROGRAM (VWAP)

The Victim/Witness Assistance Program provides information, assistance and support to victims and witnesses of crime to increase their understanding of, and participation in, the criminal court process. VWAP services include crisis intervention, emotional support, case specific information (court dates, bail conditions), needs assessment and referrals to community agencies.

WOMEN'S MULTICULTURAL RESOURCES AND COUNSELLING CENTRE (WMRCC)

WMRCC is a registered charitable organization providing free counselling and support services to women of all ages and their families from diverse backgrounds, to eradicate violence and rebuild their lives. Services include one-on-one counselling, support groups, the Enhanced Youth

Outreach Worker Program, a Youth Mentorship Program and a Youth in Transition Program for BIPOC youth as they transition from being 'children in care' to living independently as adults.

DURHAM FAMILY COURT CLINIC (DFCC)

DFCC provides programs and services for youth in conflict with the law and their families, including specialized counselling and mental health supports, intensive outreach support for youth who are high risk; supportive educational programming, and violence prevention workshops.

DURHAM REGION INTIMATE RELATIONSHIP VIOLENCE EMPOWERMENT NETWORK (DRIVEN)

DRIVEN is a collaborative wraparound service that serves as an access point for Survivors of gender-based violence to connect with all relevant support in Durham Region in one convenient location. On-site partners meet on Mondays, where clients can walk into their office location in Oshawa and connect with representatives who provide crisis support, counselling, legal services, healthcare and substance use services, housing services and more. Women can email to set up an appointment or call Bethesda House 24-hour support line when DRIVEN is closed.

CAREA COMMUNITY HEALTH CENTRE

Carea Community Health Centre provides a variety of free community programs and wraparound health services. Services include: health promotion and wellness; primary care, counselling and mental health; diabetes education; Hepatitis C screening, treatment support, education and outreach; geriatric assessment & intervention; young parent support, early years, youth, Indigenous and community development programs.

JOHN HOWARD SOCIETY – DURHAM REGION

The John Howard Society of Ontario is a not-for-profit organization dedicated to effective, just and humane responses to crime and its causes. John Howard Society Durham serves individuals and families, youth and adults with programs in areas such as counselling, employment, literacy, housing, parenting, addictions, and more.

ROSE OF DURHAM

Rose of Durham is a faith-based organization whose mission is to nurture young parents and their children through free counselling, education, and programs to build stronger futures. Rose of Durham's holistic programs and services include attachment-based parenting programs (group and individual format), supportive strength-based counselling, high school program, life skills, social drop-in programs, and donation room services.

Components of Model

1 Prevention of Human Trafficking

One way of preventing human trafficking is prosecution of traffickers. Another key approach is education to prevention vulnerable youth from being trafficked, which includes education targeted to youth as well as the community. These approaches are further described below.

PROSECUTION OF TRAFFICKERS

Another key component of prevention of human trafficking is prosecution. It is challenging for law enforcement to persecute traffickers without having formal statements from Survivors. Formal statements allow investigators to build a case against their traffickers, which can only be attained if Survivors wish to pursue charges in the criminal justice system. As Survivors tend to distrust law enforcement given negative prior interactions and/or fear instilled in them from their traffickers, this makes it all the more challenging.

As there is now a partnership between Durham Regional Police Services HTU and VSDR, Survivors of human trafficking are no longer first approached by police officers at the scene of their trafficking situation, as this is well known to invoke fear and distrust. Instead, they are first met by an HT Crisis Intervention Counsellor (CIC) who can help Survivors to feel safe and supported by someone with a trauma-informed lens, which in turn begins to establish a trusting relationship. An HT CIC will maintain a system of informed consent and explain the process of testifying against their trafficker, as well as the supports available to them including court guidance during the police's prosecution phase in collaboration with the Victim Witness Assistance Program (VWAP).

HT CICs never pressure clients to give statements however they have noticed that with this new collaborative process, more Survivors are choosing to testify against their traffickers. The DRPS HTU has seen a 30% increase in the number of formal statements given since late 2018 to 2020. In 2019 and 2020, DRPS HTU made 257 investigations, laid 238 charges and identified 239 victims, 103 of whom were under the age of 18. Formal statements from Survivors of human trafficking are a crucial aspect of prosecuting human traffickers, and therefore, this has enabled more traction towards charges laid.

YOUTH WORKSHOPS

The prevention of human trafficking begins with a shared understanding of human trafficking as an issue. Prevention initiatives have been led by VSDR in collaboration with DRPS, Durham District School Board (DDSB) and Durham Catholic District School Board (DCDSB). A full-time HT Prevention Facilitator at VSDR educate and raise awareness of HT for every grade nine class in Durham Region. Educational workshops are Survivor-informed and take place from a trauma-informed lens. In addition, Catholic Family Services of Durham (CFSO) are working with VSDR to translate all human trafficking prevention materials into French to bring HT Prevention to French-language schools in Durham Region. Other agencies including DRCC, CFSO and WMRCO are involved with gender-based violence prevention.

Overall, over 5,000 youth have received HT awareness training through the school system. At approximately one in two presentations given between September 2019 to October 2020, youth have disclosed experiences of human trafficking or gender-based violence. This rate of youth disclosure, while concerning, speaks to effectiveness of this outreach program and the need for HT prevention information among youth in Durham Region.

COMMUNITY EDUCATION

The Durham Human Trafficking coalition is a survivor-led collaboration of service providers that is chaired by VSDR who work collaboratively to support Survivors of human trafficking. Collaboratively, the coalition participates in activities to raise awareness of domestic sex trafficking in the Durham community. In February of 2020, a highly successful awareness campaign took place in the weeks leading up to Human Trafficking Awareness Day on February 22nd. The campaign included:

- » several national news stories covered by Global News
- » an appearance by VSDR Crisis Intervention Counsellor Karly Church and VSDR Clinical Director, Kayla Yama on The Social
- » dedicated social media content under the hashtag #JustAKid
- » an advertisement campaign that saw HT posters on local buses and bus shelters around Durham Region

There are also organizations that provide education on human trafficking, which includes organizations such as Men Ending Trafficking and Fight4Freedom.

2 Identification of Survivors

Survivors of human trafficking are being identified and referred to human trafficking services in three main ways. The two main ways are through police intervention and service organizations. Identification also takes place as a result of community education, with youth disclosing to presenters if they feel themselves or someone they know may be experiencing human trafficking. From late 2018 to 2020, the DRPS HTU has seen a 94% increase in reports of human trafficking in the region.

DRPS HTU

The Durham Human Trafficking Unit in collaboration with the HT Crisis Intervention Counsellors deploy a proactive approach to identifying Survivors of human trafficking. They perform outreach and proactive safety checks through a program called 'Date Night.' The team utilizes a web-scraping software called Traffic Jam, which crawls the web for online classified ads that show red flags for trafficking. The team can then door knock at the location advertised, establish a relationship with the person working and let them know that there is support available if they need. Additionally, DRPS HTU routinely monitors all missing reports of youth under 18 years of age which are reviewed for signs of trafficking. Cases that show signs of exploitation are assigned to HT investigators and shared with VSDR. In 2019, almost one-third of Survivors identified to police in Durham Region were children under the age of 18.

SERVICE ORGANIZATIONS

Another way that Survivors of human trafficking are identified are through front-line service providers. VSDR provides human trafficking training workshops for service providers including hospital, hotel, social services, teaching and child protective services staff. Workshops are tailored to help frontline workers identify and respond to human trafficking in a safe, sensitive and trauma-informed way.

DV/SACC has a partnership with VSDR which has facilitated the establishing of a Lakeridge Health HT Internal Working Group. This group works to educate staff and standardize HT patient procedures at Lakeridge Health, including screening for red flags and trauma informed care practices.

OW has established a HT Response Team who have received training in human trafficking. OW has found that Survivors are significantly more likely to disclose trafficking since engaging with staff who have received this training. This is due to the non-judgemental trust and understanding that HT specialized caseworkers have been able to build with Survivors and the comfort they now have in discussing issues with clients after HT service provider training. In the last few years, OW has seen an increase in the number of individuals disclosing prior experiences of trafficking in relation to financial difficulty.

COMMUNITY EDUCATION

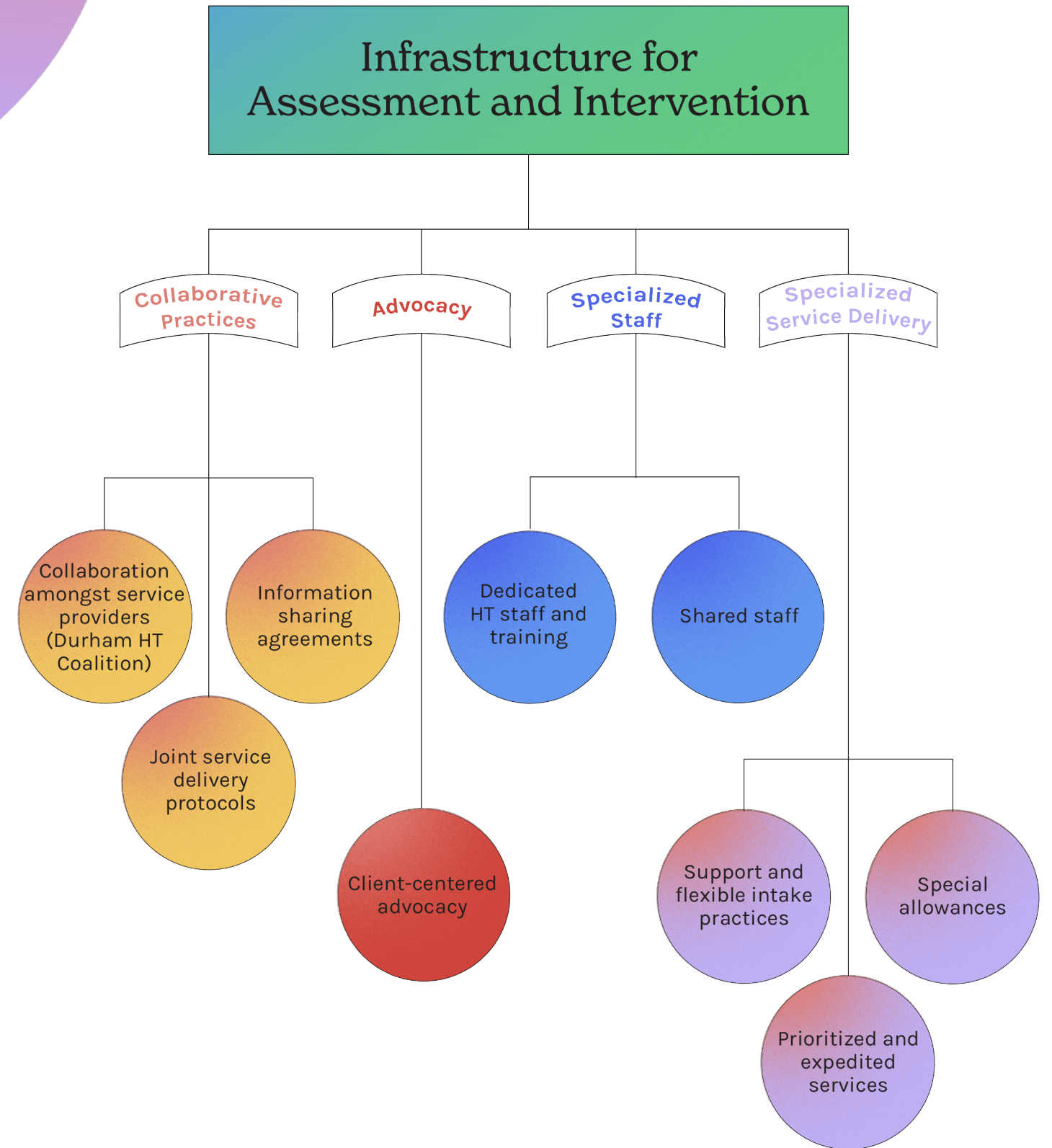
In addition to prevention, the HT facilitator from VSDR is also providing training for teachers and grade nine students on identifying the signs and symptoms of trafficking in their peers. Separate from schools, community education by VSDR and DRPS on human trafficking is also taking place for staff of hotels and motels. By providing this education for schools, more people are better positioned to notice when those in their surroundings may be Survivors of human trafficking and can then support them in connecting to appropriate services.

Additionally, as mentioned above, there are organizations that raise awareness of human trafficking and the Durham Human Trafficking coalition participates in activities to raise awareness of domestic sex trafficking in the Durham community. The campaign that took place in February 2020 both aimed to prevent human trafficking in youth, as well as educate the broader community, to identify when human trafficking is taking place in their community.

3 Assessment and Intervention

The essence of the model is the infrastructure that lays the foundation for Survivors of human trafficking to receive assessment and intervention in a comprehensive and trauma-informed manner. Services are available to all Survivors, regardless of if they have left a trafficking situation, or choose to report to police.

The four components of the infrastructure that will be described are (1) Collaborative practices, (2) Advocacy, (3) Specialized staff, and (4) Specialized service delivery. Below is a diagram outlining these four components and their activities, followed by descriptions of the activities of primary organizations involved in addressing immediate needs.



Collaborative Practices

COLLABORATION AMONGST SERVICE PROVIDERS

Durham Region Human Trafficking Coalition

As mentioned above, the Durham Human Trafficking coalition is a survivor-led collaboration of service providers that is chaired by VSDR who work collaboratively to support Survivors of human trafficking. The coalition was formed as a result of a shared understanding that it is fundamentally unfair to ask someone to leave a trafficking situation unless service providers are able to meet their basic needs. This is because traffickers often exploit a Survivor's basic needs to coerce them into being trafficked. Since no single agency can fulfill every need or provide every service, it is crucial to work collaboratively to meet the needs of Survivors. The HT Coalition aims to ensure that services are appropriate, and Survivors can access trauma-informed services no matter where they are at or how they enter the system.

The coalition has regular coalition meetings every second month. A key aspect of meetings are confidential case conferences, which are discussions aimed at supporting clients to utilize the collective resources of the agencies at the table. This time allotted to openly discussing more complex client cases enables uncommon or unfamiliar resources to surface, and strategies for accessing these resources. Thus, these discussions prove vital to supporting various types of Survivors of human trafficking.

Joint Service Delivery Protocols

Joint protocols for service delivery enable agencies to provide services to Survivors of human trafficking in a more cohesive manner. Having such protocols in place is aligned with a harm reduction approach, as it minimizes the number of different ways that Survivors are having to engage with social service agencies, to get the services they need.

