



# HALT MODEL

**(HELPING ALLIANCES WITH LAW ENFORCEMENT TO END TRAFFICKING)**

A collaborative Survivor-led model between Victim Services of Durham Region and Durham Regional Police to support survivors of human trafficking

# CONTENTS

<b>BACKGROUND .....</b>	<b>3</b>
Human Trafficking in Canada	
Domestic Sex Trafficking in Durham Region	
<b>FOUNDATION OF THE HALT MODEL .....</b>	<b>5</b>
History	
Literature Review	
Guiding Principles	
Key Partners	
<b>EARLY PROGRAM DEVELOPMENT.....</b>	<b>9</b>
HALT Crisis Team	
Training	
<b>PRACTICAL IMPLEMENTATION .....</b>	<b>11</b>
Identification of Survivors	
Intervention	
Post Crisis Income Support	
Prosecution Process	
Confidentiality	
<b>PROGRAM EVALUATION.....</b>	<b>17</b>
Methods	
Impact of the HALT Model	
Enhanced Relationship Building	
Earlier Identification and Intervention	
Specialized Supports	
Timely Mobilization of Services	
Greater Resource Efficiency	
Increase in Testimonials and Prosecutions	
Model Expansion and Replication	
<b>CONSIDERATIONS FOR IMPLEMENTING THE HALT MODEL.....</b>	<b>25</b>
Relationship Boundaries	
Role Clarity	
Role Conflict	
Warm Transfers	
Employer of Human Trafficking Crisis Counsellors	
Work Cultures	
Confidentiality	
Capacity and Sustainability	
Implications for Sex Workers	
Anti-oppression and Equity	
Data Collection	
<b>SURVIVOR INVOLVEMENT .....</b>	<b>34</b>
<b>IMPACT OF THE COVID-19 PANDEMIC .....</b>	<b>35</b>
<b>CONCLUSION.....</b>	<b>36</b>

# BACKGROUND

## HUMAN TRAFFICKING IN CANADA

The United Nations defines human trafficking (HT) as the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception with the aim of exploiting them for profit. More broadly, human trafficking is the forced or coerced exploitation of a person for financial gain, facilitated by a third party<sup>i</sup>. This may include (but is not limited to) forced marriage, domestic servitude, forced labour including child labour, organ removal or harvesting and sex trafficking.

Globally, sexual exploitation (i.e., sex trafficking) is the most common form of human trafficking representing 50% of the cases of trafficked individuals<sup>ii</sup>. In Canada, an estimated 71% to 93% of all human trafficking cases involve domestic sex trafficking - the exploitation of an individual(s) for sexual purposes within Canadian borders (without crossing of international borders). Of these cases, 93% are female and 72% are under 25 years of age, with the average age of recruitment being 13 years old. Human trafficking is a serious and ongoing problem in Ontario, which accounts for over two-thirds (68%) of police reported human trafficking incidents in Canada since 2009<sup>iii</sup>.

While the recruitment methods used by traffickers to identify or lure victims may vary across regions or countries, the vast majority of cases in Canada involve traffickers targeting vulnerabilities of individuals by posing as a romantic partner or friend and later manipulating the bond between them to exploit victims. The process has been broken down into stages of commercial exploitation. These stages include Recruitment, grooming, Control or coercion, and exploitation. The exploitation process can also include using victims in the role of recruiter to seek out additional victims. Throughout this process, survivors become increasingly dependent on traffickers to meet their physical and emotional needs. There are a number of factors, which may influence why survivors do not or cannot leave, some of which are: fear of physical violence, fear of the unknown, and the psychological hold or relational trauma bond that the trafficker creates between Survivors and themselves.<sup>iv</sup>





## DOMESTIC SEX TRAFFICKING IN DURHAM REGION

Durham Region is located in Southern Ontario and is in the East end of the Greater Toronto Area. The region is comprised of the sub-regions of Oshawa, Pickering, Ajax, Whitby, Clarington, Brock, Scugog and Uxbridge. Durham Region is a hotspot for domestic sex trafficking due to the proximity of municipalities to Ontario's Highway 401. The region has seen a steady increase in the number of victims identified annually since 2017.

In 2018, Victim Services of Durham Region (VSDR) supported 61 survivors of Human Trafficking in Durham Region. From October 1, 2020 to March 31, 2021, there were 113 total survivors and of these survivors, 38 of them were under the age of 18. Seven of these victims were repeat victims, meaning that 94% of victims were new victims and 6% experienced re-victimization during the reporting period. In 2019, almost one-third of Survivors identified to Durham Regional Police Service (DRPS) were under the age of 18. In 2021, VSDR provided support to over 270 survivors of human trafficking. In 2023, VSDR supported 443 Survivors of Human Trafficking, which is more than 7 times the number of referrals received in 2018. The vast majority of HT cases supported by VSDR from 2018-2023 involved domestic sex trafficking.

As a response to the growing number of domestic sex trafficking cases identified in Durham, the Durham Region Human Trafficking Model was developed and has continued to evolve and adapt to changing trends and needs by helping to identify Survivors of human trafficking and connect them to services. The entire model relies on special agreements between over 30 partnering agencies in Durham Region who share a common understanding that survivor-centred, wraparound services are crucial to respond to trauma experienced by Survivors. These partner agencies collectively form the Human Trafficking Coalition of Durham Region with a collective focus on three key components (1) Prevention of human trafficking, (2) Identification of survivors of human trafficking and (3) Assessment and intervention for survivors of human trafficking<sup>v</sup>.

# FOUNDATION OF THE HALT MODEL

## HISTORY

In November 2018, Durham Regional Police Service (DRPS) formally established a Human Trafficking Unit (HTU) to address the large increase of trafficking cases in Durham region.

In 2018, the lead detective of the DRPS HTU approached a human trafficking survivor known to Victim Services of Durham Region (VSDR) who was speaking at an international police conference, to discuss how they could collaborate to better support survivors. The police shared that although they were able to identify and locate survivors of human trafficking, they were not always able to build trusting relationships with them, or connect them to the right services.

DRPS piloted a team approach to crisis intervention in 2018 by working in collaboration with the survivor who, in a single evening effectively engaged eight survivors to offer immediate and/or ongoing support. Shortly thereafter it was determined that VSDR was best positioned to offer ongoing support and address barriers to accessing services, which led to hiring the survivor of human trafficking to work as a Human Trafficking Crisis Intervention Counsellor (HT CIC).

The HALT Model [Helping Alliances with Law Enforcement to end Trafficking] is one component of the broader Human Trafficking Model in Durham Region. The HALT Model is a coordinated crisis response focused on identification of survivors, assessment and crisis intervention services. It is the result of a coordinated service delivery approach by Durham Regional Police Service (DRPS) Human Trafficking Unit (HTU) and Victim Services of Durham Region (VSDR).

At the time the Model began in 2018, VSDR was the only regional Victim Services in Ontario to have a Human Trafficking (HT) Counsellor embedded within the Regional Police HT Unit. The model highlights the critical roles and innovative partnership of VSDR and DRPS, as well as the involvement of other partner agencies such as Ontario Works (OW) Income and Employment Supports that ensure immediate, barrier-free access to critical support for survivors. The model has supported the broader HT response in Durham, highlighting the importance of widespread specialized training and cross-sectoral collaboration, which in turn, is also critical to the success of HALT.

While the model can be applied to support any survivor of human trafficking, it has proven to be particularly effective in responding to reported cases of domestic sex trafficking. This form of trafficking has represented the vast majority of cases responded to by the HALT team since its creation as well as the majority of reported HT cases within Durham Region. For this reason, the insights presented in this document, while possibly effective in responding to other forms of trafficking, primarily speak to the effectiveness of its application in cases of domestic sex trafficking.

## LITERATURE REVIEW

A literature review was conducted on existing collaborative crisis intervention approaches between police units and social services providers, which helped to guide the formation and development of the HALT model. While the review did not yield any results for the use of crisis intervention models in human trafficking response, the following summarizes key points from the literature review in terms of the effectiveness of collaborative approaches to gender-based violence and mental health crises:

### Crisis Intervention Teams

According to research, Crisis Intervention Teams (CITs) use as a collaborative policing strategy in over 3,000 local and regional jurisdictions in the United States since the late 1980s. (CITs) are teams comprised of social service providers who respond to crises and intend to increase safety during mental health or crisis encounters, divert individuals in crisis from arrest, and provide linkage to appropriate care. Historically, CITs have involved law enforcement officers partnered with victim services workers or volunteers to respond to crises. Overall, CITs have proven to shift officer-level cognitive and attitudinal outcomes. There is also some evidence that CITs can shift officer-level behavioural outcomes including reduced use of force, increased de-escalation, linkage and referral skills.<sup>vi</sup> Additionally, models that are comprised of police and mental health service providers have shown significantly improved physical and mental health outcomes for those in crisis<sup>vii</sup>.

### Building Trust with Survivors

A systematic review of the health needs of survivors of human trafficking demonstrated that establishing trust is of utmost importance given that survivors often experience intense feelings of betrayal, guilt and shame. Individuals engaging in sex work often distrust the police, due to well-documented police harassment of sex workers worldwide.<sup>viii</sup> Therefore, models that integrate social support with police intervention show increased police understanding of the sex trade, reduce police violence towards sex workers and improve access to health and social services for sex workers. The recommended approach includes using informal, non-judgemental language including open-ended questions, and asking only relevant questions to minimize the number of times a survivor has to share their story to avoid re-traumatization.<sup>ix</sup>

### Relevance to Human Trafficking

The majority of CITs referenced in literature occur in the context of mental health and domestic violence crises. Although they are not specific to human trafficking, findings from these contexts are relevant to human trafficking given the frequency in which mental health and domestic violence issues present among those who have been trafficked. Thus, these learnings have informed the unique collaboration between DRPS HTU and VSDR in supporting survivors of sex trafficking.

## GUIDING PRINCIPLES

Each of the organizations within the Durham Human Trafficking Coalition operate with their own mandates but share overarching principles and values that shape prevention and intervention responses. All partner agencies of the Coalition demonstrate a commitment to offer or actively work towards services based on shared Core Values. **These core values set the foundation for the five primary guiding principles that underpin the HALT model:**

### **SURVIVOR-LED/INFORMED**

The model was informed by the lived experiences of survivors and entails consistently collaborating with survivors on how to improve the model.

### **ANTI-OPPRESSIVE**

The model acknowledges intersectionality and how factors like gender discrimination, disability or systemic racism cause inequities and additional barriers for many survivors of HT.

