

Intersectional Trauma-Informed Approaches to Human Trafficking for the Purpose of Sexual Exploitation in Northeastern Ontario

Presented by: Northeastern Ontario Research Alliance on Human Trafficking
As part of the Centre for Research & Education on Violence Against Women & Children — Learning Network webinar series





Land Acknowledgement

Our home-base is North Bay, Ontario on the traditional territories of the Nipissing First Nation, however, our research spans across northeastern Ontario throughout Anishinabek and Mushkegowuk territories and we acknowledge the First Peoples and ancestors of these lands.

About NORAHT

Northeastern Ontario Research Alliance on Human Trafficking (NORAHT) is a partnership between Nipissing University, Amelia Rising Sexual Assault Centre of Nipissing, the AIDS Committee of North Bay and Area, and the Union of Ontario Indians: Anishinabek Nation.

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Human Trafficking

FACTS FOR SERVICE PROVIDERS IN NORTHEASTERN ONTARIO

1 What is human trafficking?

Human trafficking is an offence under Article 279 of the Criminal Code of Canada and Article 118 of the Immigration and Refugee Protection Act. Canada's National Action Plan to Combat Human Trafficking states that: Human trafficking involves the recruitment, transportation, harbouring and/or exercising control, direction or influence over the movements of a person, typically through sexual exploitation or forced labour.

Following Canadian law and United Nations Protocol to Prevent, Suppress and Punish Trafficking in persons Especially Women and Children ("Palermo Protocol", there are three elements to human trafficking: the Act (what is done), the Means (how it is done) and the Purpose (why it is done). [1]

ACT	Means	Purpose
<ul style="list-style-type: none">Recruitment;Transport;Transfer;Receipt of Persons;Holding;Concealing;Exercise of control; direction or influence of persons	<ul style="list-style-type: none">Threat of force;Use of force;Coercion;Deception;Abduction;Fraud;Abuse of a position of trust, power, or authority	<ul style="list-style-type: none">Exploitation;- Sexual exploitation- Forced labour- Slavery or servitude- Organ removal- Forced marriage

2 Background

- Persons across all sectors of society can be vulnerable to human trafficking, regardless of age, gender, sexuality, socioeconomic position, ethnicity, and so forth. However, some factors such as structural violence, settler colonialism, histories of abuse, intergenerational trauma, poverty, lack of safe housing and lack of community resources and infrastructure make some persons more vulnerable to exploitation than others. To address human trafficking we need to consider the full story.
- Human trafficking is a human rights issue. Strategies to address human trafficking must consider the human impact and respect human dignity.
- Human trafficking has physical, emotional, mental and spiritual dimensions. Strategies to support persons who have been trafficked must consider how these various dimensions are interconnected.

3 What you can do

Service providers across multiple sectors play a significant role in supporting persons who have been trafficked. Strategies grounded in human rights approaches are key to addressing human trafficking. Service provision rooted in intersectional trauma-informed strategies, decolonizing trauma approaches and that are strengths-based, recognize and respect persons autonomy and self-determination are essential to address the human impact of human trafficking. Equally important is an awareness that human trafficking is at once a unique personal experience and a social issue.

Practical Tips for Service Providers:

- Be non-judgmental;
- Support people where they are at on their journey, even if their choices do not align with your personal views;
- Ensure policies & programs are designed with the input of persons with lived experience;
- Work to reduce stigma around sex work;
- Advocate for resources, funding & fair laws;
- Be aware of how your own experiences and views might shape the work you do.



Trauma-Informed Approaches to Human Trafficking for the Purpose of Sexual Exploitation in Northeastern Ontario

Webinar Overview

Learning Network Webinar: Oct. 22, 1-to 2:15 pm

Main Take Away: The goal of intersectional trauma-informed practice is to cause no further harm and to avoid retraumatizing people. Many of us know this in theory and strive to adhere to this in practice. But we sometimes cause harm through our practices, albeit unintentionally. By honestly and thoughtfully assessing our practices (personal, organizational & societal), through an intersectional trauma-informed lens, we are better able to avoid causing harm to the people we support. This reflection is ongoing.