» Durham CAS and DBCFS have a joint response protocol with DRPS for HT cases

» In cases where trafficking or a high risk of trafficking

identified, The Detective in charge of DRPS HTU and the CAS Durham Worker share relevant information to ensure that safety of the child and youth, in line with the mandate of each organization

» This protocol is in place to support developing safety plans for the child or youth and is limited to the duration of the service provision

» CAS Durham has worked closely with VSDR and DRPS HTU to create safety plans and crisis interventions for children who disclose signs that they are Survivors of human trafficking. Once a safety assessment and safety plan has been developed, an ongoing risk assessment is conducted to either keep the file open for further steps (e.g., court or removal) or to inform the investigation disposition

» VSDR and OW have worked together to develop specialized response protocols for Survivors accessing services at OW, including an HT Response Team, to support the safety of those who are fleeing emergency situations

Information Sharing Agreements

Similar to joint protocols, information sharing agreements enable Survivors to be supported in a more seamless manner. This is also a harm reduction practice in that after receiving informed consent from Survivors to share their information, this practice minimizes the number of times Survivors need to share their stories. Additionally, when it's possible for agencies to access client case histories, it allows for more targeted services to Survivors, that can better address their needs.

» VSDR are currently also one of only two Victims Services in the GTA who work closely with their regional police services to share resources and databases

» Dnaagdawenmag Binnoojiiyag Child and Family Services (DBCFS) and Durham CAS have an information-sharing agreement with DRPS HTU. This agreement is intended to protect the immediate safety of youth who are being trafficked or at risk of being trafficked

Advocacy

CLIENT-CENTERED ADVOCACY

Both VSDR and OW are intentional about advocating on behalf of clients' needs. Given the trauma that Survivors of human trafficking have experienced, there's a recognition that it's important to advocate for critical supports (e.g. financial supports, housing, counselling), even if they haven't explicitly asked for this yet. A key reason this is important is because there are many policies and procedures which inadvertently pose as systemic barriers to accessing services. Additionally, many Survivors may not be at a stage yet of fully realizing that they were trafficked, let alone being able to recollect their experiences, and understand and articulate their needs. All of this can impact their ability to receive appropriate services. Therefore, advocacy on behalf of clients given where they're at in terms of their psychological and emotional well-being, helps to ensure a timelier provision of appropriate interventions, should they choose to accept them.

» For Survivors in Durham Region, VSDR and OW are often the first point of contact, with both agencies making warm referrals to the other within the first few meetings with clients. Typically, VSDR HT counsellors will submit an application to OW for income services if appropriate, while OW HT Response Team workers will refer to VSDR for clients eligible for VQRP+ funding and access to more intensive, trauma-related case management. During a client's short-term stay at a hotel, HT counsellors at VSDR and caseworkers at OW typically work on securing further short-term emergency housing in a shelter. Both agencies manage housing paperwork and can submit a Special Priority Program application to Durham Region Housing Services, which is important for accessing longer-term housing benefits.

» VSDR and OW will often work in conjunction to support clients to access to gift cards, petty cash, bus tickets and other transportation, food, personal hygiene items, clothing, emergency shelter and referrals to out of area community resources.

Specialized Staff

DEDICATED HUMAN TRAFFICKING STAFF

Several service agencies have not only trained staff in human trafficking, they have also designated certain staff to engage with Survivors of human trafficking. For one, this enables Survivors to be supported by individuals who have competence in the trauma they've experienced. Secondly these staff have a more wholesome understanding of the challenges they're experiencing and the nuanced interventions that could address these challenges. Therefore, they are equipped to support Survivors uniquely within their organizational setting, in comparison to how themselves or other staff would intervene for other clients.

» VSDR has three human trafficking Crisis Intervention Counsellors (HT CICs) on staff, including one counsellor who identifies as a Survivor of human trafficking

» In partnership with VSDR, OW have implemented a dedicated HT Response Team (HTRT) who have been trained to identify HT, as well as best practices in trauma-informed care. If Survivors are identified at initial application or at another appointment, a member of OW's HTRT will be flagged to respond.

» DV/SACC staff have received training from VSDR on human trafficking. This partnership has facilitated the establishing of a Lakeridge Health HT Internal Working Group. The working group has also established a HT Champions List comprised of dedicated staff who are knowledgeable of the issue and relevant community resources, and are best positioned to support Survivors

» DRCC has a human trafficking specific counsellor

SHARED HUMAN TRAFFICKING STAFF

The Survivor-informed partnership between DRPS HTU and VSDR is a key partnership that underpins the success of The Durham Region HT Model. VSDR's HT CICs are embedded within the HTU, working closely together often from the same offices, to bridge the gap between Survivors and the police. HT CICs regularly travel with police to connect with Survivors who are experiencing ongoing trafficking, particularly in terms of outreach. While police can attend to the immediate safety needs of a Survivor, HT CICs can provide ongoing, confidential and non-judgemental crisis support. An HT CIC will maintain a system of informed consent and explain the process of giving a formal statement.

Specialized Service Delivery

FLEXIBLE INTAKE PROCESSES

Several service agencies have modified their intake processes for Survivors of human trafficking. The purpose of this is to minimize the barriers that can make it difficult for Survivors of human trafficking to access services. Therefore, these flexible intake processes are intended to not only prevent Survivors from falling through the cracks but support them in accessing the most helpful services in the most efficient ways possible.

- » VSDR HT CICs use an informal intake process that focuses heavily on building trust and rapport, recognizing that crisis intervention for HT Survivors is time-sensitive, and that a rigid intake process can be counter-productive.
- » With regards to income services, OW can defer the need for identification and income and asset information at the point of application for Survivor in the process of moving to safety. Clients can be supported to obtain necessary documents and be given a longer time frame in which to provide that information. These provisions are particularly important for Survivors whose traffickers or abusers remain in control their identification documents and/or bank accounts, and are in need immediate financial assistance.
- » VSDR and CFSD have begun a pilot project which enables VSDR workers to assess HT clients as ready for therapy, and then directly refer them directly to an HT trauma therapist at CFSD for trauma therapy. HT clients not referred directly from VSDR can also access therapy. This is an additional process that enables victims to bypass the standard self-referral intake process for therapy, thus minimizing barriers to access.

PRIORITIZED SERVICES

Given the time-sensitive nature of human trafficking and ongoing safety concerns of Survivors, there are service agencies that are able to provide prioritized services. This helps to ensure that Survivors are able to have more of their more pressing needs met as early as possible.

- » OW's HT Response Team provides expedited services for HT Survivors at every Durham Region office location which enables them to bypass the waiting room through staff making same day appointments by phone or in person, whether in the office or the community.

- » With Family Services Durham (FSD) and Catholic Family Services Durham (CFSD), direct referrals from community partners such as VSDR, DRPS and OW for individuals requiring immediate support, can be prioritized for the same day, without going onto waitlists. This specially negotiated provision is in recognition of the fact that access to counselling is extremely time sensitive for Survivors of HT, and that early intervention is crucial to mitigating trauma.
- » At OW, clients who disclose ongoing HT at any point are offered immediate services to leave their trafficker including access to gift cards or petty cash for food or transportation, and assistance with police as requested. Through OW, clients can also access prioritized services to secure safe accommodation, usually in the form of a temporary hotel stay in case of emergency.
- » DRCC is able to offer flexible and prioritized trauma-informed counselling to Survivors of human trafficking referred from anywhere in the community. Specifically identified clients can bypass the intake waitlist and be referred directly to a counsellor.
- » Lakeridge Health Oshawa's Domestic Violence/Sexual Assault Care Centre (DV/SACC) established a new practice as of November 2020 of bypassing triage in the emergency department to admit Survivors of human trafficking. This service is available to Human Trafficking Survivors referred by core coalition partners such as VSDR, DRPS HTU and OW.

SPECIAL ALLOWANCES

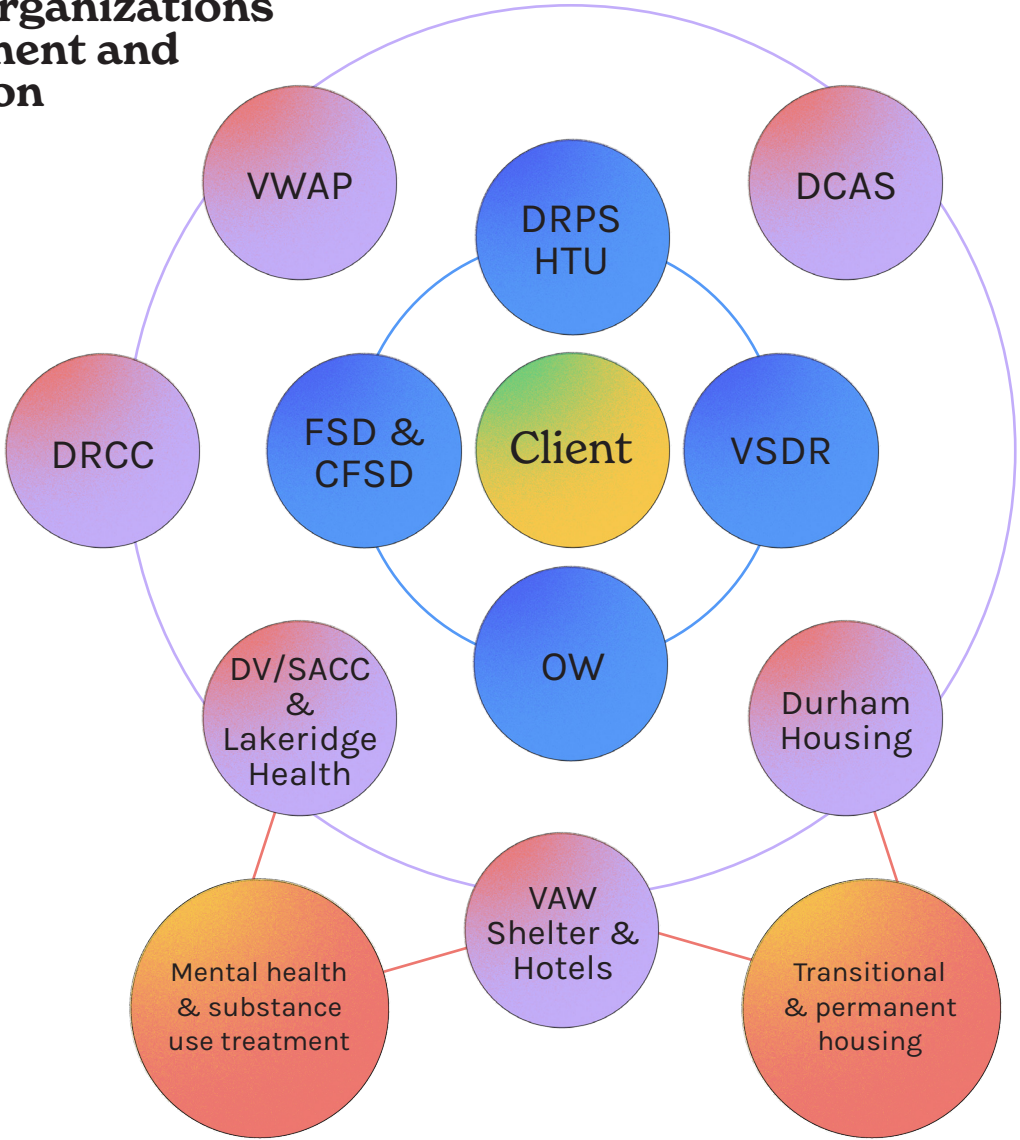
Special allowances refers to instances where Survivors of human trafficking can benefit from differential treatment, given that they are experiencing more vulnerabilities and harm, in comparison to other clients of these agencies.

- » Durham Region has four Violence Against Women (VAW) shelters including Bethesda House, The Denise House, Herizon House and YWCA Durham (Y's Wish). VAW shelters frequently work with Survivors and, as of early 2020, all four shelters were accepting Survivors of HT even if they were operating at capacity.
- » For FSD and CSFD, fees are assessed according to a sliding fee scale and fees can be reduced or waived for clients referred from VSDR and waived for clients on OW.

Connections between Primary Organizations

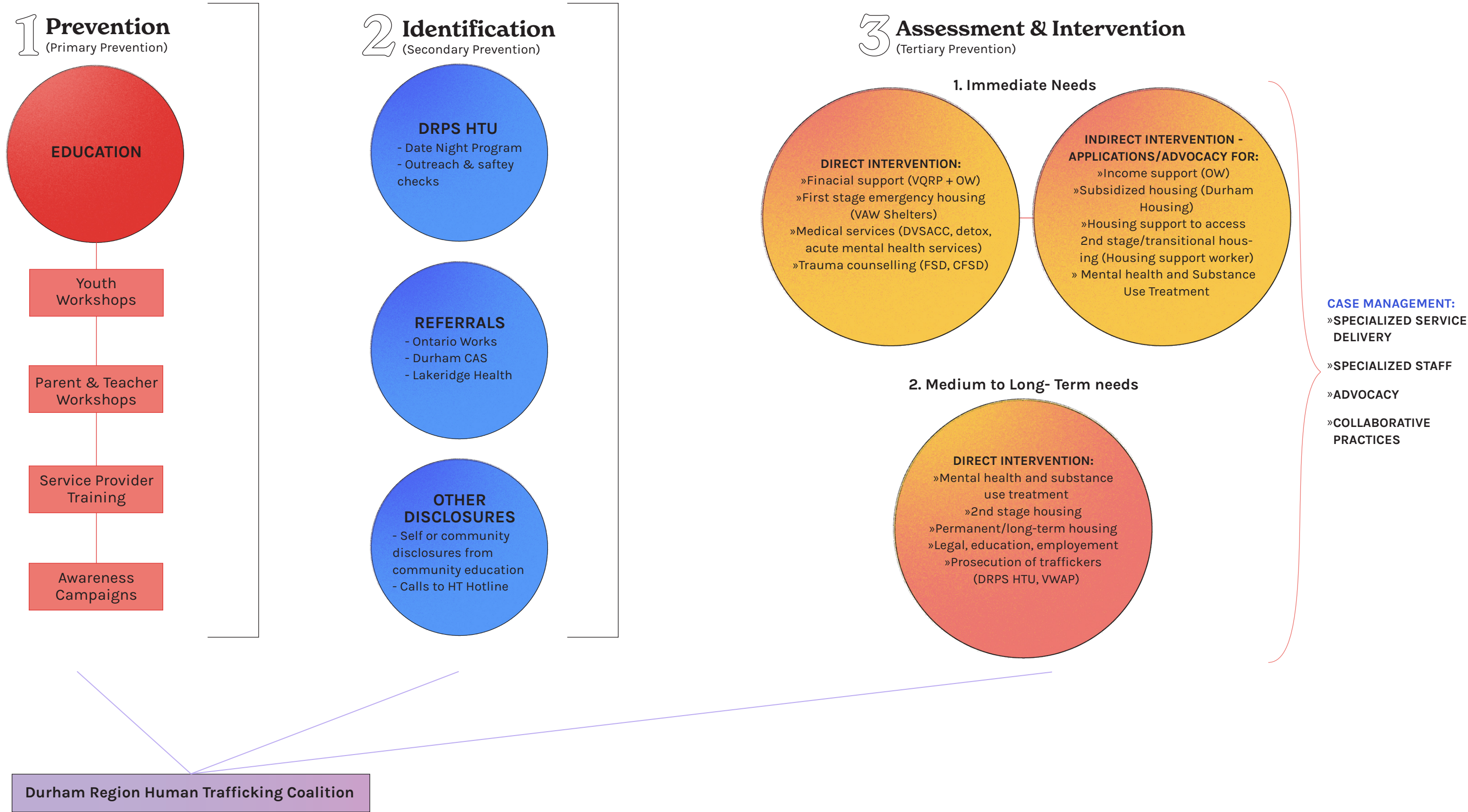
There are different ways that Survivors can be referred into the system. Upon referral, case management takes places through VSDR. The following diagram demonstrates the interconnections described above between the service organizations that are involved in assessment and intervention, specifically those organizations involved in intervention to address immediate needs. Then from there, Survivors are connected to the different agencies as needed, to address medium-term and long-term needs.