### **HARM REDUCTION**

The model ensures that service providers meet survivors where they are at in terms of their psychological, social, cultural, spiritual and physical well-being, with a primary focus on survivor safety.

### **TRAUMA-INFORMED**

The model takes into account that survivors may have experienced various traumas, including inter-generational trauma, not limited to their current trafficking. Value is placed on building trust and rapport with survivors, and minimizing the risk of re-traumatization.

### **SURVIVOR-CENTERED**

The model ensures that decision-making, including the decision on whether to exit a trafficking situation, is determined by survivors to avoid a "save and rescue" approach. This approach may be adapted where there are circumstances relevant to 'duty to report' legislation.

## KEY PARTNERS

### **Victim Services of Durham Region (VSDR)**

VSDR is a not-for-profit organization that provides trauma-informed crisis intervention and prevention services, which are responsive to the needs of individuals, families and communities affected by crime and sudden tragedies. VSDR uses dedicated Human Trafficking Crisis Intervention Counsellors to provide an evidence-based, wrap-around model of care with integrated community partnerships to ensure expedited and tailored services for human trafficking survivors.

### **Durham Regional Police Service (DRPS)**

Durham Regional Police Service is the police service serving the Regional Municipality of Durham in Ontario. Durham Regional Police Human Trafficking Unit (HTU) is a specialized unit dedicated to supporting human trafficking cases.

### **Regional Municipality of Durham -Income & Employment Supports (Ontario Works -OW)**

This division of the Regional Municipality of Durham oversees the Ontario Works program designed to support individuals who are in financial need. There are two types of assistance, financial assistance and employment assistance. Financial assistance includes support for expenses such as basic needs and shelter. In Durham, the Income and Employment Support Units now have Human Trafficking Response Teams (HTRT), which consist of case workers dedicated to working with survivors of human trafficking.

### **Survivors**

The Durham model supports many survivors including those who are low-income, racialized, 2SLGBTQIA+, and/or those who have had prior involvement in the child welfare system. While the majority of survivors supported by VSDR identify as female, the model supports survivors of all genders and continues to evolve to meet the needs of a diverse range of survivors. As with the model in its entirety, this HALT model demonstrates how a Survivor-informed, multi-agency response can effectively respond to the complex needs of Survivors of human trafficking. The Model has continued to be Survivor-informed since its initial development in 2018. Since 2022, a diverse Survivor Advisory panel that works closely with VSDR has provided insight and consultation to ensure the model continues to be survivor-informed. The model strictly adheres to the concept of “nothing about us, without us”, centralizing survivor voices, expertise and insights.

### **Community Partners**

The success of the HALT model is dependent on the support provided by the network of community partners (Human Trafficking Coalition) involved in the larger Durham Region Human Trafficking Model. To meet the unique needs of each survivor, HALT team members rely on the expertise and support of multi-disciplinary service partners, such as Child Protection, Child Well-being agencies or healthcare. The Durham Region Model provides a more detailed overview of the unique partnerships and protocols that exist in the Region to support survivors, while the HALT Model more specifically focuses on the acute interaction and direct crisis intervention approach by DRPS HTU and VSDR.



# EARLY PROGRAM DEVELOPMENT

## HALT CRISIS TEAM

Upon implementation in 2018, there were six investigators in the Human Trafficking Unit and one Human Trafficking Crisis Intervention Counsellor (HT CIC) from VSDR. The HT CIC was a Survivor of Human Trafficking, but also had clinical training and education, which was essential to ensure survivors received support from those with the necessary clinical skillset. With growing success of the model, Victim Services was able to add a second HT Crisis Counsellor, who joined the team in 2021. This HT CIC identified as a survivor of intimate partner violence, brought lived experience as a racialized person and had clinical training. Additionally, since the police unit received additional funding for a pilot project in 2021, the broader crisis team grew to ten investigators.

## TRAINING

### **Survivor-led Training: Understanding Survivor Experiences**

To improve engagement with survivors it was important for police to understand how current or past approaches shaped or influenced survivor perceptions of police and their willingness to engage. Through survivor-led training, police received information on the lived experiences of survivors and how various police interventions could be harmful or re-traumatizing. Police learned about the potential of further harming survivors by pressuring them to leave their trafficking situation if they were not ready, or if measures were not in place to ensure all basic needs of survivors were met. It was essential for police to understand the increased risk survivors face should they have to return to their trafficker after attempting to leave, or after speaking to police. It was also critical for police to understand that each experience is unique and often come with a complex array of barriers that impact a survivor's willingness to leave, or give a statement.



## Survivor Centred Support

In Durham Region, the majority of sex trafficking cases started with some form of close relationship between the survivor and their trafficker, often as an intimate partner. Many survivors may not recognize that they are a victim of human trafficking and may even see their trafficker as their romantic partner and may protect or defend them. For this reason, it was important for all team members to know how the process of luring and grooming occurs and how to respond in a sensitive and informed manner regarding each survivor's unique situation and the survivor's perspective of their relationship with their trafficker. The police unit received training on supporting survivors in accordance with the principles of VSDR, including anti-oppression, harm reduction and trauma-informed care. Officers learned about the complexities of human trafficking from a survivor perspective, what makes someone more vulnerable to trafficking and the trauma bond that develops between trafficker and survivor. This highlighted the need for trust and relationship building in order to show survivors that their trafficker was not their sole support. More practically, investigators learned how to approach survivors, how to engage with them and what words and phrases may be triggering for them. Police provided education on identification methods used by law enforcement, the need for enhanced safety measures when responding to reported cases, and the limitations and legal responsibilities of police upon responding.

Implementation of a survivor-centered and trauma-informed approach by all team members reflected a mutual understanding and respect for choices made by survivors, regardless of the choices made, including whether or not a survivor chose to give a statement or testify. At all stages of contact with survivors, and even throughout the court process, support and safety of the survivor remains paramount regardless of the Survivors' decisions.

## Cross -Sectoral Knowledge Exchange

Investigators demonstrate understanding of the power that comes with their position when they are approaching survivors and that this can have implications on their ability to build trust with survivors. This education, combined with the trust between HT counsellors and investigators creates an atmosphere where investigators take the time to listen and learn how to engage survivors in a trauma-informed and survivor-centred way. If HT Counsellors identify that the investigator may be saying something that could be inadvertently harmful, counsellors actively educate them about this in the moment. Investigators also provide training to HT Counsellors on limitations to intervention and support from a legal perspective. HALT team members receive reciprocal ongoing training at the planning stages of working as a crisis team, as well as in real-time, during and after engagement with survivors.

Police officers shared their knowledge of legal and court processes with the HT Counsellor as it was crucial for counsellors to ensure their interventions would not jeopardize the integrity of a case or the legal responsibilities of officers. The HT Counsellor shared with police how the process of testifying against a trafficker can be frightening given survivors may fear their trafficker finding out they spoke to police. The HT Counsellor provided education on how the process can also be re-traumatizing when survivors need to re-visit what happened to them, particularly if being questioned on multiple occasions or while recounting their trauma during testimony. While police have an interest in prosecuting traffickers, there is mutual understanding of the benefits of not pressuring survivors for testimonials, as this can lead to increased resistance, heightened risk to survivors, can jeopardize the recovery of survivors and would not support a trauma-informed approach to intervention.

A crucial element of the HALT model is that all team members must be receptive, at all times, to constructive feedback from each other, and from survivors. If a survivor is not interested in engaging with HT Counsellors or police, the team will reflect on that approach used and if there are considerations for improvement. The team also acknowledges there are many factors that can influence survivor readiness or willingness to engage. Survivor decisions, autonomy and choices are respected at all times.

# PRACTICAL IMPLEMENTATION

## IDENTIFICATION OF SURVIVORS

### Referrals

DRPS HTU and VSDR can independently receive referrals regarding an individual who may be involved in human trafficking. Referrals often come from social service agencies, the public or survivors themselves. Referrals received by VSDR are shared with police only in situations where the survivor has provided consent or there is a legal duty for VSDR to report to police (for example, where a person working in the sex trade is under the age of 18).

It is important for survivors to know that police intervention or contact is not required in order to receive support from VSDR. For referrals that come to police, once the police unit has assembled information as to their possible whereabouts, the team will gather this information to plan for a coordinated crisis response. At times, police may identify survivors who have been trafficked between multiple regions and will work in conjunction with police services from other jurisdictions, or the Ontario Provincial Police to conduct joint-investigations and coordinated responses.

### Pro-active Searches

A component of this collaborative crisis model is to use a pro-active approach to identify survivors of human trafficking. The team conducts outreach and pro-active safety checks through a targeted intervention called "Date Night." In sifting through online advertisements believed to be for sexual services, the team is able to identify red flags in ads that may indicate those who may be involved in human trafficking. The HT unit also routinely monitors all missing person reports for youth under 18 years of age, which includes monitoring ads for potential appearances. Once they identify an ad with concerning indicators, undercover detectives will set up fake "dates" to meet with individuals at their locations, which are often nearby hotels.

## INTERVENTION

During an investigation, several investigators participate, depending on the availability and the intensity of the situation. A HT Counsellor joins police to initiate early engagement with the suspected Survivor. In general, the shifts of HT CICs mirror the shifts of police officers in order to ensure the HT CIC is available to survivors immediately. Victim Services also offers rotational on-call shifts so a Crisis Counsellor is available to police at all times for urgent situations outside of the HT CIC's shifts.

Interventions can be potentially dangerous, as traffickers can often be nearby, in adjoining rooms or the room's bathroom, and may be armed. As such, police officers will attend the scene first to conduct an initial assessment of the situation and a safety clearance. Police officers in plain clothes will introduce themselves, explain their roles, ensure the individual's safety, collect pertinent information, and offer support and resources. Once police deem the scene safe, they will stand outside the door while the HT CIC meets privately with the individual. If the individual is willing to engage, the HT CIC will focus the interaction on continuing to support their well-being and safety, and offer additional support as needed. Information shared by the individual with the HT CIC is confidential and shared only with police where required by law or where the survivor has provided consent. This is critical in building rapport with survivors who may be resistant to trusting police.