In a nutshell, Trauma-informed approaches:

- Approach trauma and healing through each person's unique perspectives and lived experiences & promote self-determination;
- Are attentive to the context in which trauma & healing occur;
- Understand that trauma has physical, emotional, psychological and spiritual aspects that influence how a person makes sense of the world and how they interact as a part of it;
- Aim to avoid causing further harm.

We Identify Three Key Concepts Integral to Trauma-Informed Approaches (overlapping and inseparable):

Relational (Three spheres: personal - organizational mandates/policies/practices - culture & society);

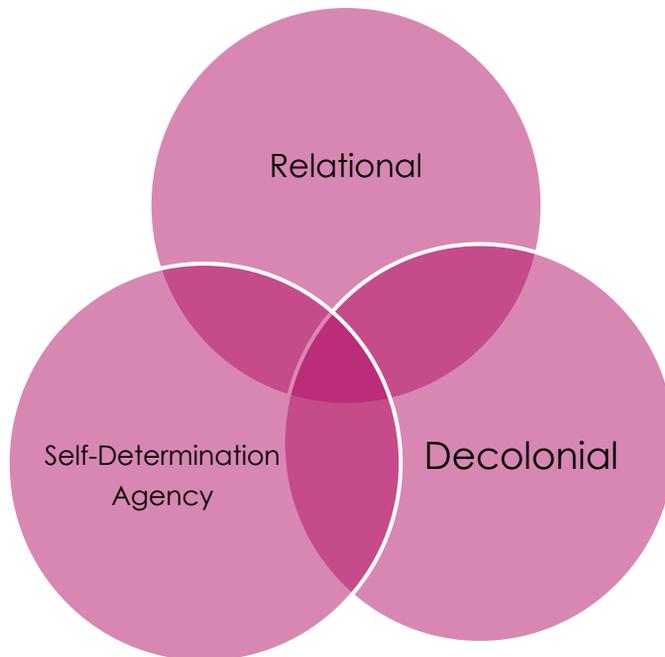
Self-determination, agency — rooted in harm reduction & feminist trauma theory, strategies which aim to empower people to lead their own healing journey supported by service providers. Meets people where they are at, even if it is uncomfortable, on their journey;

Decolonial/Decolonizing Trauma: awareness that trauma has physical, psychological, emotional and spiritual aspects that are shaped by unique personal experiences and intersecting structural phenomenon as well as social, cultural and political ideas. Awareness that contemporary trauma discourse is largely grounded in Eurocentric, biomedical and psychological paradigms and may not meet the needs of persons across all cultures. Decolonizing practices requires ongoing critical analysis of how our own ideas, beliefs & practices are shaped by the structure of settler colonialism & its ongoing legacies.

Trauma: Our conceptualization of trauma emphasizes the recognition of a variety of ways in which trauma manifests, and therefore emphasizes traumatic reactions or adaptations. We use the term “reaction” in place of “symptom” as an active resistance to pathologized, purely medicalized conceptualizations, which risk victim blaming. Instead, we believe that reactions are the result of exposure to traumatic events or situations. Further, when a person is continually exposed to trauma, we believe there are adaptations that have manifested to ensure survival. It is important, therefore, for trauma-informed practitioners from all sectors, to understand the complexity of trauma reactions and adaptations, in all the ways they can manifest: physically, emotionally, cognitively/psychologically, spiritually/culturally and through behaviour.

Healing: We align with Rupert Ross who writes, “Healing stands for moving-toward, not just recovery- from.”