Primary Organizations in Assessment and Intervention



These relationships between key agencies have been established over time as a result of Survivor input and strong relationships and partnerships that have been cultivated between organizations. When the activities of the assessment and intervention process work together as a system, what has resulted is an effective infrastructure to more effectively conduct assessment and intervention for Survivors of human trafficking. This model also helps to ensure that Survivors needs are always centered. Survivors engagement in their recovery process tends to be very fluid and transient, and therefore it's important that a strong infrastructure is in place, regardless of how frequently they engage with the system, or how long the duration is between their periods of engagement. When their needs are taken into account including their trauma and risk of harm, then they can be supported with greater ease, as opposed to having to navigate a system that doesn't recognize their trauma and vulnerabilities.

Diagram of Durham's Human Trafficking Model



Successes

Since the development of the model, there have been positive outcomes that have resulted, which are outlined below.

COLLABORATION BETWEEN VSDR AND OW

A client who was well known to VSDR had been missing for some time and recently surfaced. This client has been trafficked since the age of nine and has tried to exit the game in the past. Unfortunately, the only friends and family she has are also involved in this life, which makes it incredible difficult for her to leave. Through the collaboration between VSDR and OW, VSDR's HT CIC was able to advocate to this client's OW caseworker for support with basic essentials. They also helped with expediting her income support application and connecting her to other services. Accommodation was arranged in a safe hotel and she is now much healthier: emotionally, mentally and physically. She is free of control and knows she's safe in a place that no one else can enter. When she got to the hotel, her comment was, "I can finally sleep because no one else has a key to my room". OW and VSDR are now working toward a more permanent housing option and a portable subsidy for this client.

COLLABORATION BETWEEN LAKERIDGE HEALTH, VSDR AND OW

An example of successful collaboration with Lakeridge Health Oshawa includes the case of a human trafficking client initially identified by the Emergency Department at Lakeridge Health Oshawa. This client didn't have a safe place to go following her visit to the ER and therefore she was connected to a staff member of the Ontario Works HT Response Team. Arrangements were made for her to be temporarily housed in a safe hotel and she was then transported there in a cab. Both OW and Victim Services worked together to complete applications with the Survivor for OW and VQPR+ funding which enabled the Survivor to receive an extended hotel stay, as well as have food, necessities and seasonal-appropriate clothing delivered to her at the hotel. This individual was especially vulnerable due to being new to Canada, literacy issues and suspected cognitive issues. After careful consideration, it was determined that Stage One housing for Human Trafficking best suited this client's needs which is a type of housing that includes regular case management. She successfully entered the Bonnie McPhee house in Peel since Durham didn't have this service yet. Her OW HT Response Team caseworker was instrumental in facilitating this process, taking a virtual tour of the facility, introducing the client to staff over a conference call and emailing the necessary paperwork for admittance. The staff from Bonnie McPhee, Victim Services and Ontario Works remained in contact for the duration of her stay.



COLLABORATION BETWEEN OW, VSDR, LAKERIDGE HEALTH AND BACK DOOR MISSION

A young woman who has been a Survivor of HT from a very young age has been involved with the OW HT Response Team for years. Her caseworker worked slowly with her to build trust, providing her with discretionary benefits including clothing and food, before connecting her to other services. By being gentle in her approach and meeting her where she is at, they developed rapport and a positive relationship. Over time, the client expressed that she would like to leave her trafficking situation. This was a breakthrough as her family was involved in her exploitation. In addition, she struggles with addiction and her ultimate goal was to go to a treatment centre. At this point, she was introduced to a VSDR HT Crisis Intervention Counsellor who discussed with her the options and services available to her, including addictions treatment.

She was receptive of these services however what became challenging was the point at which she learned that she was pregnant. This was very triggering for her as she was pregnant in the past and lost her child. Additionally, at this time she was still in her trafficking situation and struggling to leave her trafficker. At the suggestion of her HT caseworker, this client was supported to access services at Oshawa's Back Door Mission, where she was provided with meals and clothing.

At Back Door Mission, she was also connected with a nurse on the staff's medical team who discussed with her preliminary prenatal care, and the client was encouraged to return the next week for follow-up. The nurse was able to book an appointment for the client to have an ultrasound and offered to accompany the client to Lakeridge Health Oshawa for her appointment. With client consent, the nurse, caseworker and outreach worker from VSDR were able to collaborate to provide her with options given her situation, and as well, provided her with basic need. Over time, she regarded them as trusted service providers and while she once feared interactions with staff, she now proclaimed, "I have another support person on my team!" The client has expressed her appreciation for her caseworker, the HT response team and the wrap around support she has been provided. She currently receives trauma-informed care that is both respectful and non-judgmental.

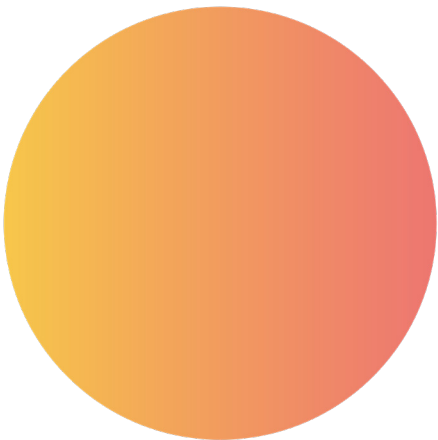
RESPONSIVENESS DURING COVID

A collaboration was established between VSDR, OW and the Regional Municipality of Durham.

During the initial stages of the Covid-19 pandemic, this collaboration was crucial in responding to the emergency housing needs of Survivors. Throughout March to July, 2020, The Region supported physically distanced emergency food and shelter for Survivors of human trafficking. This program was facilitated through VSDR's Crisis Counsellors, who facilitated short term stays (including a two-week isolation period) for clients in Durham Region hotels for those experiencing a threat to safety in their current place of residence, who did not qualify for other funding. During the first wave of the pandemic, this program supported 98 of clients in crisis, including 18 Survivors of HT who were escaping trafficking.

Limitations and Opportunities

Within this model, the existing means of identification, and the infrastructure for assessment and supports to Survivors of human trafficking has been effective. Having said that, there are broader, systemic and structural challenges that have become barriers to supporting Survivors of human trafficking in Durham. The challenges mentioned below may be similar to those of other jurisdictions addressing human trafficking. Therefore, where possible, the below include suggestions to address these barriers, as well as contextual changes or steps that are being taken towards change, which may be applicable to other jurisdictions.



CAS RESPONSE PROTOCOL

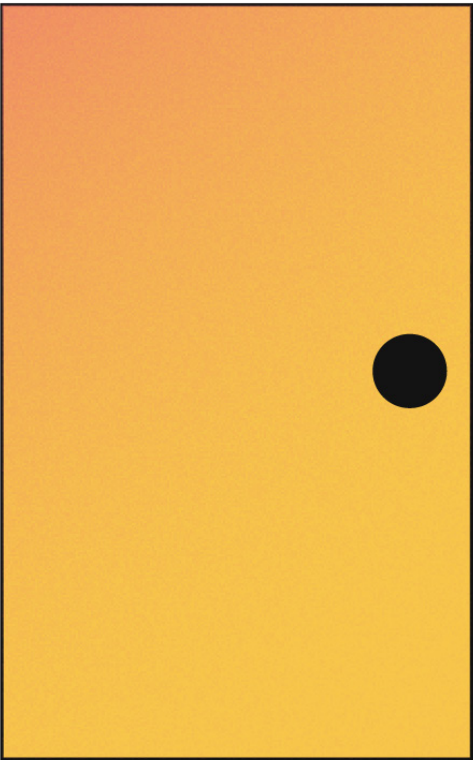
Ontario CAS does not yet have a provincially standardized code or response protocol to address child sex trafficking. This can be problematic for handling child and youth human trafficking cases since Durham Children's Aid Society (DCAS) processes are tied to adherence to provincially mandated standards based on Eligibility Spectrum codes such as abuse and/or risk of abuse, neglect, abandonment, caregiver capacity and emotional abuse. Additionally, current coding standards mean CAS can only intervene from the perspective of "child-parental conflict"

It would be beneficial to have human trafficking training for all CAS workers and even more beneficial would be human trafficking specialized caseworkers in all offices across Ontario. For this reason, VSDR and DCAS management are working to train CAS staff in human trafficking trauma-informed best practices. DCAS and other Children's Aid Societies in Ontario are currently working with the Ministry of Community and Social Services to develop Eligibility Spectrum and standards to include human trafficking.

RECOGNITION OF HUMAN TRAFFICKING IN HEALTHCARE

There is a lack of recognition of HT within healthcare services, and a general lack of HT-specific health services in Durham Region. The healthcare needs of trafficking Survivors are extremely complex and wide-ranging. Trafficking Survivors are extremely unlikely to self-identify in healthcare settings for a number of reasons including fear for their own safety and the safety of others. Many will not identify as having been trafficked given internal and external stigma, and others will not identify with this as they are too deeply affected by trauma. Additionally, trafficking is usually not the primary source of concern for Survivors who present in hospitals. Rather, they present to Emergency Departments to address sexual and physical trauma, sexual and reproductive health concerns, substance use dependence, and serious mental health conditions exacerbated by trauma.

Through organizational partnerships and human trafficking best-practice training, the coalition is working with Lakeridge Health Hospitals to create standards of trauma-informed care to best serve the medical needs of Survivors. This requires the development and implementation of standardized screening and response protocols to identify and provide trauma-informed care to Survivors of trafficking in Lakeridge Health, especially in Emergency Departments. The work to raise awareness of HT at Lakeridge Health Hospitals has largely been spearheaded by the Lakeridge's Internal HT Working Group. This group is represented at Durham's HT Coalition and has already collaborated to host a one-day conference attended by staff and other Durham community members.



HT-APPROPRIATE HOUSING PROTOCOLS

Emergency Shelters:

VQRP+ provides funding for emergency shelter standards however they are not necessarily suitable for supporting human trafficking Survivors. This funding is only approved to provide accommodations in hotels or motels, however this is often where Survivors were trafficked from in the first place, and therefore, these settings can be extremely traumatizing. Additionally, the period after a Survivor's three to six month stays in short-term shelter and prior to approval for longer-term housing, represents a significant gap in the model. It is a period during which Survivors are vulnerable to becoming re-trafficked or become more vulnerable to survival sex work in order to meet their basic needs.

Durham Region Housing – Special Priority:

Applications for long-term housing are made to the Durham Housing's Special Priority Program (SPP), which is a status made in consideration to Survivors of human trafficking, those fleeing someone who is abusing them (or their children), and those recently living with their abusers, including immigrants who experience abuse from their sponsors. The SPP grants eligible applicants expedited status on the Durham Rent-Geared-to-Income (RGI) waitlist, however the wait may be between one to five years before an RGI unit becomes available. Additionally, there have been concerns over safety issues, including instances where a client's trafficker may also live in the same social housing units.

For this reason, Durham Region Housing has found that portable housing benefits are generally more appropriate for Survivors of trafficking. Over the period from July 2018 to April 2020, Durham Region Housing piloted the Portable Housing Benefit-Special Priority Program (PHB-SPP). The PHB-SPP was a monthly benefit administered by the Province of Ontario designed to help Survivors of domestic violence and human trafficking bridge the gap between affordable rent and the average market rent. This benefit proved to be very successful. The PHB-SPP has since been replaced by the Canadian-Ontario Housing Benefit (COHB) however for this benefit, funding is not limited to those on the SPP waitlist due to human trafficking. While the PHB-SPP program did not suit all clients, this funding allowed approximately 300 HT Survivors in 2019 to relocate to find housing away from their traffickers and abusers.

HT-SPECIFIC MENTAL HEALTH & SUBSTANCE
DEPENDENT TREATMENT

Often times, Survivors don't qualify for substance use treatment because they are not mentally well enough to stay in rehabilitation centres and programs. They are also often excluded from community mental health treatment because of substance use-related issues. Even in the rare instances where a client is able to access treatment, VQRP+ available funding can be quickly used up if individuals cannot remain in rehabilitation and adhere to treatment.

Since human trafficking is difficult to identify in a hospital setting, inappropriate early discharge from hospitals tends to occur without support or knowledge of the ED Social Worker. This in turn leads to clients going missing if they were not appropriately assessed (Form 1) or if they were involuntarily admitted when it was deemed necessary (Form 3). Therefore, if clients are not safe in the community, intensive mental health treatment programs with long waitlists like Ontario Shores are irrelevant to human trafficking Survivors, as they won't receive a continuity of care once they leave. Additionally, Community Treatment Orders, which allow physicians to mandate supervised treatment on patient once they are discharged, cannot be utilized by individuals who are homeless.

It is clear that existing acute mental health and substance use treatment services are not built to recognize or support the needs of HT Survivors. HT specific services are desperately needed to treat trauma, addiction and mental health in a needs-first model that reflects the unique presentation and circumstances of HT Survivors.