### **Safety as the Primary Focus**

The initial engagement focuses on the survivors' immediate needs, safety and overall well-being. There is no pressure to provide a disclosure or a statement to police or the HT CIC. The survivor may be provided with a meal and the opportunity to go to the hospital for medical examination or to receive support from a specialized nurse. As appropriate, the nurse may offer services such as STI (Sexual Transmitted Infection) testing. The HALT team has implemented a special protocol with the Sexual Assault Crisis Centre (SACC) at the Emergency Department (ED) that allows them to directly connect a survivor with a SACC nurse, bypassing the triage and often lengthy waiting process usually experienced in the ED. This fast-tracking agreement was developed in partnership with Lakeridge Health in recognition of the need for a more trauma-informed approach to ensuring survivors receive the specialized care they need and to avoid lengthy absences that may impact their safety or willingness to seek support. Where appropriate, survivors receive support with finding safe accommodation. With the survivor's consent, the HT CIC will also assess eligibility for and will provide information on the Victim Quick Response Program (VQRP+). VQRP+ is a program offered by the Ministry of Children, Community and Social Services that provides funds to help meet the emergency and practical needs of survivors.

### **Cultural Safety and Intersectionality**

When considering safety and survivor needs, it is important for team members to appreciate unique differences and experiences (ie. ability, culture, language or immigration status) that may impact a survivor's ability to trust or communicate. For example, where survivors experience a language barrier, it is critical to offer interpreter services immediately or as soon as possible. It was apparent that cultural nuances, tone, and confidence to communicate could be lost in situations where team members assumed the survivor's ability to communicate in the team member's language was sufficient or they assumed the survivor's racial or cultural identity. It is also important to engage service providers who could meet the specific cultural needs of survivors, and to advocate for the cultural rights of survivors. For example, ensuring a space for survivors to smudge at shelters, or court before testifying. Those with precarious immigration status may be particularly fearful of deportation and may be unaware of their rights or services available to them. It is important for team members to recognize that the immediate and ongoing needs of every survivor will vary so a tailored intervention is essential to meet the unique, identified needs of each.

### **Investigative Approach**

There are times when a police officer would be the first to establish a relationship with a survivor if they respond to a situation when the HT CIC is not on shift. When engaging with survivors for the first time, police officers are transparent and explicit about recognizing that they can be intimidating or that individuals may be apprehensive about speaking to them.

At any point during an intervention, and dependent on the circumstances, situations may arise where police have a duty to respond in a way that may lead to an arrest or charges. However, police continue to focus on communicating to survivors that their primary concern is the safety of the survivor and that they are not attending the scene with the intention of making arrests. Police officers are transparent about their role, which includes sharing what support they can and cannot offer to survivors. They communicate clearly that nothing is required from the survivor in order to receive their support. This type of engagement is often effective for police to establish an initial relationship with a survivor. While offering support with immediate needs, police always advise survivors that they can engage with a HT CIC for further support, and ensure the HT CIC's contact information is given. Although a survivor may not always want to engage with a counsellor initially, the team has found that over a few days or even a few weeks, survivors usually choose to reach out to a counsellor when they are ready. Police also assure the survivor that the HT CIC's support is not conditional on whether or not they talk to or choose to work with police.

---

**A lot of victims have dealt with other police officers who can't relate and judge their choice to be involved in the sex industry. I will often say to them, 'I'm sure you've been treated badly by police before.' We have to try to overcome that feeling in a victim of not trusting us.**

– Durham HT Police Officer

---

### **Approach by HT Crisis Counsellors**

HT CICs make an effort to develop a trusting relationship with survivors in order to support them in addressing the physical and emotional needs that they may have been relying on their trafficker for. HT CICs offer support guided by the goals that survivors have identified for themselves (Survivor-centred). After initial engagement, HT CICs will only continue communication with survivors with their explicit consent and only if it is safe to do so. As a safety precaution, all communication initiated by HT CICs refrains from the use of last names or the use of titles. Survivors can engage with HT CICs via text, phone calls or in person, including meeting them at various public locations in the community such as coffee shops. If a HT CIC has not heard from a survivor in a few weeks, they may send them a text message to check in and ask how they are. Given the degree of trauma survivors have experienced, it may take several points of connection over weeks or months before they can build rapport with survivors, and before they are ready or willing to receive support.

Overall, when looking to support survivors, HT CICs are mindful to engage at a pace survivors are comfortable with, and in a manner that seeks to minimize the chances of re-traumatization. Survivors have a right to stop engaging at any time. Support is not conditional upon whether or not they wish to testify against their trafficker, provide a statement or leave their trafficking situation. Options are important as this allows each Survivor to choose which support(s) are right for them.

## Relational and Nuanced Approaches

Each HT CIC abides by the same clinical principles. However, when supporting survivors, each has their own style, informed by their clinical credentials and lived experiences. Each HT CIC is able to use their lived experience in different ways to connect with clients. Each counsellor may choose to share some aspects of their lived experience if it pertains to the situation and will be helpful to the survivor. Counsellors have found that some personal sharing, in the right circumstance can minimize the fears survivors may have of sharing their information, and therefore creates an opening for them to discuss their needs. There is no pressure for Survivors to tell or repeat their stories, as the focus of the intervention is to offer support. Each HT CIC uses their own professional judgement and personal comfort level to determine if they will answer questions about their personal experience to build rapport. After a HT CIC establishes a trusting relationship with a survivor, the survivor often feels comfortable disclosing additional information about their trauma. Counsellors are then better able to tailor the support and intervention provided, which could include engagement with police, trauma counselling or other identified needs.

## POST CRISIS INCOME SUPPORT

Aside from immediate supports for safety and basic needs following crisis, it is important that survivors can access regular income support, which is crucial in supporting survivors after they leave their trafficking situation. Additionally, a key organization that provides income support is often a critical space to identify and engage with survivors. As a means to further control survivors, traffickers will often help survivors obtain government funded assistance in order to take those funds from them. Therefore, given the high priority of this type of support, it became important that the key organization providing financial support also receive specialized training on supporting survivors of human trafficking. The HALT model includes coordinated efforts with Ontario Works (OW) Income and Employment Supports (Region of Durham), which has been instrumental in assisting with emergency funds to meet the basic and ongoing needs of Survivors.

In Durham, staff at every level of Employment and Income Support units (OW) have training on human trafficking, including receptionists, supervisors and case managers. Training focuses on recognizing red flags, which may indicate that someone is being trafficked and on how to engage survivors in a trauma-informed way. They have also incorporated flexible processes for providing financial assistance given that survivors may not have the usual requirements to access OW, including a fixed address, bank statements, past rent receipts or identification documents. This training has led to better identification of survivors, enhanced coordination of wrap around services and increased engagement between survivors and OW caseworkers.

---

**Staff have spoken to girls who don't realize what is happening so they deny it's not happening. They will come back a few weeks later saying they are seeing signs**

– OW Supervisor

---

## **Ontario Works Human Trafficking Response**

In 2018, Human Trafficking Response Teams (HTRT) were present at each OW office across Durham with caseworkers dedicated to human trafficking cases. The OW Supervisor also regularly engages with Police and Victim Services to discuss complex cases in order to collaborate to better support survivors.

**Specialized processes for survivors include the following:**

**THE HT COUNSELLOR ATTENDS THE OW OFFICE ON CHEQUE PICK UP DAYS TO PROVIDE FACE-TO-FACE ENGAGEMENT WITH SURVIVORS**

**DIRECT COMMUNICATION BETWEEN OW CASE WORKERS, DURHAM POLICE AND DURHAM VICTIM SERVICES TO EXPEDITE INCOME SUPPORTS FOR SURVIVORS (OFTEN WITHIN HOURS)**

**ENCOURAGING SURVIVORS TO COME IN TO PICK UP THEIR OW CHEQUES SO THEY CAN ENGAGE WITH AN OW CASE MANAGER IN A PRIVATE, SAFE SPACE AWAY FROM THEIR TRAFFICKER**

**SURVIVORS ARE NOT REQUIRED TO HAVE USUAL PAPERWORK OR IDENTIFICATION TO ACCESS INCOME SUPPORT**

**INTRODUCTIONS ARE OFFERED UPON INITIAL CONTACT TO QUICKLY CONNECT SURVIVORS TO A SUPPORT PERSON, AS IT IS OFTEN DIFFICULT FOR THEM TO MAKE APPOINTMENTS**

**CASE WORKERS MEET SURVIVORS AT DIFFERENT LOCATIONS SUCH AS THE HOSPITAL OR ANOTHER COMMUNITY SETTING TO OFFER FLEXIBILITY, AND ESTABLISH RELATIONSHIPS**

**CASE WORKERS SUPPORT SURVIVORS TO SECURE A SAFE PLACE TO STAY, OFTEN SUPPORT WITH SAFETY PLANNING AND CAN OFFER A CELL PHONE FOR ENHANCED SAFETY AND COMMUNICATION**

Aside from income support, caseworkers often connect survivors to supports and services across Durham, in alignment with the broader Durham Human Trafficking response model. OW is also part of the regional Human Trafficking Coalition, which involves a cross-disciplinary team of service providers that can support with complex situations.

## PROSECUTION PROCESS

### Investigations

The legal process of an investigation can involve several steps including a statement, a pre-trial, a trial and then sentencing. For every survivor of human trafficking that Durham police encounter, an investigation opens regardless of whether or not survivors share information. If the Survivor does not disclose information, there is still a chance police may identify a trafficker due to knowledge from other investigations. Over time, if a survivor does choose to give a statement, Investigators are prepared to receive the information and will typically interview the survivor on one occasion unless deemed necessary to meet again to clarify points or discuss new information. Investigators are sensitive to what could be triggering or re-traumatizing so are mindful to avoid having Survivors re-tell details unnecessarily.

### Court and Legal Support

Survivors receive information about the legal process and support available to them throughout the process. If police proceeding with pressuring charges, the Victim Witness Assistance Program (VWAP) can provide further support and information regarding the legal process and testifying. For these cases, Durham Region utilizes a Crown Attorney whose focus is on prosecuting human trafficking cases. This ensures the process involves service providers with specialized knowledge and training to reduce risk of re-traumatization to survivors. Ideally, all professionals working in the justice sector, including judges would have training on Human Trafficking. However, in many instances this is not the case. Team members and partners such as VWAP and Crown Attorney will advocate for processes that minimize risk of harm to survivors. The HT Counsellor may also accompany the survivor throughout any of these processes. Where helpful to the survivor, police may also offer support throughout the process.