Intersectional Trauma-Informed Approaches



Trauma Reactions and Adaptations list

Emotional:

Helplessness
Hopelessness
Shame
Rage
Blank/Hollow
Phobias
Anxiety/agitation
Panic attacks
Depression
Abrupt mood swings
Limited or inability to identify emotions or broad range of emotions
Fearful
Altered ability to love, nurture or bond with others
Frustration
Irritability

Physical:

Blood memory
Being triggered by internal bodily sensations, movements, positions
Unsafe relationship with the body (dissociated from body, cutting, substance use)
Hyperarousal: constriction, bracing, narrow vision, holding breath, tensing of large muscles, increased heart rate, heart palpitations, chest pain, general/chronic pain, dizziness
Hypoarousal: spacey, dizziness, numbing, shallow breathing, visceral constriction of digestive sphincters
Changes in sleep (increase or decrease), exhaustion, chronic fatigue, low physical energy
Disruption to sleep cycles, often waking in the night, sleeping in the day
Exaggerated startle response
Immune system and certain endocrine problems like thyroid dysfunction
Decreased appetite or cravings for simple carbs
Headaches, neck and back problems
Changes in ability to feel the body (pathways of interoceptive awareness)
Sensitivity to light and sound
Changes to libido (increase or decrease)
Intergenerational trauma

Spiritual / Cultural: *As per our Elder: Indigenous persons are born with trauma (intergenerational trauma, blood memory)

Change in sense of self
Change in worldview
Isolation and social disconnection
Soul wounds
Change of sense of safety in the world or in other people
Disconnection with purpose and place in Creation
"living dead," depersonalization
Change in connection with Creator, Mother Earth and Father Sky
Disruption in connection with culture
Loss of ability to co-regulate with safe others
Confusion about self
Sense of not belonging to the human family as a whole
Intergenerational trauma

Trauma Reactions and Adaptations list

Psychological / Cognitive

Splitting and advanced compartmentalization
Negative schemas
Cognitive distortions
Defense mechanisms
Lack of narrative integration
May not seem "rational" as frontal cortex may not be fully engaged
Disruptions in memory formation and retrieval (gaps in memory)
Forgetfulness
Intrusive memories, thoughts, flashbacks, nightmares
Sensory-based memories
Ruminating thoughts
Suicidal thoughts
Narrowed window of tolerance for distress; everyday stressors perceived as insurmountable or personal attacks
Over activated fight/flight response; highly reactive
Difficulty making plans, problem solving, concentration and other executive functioning
Dissociation, mental blankness or spaciness, excessive day dreaming, dissociative fugues
Difficulty identifying and meeting needs
Avoidance of thinking or talking about difficult experiences
External locus of control

Behavioural:

Distrustful
Avoidant attachment behaviours (withdrawing, isolating, increased need for control, possible increase in rigidity)
Anxious attachment behaviours (reassurance seeking, trying to please the other, need for constant contact, fear of abandonment)
Hypervigilance with safety (over protection of children, locking/re-locking doors/windows, limiting social activities/interactions)
Self-fulfilling prophecies (related to negative schemas, cognitive distortions and shaped by attachment patterns)
Excessive shyness or opposite – excessive defensiveness / offensiveness
Helpless behaviours, active passivity
Picking or other compulsions
Exaggerated or diminished sexual activity
Attraction to dangerous situations and activities
Re-enactments
Hyperactivity and/or hypoactivity
Testing and hypersensitivity to any perceived negative cue (related too, to self-fulfilling prophecies)
Substance use as a means to cope with trauma reactions
Significant isolative behaviours
Development of sleep patterns that are the opposite of circadian rhythm; falling asleep when the sun rises as they begin to feel safer with the coming of dawn and sleep through the day
General avoidance behaviours (over working, not keeping appointments, difficult to reach)

Idea that in order to survive, we have needed to become what those around us need us to be – similar to being a chameleon – with the world losing out on who we are and the unique gifts we bring to the world

When emotional data and physical data are inaccessible, it is difficult to identify needs and how to meet them. For example, if I am unable to identify that I am lonely, I can't recognize the need to reach out to safe others.

It can be difficult for a safe other in the world to support us in a way that is needed, when our internal and external messages are disorganized or cryptic, and difficult to make sense of or express. When our needs are unmet, it feels like a profound rejection.