HT-SPECIFIC SEXUAL HEALTH CLINIC

The local DV/SACC provides sexual health services. In the past, to be seen at DV/SACC, Survivors needed to go through the Emergency Department. This in itself was a barrier given that this is a public space where Survivors may have had negative experiences. As a result, Lakeridge Health has implemented a patient registration process whereby HT Survivors can bypass the Emergency Department during certain hours of the day, on referral by DRPS, VSDR or OW.

An HT-specific sexual health clinic is needed to address the need for longer-term supports to follow-up with physical issues such as infection or physical trauma rehabilitation. Such a clinic could also support substance use and mental health treatment adherence or sexual health education programs.

LEGAL SUPPORT

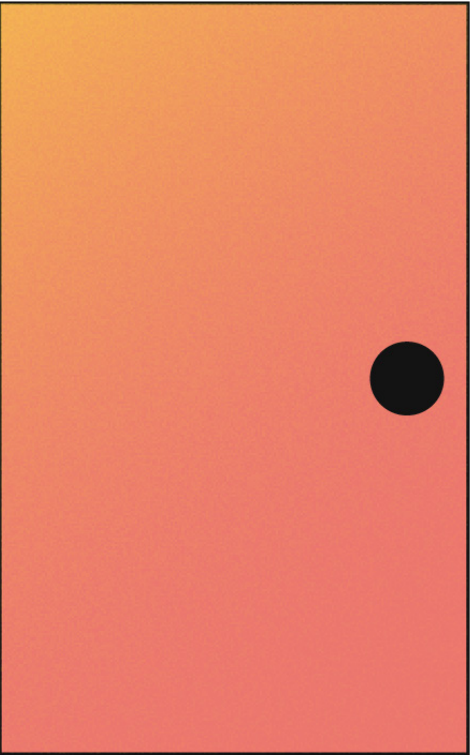
While this is not specific to Durham Region, there is a notable lack of HT-specific legal support available to Survivors of HT. There are very few attorneys and judges who are knowledgeable of HT. A human trafficking background in the legal system is crucial as Survivors often report re-traumatization through the justice system and many face concurrent charges that are often related to, or a direct result of their exploitation.

Survivors may be charged for trespassing, loitering or assault, or face more serious concurrent charges such as recruitment of others to trafficking or trafficking drugs or firearms on their trafficker's behalf. What the legal system hasn't widely recognized is that such behaviours are the result of clients' coercion by their traffickers. If an HT client is working with VSDR or another core agency within the model, caseworkers may be able to give a statement against the trafficker and support clients' experiences of coercion. While this can lead to Survivors getting their concurrent charges dropped, there are many instances where people may be charged and convicted for these crimes, even though they are Survivors of trafficking.

LIFE SKILLS FOR VULNERABLE YOUTH

Another service gap that has been identified in Durham Region is the lack of longer-term supports for both youth who are at-risk of trafficking and youth Survivors of trafficking. Multiple service providers have identified a lack of HT-specific life skills programs in Durham Region. For the majority of 2020, only one Enhanced Youth Outreach Worker (EYOW) worked in the region to engage street-involved or vulnerable youth in Durham. This single EYOW for the region was placed at the Women's Multicultural Resource and Counselling Centre (WMRCC) as part of the Province of Ontario's Services for Black Children, Youth and Families. Their role is to support culturally sensitive programming including counselling services, workshops (e.g., life skills, housing and employment, conflict resolution, healthy relationships), support groups and engagement sessions for Black youth between the ages of 12-25.

Many more services like this are needed in Durham Region to prevent youth from being trafficked, given that youth who have a prior history of abuse, family violence, those with CAS involvement, runaways or LGBTQ2S+ identifying youth are at a significantly increased risk of being trafficked. These types of programs and resources are also necessary to support the recovery of those who have been trafficked. Additionally, these programs need to cover a range of skills from important health and hygiene skills to training in relation to vocational, language and financial literacy.





Evaluation

Formal evaluation of the Durham Region Human Trafficking Model is needed to better understand the service capacity and efficacy of agencies supporting Survivors in Durham Region. HT data for the region is important for a number of other uses, including targeted service development for underserved clients, understanding service access demographics and trends, and supporting grant applications.

The Model should be seen as a collaborative, region-wide intervention aimed at reducing harm due to trafficking. A formal evaluation of such a model should systematically assess activities and tools at each level of prevention; primary, secondary and tertiary.

COORDINATING DATA COLLECTION ACROSS HT COALITION AGENCIES

Evaluations of the HT Model would require significant investment in data collection infrastructure including database software and/or standardized data collection across agencies on the coalition. Survivor/client feedback also needs to be prioritized to reflect first-hand experiences of service delivery within the Durham Region HT Model.

An important first step is to implement ongoing and standardized processes to collect simple information such as the number of cases per period, how clients are entering the model, where clients are being referred, the number of times services are accessed and the average length of time between a client's first occasion of service to their last. Other pertinent information may relate to the age, gender and race/ethnicity of an organizations' clients. This type of information is important to measure service access trends and the success of intervention and prevention programs in engaging this client population.

To this end, discussions around data collection logistics and strategies for database software funding are being spearheaded by the HT Coalition Data Subcommittee. VSDR have also partnered with researchers at Ontario Tech University to document the impact of the Covid-19 pandemic on Survivors of domestic sex trafficking in Durham Region in 2021.

EVALUATING SCREENING TOOLS

Another important evaluation activity that should be considered for research includes evaluating the efficacy of HT screening tools in different contexts. Screening tools are used across Durham Region HT Coalition agencies to identify Survivors and connect them to supports.

These tools have proven to be largely successful in terms of delivering trauma-informed services once a case has been verified by VSDR HT Counsellors. However, despite staff training and screening tools, it can be difficult for non-specialists to identify and support Survivors given the nuances of someone who is experiencing ongoing trafficking (who may or may not identify with trafficking, let alone disclose), someone who reports historical trafficking and others who make claims about trafficking in order to access supports.

In combination with a myriad of other factors around the nature of consent and coercion, VSDR HT Counsellors report that current screening protocols still result in frequent false positives, where individuals are referred into the model who do not meet the definition of HT. Using data to track efficacy will allow us to compare its use over time, compare our tools with other standards and develop strategies for improvement. Over time, this data may contribute to understanding false negatives, which are Survivors of trafficking that are not identified, and populations who may be underserved as a result of our screening processes.

MEASURING SURVIVOR OUTCOMES IN THE REGION

Researchers may play a role in evaluating the efficacy of programs and understanding best practices. However, the extent to which they are able to capture outcomes is limited as there are many ethical and logistic barriers to measuring Survivor outcomes after HT-specific intervention. For example, some clients may have long lapses in service, and some are at risk of becoming re-trafficked.

One advantage of measuring Survivor outcomes is better understanding the cost of trafficking to the region. The Canadian Women's Foundation estimated a cost of \$552,964 of pain and suffering per trafficked person, and \$205,739 estimated value of lost earning and personal costs per trafficked girl. These estimates further categorize costs into third party costs borne by society. These include medical costs (emergency room; ambulance; hospital stay; long-term medical care; therapy), justice system costs, social support (welfare; shelter; housing), lost taxes and intergenerational costs (child mental health, substance use etc.) By understanding these figures in a regional context, it can inform a strong case for committed funding towards prevention of human trafficking, and identification, assessment and support for Survivors of human trafficking.

Durham Human Trafficking Coalition

The following are the organizations that are currently active members of the Durham Human Trafficking Coalition:

Crisis Intervention:

- » Victim Services of Durham Region
- » Durham Regional Police Services Human Trafficking Unit (DRPS HTU)
- » Durham Social Services/Ontario Works
- » Durham CAS* and Dnaadawenmag Bin-noojiiyag Child and Family Services

VAW Shelters & Housing:

- » Bethesda House
- » Herizon House
- » Y's Wish
- » Denise House
- » Safe Hope Home
- » Durham Housing

Counselling:

- » Durham Rape Crisis Centre
- » Family Services Durham
- » Catholic Family Services Durham
- » Women's Multicultural Resources and Counselling Centre
- » Durham Family Court Clinic
- » DRIVEN
- » Probation Services

Medical:

- » Lakeridge Health Corporation (Internal and External Units)
- » DVSACC (Domestic Violence and Sexual Assault Care Clinic)
- » Carea
- » Pinewood

Legal:

- » Victim Witness Assistance Program (VWAP)
- » Murray McKinnon

Longer-term support:

- » John Howard Society
- » Resources for Exceptional Children and Youth Durham
- » Men Ending Trafficking
- » Fight4Freedom
- » Rose of Durham

This information was captured either from the organizations' websites or through responses to a survey that was sent out to organizations. For organizations that have actively engaged in sharing the services they offer, there is a name listed to indicate which staff approved of the information. It's important to note that the following is the status of services at the time this model was documented. Therefore, the following may not be an accurate representation of what services are currently delivered and how they are being delivered, especially given the COVID pandemic.

AGENCY NAME	VICTIM SERVICES DURHAM REGION
Agency Webside	https://victimservicesdurham.ca
Contact Information	Main office: 605 Rossland Rd E., Whitby, ON L1N 0B8 PH: (905) 721-4226 or 1-888-579-1520 ext. 3400 1. Carly Kalish (Executive Director) EM: ckalish@drps.ca PH: 905-579-1520 ext. 3401 2. Kayla Yama (Clinical Director) EM: kyama@drps.ca PH: 905-579-1520
Primary Mandate	"Victim Services of Durham Region (VSDR) provides crisis response, in- tervention and prevention services immediately following a crime or sudden tragedy. Our services are free and confidential. On-site or over the phone, our flexible Crisis Intervention Counsellors, and Volunteer Responders, are well trained to handle crises. VSDR is a registered char- ity founded in 1997. We are on call 24/7 to respond to police requests for victim assistance."
Areas Serviced	» Whole of Durham Region » Portable services available
Population Served	» All ages » Able to prioritize based on need
Criteria	None
Services or Programs Specific to Human Trafficking	» Crisis supports » Safety planning » Case management & systems advocacy » Social services » Outreach program in conjunction with DRPS HTU » HT Prevention programs for youth, parents, teachers and other service providers » HT-specialist Crisis Intervention Counsellors » Survivor-led programming » Access to Victim Quick Response Program+ (Ontario Ministry of the Attorney General) HT standards for financial assistance
Basic Necessities	» Gift cards & emergency financial assistance » Bus tickets » Food » Personal hygiene items » Clothing » Funding for tattoo removal
Intake and Screening Process	Informal Intake Process
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: NO » Staff trained to work with varying abilities: NO » Languages other than English: YES (access to translators through phone service)

AGENCY NAME	DRPS HUMAN TRAFFICKING UNIT (DRPS HTU)
Agency Webside	https://members.drps.ca/internet_explorer/our_organization/ unit.asp?Scope=Unit&ID=96
Contact Information	Main office: 77 Centre St N, Oshawa, ON L1G 4B7 PH: 905-579-1520 ext. 5600 Hotline: 905-579-1520 ext. 4888 1. Det. Dave Davies (Detective in charge of Human Trafficking) EM: 668@drps.ca PH: (905) 261-0634 2. Det./Sgt. Sean Sitaram (Investigative Services) EM: 3042@drps.ca PH: (905) 261-4853
Primary Mandate	"The Durham Regional Police service and Community Partners are ded- icated to battling Human Trafficking and related criminal offences. The Durham Region Police Human Trafficking unit ensures and fosters a balance approach in regards to investigation into human trafficking and enforcement. Members are sensitive to the needs of the Survivors and the community as a whole. Human Trafficking Unit members and the Durham Regional Police are committed to becoming leaders with respect to the investigation and enforcement of incident involving hu- man Trafficking."
Areas Serviced	» Whole of Durham Region » Portable services available
Population Served	All ages
Criteria	None
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management & referral services » Criminal Investigations » Outreach Programs (Date Night) » School Resource Officers
Basic Necessities	Referral to VSDR for basic necessities
Intake and Screening Process	We take community complaints from our many partners and or Survivors. We utilize VSDR only as a primary point of contact for referrals. We accept all Survivors of human trafficking and the service screening is completed by VSDR.
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: NO » Staff trained to work with varying abilities: NO » Languages other than English: YES (access interpreters)
Organization Principles	» Sex positive » Trauma-informed » Harm Reduction » Evidence-based

AGENCY NAME	DURHAM REGION ONTARIO WORKS (OW)
Agency Website	www.durham.ca/en/living-here/ontario-works-social-assistance.aspx
Contact Information	Main office: 605 Rossland Rd E., Whitby, ON L1N 6A3 1. Jocelyn Siciliano (Supervisor) EM: jocelyn.siciliano@durham.ca PH: 905-666-6239 ext. 2807 C: 289-928-5148 2. Helen Serevetas (Supervisor) EM: helen.serevetas@durham.ca PH: 905-436-6747 ext. 5248
Primary Mandate	"Income and Employment Support delivers the Ontario Works (OW) Program. OW provides financial assistance to those in need, which includes basic health benefits and a wide range of employment services."
Areas Serviced	» The eight municipalities within Durham Region » Portable and in-person services available
Population Served	» Applicants aged 16+ » Dependents of OW recipients (any age) » LGBTQ2S+ Inclusive » Accessible services
Criteria	None
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management & referral services » Human Trafficking Response Team (HTRT) » Flexible service, walk-ins welcome » Expedited application process » An HT duty worker available daily » Prioritized support to secure safe accommodation » Support and information provided by HTRT to Survivors of historical HT » HTRT available to collaborate with Victim Services and any other support agencies involved
Basic Necessities	» Monthly OW (basic needs and shelter) » Mandatory benefits (basic drug coverage, medical transportation, diabetic supplies) » Discretionary benefits (dental, vision and non-medical transportation, cribs/beds) » Temporary hotel stays in cases of emergency » On occasion, donated hygiene and personal items may be available

Cont’d

AGENCY NAME	DURHAM REGION ONTARIO WORKS (OW)
Intake and Screening Process	Intake: » Streamlined process for HT clients » Flexible, walk-ins accepted, same day appointments (by phone or in person) » Should HT be identified at application or an update appointment, a member of the HTRT will respond Screening: » Screening questions and protocols in place for safety around DV and fleeing emergency situations » Ontario Works eligibility based on income and assets, living expenses and arrangements » Referrals provided for ineligible clients
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: NO » Staff trained to work with varying abilities: NO » Languages other than English: YES (access to translators through phone service)