## CONFIDENTIALITY

A strong component of the Model requires HT Counsellors be employed by Victim Services as opposed to being employed by the police. This distinction is crucial as it allows for increased confidentiality for survivors working with Victim Services. Police officers are aware of this boundary and therefore they do not probe for information about a survivor from HT Counsellors. While the potential for subpoenaed records is a realistic challenge to ensuring confidentiality for survivors, it is important to note that subpoenas for documentation by any social service organization can occur at any time for any legal matter. Therefore, this challenge is not specific or isolated to the HALT model, but rather an ongoing concern for all service providers regardless of their intervention models. As mentioned previously, Durham Region's aim to have trained professionals available and engaged throughout the court process helps to promote ongoing advocacy for the protection and well-being of survivors. Documentation by HT Crisis Counsellors may capture that trauma has occurred but their focus is on identified needs and interventions provided, rather than on unnecessary trauma details that are not required in order to provide support or may re-traumatize survivors if subpoenaed. Durham Victim Services has not to date, received any such orders from the court regarding human trafficking cases.





# PROGRAM EVALUATION

## METHODS

Evaluation of the model occurred through qualitative and quantitative data collected during key informant interviews and surveys, and then collected and analyzed by a trauma-informed external evaluator with clinical expertise. Focused interviews were conducted at various stages of the model's development with survivors, HALT team members, service providers from partner agencies, survivor advisory panel members, police and HALT program managers. Staffing changes throughout the model's development allowed for increased opportunity for additional interviews across various roles and various stages of the program's development.

**The following interviews (2019-2023) informed the evaluation report:**

TYPE	#
Victim Services of Durham Region Human Trafficking Crisis Intervention Counsellors	4
Durham Regional Police Service Human Trafficking Unit officers	3
Executive Director of Durham Victim Services	2
Clinical Director of Durham Victim Services	2
Service Providers of Durham Human Trafficking Coalition	6
Staff at Victim Services Toronto and Victim Services Waterloo	2
Toronto Police Service Human Trafficking Unit officer	1
Survivors of human trafficking in Durham	11

Quantitative data collected by Durham Regional Police Service and Victim Services of Durham Region on [non-identifying] referral statistics show referral trends for each organization. Key performance indicators from police data included number of statements given, non-identifying victim demographic data and number of charges laid.

The model and evaluation report were also informed by a literature review including journal articles, Human Trafficking Coalition meeting minutes (2019-2024), service provider survey results (108 respondents) on HT service provision in Durham Region (Human Trafficking Coalition, 2021), and training manuals.

## IMPACT OF THE HALT MODEL

Since the HALT model has been in existence, there have been significant improvements to the way service providers in Durham Region respond to human trafficking.

Upon initial engagement with survivors, HT counsellors have modeled healthy relationships and boundaries for survivors. Reframing the concept of relationships for survivors is essential in helping them to heal from relational trauma and learn what healthy relationships feel and look like.

Ensuring all team members are consistently utilizing a Survivor-Centred, Trauma-informed approach to engaging survivors has helped team members build more trusting relationships with survivors. The Human Trafficking Coalition has ensured effective communication and consistency for a full region wrap-around support model to ensure wider supports are also working in tandem with the HALT team. The model has led to earlier intervention because of increased identification of survivors and more timely mobilization of services. In terms of resources, this model has enabled police officers and Victim Services to focus on more cases due to efficient use of resources and cross-agency collaboration.

Lastly, an unintended consequence of this model has been an increase in testimonials and prosecutions due to survivors' willingness to testify against their traffickers.

### Enhanced Relationships with Survivors

Survivors have shared that it was helpful that the first contact with them was not the police, given potential feelings of intimidation with police presence and fear of repercussions if they spoke to police. All survivors shared that early engagement with the counsellor was a critical component of developing a trusting relationship so that they could openly discuss trauma symptoms and difficult experiences. HT counsellors were able to use lived experience to relate to and connect with survivors in a unique way. The HT CICs are able to empathize with the experiences of survivors, which has enabled them to develop a bond with survivors and diffuse any judgement the survivor may be feeling. Several survivors shared that it was affirming to see a HT CIC who is a survivor and was able to leave their trafficking situation, which gave them courage to take steps to leave their own trafficking situation.

---

**As a survivor, I'm able to establish trust with survivors very quickly. The ability to share similar experiences allows us to connect in a way that removes fear of judgement and instils hope**

– HT CIC, Human Trafficking Survivor

---

## Trust in Police

The collaboration between Victim Services and Police has enabled police to cultivate more trusting relationships with survivors, as reflected in interviews with HALT team members, and survivors. HT CICs are able to establish trusting relationships with survivors and then slowly introduce survivors to police by highlighting how police can be a support. HT CICs provide information regarding consent, and associated limitations with confidentiality. This transparency assists in building trust with police given survivors have a full understanding of how their information may be used, and see this approach reflected during their early and ongoing interactions with police. When HT CICs present police in a positive way survivors have perceived police as less threatening. This has allowed for relationship building between survivors and police and ultimately, to increased disclosures or requests for support directly to police.

## Modeling Healthy Relationships and Boundary-setting

Relational trauma can result from or be a vulnerability factor for human trafficking. This form of trauma results from experiencing significant stress and abuse in relationships. This could include experiences of physical, psychological and emotional abuse, domestic violence and substance abuse, as well as abandonment, rejection and neglect that impact healthy brain development. Relational trauma can result from unhealthy attachments and can lead to difficulty to form healthy relationships in future. Traffickers will often target youth who have a history of relational trauma because it can leave them highly susceptible to promises of unconditional love and support, which they may have lacked previously. Given human trafficking is a form of relational trauma, supporting recovery requires a relational approach to healing<sup>x</sup>. Relationship treatment includes survivors experiencing somebody caring about them without wanting anything in return, demonstrating healthy boundaries and increasing empowerment and autonomy by trusting them to make choices about their own lives. Research demonstrates that healthy relationships later in life can alter the brain, known as neuroplasticity, and in doing so, reverse effects of prior relationship trauma.<sup>xi</sup> For this reason, a key component of HALT is having HALT team members engage with survivors in a way that models what healthy relationships look like from the time of initial interaction and consistently throughout the relationship.

Traffickers often condition survivors to become completely dependent on them in order to prevent them from being able to leave their trafficking situation. As such, when survivors form trusting relationships with HT counsellors and police, there is a risk that survivors may develop an unhealthy dependency in these relationships. Therefore, HT Counsellors and police must be intentional about modeling healthy boundaries. This includes letting survivors know how long it may take service providers to respond and clearly distinguishing emergencies from regular contact. It also includes clearly communicating work hours and limitations, as well as the provision of 24/7 support lines survivors can utilize when counsellors are not available to support them directly. By modeling healthy relationships for survivors, HALT team members found that over time, survivors have been better able to discern the characteristics of healthy versus unhealthy relationships.

All survivors interviewed in the evaluation reported having healthy relationships with members of the HALT team, including both HT counsellor and police. While survivor perceptions of a healthy relationship are subjective, all of the survivors interviewed indicated they felt the relationships helped them to learn about the importance of setting boundaries and that they were better able to cope with trauma symptoms as a result of the support they received.

## Earlier Identification and Intervention

The HALT model has led to significant improvements in the identification of human trafficking cases across the region. Increased collaboration between agencies and across sectors has led to wider awareness of human trafficking in Durham and heightened interest in and demand for survivor informed training.

For cases involving individuals at risk of harm who are underage, all service providers, including police have a duty to report to the Children's Aid Society (CAS), who will often collaborate on mutual cases. Prior to implementation of the HALT model, cases involving parent/child conflict or youth experiencing drug addiction may have had indicators for trafficking that were not recognized or identified. Through the provision of survivor-informed human trafficking training staff at the Durham Children's Aid Society (DCAS), Employment and Income supports, and multiple other agencies became better able to identify trafficking risk factors and ensure immediate linkage to the right supports. In 2023, VSDR received 19 direct referrals from Durham Children's Aid Society compared to 0 referrals in 2018. An important factor to consider is that effective 2022 the Durham Children's Aid Society also began working on site with Durham Regional Police through the Children At Risk of Exploitation (CARE) pilot so many of the referrals that may have been provided to VSDR by DCAS were not required given VSDR was already receiving those referrals from DRPS.

Partner agencies with specialized human trafficking teams provide training to other internal departments to ensure appropriate case identification and assignment.

While the Region of Durham Employment and Income Supports Division did not track referrals to VSDR in 2018, VSDR's referral statistics for that year reflect that only four referrals were received by VSDR from all organizations across Durham that did not fall under the other defined categories such as police, children's aid or healthcare. By comparison, upon subsequent tracking of referrals to VSDR, Ontario works/ Employment and Income Support staff alone made over 50 referrals to VSDR in 2023.

While the Region has seen significant improvements in survivor identification across various sectors, the region continues to experience challenges to identification of survivors accessing healthcare. Healthcare staff shortages exacerbated by the COVID-19 pandemic, a lack of funding for training provision and the lack of requirement for mandatory training for healthcare workers all impede attempts to ensure adequate training across the sector. Where gaps persisted, it was evident that additional efforts were required to address unique barriers experienced by the healthcare sector. Through enhanced collaboration as part of the Rise Up Project funded by Women and Gender Equality (WAGE), VSDR partnered with Lakeridge Health Corporation to identify challenges in survivor identification and support in hospital settings. Rise Up highlighted a number of recommendations to consider, including: the need for flexible online training tailored to the healthcare sector, the need for legislation on mandatory training that would address knowledge gaps in healthcare, and the need for an on-site counsellor to respond quickly to potential cases in the Emergency Department.<sup>xii</sup>

## Timely Mobilization of Services

Given the severity of trauma that survivors have experienced, they may experience challenges with navigating services, particularly when traffickers have conditioned against advocating for themselves. Traditional helping systems often lack expertise in the specialized care needed by survivors, which can result in a high likelihood of re-traumatization and deter survivors from seeking help.

Research indicates that early intervention lessens trauma symptoms and the lasting effects of post-traumatic stress.<sup>xiii</sup> Durham Victim Services and HTU work together to provide support and advocacy to survivors that ensures they are able to access the right services quickly. This in turn has reduced the risk of re-traumatization for survivors. On-scene support provided by HT CICs ensures immediate mobilization of support

services. For example, the Rise Up project interviewed 17 survivors and highlighted that lengthy wait times and lack of human trafficking education are the primary barriers to survivors' willingness to seek healthcare. However, specialized protocols developed by the HALT team have effectively mitigated barriers related to ED wait times. Through enhanced collaboration with Lakeridge Health, HALT team members have been able to establish a fast-tracked referral process for survivors to access specialized sexual health services through the Domestic Violence, Sexual Assault Care Centre (DVSACC) in the Emergency Department. When a member of the HALT team contacts the DVSACC nurse, survivors are able to bypass the triage process and usual wait time in the Emergency Department and receive immediate support from the DVSACC nurse. This has increased survivor willingness to attend the Emergency Department, increased access to sexual health services, reduced risk of re-traumatization associated with repeat story-telling and ensured greater safety for survivors who often have only limited windows of time to access supports.