Critical Reflection

Intersectional trauma-informed approaches aim to avoid causing further harm (or at least minimal harm) to those whom we support. Most of us know this in theory and strive to adhere to non-harmful practices. But, sometimes our practices do cause harm, albeit unintentionally. The critical reflection prompts provided here are designed to encourage thoughtful and honest reflection about service provision pertaining to human trafficking for the purpose of sexual exploitation. Critical reflection, in this context, simply means thoughtful and honest analysis. This requires service providers to examine their own biases and understanding of human trafficking as well as the ideas and mandates promoted by the organizations within which service providers work. Further, we must look to the social, cultural and political dimensions that shape our personal and organizational ideas.

Critical reflection is an ongoing process, thus, we encourage service providers to revisit this section from time-to-time. It is important to remember that honest reflection about our practices can be uncomfortable, especially if/when we realize that the work that we do with the best of intentions can actually be causing harm. The point of this exercise is not to shame service providers, rather the goal is to recognize how harmful ideas and practices are deeply embedded in our personal, organizational and societal approaches to human trafficking. In doing so, we are able to work toward change.

Questions for consideration:

- Why is it important to practice intersectional trauma-informed approaches to human trafficking?
- When I imagine human trafficking for the purpose of sexual exploitation in my community what does it look like? Do I have specific ideas about who is most likely to experience human trafficking?
- What motivates me to do this work to end human trafficking and to support those who have experienced trafficking?
- Do I believe that all forms of sex work are exploitative? If so, how will this impact the work that you do, including my relationship with potential allies who support sex workers' rights?
- What do I know about the relationship between intergenerational, historical trauma, the legacies of settler colonialism and the?
- How does my gender, sexuality, age, religion, socioeconomic position, education etc. shape how I am perceived by others, including my allies in this work?
- How does my own lived experience shape my views on human trafficking and my approach to supporting persons who have experienced trafficking?
- What gives me purpose?
- How do I support others in my community (for example, sex workers, Indigenous peoples, 2SLGBTQ, persons of colour, persons with disabilities, persons experiencing poverty, persons experiencing homelessness, and more)?
- What motivated me to pursue my career?
- How do I support opportunities for skill development and self-esteem building in my community?
- Do I feel supported by my peers and supervisors with regard to the work I do to end human trafficking and to support persons who have experienced trafficking?
- How do I respond when my ideas about human trafficking and sexual exploitation are challenged? Am I able to support persons' with different views?
- What do I think the terms harm-reduction & culturally safe strategies mean?

Decolonizing approaches to service provision:

- What is my connection to S/spirit world? How does this connection inform my practice?
- What challenges exist for me to connect to my own spirituality in relation to my service provision practices?
- How comfortable am I with practices that center around S/spirit?
- When do I feel hopeful? How do I communicate and share hope?
- In what ways would I like to grow in relation to my spiritual life?
- What is my relationship with my body like?
- How does my body speak to me in my life and in my practice?
- How does my body care for me and how do I care for my body?
- How do I use my body in practice?
- How comfortable am I with practice approaches that center around the body?
- Is my body a safe space for me or am I triggered by aspects of my body?
- How am I connected to the physical world?
- What is my relationship with my emotions?
- How do I process my emotions (personally & at work)? Am I supported in this process?
- What is my relationship with my mind? Do I believe everything I think? Where do my beliefs come from?
- Am I comfortable participating in cultural and/or spiritual practices that are not my own and/or that I am not familiar with? If so, how do I demonstrate this? If not, how to I respond when I am asked to participate in practices that make me feel uncomfortable?

A hand holding a lit sparkler against a dark blue background. The sparkler is bright yellow and orange, with many sparks flying out. The hand is visible at the bottom, holding the stick of the sparkler.

Be the light

PRACTICE HARM REDUCTION
DECOLONIZE YOUR ACTIONS
FIGHT FOR HUMAN RIGHTS
STAND UP FOR EQUALITY

*Meaningful solutions to
human trafficking*

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Comité du SIDA de North Bay et de la région
des services VIH-hépatite C



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