AGENCY NAME	DURHAM CHILDREN'S AID SOCIETY (CAS)
Agency Webside	https://durhamcas.ca
Contact Information	Main office: 1320 Airport Blvd., Oshawa, Ontario L1J 0C6 PH: 905-433-1551 In the GTA: (905) 619-3930 Fax: 905-433-0603 1. Ian Kavanagh (Investigation) EM: ian.kavanagh@durhamcas.ca PH: (905) 431-5790 2. Loranda Stenton (Ongoing/case management) EM: durhamcas@durhamcas.ca PH: (905) 433-1551
Primary Mandate	<i>The CAS Durham is a mandated service as per the Child Youth and Family Services Act (CYFSA) funded by Ontario Ministry of Community and Social Services. It operates in accordance with Ministry mandated Eligibility and Child Protection Standards and all other regulatory and licensing requirements. It provides a full range of services within each of the areas of; Intake, Family Services (ongoing), Resources and Child and Youth Services. Services include:</i> » Investigating allegations of child abuse and neglect » Protecting children and youth when they are at risk of harm » Covering basic living costs for children and youth in our care » Providing adoption services.
Areas Served	» Whole of Durham Region » Portable services available
Population Served	» Birth to 18 years of age » If youth remain in care then they can be supported into their 20's
Criteria	None
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management & referral services » Medical support (medical clinic; Infant High Risk Nursing Team; Prenatal Support Program) » Legal support (incl. criminal, family, immigration and refugee) » Housing services » Joint Protocol with DRPS for cases of HT or other severe child maltreatment » Voluntary Youth Service Agreement (VYSA) available for 16-17 years of age deemed in need of protection as per CYFSA with support from Office of the Children's Lawyer » Child/youth/family requiring support beyond initial intervention of 30-60 days, they may receive additional family service and ongoing case management supports

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AGENCY NAME	DURHAM CHILDREN'S AID SOCIETY (CAS)
Basic Necessities	» Bus tickets » Food » Personal hygiene items » Clothing » Emergency shelter (case-by-case)
Intake and Screening Process	Once an intake worker has received a referral, concerns are then assessed and a decision made about a pathway for service. This can include: » A report received with no intervention required » A community link (short term referral service) » An investigation service either customized or tradition i.e. forensic approach » Initiating kin/kith finding and Kinship Services » Admission Prevention and crisis support to help children and youth remain within their family and community networks
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: NO – aside from High Risk Infant Nursing Team; » Languages other than English: YES – Services offered in French. All other languages accommodated through interpretation service

AGENCY NAME	LAKERIDGE HEALTH'S DOMESTIC VIOLENCE/SEXUAL ASSAULT CARE CENTER (DV/SACC)
Agency Website	www.lakeridgehealth.on.ca/en/ourservices/emergency.asp www.sadvttreatmentcentres.ca
Contact Information	Main office: 1 Hospital Court, Oshawa, ON L1G 2B9 PH: 905 576-8711 ext. 3286 LH Locating Department: 905-579-8711 ext. 33200 1. Claudine Dupuis (Coordinator) EM: cdupuis@lh.ca PH: 905-576-8711 ext. 33286 2. Julia Heeps (Coordinator) EM: jheeps@lh.ca PH: 905-576-8711 ext. 33286
Primary Mandate	"A skilled team of Nurses and Physicians who provide medical and emotional support to those who have experienced a sexual or domestic assault. A Social Worker is also available to counsel sexual assault Survivors. All services are confidential."
Areas Served	» Whole of Durham Region » Patients must attend in person » 24/7 on-call nurse available for in-person or telephone consultation » Services & counselling 100% covered by OHIP
Population Served	» All ages for sexual assault » 12+ years for IPV » LGBTQ2S+ inclusive » Able to prioritize patients for Counselling - Help for incidents occurring within 1 year - Must live in Durham Region » Acute care services available to Survivors of IPV and/or Sexual Assault within 12 days of event - Case by case basis for outside 12 days
Criteria	» Family violence » IPV 12 years or younger seen by SickKids
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Trauma counselling » Mental health counselling referral » Health care (injury assessment and treatment, STI & BBV screening & treatment) » Able to prioritize based on need (HT referrals from HTU or VSDR can bypass ER admissions between 0700-2300) » Forensic injury documentation (including photography) & evidence collection » No police involvement without written consent
Basic Necessities	» Clothing

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AGENCY NAME	LAKERIDGE HEALTH'S DOMESTIC VIOLENCE/SEXUAL ASSAULT CARE CENTER (DV/SACC)
Intake and Screening Process	Intake: » Emergency Department at Lakeridge Health » Locating Department (905-579-8711 ext. 200) » Referral by community partners Screening: » Services available to those who have experienced IPV and/or Sexual Assault within 12 days of event » All disclosure of HT within 12 days seen by staff » 2+ days referred to our Social Worker or Crisis Nurse, plus referral to appropriate community partners
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: YES » Languages other than English: YES – professional interpreter services » Trauma-informed assessment & trauma-informed therapy
Organization Principles	» Sex positive » Trauma-informed » Evidence-based » Intersectional & feminist » Anti-oppressive

AGENCY NAME	LAKERIDGE HEALTH INPATIENT SUPPORT SERVICES
Agency Website	www.lakeridgehealth.on.ca
Contact Information	Main office: 1 Hospital Court, Oshawa, ON L1G 2B9 PH: 905-576-8711 ext. 4345 LH Locating Department: 905-579-8711 ext. 33200 1. Lindsay Reynolds (Emergency Department Opioid Patient Navigator) EM: lreynolds@lh.ca PH: (905) 242-5176 2. Carmen Tardio (Lakeridge Health Oshawa Social Worker, Child and Adolescents) EM: ctardio@lh.ca PH: 905-576-8711 ext. 34234
Primary Mandate	"To provide focused patient case management and to advocate for patients within Lakeridge Health hospital systems. "
Areas Serviced	» Whole of Durham Region » Patients must attend in person » Services covered by OHIP
Population Served	All ages
Criteria	None
Services or Programs Relevant to Human Trafficking	» Safety planning » Case management/referral services » Health care (acute mental health & substance use) » Internal Referrals - ER Social Worker; DVSACC; Pinewood (addictions support); CIT/YCIT (acute mental health concerns) - Emergency safety through shelter in a locked unit if necessary (e.g. escaping trafficker) and lock box system to indicate that client cannot have information or presence in hospital disclosed to visitors »Lakeridge HT Internal Working Group - Working to standardize HT patient procedures including: screening for red flags; trauma-informed care practices; mandatory staff HT training - HT Champions List (dedicated staff knowledgeable of the issue and relevant resources) » Inpatient mental health & crisis programs including: - Opioid Patient Navigator (Lindsay Reynolds) - Emergency Department Social Workers - Crisis Intervention/Youth Crisis Intervention Team (CIT/YCIT; Ajax Pickering Hospital & Lakeridge Health Oshawa) - Child and Adolescent Inpatient Program (CAIP) - npatient Mental Health Program (Oshawa)
Basic Necessities	» Food & drink » Can link to other agencies to provide basic necessities

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AGENCY NAME	LAKERIDGE HEALTH INPATIENT SUPPORT SERVICES
Intake and Screening Process	Intake: » Generally referred via Lakeridge Health EDs or DVSACC » Assessed for imminent safety needs » Admission to inpatient mental health programs accepted through ED psychiatrist » Psychiatrist can form patient if deemed necessary Screening: » Screening conducted if safe and stable; red flags for HT identified (e.g. No ID, homeless, drug use, sexual assault, history of unexplained physical injury/abuse, source of income unclear, anxious etc.) » Anyone can be referred for ER Social Work support (no eligibility requirements) » Done by Clinical Care Coordination Team for Child, Youth and Family Program
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: Not specifically » Languages other than English: YES – professional interpreter services or other staff who speak various languages » Trauma-informed assessment & trauma-informed therapy
Organization Principles	» Sex positive » Trauma-informed » Evidence-based » Intersectional & feminist » Anti-oppressive

AGENCY NAME	LAKERIDGE HEALTH MENTAL HEALTH AND PINWOOD CENTRE: COMMUNITY TREATMENT / OPIOID NAVIGATION / HOSPITAL TO HOME / WOMEN’S RESIDENTIAL TREATMENT PROGRAM
Agency Webside	https://www.lakeridgehealth.on.ca/ For full complement of Pinewood Services: https://www.lakeridgehealth.on.ca/en/ourservices/pine-wood-addiction-services.asp
Contact Information	Community Treatment Service Locations 95 Bayly Street West Suite 406, Ajax (905)721-4747 ext. 6 200 King Street East Suite 206, Bowmanville (905)721-4747 ext. 3 419 King Street West Suite 125, Oshawa (905)721-4747 ext. 2 180 Mary Street, 3rd Floor, Port Perry (905)721-4747 ext. 4 <u>Umbrellas Community Treatment Location</u> 118 Cochrane St., Whitby, L1N 5H8 (905)721-4747 ext 31254 <u>Emergency Dept. Opioid Patient Navigator Lindsay Reynolds</u> 1 Hospital Court, Oshawa, ON L1G 2B9 (905)242-5176 or LH Locating Department: (905)579-8711 ext. 33200 <u>Hospital to Home Addiction Counsellor Nicole Tracy</u> 1 Hospital Court, Oshawa, ON L1G 2B9 (905)242-4430 or (905)579-8711 ext. 33921 <u>Women’s Residential Treatment Program</u> 118 Cochrane St., Whitby, L1N 5H8 (905)721-4747 ext. 5
Primary Mandate	"Pinewood Centre of Lakeridge Health provides a variety of services to help people with alcohol, drug, concurrent mental health and gambling related concerns. Our wide range of treatment services includes residential withdrawal management services, residential treatment services, structured community-based individual and group services, and walk-in and telephone support. We support client goals whether it's no change to abstinence, and we assist clients to focus on methods to reduce the related harms associated with substance use and gambling. Treatment plans are developed collaboratively with the individual and their therapist, with a strong focus on strengths, presenting concerns and individual preferences. Our clinical approach recognizes that change is a process and matches the client's intention or readiness to change, their self-reported severity of use, and personal reasons for attending services with the appropriate treatment options. A client's treatment plan will be continuously re-evaluated and modified to reflect a client's changing situation."
Areas Serviced	» Durham Region » Services covered by OHIP
Population Served	» 12 and up Community Treatment Services » All ages for on site LHO services
Criteria	» Services are voluntary » Community Treatment: 24 hours prior to outpt group individual services abstaining from substances, excluding medications as prescribed. » Women’s residential: Provincial assessment tools and Addiction Counsellor referral required. Abstinence throughout 21 days required and 72 hours prior to admission.

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AGENCY NAME	LAKERIDGE HEALTH MENTAL HEALTH AND PINWOOD CENTRE: COMMUNITY TREATMENT / OPIOID NAVIGATION / HOSPITAL TO HOME / WOMEN’S RESIDENTIAL TREATMENT PROGRAM
Services or Programs Relevant to Human Trafficking	» Case management and referral services » Ongoing mental health counselling » Health care » Substance use services <u>Community Treatment Services:</u> Offer a range of evidence-based substance use, concurrent disorders, gambling, gaming, and technology use treatment options for youth, adults, and family members. Individual and group-based services are available, including ongoing assessment, case management, counselling, support, advocacy, linkage to community supports and referral. Umbrellas provides intensive case management services for pregnant and early parenting women. <u>Opioid Navigation:</u> The Opioid Navigator works collaboratively with the health care team and with patients in the emergency department to provide patient-centered care, case management and seamlessly connect patients to treatment, primary care and other mental health and addiction services. The ON advocates for patients to start buprenorphine/naloxone treatment in the ED and facilitates their transition to the RAAM clinic for ongoing medical care. For patients who are not yet ready to engage in treatment, the ON offers one-to-one support by providing them and/or support persons with a take-home naloxone kit, and education on overdose prevention and safe injection practices. <u>Hospital to Home:</u> A partnership between Pinewood, DMHS, and CMHA to reduce 30-day revisits within the emergency department connecting individuals to mental health and substance us supports in the community. The primary goal of the program is improving the system of supports that assist people with mental health and substance use issues in spending more time at home in their communities.
Basic Necessities	» Transportation » Personal hygiene and donated items as available » Assistance for childcare available under Umbrellas » LHO Hospital on site: Food & drink/links to agencies providing necessities » Harm reduction supplies

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AGENCY NAME	LAKERIDGE HEALTH MENTAL HEALTH AND PINWOOD CENTRE: COMMUNITY TREATMENT / OPIOID NAVIGATION / HOSPITAL TO HOME / WOMEN’S RESIDENTIAL TREATMENT PROGRAM
Intake and Screening Process	<u>Community Treatment</u>: Intake completed with client by phone at any Community Treatment contact above. Once completed an assessment appointment is provided. <u>Opioid Navigation</u>: Clients accessing LHO Hospital site. Internal referrals. <u>Hospital to Home</u>: Clients accessing LHO Hospital site. Internal referrals. <u>Women’s residential</u>: Referrals for Women’s Program from an Addiction Counsellor, along with provincial assessment tools required. Clients must be able to manage well in group based setting. Priority admission provided to pregnant women.
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Staff trained to work with varying abilities: YES – AODA annu- alized training » Languages other than English: YES – professional interpreter services available » Trauma-informed assessment & trauma-informed therapy » Pinewood and Mental Health coordinated all staff training pro- vided
Organization Principles	» Trauma-informed » Harm reduction » Evidence-based » Anti-oppressive
Approved By	Alanna Burke, Client Care Manager with the Mental Health and Pinewood Centre Program of Lakeridge Health, January 19, 2021

AGENCY NAME	CAREA COMMUNITY HEALTH CENTRE
Agency Website	www.careachc.ca
Contact Information	Main office: 115 Grassmere Ave Oshawa, ON L1H 3X7 PH: 905-723-0036 All sites: 1-877-227-3217 1. Kim Varlow (Community Mental Health Worker Children/Youth) EM: kvarlow@careachc.ca PH: 905 723-0036 ext. 3205 2. Kelly Ng (Manager of Health Promotion) EM: kng@careachc.ca PH: 905 723-0036 ext. 2269
Primary Mandate	"Carea Community Health Centre (pronounced Care-ee-ah) is a regis- tered charitable organization providing a variety of free, community programs and services to people of all ages across Oshawa, Whitby, Ajax and Pickering. Our services include: health promotion and well- ness; primary care, counselling and mental health; diabetes education; Hepatitis C screening, treatment support, education and outreach; geriatric assessment & intervention; young parent support, early years, youth, Indigenous and community development programs."
Areas Served	» Durham Region » Virtual, community and onsite services available
Population Served	» Services for all ages » 0-24 years of age for Children and Youth Mental Health Team » LGBTQ2S inclusive
Criteria	Not a crisis service
Services or Programs Specific to Human Trafficking	» Outreach/referral services » Mental health counselling » Health promotion and health care » Life skills supports » Currently providing cooking program for HT Survivors through partnership with SafeHope Home
Basic Necessities	» Bus tickets (limited) » Food » Personal hygiene items
Intake and Screening Process	» Potential clients can self refer to all services and programs at the Oshawa, Whitby Mall (Children and Youth Mental Health), Ajax and Pickering sites » Each location and service has its own process to manage In- take, book appointments and manage wait lists
Accessibility & Staff Training	» Human Trafficking best practice training: NO » Anti-oppression training: YES » Staff trained to work with varying abilities: YES – for some pop- ulations » Languages other than English: Depends – differs for providers
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Evidence-based