Survivors are also able to access expedited processes for income support, addiction treatment and counselling as a result of the partnerships and protocols established within the Human Trafficking Coalition. For example, all referrals made by VSDR to the Ontario Works Human Trafficking Response team resulted in survivor registration and approval for income support within 6-48 hours, a substantial improvement from the usual process which could take weeks.

---

**Once you put a focus on the issue of human trafficking and take time to understand it and look for it, you will see how many cases there actually are**

– Durham Children's Aid Society worker

---

### **Greater Resource Efficiency**

There is a strong commitment amongst partner organizations to understand respective roles and the services each agency offers. This has led to greater efficiency of shared and pooled resources including staffing. For instance, where the short term safe accommodation funding available through one agency was insufficient to meet the needs of a survivor multiple agencies have come together to share the cost of accommodations until a longer term solution could be found. Police have shared that since collaborating with Victim Services, the separation between their roles has become clearer and as a result, this has allowed them to focus on policing tasks while allowing Victim Services staff to focus on the social and emotional aspects of supporting survivors. Safety planning and finding safe accommodation can be completed jointly by various agencies working together to support a survivor. This has resulted in sharing of tasks to reduce workload burdens on a single staff or agency.

The increase in identification and referral of cases has led to an increase in funding for the HT Unit and significant expansion of the police HT team. As a result, the DRPS HT Unit is able to manage more cases of human trafficking and spend additional time on human trafficking investigations. In 2023 DRPS HTU investigated 289 incidents connected to human trafficking compared to only 108 in 2018 (Durham Regional Police, 2023). However, despite success of the program, funding challenges across the non-profit sector continue to pose a barrier to sustainable funding for the HT CIC positions resulting in a complete reliance on grants for VSDR to sustain the program.

## Specialized Supports

Survivors of human trafficking rarely pro-actively self-disclose that they have been trafficked, and often do not even recognize that they are victims. Survivors often attend hospital for reasons [seemingly] unrelated to trafficking, such as a cough. While in many cases there are other clear indicators for trafficking, healthcare workers rarely identify survivors. As a result, survivors do not receive specialized services that may be available to them or medical services such as screening for sexually transmitted infections (STIs). HT counsellors have extensive knowledge of the supports available to trafficking survivors and are often able to access these services on a high-priority basis. With the HALT model, team members are able to connect survivors directly with trained service providers within healthcare, so they are able to access specialized supports, such as a sexual assault nurse or a social worker with human trafficking training. This helps to alleviate some of the barriers survivors face to accessing adequate healthcare.

Community partnerships developed through the Human Trafficking Coalition have enabled advocacy for expedited, trauma-informed services in partner organizations. HT CICs are able to arrange specialized services almost immediately, such as accessing funding through the Victim Quick Response Program (VQRP+), which enables survivors to access residential treatment support, including specialized mental health services usually within 24 hours. Prior to the HALT model, it could take days or weeks for a CIC to be successful in connecting with a survivor after receiving a referral from police.

Additionally, Ontario Works has strengthened its ability to understand the various needs of survivors, including the effects of trauma. Caseworkers are better able to advocate for what survivors need and in doing so, maximize the resources available to survivors. For example, individuals who seek financial assistance through Ontario Works are required to complete a participation agreement, which outlines steps they will take to secure employment. For many survivors, the effects of unresolved complex trauma can interfere with their ability to form healthy relationships or achieve the safety and stability required to meet and maintain their basic needs or daily functioning, let alone maintain employment. It is essential that interventions first look to establish physical and mental health safety and meeting basic needs in order for survivors to obtain the stability they require to begin healing. With this understanding, Ontario Works has advocated for survivors of human trafficking to be exempt from the standard participation agreement by arguing that upon leaving a trafficking situation, the need for mental health support is more important than meeting the requirement to participate in employment-seeking activities. This advocacy has helped minimize the potential of re-traumatization and allow the flexibility to connect survivors to the resources and supports that would be most beneficial to them. It has also provided survivors with enhanced financial support through the Ontario Disability Support Program, in cases where the effects of complex trauma impede their ability to seek or maintain employment on a long-term basis.

---

**Survivors of human trafficking are a client group that needs different attention. We need to put thought and care into developing the services to support them. Do not put resources towards services that will not work for them that they are not going to show up for, that mentally they cannot manage. Leave those resources for others who can benefit from them.**

– OW Supervisor

The needs of survivors can be extensive and complex as a result of the significant trauma they have experienced. It is fundamentally unfair for a service provider to ask a survivor to leave their trafficking situation unless they have found an alternative way to meet each of their basic needs. The implementation of the HALT model has highlighted the need to utilize multiple community resources and services in order to address all of the needs identified. Despite the resources available, there remains significant gaps in the services required by survivors. Significant increases in funding are required to remove barriers that continue to exist in the region for trafficking survivors, such as lack of shelter availability and first stage housing, access to withdrawal management and services to address acute mental health instability.<sup>xiv</sup>

### **Increased Referrals, Testimonials and Prosecutions**

The ability of police to identify potential survivors led to a substantial increase in referrals for VSDR. The number of survivors supported by the HT Counsellor doubled in comparison to numbers prior to implementation of the Model, with a notable increase of more than 7 times by 2023. In 2018, VSDR supported 60 Survivors compared to 443 in 2023.

Similarly, VSDR's ability to effectively engage survivors lead to significant increases in police referrals and investigations, with DRPS conducting 289 investigations in 2023 compared to only 108 in 2018 (Durham Regional Police, 2023). As survivors receive support and move along their healing journeys, some may show interest in testifying against their traffickers. Some survivors want to speak to the police several times prior to making a decision about giving a statement. Police respond to requests for information, and then respect a survivors' choice on how to proceed. Ironically, Durham Police and Durham Victim Services have found that approaching survivors in this manner while supporting them with their other social needs has resulted in an influx of survivors wanting to provide statements and therefore, an increase in number of victims willing to testify against their traffickers. Unfortunately, tracking the number of testimonies given by survivors was not within the capacity of the HALT team so accurate quantifiable data was not available to support this. However, consistent anecdotal reports by all HALT team members interviewed consistently supported this as an impact of the model.

Survivors who have been through the investigation process have shared that the supports they received through Durham Victim Services combined with the supportive approach of police was very comforting, as they underwent a very difficult process.

---

**I was really scared, I was off. I didn't sleep for so many days, I was really skinny, beat up off a lot of drugs. That was just really nerve racking and I was anxious. After I was still very scared because I didn't know much about it but after the second time, I turned in my trafficker, I felt way better about the whole situation.**

– Survivor describing experiencing of testifying

---

---

**Our main focus is supporting the victim. If a lot of them are able to get housing and get social supports and we only arrest three people, that's a win**

– Durham police officer

---

### **Model Expansion and Replication**

With the successful implementation of HALT, a number of Ontario based programs have now implemented the model. Victim Services Peel began implementation of the model in 2024 with the hope of using the evaluation report to enhance research and literature on the model to inform best practices for responding to human trafficking.

In 2021, DRPS and VSDR successfully expanded the model into the Intimate Partner Violence (IPV) Unit, which has seen similar impact and an increased number of victims working with police and providing statements. In late 2023, DRPS and VSDR also implemented the model in the Special Victims Unit (Sexual Assault/Child Exploitation) as well as the Missing Persons Unit. While some of the Crisis Counsellors filling these roles do not identify as survivors of Gender-Based Violence, all of the models continue to be survivor-informed, which is a critical component of the model.

In September, 2021 HALT team members were invited to participate in a global simulation based event through the Organization for Security and Co-operation in Europe (OSCE) to provide training and share expertise with other international professionals. VSDR and Durham Police continue to receive numerous requests, provincially, nationally and internationally to share the model so that other jurisdictions and countries can replicate its success.





# CONSIDERATIONS

Outlined below are key considerations for regions interested in implementing a similar model. This includes the importance of having clarity on the distinct roles of victim services and the police unit, as well as the importance of investing in relationship building between both agencies to ensure a successful collaboration. It is also essential that the model consider the impact to sex workers, who have often been mistaken for human trafficking survivors. The importance of diversity amongst service providers is an important aspect of program development and delivery. Strong program management is required to respond to barriers, challenges and growing demand as the program develops, and in order to ensure strong survivor engagement is central to the program. Given success of the model, there is a need to plan for sustainability to meet increasing demand.

## **Relationship Boundaries**

While police have an interest in staying connected to survivors for the purpose of prosecution, over time, some investigators may take on the role of supporting them with their social needs, such as driving them to appointments. As this relationship develops, survivors may contact police at odd hours with requests for support. The inadvertent consequence of role confusion or inconsistent boundaries is that the relationship can become confusing to survivors. Survivors may feel compelled to provide a statement in response to the support provided by police, even when the support was well intentioned or required to meet their basic needs. Likewise, if HT CICs do not set clear boundaries, survivors can also develop an unhealthy dependency on them. While establishing a therapeutic relationship is important between counsellors and survivors, it is essential that HT CICs set clear boundaries and maintain consistency. If any member of the team does not consistently apply boundaries in terms of when and how often they can respond, it can leave survivors feeling confused, let down or ill-equipped when team members are suddenly unable to respond in the same manner. This can set unrealistic expectations for survivors and other service providers.

Responding to acute safety concerns is always a priority for the team. However, in developing trusting relationships with team members, survivors will often request ongoing support in many other areas. It is essential that team members focus on building a support network for survivors with wrap around services to ensure survivors are able to receive support for their basic needs when specific team members are unable to respond. When survivors develop an over-reliance or unhealthy dependency on any team member it can impede relational healing, impact confidence in their own capacity and ability to cope (disempower), and may frustrate them when support that is otherwise available, suddenly is not. This dynamic can have the unintended consequence of re-creating or replicating unhealthy relationships for survivors and can be a substantial barrier to capacity building and empowerment for survivors, all of which are critical to a survivor's recovery.

## Role Clarification

Given that the HALT model involves collaboration between partner agencies with very distinct mandates, it is important to acknowledge and clearly define the differing roles of victim services units and police units. It is important to acknowledge that these agencies have varying areas of expertise and can have different desired program outcomes. The focus of Victim Services agencies is to provide crisis intervention and support survivors in accessing services that meet their identified needs. One of the primary roles of police units is to prosecute traffickers and those committing crimes, and therefore the focus is on gathering evidence to achieve this. There can be a natural inclination of police to stay directly connected to survivors, whether it be to offer additional support, or to build a relationship that may lead to an arrest. However, when collaborating, it has become clear that it is important to have distinction of roles and a consistent, mutually agreed upon objective to provide survivor-focused support. Where police may remain involved on a supportive basis, it should only be with the consent of the survivor. Limitations of that support should be transparently communicated, and include how it differs from the role of the HT Counsellor. This helps to preserve the integrity of confidentiality assurances made to survivors by Counsellors, preserves the relationship between survivor and HT Counsellor where police are obligated to respond because of other mandated requirements, helps to avoid role confusion for both helpers and survivors, and models healthy boundaries. Clarity of roles is essential in order to minimize harm to survivors.

## Role Conflict can lead to distrust

When team members attempt to assume roles outside of their own, they may extend and overpromise supports or resources to survivors without a true understanding of the assessment, eligibility, limitations or processes involved in the provision of such services. For example, when survivors request information on investigative procedures and are open to speaking with police, it is best to allow police to assume that role to avoid the provision of any incorrect information or information that may jeopardize an investigation. The same concept applies when offering social services or tangible supports. Often, the assessing service provider may have additional information that other service providers are not privy to, or have identified other factors during their professional assessment that affects the eligibility or appropriateness of providing certain resources. Internal agency challenges (ie. staffing) can also have an impact on timelines, which be unknown to outside partner agencies. It is imperative that referents other service providers refrain from advising the survivor what they can expect to receive in terms of specific tangible supports and the timeliness of such supports. When supports are offered by service providers who are not responsible for the delivery of such resources, this can lead to survivors being provided with misinformation, and developing distrust in other service providers when the support that was offered cannot be provided. This can make relationship building with survivors extremely difficult for both HT CICs and the police. Resources should only be offered by service providers directly responsible for determination of eligibility for supports.

It is also important that partner agencies have a clear understanding of roles, limitations of support as well as the frequency and hours support is available. This helps to reinforce the established boundaries with survivors.

---

**Police officers were overpromising services through VQRP+. They can't be promising short-term supports for solutions, 'let me give you a little bit for a short statement'. The court process is long, but VQRP+ can only support short-term needs. Survivors need long term supports.**

– Victim Services worker from another region

### **Warm transfers and Continuity of Support**

In light of the aforementioned challenges, when police are the first point of contact with survivors, it is important that a warm transfer (referral or introduction) take place as soon as possible with the HT counsellor. The clinical background of the HT Counsellors and their understanding of relationship trauma enable them to understand the needs of survivors and connect them to the most appropriate resources from a client-centered and trauma informed lens.

### **Employer of HT Crisis Counsellors**

It was determined that the HT CIC should be an employee of Victim Services in order to maintain client confidentiality and eliminate any pressure to provide statements to police.

Should a helper engage in a therapeutic relationship and is employed by police, the survivor's past experiences with or pre-conceived perceptions of police could be an extreme barrier to relationship building, particularly where a survivor has been conditioned by their trafficker to distrust police or they are a member of a particular group that has been impacted by systemic harm. The very association with a police employee can be potentially triggering for many survivors and could place them at greater risk. This is why trust of police has often taken time to build after the HT CIC has already established trust and rapport with a survivor.

A frontline Counsellor with a trauma-informed lens working within a system that traditionally does not receive training on trauma-informed practices may be extremely hesitant to bring forward systemic concerns within the program or their workplace, which can compromise the underlying philosophy of a trauma-informed model of care. Best practices indicate that trauma-informed clinical supervision and evaluation are required for those working in therapeutic roles, especially when working with survivors of complex trauma. This is essential for the well-being of both survivors, and those working in therapeutic roles where clinical debriefings and peer support are important elements of professional development and accountability, and particularly due to the risk of transference and counter-transference.<sup>xv</sup> It is also critical that employers of HT CICs have trauma-informed expertise, particularly when employing individuals with lived experience. This helps to minimize risk of re-traumatization and triggering, properly assess survivor readiness and safety to work in a therapeutic or frontline capacity, and to ensure supports are readily available if they become required.

Furthermore, If HT Counsellors utilize police owned equipment (ie. cell phone or database) the employer retains the right to view content from that equipment at any time (for example where there may be performance or privacy concerns). Even where protocols may state otherwise, it may be extremely difficult to convince survivors that an employee can keep private information from their employer, particularly when that employer is the police. Such situations can also complicate prosecution cases where a HT counsellor who is providing social supports to survivors has competing obligations and their testimony in support of a survivor could be harmful to their employer or vice versa. Defense attorneys could argue that disclosures provided under the "guise" of a therapeutic relationship are the result of coercion or bribery, particularly for survivors who are vulnerable to relational influences.



---

**It's important that everyone stays in their own lanes. Police should not jump into the social service providers' role as there's a difference between providing supports from the police perspective and the perspective of those of us with social work backgrounds. Police may see the outcomes but they don't know the processes involved in supporting survivors**

– Victim Services worker from another region

---

### **Varying Work Cultures**

In order for strong relationships to develop, it is important that both Victim Services and the police units have an understanding of how each team operates. There tend to be differences in how police officers and social services providers handle human trafficking cases. To gain a better understanding of one another, HT Counsellors and Durham Police took time to learn about the other team, including roles and responsibilities, core values and the challenges and stressors each team experiences. By taking time for this learning, they were better able to understand one another's perspectives of human trafficking, and develop mutual respect for their distinct roles and approaches.

---

**They are police and I'm a social service worker. Even with our differences, we've learned to work together side-by-side, harmoniously. We have respect for what each other does, and also stick to our approaches to benefit the client in our own way.**

– HT Crisis Counsellor

---

### **Strict Adherence to Confidentiality**

Police officers usually have an inherent interest in gathering as much information as possible about a crime in order to pursue charges. A key challenge for victim services units is to ensure police understanding that Counsellors cannot disclose personal information about survivors, even if that information may support a criminal case. With the rare exception of situations where someone is at imminent risk or the content falls under a legal duty to report, information regarding Survivors known to HT CICs is strictly confidential. Similar to all social service organizations, Victim Services agencies adhere to confidentiality and privacy laws. Registered Social Workers and Social Service Workers acting as Counsellors also have to abide by a professional Code of Ethics, with strict confidentiality rules, and can risk losing their license if breached. Betraying the confidentiality of survivors can damage relationships and trust with survivors as well as the credibility and success of the HALT model. This trust has been a key component of the Model, and has led to increased disclosures to and trust of police.

## Capacity and Sustainability

Individual service providers working in the field of human trafficking may become recognized in the community by survivors or other service providers. This can often lead to individuals wanting to make referrals directly and only to a particular worker. When an individual service provider is unavailable, this can become problematic and leave the survivor without necessary supports. It is imperative that service providers have alternative or back up processes in place to ensure support is available in the absence of a particular staff.

With increasing success of the HALT model, DRPS HTU underwent significant growth. However, a lack of adequate or sustainable funding for VSDR has created significant challenges to the capacity of frontline HT CICs as well as program management staff to meet increasing demands for service. Given the Model's success relies on collaboration between police and HT CICs, it is important to consider workload implications when there may be inconsistencies in staffing compliments between the two organizations. Meeting rising caseload demands are especially challenging when not-for-profit funding limits the ability to pay overtime or hire additional staff. Additionally, the demand for support from a HT CIC could exceed the working hours available from a single HT Counsellor receiving referrals from multiple officers or sources. Despite disparities in team sizes, it is also notable that both agencies continue to experience challenges with meeting caseload demands. The need for intensive support and intervention can be extremely time consuming when working with even a single survivor. For this reason, case numbers alone do not accurately reflect the number of staff required. Crises or acutely unsafe situations often require higher intensity interventions, particularly when survivors are attempting to leave their trafficking situations.

To ensure survivors receive the therapeutic support required, it is essential for HT CICs to share the responsibility of providing wrap around services with other social services providers, and to ensure that these linkages occur quickly. It is also critical to ensure HT CICs set healthy boundaries in terms of their own capacity and workload constraints in order to avoid burning out.

Competing workplace demands such as prevention activities, case consults, or the provision of training to community partners places additional constraints on the abilities and availability of team members. At VSDR, this has highlighted the need for a Human Trafficking Program Manager to oversee and define roles and responsibilities, provide clinical support to staff, maintain partner relationships and inter-agency protocols, and coordinate prevention and training initiatives. To strengthen the foundation of the model, written procedures that outline program activities and clearly define program objectives are important to ensure direction, continuity and cohesiveness of team members.

The success of HALT has led to significant referral increases for both DRPS and VSDR, and in turn for other service providers. While reaching and effectively engaging survivors was a key objective of the model, rapid growth in demand for services placed significant strain on service providers, which impacts agency capacity and staff workloads. As such, it is essential that agencies seeking to replicate the model consider sustainability of the program beyond the pilot stage and consider the need for sustainable funding sources.



## Implications for Sex Workers

When police conduct proactive searches through the date night program, there is always the chance of engaging sex workers. In alignment with a trauma-informed, client-centered approach, the Durham HT Police Unit has received training on sex work based on choice, circumstance and coercion. It can be difficult to understand if individuals are engaging in sex work by choice or coercion given survivors of human trafficking may not realize that informed consent was absent. Situations where the individual is working in the sex trade by choice or circumstance do not fall under the classification of human trafficking unless the individual is under the age of 18. According to the Criminal Code of Canada, individuals under the age of 18 cannot consent to working in the sex trade under any circumstance.<sup>xvi</sup> A shared understanding has been built over time that there is a difference between independent sex work and human trafficking, and if people choose to engage in sex work, that must be respected without judgement.

Durham HT Police officers demonstrate understanding when their presence may be unwelcomed by individuals they are engaging. In Durham, if police engage an individual who is not underage, shares that they are engaging in sex work by choice and show no indicators of human trafficking officers will still offer safety planning and appropriate resources, such as health care services, where they can access safe sex supplies and other supports. This helps reduce risk of harm for all individuals who may engage with police. Harm reduction is paramount in all situations.

Utilizing a respectful, sex positive approach has led to increased trust between many sex workers and members of the HALT team. On many occasions, sex workers have contacted both Durham Victim Services and Durham HT police after the initial interaction to ask for further resources. Maintaining judgement-free, positive relationships with those working in the sex trade can lead to cooperation with current or future investigations, or willingness to speak to police about incidents that could occur in future. Finally, trusting relationships bring opportunity to enhance awareness of human trafficking and consent in the sex trade.