AGENCY NAME	BETHESDA HOUSE
Agency Webside	http://bethesdahouse.ca
Contact Information	Main office: P.O. Box 82, Bowmanville, Ontario L1C 3K8 PH: 905-623-6045, ext 206 Support Line: 905-623-6050 or 1-800-338-3397 1. Jaki MacKinnon (Executive Director) EM: director_bethesda@rogers.com PH: 905-697-3700 ext. 302 2. Laura Burch (Shelter Services Manager) EM: sheltermgr_bethesda@rogers.com PH: 905-623-6045 ext. 207
Primary Mandate	<i>"Supporting women, youth and children who are dealing with all forms of gender-based violence including but not limited to domestic violence, sexual assault, elder abuse, familial abuse, cultural violence and human trafficking.</i> <i>Bethesda House's objective is to provide shelter, support and advocacy to abused women, with and without children, by offering temporary, secure accommodation and woman-based counselling empowering them to make their own choices and exercise their right to live free from fear and violence."</i>
Areas Served	» Whole of Durham Region » Community outreach and in-person services » 24/7 telephone support » Services are free and confidential
Population Served	» Women and their dependents of any age and gender who are fleeing violence and abuse » Females age 15+ are eligible for independent support » Younger females may be temporarily supported in special circumstances, in collaboration with Police and CAS » Pets accommodated with their owners whenever possible » Able to prioritize based on need » LGBTQ2S+ Inclusive
Criteria	» Clients must identify as female (does not apply to the women's dependents) » No alcohol, recreational drugs or weapons allowed on shelter property

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AGENCY NAME	BETHESDA HOUSE
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral services » Housing services » Community outreach support » Secure, emergency shelter (access to shelter beds whether or not shelter is at capacity in most cases) » <u>NOTE: THIS PRIORITY ACCESS MAY NOT BE AVAILABLE DURING THE COVID-19 PANDEMIC</u> » Linkage to Human Trafficking-specific supports » Support accessing Durham Region and out-of-area community resources » Longer term Counselling support in the community after shelter discharge » Willingness and ability to provide support responsive to each woman's special situation and needs upon admission
Basic Necessities	» Meals » Personal hygiene supplies » Clothing » Bus tickets » Other transportation (in most situations) » Start-up supplies as needed when moving on from the shelter to more permanent, independent living (small appliances, linens etc.)
Intake and Screening Process	Intake: » Self-referral » Accelerated intake if referred by Police or Victim Services » Appointments for intake do not need to be booked in advanced although notice phone calls allow time for full preparation Screening: » Assessment conducted over the phone » Counselor doing the screening must speak with the woman herself in order to approve an admission (Woman may have someone supporting her with the call)
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: NO - able to support with expert agencies taking the lead in terms of housing and day-to-day needs » Languages other than English: YES - access to telephone and in-person interpreter services
Organization Principles	» Trauma-informed » Harm reduction » Evidence-based » Intersectional & feminist » Anti-oppressive » Sex positive

AGENCY NAME	HERIZON HOUSE
Agency Webside	https://herizonhouse.com
Contact Information	Main office: P.O. Box 21012 314 Harwood Ave. S, Ajax, Ontario L1S 7H2 PH: 905-426-1064 Helpline: 1-866-437-4066 1. Tasha Wilson (Outreach and Transitional Housing Program Manager) EM: tasha@herizonhouse.com PH: 905-426-1064 ext. 2222 2. Natasha Mungal (Shelter Manager) EM: natasha@herizonhouse.com PH: 905-426-1064 ext. 2255 3. Vanessa Falcon (Executive Director) EM: vanessa@herizonhouse.com PH: 905-426-1064 ext. 2243
Primary Mandate	<i>"We provide a safe, supportive and empowering environment for abused women and their children. We are committed to promoting equality for all persons, and through education working towards a safer community."</i>
Areas Serviced	» Whole of Durham Region » Portable and in-person services » 24/7 crisis line counsellors (via Helpline) » Services are free and confidential
Population Served	» Women and their children fleeing violence and abuse » 16+ years old » Able to prioritize based on need » LGBTQ2S+ inclusive » Accessible facilities
Criteria	Clients must identify as female
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral services » Trauma counselling » Housing services » Legal support (incl. Criminal, family, immigration and refugee) » Able to accept HT referrals even at capacity » Outreach services available to support historical HT clients to maintain a life free from violence » No waitlist for outreach programs
Basic Necessities	» Bus tickets for individuals in the program » Other transportation » Food » Personal hygiene items » Clothing » Emergency shelter

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AGENCY NAME	HERIZON HOUSE
Intake and Screening Process	Intake: » Clients seeking emergency shelter can call our crisis-line 24 hours a day to secure a bed » Clients who are referred as are Survivors of HT will have an condensed assessment and intake process » Clients who are not looking for shelter but are looking for ser- vices can be referred to our Outreach Counsellors, who are available to take their call 6 days a week including some eve- nings. There is no wait list for these services. Screening: » Eligibility: must be fleeing abuse or violence » Assessment conducted over the phone » Shelter and outreach services available for those who disclose Human Trafficking
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: YES » Languages other than English: YES – access to professional interpreter services
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Intersectional & feminist » Anti-oppressive

AGENCY NAME	THE DENISE HOUSE/SEDNA WOMEN'S SHELTER
Agency Webside	https://thedenisehouse.com
Contact Information	Main office: King Stevenson Postal Outlet Box 30560, Oshawa, ON L1J 8L8 Support Line: 905-728-7311 or 1-800-263-3725 1. Sandra McCormack (Executive Director) EM: smccormack@thedenisehouse.com PH: (905) 728-7311 2. Deb Koeper (Program Manager) EM: dkoeper@thedenisehouse.com PH: (905) 728-7311
Primary Mandate	<i>"To provide crisis intervention, safe accommodations, support and information to women with or without children who are fleeing violence and abuse."</i>
Areas Serviced	» Whole of Durham Region » Portable outreach and in-person services » 24/7 telephone support » Services are free and confidential
Population Served	» Women and their children fleeing violence and abuse » 'Dependents' of any age and gender » 16+ years old
Criteria	» Clients must identify as female » No alcohol, drugs or weapons allowed on shelter property
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral services » Emergency shelter » Housing services » Referrals to mental health, legal, and social services » Able to accept HT clients even if at capacity » Flexible room situations based on experiences of client » I.D. support
Basic Necessities	» Bus tickets » Other transportation » Food » Personal hygiene items » Clothing » Emergency shelter
Intake and Screening Process	Intake: » Self-referral » Accelerated intake if referred by Police or Victim Services » Safety planning done immediately » Service plan developed depending on wishes of client » No appointments required (staff on shift 24/7) Screening: » Women (with and without children) fleeing abuse or violence are eligible for services

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AGENCY NAME	THE DENISE HOUSE/SEDNA WOMEN'S SHELTER
Accessibility & Staff Training	» Human Trafficking best practice training: NO » Anti-oppression training: YES » Staff trained to work with varying abilities: YES » Languages other than English: YES - access to professional interpreters
Organization Principles	» Sex positive » Intersectional & feminist » Anti-oppressive

AGENCY NAME	YWCA DURHAM (Y’S WISH SHELTER)
Agency Webside	www.ywcadurham.org
Contact Information	Main office: 33 McGrigor St. Oshawa, ON L1H 1X8 PH: 905-576-6743 Crisis Line: 905-576-2997 or 1-888-576-2997 1. Wendy Leeder (Co Executive Director-Shelter Services Director) EM: wl@ywcadurham.org PH: (905) 576-6356 2. Stephanie Fetter (Shelter Program Manager) EM: sf@ywcadurham.org PH: (905) 576-6743
Primary Mandate	"Services to abused women and children, homeless women, at risk women and women led families. <i>Y’s WISH stands for Women In Safe Housing. We will help you by offering a safe and secure temporary home in our 15 bed shelter. You and your children are welcome regardless of age, ethnicity or sexual orientation. We provide healthy meals and snacks, a comfortable room to sleep, clean washrooms, play room and family room - all in a secure setting."</i>
Areas Serviced	» Whole of Durham Region » Portable outreach and in-person services » 24/7 telephone support » Services are free and confidential
Population Served	» Women and their children fleeing violence and abuse » 16+ years old
Criteria	» Clients cannot use or store drugs or alcohol on-site, however, clients are able to use off-site providing their usage does not impede their ability to live communally
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral services » Emergency shelter » Second stage housing » Housing services » Ongoing mental health counselling » Job skills program » Able to accept HT clients even if at capacity
Basic Necessities	» Food » Personal hygiene items » Clothing » Emergency shelter » Access to out-of-area community resources

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AGENCY NAME	YWCA DURHAM (Y’S WISH SHELTER)
Intake and Screening Process	Intake: » Often self-referral » Will make space for woman who discloses HT » Referral to outreach/transitional, longer-term counselling and job skills program is by self-referral » Referral to second stage housing is by Violence Against Women community partners. Women who meet criteria can live in second stage housing for up to 2 years. Screening: » People are eligible if they are a woman who identifies as a Survivor of gender-based violence and is requiring safety, including intimate partner abuse, familial abuse or elder abuse
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: NO » Languages other than English: YES – access to professional interpreters plus staff who speak other languages
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Intersectional & feminist » Anti-oppressive

AGENCY NAME	SAFEHOPE HOME
Agency Webside	www.safehopehome.com
Contact Information	Main office: Box 368, 15-75 Bayly St. W. Ajax, Ontario L1S 7K7 Call Dena Morgan for intake assistance. 1. Dena Morgan (Senior Manager of Care, Intake and Extended Services) EM: dena@safehopehome.com PH: (365) 885-1985 2. Larry Shanks (Executive Director) EM: larry@safehopehome.com PH: (416) 560-1230
Primary Mandate	"We seek to provide long-term recovery programs designed to guide sexually exploited or trafficked women and youth, or those at identifiable risk of becoming sexually exploited/trafficked, into full rehabilitation and re-integration into society. "
Areas Serviced	» Whole of Durham Region & Canada » Portable outreach and in-person services
Population Served	» Residential/Day Program participants: 16-29 years of age - House fee = \$300 per month + groceries » Outreach: Any age - No cost for outreach services - LGBTQ2S+ inclusive » Able to prioritize based on need
Criteria	» Residential/Day Program criteria: - Must be drug free - Must have left the sex trade » Criteria not applicable for Outreach program
Services or Programs Specific to Human Trafficking	» Safety planning » Case management/referral services » Trauma counselling » Ongoing mental health counselling » Housing services » Health care & addiction services » Legal support (incl. criminal, family, immigration and refugee) » Social services » Residential Home and Day Program » Outreach services to those who do not meet the criteria for Residential and Day program » Peer mentorship
Basic Necessities	» Food » Personal hygiene items » Clothing » Access to out of area community resources

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AGENCY NAME	SAFEHOPE HOME
Intake and Screening Process	Intake: » Done by community agency, referred to SafeHope Home office if potential applicant meets all criteria » If applicant is interested in Residential/Day Program and meets criteria and a bed is available they will become a Participant within SafeHope Home » If not, they are put on a waiting list while accessing support from Outreach team » Outreach program provides case management & support in the community with accessing trauma therapy, medical services Screening: » Eligibility for SafeHope Home Residential/Day Program: » Applicant must be detoxed from Alcohol and Drugs (including Marijuana) » Applicant must provide a recent drug/alcohol test within the past two weeks » Applicants must not be currently involved in the sex trade » Applicant must be between the age of 16-29 » Applicant must attend and participate in the Day Program Monday through Thursday as part of their Recovery » Applicant must live in the Residential Home following all rules as part of their recovery » Eligibility for Outreach: Applicant must have a history of Human Trafficking
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES – some staff trained in ARAO » Staff trained to work with varying abilities: YES – some staff trained in AODA » Languages other than English: NO
Organization Principles	» Trauma-informed » Evidence-based » Anti-oppressive » Abstinence only (Residential/Day Program only)

AGENCY NAME	JOHN HOWARD SOCIETY OF DURHAM REGION
Agency Webside	www.jhsd.ca
Contact Information	Main office: 75 Richmond St. West Oshawa, On L1G 1E3 PH: 905-579-8482 EM: glenda.leahey@jhsd.ca 1. Glenda Leahey (Sex Trade Housing Support Worker) EM: glenda.leahey@jhsd.ca PH: (905) 244-2602 2. Maureen Bandola (Manager, Housing) EM: maureen.bandola@jhsd.ca PH: (905) 442-3275
Primary Mandate	"To reduce the impact of crime and its causes by providing a spectrum of effective prevention and intervention programs."
Areas Serviced	» Whole of Durham Region & Canada » Portable outreach and in-person services
Population Served	» Sex Trade Housing Support (STHS) Program: All ages » Residential Youth Housing Program: 16-24 years of age » LGBTQ2S+ inclusive » Able to prioritize based on need
Criteria	» Sex Trade Housing Support Program: Must be homeless or in need of housing support
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral services » Housing services » ID support » STHS Program: - Life skills to live independently and maintain housing - Free service » Residential Youth Housing Program: - Life skills-based residential program - Program fees paid through OW, ODSP or other - Referrals and assistance to employment, education training and counselling services - All areas of Life Skills such as budgeting, cooking, cleaning, self-awareness, healthy relationships etc. - Social Support
Basic Necessities	» Bus tickets » Other transportation » Food » Personal hygiene items » Clothing

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AGENCY NAME	JOHN HOWARD SOCIETY OF DURHAM REGION
Intake and Screening Process	Intake: » STHS Program: Formal referral tool on website, very flexible beyond that » Residential Housing Youth Program: Call number on website, book intake with Transition Worker Screening: » STHS: referral to Glenda; meet with person and do orientation to describe program and determine needs - If interested in program: VI-SPDAT (Vulnerability Index Assessment Tool) - Full service plan developed - Voluntary or involuntary involvement in the sex trade - Must be homeless or at risk of homelessness » Residential Housing Program: - Explanation of program guidelines, completion of intake assessment, reference checks. - Voluntary / willingness to take part in program - Bed availability with waitlist
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: YES – some staff trained in developmental services » Languages other than English: NO
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Evidence-based » Anti-oppressive