---

**Whether we encounter a sex worker or survivor of human trafficking, the primary concern is always that they are safe. With sex workers, we want to make sure they are being treated well and get to keep the money they are earning**

– HT crisis counsellor

---

## Anti-Oppression and Equity

Individuals at greatest risk of victimization in Canada generally include those who are female identifying and members of vulnerable or marginalized groups such as: Indigenous women and girls; migrants and new immigrants; 2SLGBTQQIA+ persons; persons living with disabilities; children in the child welfare system; at-risk youth; and those who are socially or economically disadvantaged. These populations also experience higher rates of human trafficking.

It is important that all team members have an awareness of the over-representation of BIPOC survivors, particularly Indigenous women, girls and 2 Spirited folk, when it comes to human trafficking. It is also critical that police recognize that BIPOC and 2SLGBTQIA+ Survivors may not only have increased distrust of police, but also face additional barriers to exiting and obtaining support. According to Public Safety Canada, Indigenous Women and Girls make up over 50% of survivors of human trafficking, yet under 4% of the population. With survivor demographics reflecting such a staggering over-representation of those from diverse backgrounds, the response in terms of service provision must be reflective of the unique and specific needs of these diverse populations.<sup>xvii</sup>

In 2022, VSDR formed a Survivor Advisory Panel consisting of five survivors from diverse backgrounds and with representation from both Indigenous and Black communities. The panel members provide critical insights on prevention and intervention programming at VSDR, including the HALT model.

While the HALT approach utilizes trauma-informed, anti-oppressive, anti-racist and gender inclusive practices by Counsellors with training in all of these areas, ongoing efforts are required to consistently improve access and ensure culturally appropriate supports for individuals from marginalized communities. To ensure survivors served by the HALT program are truly representative of survivor demographics and that services provided are meeting the needs of those from diverse backgrounds, continued engagement with survivors of diverse backgrounds is critical.

The careful use of self in interacting with survivors can be instrumental in a therapeutic relationship, particularly when building trust. While HT CICs are free to, within ethical standards, determine how much, if any of their personal identities and lived experience they share, there are other aspects of who they are, such as skin colour, that are visible to survivors and as mentioned earlier, can potentially emulate a sense of inclusion or pose a barrier to building trust. HT Counsellors must have education and strong awareness of how, much like sharing their lived experience, their own cultural, racial and personal backgrounds can also impact their relationship with survivors, and how anti-oppressive practices are critical in addressing these barriers.

---

**I'm a white, straight female whose first language is English. If I didn't look the way I look or speak English, would I have gotten support? Probably not. I see how survivors of different racial backgrounds can be treated differently within the social system.**

– HT crisis counsellor

---

Another important consideration in developing this model is diversity of staff, including within the police unit, victim services and key social service providers. Diversity amongst service providers is important, as their lived experience related to social identities can inform how to best support survivors of different backgrounds.<sup>xviii</sup> To emulate inclusion to survivors it is important that HALT team members reflect the principles of diversity, equity and inclusion through staff identities and practices. When team members do not represent or work well with the diverse communities they serve, the opposite can occur.

In the early phases of development, the team lacked representation from BIPOC and gender diverse communities. There was also limited engagement with BIPOC and 2SLGBTQIA+ organizations. This prevented knowledge exchange that would enhance learning on how to best support BIPOC and gender-diverse Survivors and provide more culturally responsive support. In 2020, less than 1% of survivors supported by VSDR were Indigenous. Later that year VSDR hired an Indigenous woman to lead the program and since that time there has been strong emphasis placed on the need to increase racial and gender diversity on the team. Increased representation on the team and enhanced partnerships with organizations who serve equity-seeking groups has led to higher referral numbers and higher levels of engagement of BIPOC and Gender-diverse Survivors. For example, In 2021 VSDR had less than 1% of human trafficking survivors who identified as Indigenous and only one Indigenous staff member. By late 2023, 24% of VSDR's staff team identified as Indigenous with the number of self-identifying Indigenous human trafficking survivors growing to 9% in only 3 months and the agency's overall number of clients self-identifying as Indigenous doubling from the previous year. In December 2023 the Crisis Counsellor supporting the Missing Persons Unit, which has successfully replicated the Model, supported 100 clients, with almost 20% identifying as Indigenous. Five of those clients were Indigenous youth who disclosed Human Trafficking. Lack of self-identification by Indigenous peoples is common within helping systems such as policing and healthcare, largely due to systemic discrimination and extreme distrust. While collection of identity-based data continues to be a challenge in terms of data collection capacity and staff training, self-identification does increase when service providers reflect the communities they serve. As such, diversity across the HALT staff team must continue to be a focus of those responsible for staff hiring.

Strong partnerships built with organizations serving equity-seeking groups has enhanced cultural responsiveness and knowledge-exchange to ensure all survivors are connected with culturally appropriate services that meet their unique needs.

---

**Working with the Durham Victim Services team as partners on the CARE team has been a wonderful collaboration. The inclusion of an anti-human trafficking survivor on the CARE team, supporting our agency's Indigenous Anti-Human Trafficking Worker and Liaison, has significantly enhanced our support for Indigenous youth families and communities impacted by HT. Together, we stand stronger in addressing the colonial impacts of human trafficking and offer unique support to Indigenous survivors of exploitation. Through collaboration, expertise, and lived experience, we've enriched our efforts and paved the way for cultural healing and empowerment, especially in tackling Indigenous vulnerabilities to human trafficking.**

– Supervisor, CARE Team, Dnaagdawenmag Binnoojiiyag Child and Family Services

---



Given the over-representation of Indigenous women, girls and 2 spirited folk in human trafficking statistics, it is essential that all efforts to combat trafficking include close partnership and collaboration with Indigenous organizations. While Victim Services is not an Indigenous organization, working in close partnership and demonstrating strong ally-ship to Indigenous partners has been essential to ensuring the model is also responsive to the needs of Indigenous survivors. VSDR's leadership and frontline teams currently include Indigenous and black representation, which has increased effectiveness in recruiting and retaining diverse staff. Since increasing diversity, and in particular, Indigenous representation on the HALT team, team member knowledge on cultural services and engagement with BIPOC survivors have improved.

Learning from community partners that primarily serve diverse communities, ensuring survivors are connected to culturally appropriate services and ensuring diverse communities, survivors and organizations are central to all anti-human trafficking efforts are essential components to successfully support diverse survivors within the Model.

### Data Collection

When program statistics are not reflective of national identity-based statistics despite regional comparisons on population ratios, it can be an indication of gaps in service. National statistics and Indigenous-led reports indicate a significant over-representation of Indigenous women and girls in human trafficking statistics.<sup>xix</sup> Yet HT trends for Durham Region have not reflected this. While this could be a reflection of the low population of Indigenous peoples in Durham Region, many other factors can influence the accuracy of data collected. Precise evaluation of the HALT program in this regard has been challenging due to limitations with capacity for data collection in the non-profit sector, as well as barriers to self-identification in terms of disability, gender, gender expression, and race, etc. In 2018, VSDR relied on a client database that had a very limited capacity to collect identity-based data. While this has improved, system enhancements are still required in order to cross-reference data points or be able to better analyze key performance indicators.

Since the onset of the HALT model, VSDR has built strong partnerships with a number of agencies serving diverse communities who are part of collaborative efforts to ensure inclusive service provision that meets the needs of all survivors, addresses barriers to effective data collection, provides staff training on the importance of cultural identity and increases diversity amongst HALT team members. While these actions have improved the collection of identity-based data, significant gaps still exist and require additional resources and an ongoing commitment to improve services that reflect evidence-based outcomes. Program evaluation and collection of data should be primary objectives of program management in order to identify gaps and trends within the model.



# SURVIVOR INVOLVEMENT

Since the onset of HALT, the perspective and knowledge of the HT Counsellor with lived experience has laid the foundation for the development of the model. The survivor perspective adds credibility when communicating the success or ineffectiveness of past intervention methods. The establishment of trust between the HT Counsellor and other survivors of human trafficking has also provided opportunities for open dialogue from survivors on what has, and has not been helpful.

Survivor engagement and feedback can occur in a multitude of ways, both formal and informal. Feedback provided at various stages of survivor engagement is also critical in understanding gaps that exist at any point along a survivor's journey to healing. Survivors who have worked with members of the HALT team have also participated in separate research projects led by VSDR, which have helped to provide helpful feedback on approaches used within the HALT Model. VSDR has identified the continued need for survivor feedback to be a central component for change and development processes.

Survivor feedback from multiple areas of research and programming is helpful to ensure representation of diverse survivor experiences and from varying professional approaches. VSDR continues to engage survivors in a variety of ways that will help contribute to program improvement with HALT.

For survivors to participate in any part of the Model, it is essential to ensure survivor participation is voluntary and they have provided clear informed consent. Participation should cease if there is any indication that it could cause harm to the survivor by re-triggering or disrupting their healing. An agency must have reasonable grounds to indicate the survivor will be able to maintain progress made in their healing journey during and after participating. The Survivor acting in the role of HT CIC for the Model identified as being at a maintenance stage of the healing process and highlighted the need to maintain a support network that involved check-ins to feel grounded. The Survivor expressed the importance of cultivating self-awareness of what may be triggering, identification of unique needs, and what would be most helpful if triggered. For survivors to be involved in the Model, it is also important they be at a stage where they understand and are able to consistently set and adhere to strong personal boundaries. Lastly, to ensure the Survivor's participation is safe and sustainable, it is important that Survivors have established self-care practices, an established support network, and that resources be available if needed.

There is a common misconception that Survivors who are not far into their healing journey should avoid working in this field. For some Survivors, this work can be instrumental to restoring a sense of empowerment. Readiness to do this is unique to the individual and their circumstance, rather than the result of a defined length of time. As an example, the HT Counsellor with lived experience began sharing her story within a year after leaving her trafficking situation, while others may share their story while being trafficked, years after being trafficked, or not at all.

Survivor interest, motivation, personality and flexibility may influence their suitability for doing anti-human trafficking work. Working within this model involves bringing together two different professions, social services and policing. Therefore, depending on the project activities, it is important that survivors are aware of and are able to work with a variety of service providers.

---

**There's a lot to consider in terms of a survivor being able to support other survivors. One survivor can be one year out and ready to help other survivors whereas another survivor can be eight years out and not feel ready for this. We can all get triggered. We can't really prepare ourselves when a trauma response comes up, the best we can do is have self-awareness.**

– HT Counsellor who is a survivor

---

Scholars identify collaborative approaches and increased inclusion of survivor voices as ways to improve anti-trafficking efforts. Centering the expertise of survivors can help to reframe structures of power within anti-trafficking organizations, and inform more effective policies and interventions.<sup>xx</sup> If Survivors are not available to fill key positions within the Model, those with clinical expertise are used. However, to ensure the effectiveness and integrity of a Survivor-Informed model, those individuals should receive training directly from Survivors with lived experience. Within the HALT Model counsellors with clinical expertise who did not identify as Survivors were also effective at engaging Survivors when they received Survivor-led training.

**It is essential that Survivors acting in the role of HT Counsellor have the necessary educational and clinical expertise required to provide therapeutic support to Survivors. With the HALT model, HT Counsellors were effective in their roles because of the combination of lived experience and relevant clinical education. Placing survivors with only lived experience in a clinical or therapeutic role without the necessary skillset to perform the work has the potential to be harmful to themselves and the Survivors they are working with and therefore, could have ethical implications.**

---

**Survivors will often talk about the HT Counsellor who is a survivor of human trafficking and say something like, 'She was just like me and look what she's doing now'. It built them up and they could see there was light at the end of the tunnel**

– OW service provider

---

#### **IMPACT OF THE COVID-19 PANDEMIC**

The Covid-19 pandemic that began in March 2020 brought additional challenges to identifying and supporting Survivors of Human Trafficking. School closures, over-burdened hospitals and the closure of non-essential services increased isolation and identification for Survivors and provided fewer opportunities for them to seek support.<sup>xxi</sup> It was evident through Survivor interviews that the HALT program was also impacted, particularly during periods of lockdowns given HT CICs were not deemed essential service providers. As agencies transitioned from in person to virtual services many Survivors were without access to safe devices so had fewer opportunities to access community services and safe spaces.

# CONCLUSION



Human Trafficking is a fast growing, heinous crime that causes insurmountable trauma for survivors. With incidents of victimization rapidly growing within our communities, so must our actions to stop it. Prevention is one of our strongest weapons against trafficking, and for this reason awareness and education efforts within Durham Region continue to expand. However, effective interventions that support those who have been victimized are largely under-researched, with a lack of clearly defined best practices or specialized services tailored to the unique needs of trafficking survivors in our region.

The HALT model is viewed as an innovative and unique implementation of a collaborative, trauma-informed, evidence-based and survivor-informed approach to human trafficking in Ontario.<sup>xxii</sup> The success of the model is supported by increased survivor identification, provision of statements and higher levels of engagement with both HT crisis counsellors and police.

The HALT model has shown promising practices in the form of survivor-led and trauma-informed service provision with notable success in areas where traditional approaches have not. As with any program, the HALT model is not without limitations. However, identification of such limitations is essential for growth, learning and program improvements. While the model has shown success in areas such as trust and relationship building with survivors, case identification and prosecution rates, the HALT team continues to focus on diversity and inclusion, and the need for increased funding and capacity-building in responding to other forms of trafficking as priorities moving forward. The model also highlighted how inter-sectoral collaboration and consistency in approach are important. Yet, specialized training for each sector must reflect and be tailored to the unique challenges of each sector, as evident in the need for a distinct response for the healthcare sector.

The HALT model is ever-changing as new insights arise that guide continuous improvement in the approaches used. The sharing of both successes and areas for growth are essential to commitments for collaborative approaches to combat human trafficking in Durham Region and beyond. To truly want to make a difference in the lives of survivors they must first be valued as the experts of their own lives.

# REFERENCES

- i United Nations, 2023. <https://www.unodc.org/unodc/en/human-trafficking/crime.html>
- ii United Nations Office on Drugs and Crime. Global report on trafficking in persons. New York: United Nations; 2020. Available from: [https://www.unodc.org/documents/data-and-analysis/tip/2021/GLOTIP\\_2020\\_15jan\\_web.pdf](https://www.unodc.org/documents/data-and-analysis/tip/2021/GLOTIP_2020_15jan_web.pdf)
- iii Statistics Canada, Trafficking in Persons in Canada, (2018). Retrieved from: [www150.statcan.gc.ca/n1/en/pub/85-002-x/2020001/article/00006-eng.pdf?st=zafUWcC6](http://www150.statcan.gc.ca/n1/en/pub/85-002-x/2020001/article/00006-eng.pdf?st=zafUWcC6)
- iv Casassa, K., Knight, L., & Mengo, C. (2021). Trauma bonding perspectives from service providers and survivors of sex trafficking: A scoping review. *Trauma, Violence & Abuse*, 23(3).
- Canadian Centre to End Human Trafficking (CCTEHT). (2021a). Human trafficking corridors in Canada.
- Canadian Centre to End Human Trafficking (CCTEHT). (2021b). Human trafficking trends in Canada: 2019-2020.
- Cole, J. (2018). Service providers' perspectives on sex trafficking of male minors: Comparing background and trafficking situations of male and female victims. *Child and Adolescent Social Work Journal*, 35(4).
- Fedina, L., Perdue, T., Bright, C. L., & Williamson, C. (2019). An ecological analysis of risk factors for runaway behavior among individuals exposed to commercial sexual exploitation. *Journal of Child & Adolescent Trauma*, 12.
- Hagan, E., Raghavan, C., & Doychak, K. (2021). Functional isolation: Understanding isolation in trafficking victims. *Sexual Abuse*, 33(2).
- v Durham Region's Human Trafficking Model (2022). Human Trafficking Coalition of Durham Region. [www.stopHT.com](http://www.stopHT.com)
- vi Watson, A., Compton, M & Draine, J. (2017). The crisis intervention team (CIT) model: An evidence-based policing practice? *Behavioral Sciences & the Law*, 35(5-6), 431-441
- vii Tenni, B., Carpenter, J. & Thomson, N. (2015). Arresting HIV: Fostering partnerships between sex workers and police to reduce HIV risk and promote professionalization within policing institutions: A realist review.
- Van Dijk, et al., (2019). Law enforcement and public health: Recognition and enhancement of joined-up solutions. *The Lancet*, 393(10168), 287-294
- Van and public health: Recognition and enhancement of joined-up solutions. *The Lancet*, 393(10168), 287-294
- viii Hemmings, S. et al., (2016). Responding to the health needs of survivors of human trafficking: A systematic review. *BMC Health Services Research*, 16(1).
- ix Tenni, B., Carpenter, J. & Thomson, N. (2015). Arresting HIV: Fostering partnerships between sex workers and police to reduce HIV risk and promote professionalization within policing institutions: A realist review.
- x Schneider, A. (2018). What is relational trauma? An overview. Retrieved from: <https://psychcentral.com/blog/savvy-shrink/2018/01/what-is-relational-trauma-an-overview#1>
- xi Fuchs, E. and Flugge, G. (2014). Adult neuroplasticity: more than 40 years of research. Leibniz Institute for Primary Research.
- xii Rise Up: Human Trafficking Identification and Response in Healthcare, 2024. Victim Services of Durham Region.

# REFERENCES

xiii Kearns, M. C., Ressler, K. J., Zatzick, D., & Rothbaum, B. O. (2012). Early interventions for PTSD: a review. *Depression and anxiety*, 29(10), 833–842.

Birur, B., Moore, N.C. & Davis, L.L. An Evidence-Based Review of Early Intervention and Prevention of Posttraumatic Stress Disorder. *Community Ment Health J* 53, 183–201 (2017). <https://doi.org/10.1007/s10597-016-0047-x>

Veerle Oosterbaan, Milou L. V. Covers, Iva A. E. Bicanic, Rafaële J. C. Huntjens & Ad de Jongh (2019) Do early interventions prevent PTSD? A systematic review and meta-analysis of the safety and efficacy of early interventions after sexual assault, *European Journal of Psychotraumatology*, 10:1, DOI: 10.1080/20008198.2019.1682932

xiv Survey Summary on the Gaps in service for Human Trafficking in Durham Region (April, 2021). Human Trafficking Coalition, Data Sub-Committee.

xv Knight, J 2008. Transference and counter-transference in social work. *Journal of Social Work practice*.

xvi Criminal Code of Canada, R.S., 1985, c. C-46, <https://laws-lois.justice.gc.ca/eng/acts/c-46/page-62.html#h-120700>

xvii Public Safety Canada. 2019. National strategy to combat human trafficking 2019–2024. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2019-ntnl-strtg-cmbt-hmn-trffckng/index-en.aspx>

Journey to Safe Spaces. Indigenous Anti-Human Trafficking Engagement Report. 2016–2017. Ontario Native Women’s Association. <https://www.onwa.ca/reports>

Protecting Sacred Lives. Urban Aboriginal Youth Domestic Trafficking in Persons Policy Research Report. 2012. AMR Planning and Consultation.

xviii Gerassi, Klein and del Carmen Rosales (2021). Moving Toward Critical Consciousness and Anti-Oppressive Practice Approaches With People at Risk of Sex Trafficking: Perspectives From Social Service Providers. *University of Wisconsin. Sage Journals*.

xix Public Safety Canada. 2019. National strategy to combat human trafficking 2019–2024. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2019-ntnl-strtg-cmbt-hmn-trffckng/index-en.aspx>

Journey to Safe Spaces. Indigenous Anti-Human Trafficking Engagement Report. 2016–2017. Ontario Native Women’s Association. <https://www.onwa.ca/reports>

xx Sue Lockyer (2022) Beyond Inclusion: Survivor-Leader Voice in Anti-Human Trafficking Organizations, *Journal of Human Trafficking*, 8:2, 135–156, DOI: 10.1080/23322705.2020.1756122

xxi Plamondon, A. et al. (2023) Changes in Children’s Recreational Screen Time During the COVID-19 Pandemic. *JAMAPediatrics*. doi:10.1001/jamapediatrics.2023.0393, <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2803664>

Jonathon Todres, JD and Angela Diaz, MD (September, 2020). COVID-19 and Human Trafficking—the Amplified Impact on Vulnerable Populations. *JAMA Pediatr*. 2021;175(2):123–124. doi:10.1001/jamapediatrics.2020.3610

xxii My name is Karly’: Sex trafficking victim joins police on front lines in battle against exploitation (2020). CBC The National. <https://www.cbc.ca/news/canada/national-human-trafficking-1.5459509>