AGENCY NAME	DURHAM REGION HOUSING SERVICES
Agency Webside	www.durham.ca/en/living-here/housing-shelters-and-homelessness.aspx#Durham-Portable-Housing-Benefit-Durham-PHB-
Contact Information	Main office: 605 Rossland Road East Whitby, Ontario L1N 6A3 PH: 905-668-7711 or 1-800-372-1102 For information: 905-6685-7711 (Durham Access to Social Housing, DASH) 1. Rileigh Bint (Special Priority) EM: rleigh.bint@durham.ca PH: 905-666-6222 ext. 2457 2. Erin Valant (Manager) EM: erin.valant@durham.ca PH: 905-666-6222 ext. 2484
Primary Mandate	"Special Priority (SPP) applicants on the DASH wait list will be offered the provincial Portable Housing Benefit- Special Priority Policy (PHB-SPP) in lieu of the Durham PHB. The PHBSPP is administered by the Ministry of Finance and is portable across Ontario."
Areas Serviced	» Whole of Durham Region & Canada » Portable outreach and in-person services
Population Served	» 16+ years of age » Able to prioritize based on need
Criteria	None
Services or Programs Specific to Human Trafficking	» Housing services » Special Priority status for HT Survivors on Canada-Ontario Housing Benefit (COHB) and RGI/DASH waitlist
Basic Necessities	N/A
Intake and Screening Process	Intake: » Application for Special Priority Status and then any further correspondence can be arranged in-person, by email, over the phone or in a case conference Screening: » Verification Record and letter of support fall within legislated criteria » Must apply within 3 months of separating from abuser/trafficker » Application can be considered outside 3 month timeframe if proof of current/ongoing abuse from the same person is provided or other HT-related barriers » Historical HT is unlikely to meet mandate for SPP status

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AGENCY NAME	DURHAM REGION HOUSING SERVICES
Accessibility & Staff Training	» Human Trafficking best practice training: NO » Anti-oppression training: NO » Staff trained to work with varying abilities: NO » Languages other than English: YES – access to interpreters
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Evidence-based » Intersectional & feminist » Anti-oppressive

AGENCY NAME	FAMILY SERVICES DURHAM (FSD)
Agency Website	www.durham.ca/en/living-here/counselling.aspx#Problems-we-can-help-with
Contact Information	Main office: 605 Rossland Road East Whitby, Ontario L1N 6A3 PH: 905-666-6240 ext. 1 or 1-866-840-6697 ext. 1 1. Kathie Rideout (Manager) EM: kathie.rideout@durham.ca PH: 905-668-4113 ext. 2464 2. Marusia Laschuk (Director) EM: Marusia.Laschuk@durham.ca PH: (905) 668-4113
Primary Mandate	"Family Services Durham (FSD) provides individual, couple and family counselling to people who live or work in Durham Region. We provide help for a variety of problems."
Areas Serviced	» Whole of Durham Region » Portable and in-person services » Fees assessed according to sliding fee scale » Fees are waived for clients on OW and ODSP; fees reduced or waived for clients referred from VSDR
Population Served	» Individuals, couples and family counselling » Individual play therapy not provided for children under 6 » Able to prioritize based on need » LGBTQ2S+ inclusive » Accessible facilities & services (incl. hearing and vision impairment)
Criteria	Individuals with severe mental health and substance abuse issues are referred to appropriate resources
Services or Programs Specific to Human Trafficking	» Safety planning » Case management/service navigation/referral services depending upon program » Trauma counselling » Ongoing mental health counselling » Individuals requiring immediate support referred by Victim Services can access expedited service without going onto wait-list » Adult Community Support Services (ACSS) provides case management for adults with developmental delays
Basic Necessities	N/A

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AGENCY NAME	FAMILY SERVICES DURHAM (FSD)
Intake and Screening Process	Intake: » Intake assessment conducted over the phone with intake worker » Appointment provided with counsellor at time and location most convenient for them Screening: » Those who disclose ongoing or recent HT or those referred by VSDR provided timely appointment » Those who disclose historical HT/not in crisis may need to wait for counselling » Individuals with severe mental health and substance abuse issues are referred to appropriate resources
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: YES – Adult Community Support Services (ACSS) workers provide case management services to individuals with developmental delays who have independent living goals » Languages other than English: YES – access to professional interpreter services and counsellor who can provide support in Spanish
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Evidence-based » Intersectional & feminist » Anti-oppressive

AGENCY NAME	CATHOLIC FAMILY SERVICES OF DURHAM/ SERVICES À LA FAMILLE CATHOLIQUES DE DURHAM (CFSD)
Agency Webside	www.cfsdurham.com
Contact Information	Main office: 707 Simcoe St. South, Box #1 Oshawa, ON L1H 4G7 Appointments available at Ajax office if required. Intakes - PH: 905-725-3513 or 1-877-282-8932 For individuals needing immediate support referred by community partners, please contact Clinical Program Manager as outlined below. 1. Joscelyn Henderson (Clinical Program Manager) EM: j.henderson@cfsdurham.com PH: 905-725-3513 ext. 116 2. Cindy Zamiska (French Language Services Supervisor, Social Worker) EM: c.zamiska@cfsdurham.com PH: 905-725-2313 ext. 124
Primary Mandate	"We exist to provide help, hope and healing to individuals, couples and families, regardless of beliefs, through evidence-based clinical therapy, psycho-educational counselling and support."
Areas Served	» Whole of Durham Region » Clients must initiate service
Population Served	» All ages » Inclusive of all persons » Able to prioritize based on need » Fees determined on a sliding scale according to income » Service is never denied based on inability to pay
Criteria	None
Services or Programs Specific to Human Trafficking	» Safety planning » Advocacy/referral community services » Trauma counselling » Ongoing mental health counselling
Basic Necessities	»Varies according to donations
Intake and Screening Process	» Intake will include screening and first session if appropriate » Please see agency website for updated intake procedures » If there are barriers to accessing services, you are encouraged to contact a Manager directly to discuss other options for accessing service. » Community partners who are referring individuals requiring immediate support and therapy are encouraged to contact a Clinical Program Manager directly

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AGENCY NAME	CATHOLIC FAMILY SERVICES OF DURHAM/ SERVICES À LA FAMILLE CATHOLIQUES DE DURHAM (CFSD)
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: YES – available based on assessment » Languages other than English: YES – services offered in French. Access to professional interpreters for all other languages
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Evidence-based » Intersectional & feminist » Anti-oppressive

AGENCY NAME	WOMEN’S MULTICULTURAL RESOURCE & COUNSELLING CENTRE
Agency Webside	www.wmrccdurham.org
Contact Information	Main office: P.O.Box 66164 1355 Kingston Road Pickering, ON L1V 6P7 PH: 905-427-7849 or 1-877- 454-4035 1. Esther Enyolu (Executive Director) EM: esther.enyolu@wmrccdurham.org PH: (905) 427-7849 2. Angelique Benois (Enhanced Youth Outreach Worker) EM: angelique.benois@wmrccdurham.org PH: (905) 427-7849
Primary Mandate	"WMRCC is dedicated to provide specialized counselling and support to women of all ages and their families, from diverse backgrounds, to eradicate violence, to re-build their lives, and to enable them to become contributing members of society."
Areas Serviced	» Whole of Durham Region » Portable and in-person services available
Population Served	» 6-11 and 12-25 years for Enhanced Youth Outreach Worker Program & Youth Mentorship Program » 16-24 years of age for Youth In Transition Worker » All ages for other services » Able to prioritize based on need » Services are free of charge and confidential » LGBTQ2S+ inclusive
Criteria	» Female-identifying only for adult programs » All genders served for youth & children’s programs

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AGENCY NAME	WOMEN’S MULTICULTURAL RESOURCE & COUNSELLING CENTRE
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral to other services » Trauma counselling » Ongoing mental health counselling » Social services, housing and job finding support » The Enhanced Youth Outreach Worker Program: serves Black youth in identifying their needs, goals, skills and potential to address risk factors impacting their lives - One-on-one clinical counselling - Workshops - Support groups - Engagement sessions » Youth Mentorship Program: Matching youth with mentors trained in working with vulnerable populations, conducting workshops and programs for Black Youth and Children within the schools and in the community, one on one support, and accompaniment. » Youth In Transition Worker: Works with youth who have aged out of CAS/Child Welfare System. The YITW receives direct referral from the Child Welfare System and support the youth in navigating the system to adjust to life and live independently in the community. » Seniors Programs support seniors who have experienced violence and isolation with others through violence prevention workshops, sewing and knitting, cooking, arts and craft, financial management and fraud prevention education.
Basic Necessities	» Clothing » Food vouchers » Gift cards » COVID-19 assistance programs, including hygiene products, hand sanitizer and masks » Based on donations
Intake and Screening Process	Intake: » Appointment made for intake over the phone » Followed by case management » Safety planning Screening: » Phone call helps to determine if one is eligible or ineligible for the organization’s programs and services. » When not eligible referral is made to other community services
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: YES » Languages other than English: YES
Organization Principles	» Trauma-informed » Harm reduction » Evidence-based » Intersection & feminist » Anti-racist & anti-oppressive » Human Rights and Social Justice work

AGENCY NAME	DURHAM FAMILY COURT CLINIC (DFCC)
Agency Webside	www.dfcc.org
Contact Information	Main office: 201 - 44 Richmond Street West Oshawa, ON, L1G 1C7 PH: 905-436-6754 For potential clients: 905-259-4248 or 905.259.2215 For clients: Contact worker directly via cell 3. Nicola Crow (Executive Director) EM: ncrow@dfcc.org PH: (905) 436-6754 4. Vickie Jennings (Program Director) EM: vjennings@dfcc.org PH: (905) 436-6754
Primary Mandate	"Providing prevention/intervention services for youth and families across Durham Region."
Areas Serviced	» Whole of Durham Region » Portable and in-person services available
Population Served	» 12-21 years of age (with discretion to 25 within the Enhanced Outreach Worker program) » Able to prioritize based on need
Criteria	None
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral services » Trauma counselling » Ongoing mental health counselling » Social services »Through the Enhanced Youth Outreach Worker we offer mobile-outreach to youth at high risk/with high needs providing clinical support to those referred » Assessment, counselling and specialized mental health services available for those referred by Youth Justice » Educational and support programs for youth referred by DDSB, DCDSB, CAS and Youth Justice » Summer school » Consultant psychiatrist or psychologist available
Basic Necessities	» Bus tickets » Food » Personal hygiene items
Intake and Screening Process	Intake: » Referral depends on program » Booking appointments depends on program, e.g., if youth referred to community-based programs, worker will book appointment in setting most comfortable for youth either in their home, school, another agency or somewhere in the community Screening: » All youth participate in assessment process (evidence-based/informed) sensitive to youth strengths and needs

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AGENCY NAME	DURHAM FAMILY COURT CLINIC (DFCC)
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: YES » Languages other than English: YES -access to interpreter services
Organization Principles	» Trauma-informed » Harm reduction » Evidence-based » Anti-oppressive

AGENCY NAME	DURHAM RAPE CRISIS CENTRE (DRCC)
Agency Website	https://drcc.ca
Contact Information	Main office: P.O. Box 54039 8 King Street East Oshawa, ON L1H 8T2 24/7 Crisis Line: 905-668-9200 1. Lynn Cohen (Counsellor/Public Education Coordinator) EM: lynn@drcc.ca PH: 905-444-9672 ext. 23 2. Gemma Broderick (Executive Director) EM: gemma@drcc.ca PH: (905) 444-9672 ext. 24
Primary Mandate	"To provide counselling, support, and advocacy to women 16 years and older who have experienced any form of sexual violence. We also offer awareness and education to the community around this issue."
Areas Served	» Whole of Durham Region » Portable and in-person services available
Population Served	» 16+ years of age » Female-identified only or those who identify as female » LGBTQ2S+ inclusive » Able to prioritize based on need
Criteria	None
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral services » Trauma counselling » Can prioritize HT Survivors on waitlist » Systems advocacy » Prevention education; awareness, consent, healthy relationships, rape culture, sexual violence
Basic Necessities	» Bus tickets » Personal hygiene items
Intake and Screening Process	Intake: » Initial telephone intake includes brief assessment and basic information gathering » Callers do not have to provide details or disclose anything they are not comfortable with Screening: » We always meet the client where they are at/we ask about the impacts, how they have coped/and what they identify wanting to work on
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: NO - we would work in partnership/case management with other specialized community based agencies » Languages other than English: YES - access to interpreters

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AGENCY NAME	DURHAM RAPE CRISIS CENTRE (DRCC)
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Evidence-based » Intersectional & feminist » Anti-oppressive

AGENCY NAME	DRIVEN
Agency Webside	www.durhamdriven.com
Contact Information	Main office: 707 Simcoe Street South Oshawa ON L1H 4K5 PH: 905-432-SAFE [7233] or 1-877-SAFE-905 1. Elizabeth Pierce (Executive Director of CFSD) EM: e.pierce@cfsdurham.com PH: 905-725-3513 ext. 118 2. Riley Spigarelli (Student and Volunteer Coordinator at VSDR) EM: 5033@drps.ca PH: (905) 721-4215
Primary Mandate	"To provide wrap around support to women affected by gender-based violence."
Areas Serviced	» Whole of Durham Region » Portable and in-person services available - In-person support available on Mondays (8:30 am to 4:30 pm excluding statutory holidays) - Clients can call Program Coordinator Tuesday-Friday to book appointments and discuss available services
Population Served	» 12+ years of age » LGBTQ2S+ inclusive » Able to prioritize based on need » Services are free of charge » Childcare is available » Support available for transportation costs to and from DRIVEN, as well as from DRIVEN to another agency (contact for information)
Criteria	» DRIVEN supports any individual that identifies as female and has experienced any form of abuse
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral services » Trauma counselling » Ongoing mental health counselling » Connection to emergency shelter » Housing services » Health care » Addiction services » Legal support (incl. criminal, family, immigration and refugee) » Social services » DRIVEN serves as an access point for Survivors to connect with all relevant supports in Durham Region in one convenient location
Basic Necessities	» Bus tickets » Personal hygiene items » Clothing » Connection to food boxes

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AGENCY NAME	DRIVEN
Intake and Screening Process	Intake: » On Mondays only, clients can walk in or book an appointment to receive support at DRIVEN » Intake process takes place in person on Mondays and includes risk assessment, safety planning, assessment of supports, supports provided by on-site staff and connect to other community agencies » If client requires on-going support, our on-site staff can continue to see the client at their respective home agency Screening: » People are eligible for DRIVEN’s services if they identify as female, over the age of 12 and have been affected by any form of gender-based violence » Whether HT is historical or on-going will change what referrals are made to community supports
Accessibility & Staff Training	» Human Trafficking best practice training: N/A – The on-site staff of DRIVEN are in-kind donations from our on-site partners. Our on-site partners are responsible for all training of staff pertaining to this matter » Anti-oppression training: YES » Staff trained to work with varying abilities: N/A – The on-site staff of DRIVEN are in-kind donations from our on-site partners. Our on-site partners are responsible for all training of staff pertaining to this matter » Languages other than English: YES – access to MCIS in-person and over-the-phone interpreters
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Evidence-based » Intersectional & feminist » Anti-oppressive

AGENCY NAME	VICTIM WITNESS ASSISTANCE PROGRAM (VWAP)
Agency Webside	www.attorneygeneral.jus.gov.on.ca/english/ovss/programs.php#vwap
Contact Information	Main office: 150 Bond St E, 3rd Floor Oshawa, ON L1G 0A2 PH: 905-743-2790 Survivor Support Line: 416-314-2447 or 1-888-579-2888 1. Judy Kyle (Manager) EM: judy.kyle@ontario.ca PH: (905) 743-2798 2. Rita Kearney (Victim Witness Services Worker) EM: rita.kearney@ontario.ca PH: (905) 743-2790
Primary Mandate	"Information, advocacy and assistance to support participation in the criminal court process for Survivors and witness of intimate partner abuse/domestic violence, child physical and sexual abuse, sexual assault including historical sexual assault, elder abuse, homicide, motor vehicle fatalities, vulnerable Survivors, Survivors of hate crime."
Areas Serviced	» Whole of Durham Region » Portable and in-person services available
Population Served	» All ages » LGBTQ+ friendly » Able to prioritize based on need
Criteria	None
Services or Programs Specific to Human Trafficking	» Crisis intervention » Emotional Support » Safety planning » Referral services » Justice support » Case-specific information (court dates, court orders, bail conditions, etc.) » Information about the Criminal Justice System » Court preparation and support through criminal court process » Advocacy with Crown Attorney » Advocacy and arrangement of support dog and handler » Advocacy and arrangement of available supports for Indigenous people
Basic Necessities	» Access to out of area community resources » Vulnerable Survivors and Family Fund – eligibility determined on a case-by-case basis. Speak with VWAP staff

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AGENCY NAME	VICTIM WITNESS ASSISTANCE PROGRAM (VWAP)
Intake and Screening Process	Intake: » Services begin once police have laid charges and continue until the court case is completed. » Referral by police, Crown Attorney, community agency, or self-referral Screening: » All mandated cases are opened once a criminal charge is laid involving domestic violence, human trafficking, child physical and sexual abuse, sexual assault including historical sexual assault, elder abuse, homicide, motor vehicle fatalities, vulnerable Survivors, Survivors of hate crime
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression training: YES » Staff trained to work with varying abilities: YES » Languages other than English: YES – Cultural interpreters available for clients whose first language is not English
Organization Principles	» Sex positive » Trauma-informed » Intersectional & feminist » Anti-oppressive

AGENCY NAME	PROBATION SERVICES, YOUTH JUSTICE DIVISION OF MCCSS
Agency Webside	www.children.gov.on.ca/htdocs/English/youthandthelaw/index.aspx
Contact Information	Main office: 3-470 King St. W Oshawa, ON L1K 2K9 PH: 905-433-7612 or 1-866-591-5301 1. Tricia Sandieson (Probation Officer, Ajax office) EM: tricia.sandieson@ontario.ca PH: (905) 391-8763 2. Sean Hill (Probation Officer, Oshawa office) EM: sean.hill@ontario.ca PH: (289) 385-0962
Primary Mandate	"The Youth Probation Services Branch is responsible for the provincial operations of probation services for youth who are between the ages of 12 to 17 when they come into conflict with the law. Probation services contributes to the rehabilitation and reintegration of youth in conflict with the law and to reduce each youth's risk to re-offend. Probation services provides community-based supports that are on a continuum of services that range from prevention and diversion to custodial programs. The objective is to improve outcomes for youth who become engaged in the youth justice system by holding them accountable and through the delivery of programs that are responsive to the risk, needs and strengths of youth."
Areas Served	» Durham Region » Portable and in-person services available
Population Served	» 12-17 years of age (at time of commission of offence) » Mandated support
Criteria	None
Services or Programs Specific to Human Trafficking	» Case management/referral services » Probation Services or Youth Justice Services for youth in conflict with the law » Probation officers assist youth with areas of need/or risk and work to decrease youth's risk of recidivism » Raise awareness so Probation Officers, Courts, families are educated to recognize signs and where to get help for Survivors » Supervising offenders and working with police to ensure compliance with Sentence Orders
Basic Necessities	» Food » Personal hygiene items

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AGENCY NAME	PROBATION SERVICES, YOUTH JUSTICE DIVISION OF MCCSS
Intake and Screening Process	Intake: » Intake and initial appointment to meet with probation officer takes place through Court contact » Youth can also walk into office to book appointment via walk-in with their assigned Probation Officer or a duty officer Screening: » No screening process for those who disclose historical HT vs ongoing HT » All supports based on youth's needs, responsivity, and their risk factors for recidivism
Accessibility & Staff Training	» Human Trafficking best practice training: NO » Anti-oppression training: NO » Staff trained to work with varying abilities: YES - including intellectual disability, LDs, ASD, FASD, etc. » Languages other than English: YES - assigned French Language Services staff and access to interpreter services
Organization Principles	» LGBTQ+ positive » Trauma-informed » Harm reduction » Evidence-based » Anti-oppressive

AGENCY NAME	MURRAY MCKINNON FOUNDATION
Agency Webside	www.murraymckinnon.ca
Contact Information	Main office: P.O. Box 2218, Oshawa, ON L1H 7V5 PH: (905) 723-4677 1. Marlene Niskala, Director of Residential Programs EM: mniskala@murraymckinnon.ca PH: (905) 723-2215 2. Heather Sago, Clinical Social Worker EM: heatherRSW@murraymckinnon.ca PH: (705)932-2875 3. Lorraine Petrie (Attendance Counsellor) EM: Lorrainepetrie@murraymckinnon.ca PH: (905) 571-4655 4. Kim Miller-Sands (Team Leader) EM: kimmillersands@murraymckinnon.ca PH: (905) 571-4655
Primary Mandate	"We make a difference for children and youth at risk in Ontario by improving outcomes through supporting a continuum of evidence-based/ informed programming and building strong partnerships with youth, families, communities and governments."
Areas Served	» Whole of Durham Region, Peterborough and counties » Mobile and in-person services » Supportive residential program for males (current)
Population Served	» 12-20 years of age
Criteria	» Youth Justice Involvement
Services or Programs Specific to Human Trafficking	» Crisis support » Safety planning » Case management/referral services (mental health, addictions, culture and heritage) » Legal support (incl. criminal, family, immigration and refugee) » Clinical Care Team support (health assessment, medication review, lab test requisitions) » Community supports during legal process » CTCC Section 23 classroom(s) offered to youth justice involved clients » Support youth in finding safe and sustainable housing
Basic Necessities	» Bus tickets » Food » Personal hygiene items, clothing
Intake and Screening Process	Intake: » All youth are justice involved and probation/court referred Screening: »The SRR Program (males 16-20) is a voluntary program and does have a Referral Review Committee

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AGENCY NAME	MURRAY MCKINNON FOUNDATION
Accessibility & Staff Training	» Human Trafficking best practice training: YES » Anti-oppression/Anti-Racist training: YES » Indigenous Culture, Traditions and Competency Training: YES » Suicide Intervention Training: YES » Eating Disorder Training: YES » Staff trained to work with varying abilities: YES; Clinical Care Team. Staff are able to support. » Languages other than English: Minimal number of staff within the Foundation are bilingual (French and other).
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Evidence-based/informed » Anti-oppressive/Anti-Racist » Strength Based and Relational Approach

AGENCY NAME	RESOURCES FOR EXCEPTIONAL CHILDREN AND YOUTH – DURHAM REGION
Agency Website	www.rfecydurham.com
Contact Information	Main office: 865 Westney Road South, Ajax, Ontario L1S 3M4 PH: (905) 427-8862 or 1-800-968-0066 1. Sue Baszczyński (Access Coordinator) EM: sbaszczyński@rfecydurham.com PH: 905-427-8862 ext. 504 2. Nicole Morash (Supervisor – Service Planning Supports) EM: nmorash@rfecydurham.com PH: 905-427-8862 ext. 308
Primary Mandate	"Advancing an inclusive community for children and youth with exceptional needs and their families."
Areas Served	» Whole of Durham Region » Portable and in-person services available
Population Served	» Dependent on program » Up to 18 years of age » Up to 21 years of age if still in school for service from Coordinated Service Planning and FASD Consultant supports
Criteria	None
Services or Programs Specific to Human Trafficking	» Safety planning » Case management/referral services » Individuals, family members or community service providers can use Access Line for community resources information and service/linkage support for HT Survivors who have complex needs (incl. special needs, suspected special needs or the involvement of multiple specialized services)
Basic Necessities	» N/A » May be able to provide necessities needed to enhance Coordinated Service Plan involving applicable community funding/ services
Intake and Screening Process	Intake: » Access Line access by leaving voicemail » Access Coordinator will respond to caller within 3-5 business days to assess needs and determine next steps with caller Screening: » Coordinated through Access Service » Provide information or short-term consultation to support a child or youth with special needs and their family » For more intensive service, Access Service will refer to other RFECY services including: - Coordinated Service Planning (for youth or family system with multiple and/or complex needs) - FASD Supports (formal diagnosis not required) - Coordination Service for Children and Youth (support for families experiencing service system breakdown due to complicated needs of youth)

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AGENCY NAME	RESOURCES FOR EXCEPTIONAL CHILDREN AND YOUTH – DURHAM REGION
Accessibility & Staff Training	» Human Trafficking best practice training: Some staff » Anti-oppression training: YES » Staff trained to work with varying abilities: YES » Languages other than English: YES – Can offer services in French, access to professional interpreters
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Anti-oppressive

AGENCY NAME	FIGHT4FREEDOM
Agency Webside	www.fight4freedom.ca
Contact Information	Main office: PO Box 47605 Don Mills Toronto, ON M3C 3S7 Referrals made online at: www.fight4freedom.ca/referral OR call office number 1-844-250-1507 1. Kaitlyn Ranasinghe (Survivor Care Director) EM: kaitlyn@fight4freedom.ca PH: 1-844-250-1507 2. Rebecca Luimes (HR Coordinator, Durham Regional Representative) EM: rebecca@fight4freedom.ca PH: 1-844-250-1507
Primary Mandate	"Fight4Freedom exists to be an active voice and advocate of justice for individuals exploited by human trafficking in the form of sexual exploitation and to further assist them in finding necessary support systems that will aid in their journey to safety, healing, and moving forward. Their four areas of focus include education, outreach, aftercare, and partnerships."
Areas Serviced	» Whole of Durham Region » Entire GTA » The Philippines » Portable and in-person services available
Population Served	» Anybody who has experienced sex trafficking of any kind including those who have engaged in sex work and are seeking support » Able to prioritized based on need » LGBTQ2S+ inclusive » Accessible services
Criteria	None
Services or Programs Specific to Human Trafficking	» Safety planning » Case management/referral services » Housing & employment support services » Outreach program » Aftercare program – long-term support, case management and needs based support - Survivors are referred to different agencies for counselling and shelter » Mentorship program – folks connected with volunteers for support » Education Programs - providing community organizations, schools, businesses, law enforcement, and the general public about human trafficking, prevention, and action.
Basic Necessities	» Bus tickets (for those receiving support from F4F) » Food » Personal hygiene items » Clothing » Funding for tattoo removal » Specific to individual needs (contact F4F for more information)

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AGENCY NAME	FIGHT4FREEDOM
Intake and Screening Process	Intake: » Phone call or meeting to understand situation and what support they are looking for » Survivor Care Team meets with Survivor wherever they are comfortable » Conversation about the situation to analyze more important immediate safety needs Screening: » Needs based assessment conducted to determine what support is offered » Referrals made if necessary
Accessibility & Staff Training	» Human Trafficking best practice training: MCIS & F4F Online course » Anti-oppression training: YES » Staff trained to work with varying abilities: YES » Languages other than English: YES – Staff speak multiple languages (French, Spanish, Mandarin, Cantonese, Tagalog), able to find someone to translate if necessary.
Organization Principles	» Sex positive » Trauma-informed » Harm reduction » Evidence-based » Intersectional & feminist » Faith-based

AGENCY NAME	MEN ENDING TRAFFICKING
Agency Website	www.menendingtrafficking.ca
Contact Information	Main office: PO Box 21102 Harwood Place Ajax, Ontario L1S 7H2 Referrals - PH: 905-447-0287 or info@menendingtrafficking.ca 1. Ryan Shanks (Executive Director) EM: ryan@menendingtrafficking.ca PH: (905) 447-0287
Primary Mandate	"Support and advocate for the Survivors of human trafficking, and those impacted by it."
Areas Serviced	» Whole of Durham Region & GTA » Portable and in-person services available
Population Served	» All ages » Able to prioritized based on need » LGBTQ2S+ inclusive » Accessible support available
Criteria	None
Services or Programs Specific to Human Trafficking	» Safety planning » Referral services » Housing services » Court support » Wide variety of undefined supports to Survivors of HT beyond what is listed above on a case-by-case basis including but not limited to: - Transitional support - Temporary emergency safe houses - Moving support - Long-term peer mentorship - Community care
Basic Necessities	» Transportation (other than bus tickets) » Personal hygiene items » Funding for tattoo removal » Access to out of area community resources
Intake and Screening Process	Intake: » Will make appointments to meet with anyone impacted by HT » Contact can be made by phone, text or by email (see referral details above) Screening: » Screening process is an assessment of need » Organization able to accommodate the individual needs of any Survivors that reach out to us » Services specific to HT but have on occasion been stretched to include those immediately at risk of exploitation

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AGENCY NAME	MEN ENDING TRAFFICKING
Accessibility & Staff Training	» Human Trafficking best practice training: YES - Own training » Anti-oppression training: NO » Staff trained to work with varying abilities: NO - but individual volunteers are trained » Languages other than English: NO - Not officially but would work to find necessary supports
Organization Principles	» Trauma-informed » Faith-based