

Supporting Survivors of Human Trafficking

Counselling Guide



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Introduction

Increasingly, community agencies across Canada are serving clients who are victims of trafficking. Many of these clients have experienced complex trauma and require extensive support in their healing process. Research and literature that addresses the mental health needs of sex trafficked survivors, however, remains extremely limited (Hossain, Zimmerman, Abas, Light, & Watts, 2010; Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2008 as cited by Litam, 2017). To improve the mental health outcomes of trafficked victims and to address gaps in counsellor training and knowledge, Elizabeth Fry Toronto has developed this user-friendly manual focused on the counselling needs of these clients.

Optimizing the value of the client-counsellor relationship as an important vehicle for healing poses ongoing challenges. This manual provides a framework for working with survivors, but is by no means exhaustive. Further training in a variety of trauma-sensitive interventions to support the individual needs of each client are highly recommended. Specific interventions might include:

- ARC-HT—Attachment, Regulation, Competency & Narrative
- Dialectical Behavior Therapy
- Seeking Safety Interventions
- Psycho-education
- Narrative Therapy
- Trauma-Focused Cognitive Behavior Therapy
- Trauma-specific behavioral treatment such as holistic, sensory interventions
- Eye Movement Desensitization and Reprocessing (EMDR) Therapy
- Motivational Interviewing

Counsellors are encouraged to make the material in the manual their own by sensitively incorporating it into their work with clients. The manual should never be used – nor its recommendations applied – at the expense of establishing and fostering a strong counsellor-client relationship.

For many survivors, trauma and the trafficking experience has altered their ability to lead a stable life, make healthy decisions and interact with others. It has most likely destroyed their ability to trust anyone. To foster this lost trust, counsellors will have to come to appreciate the lasting effect that the trafficking experience has on survivors. All recommendations given in this document should be applied by the counsellor in a manner that is tactful, sensitive, case-appropriate and client-centred. While counsellors should view each survivor's

history and present needs as distinctive, many survivors will have similar stories of trafficking and life experiences in common.

A note on terms used

In the sections below, the terms “survivor” “victim” and “client” all refer to the trafficked person. For the purposes of this manual, the term “trauma” i) refers to an overwhelmingly disturbing experience or life-history and ii) is used to point to and suggest a wide range of somatic states, emotions and behaviours that occur in victims of trauma and people with accumulated trauma and traumatic histories. The manual gives particular attention to victims who have been trafficked into the sex trade. Please note that for the purposes of the manual, paid sex work is neither referred to nor considered as “trafficking”.

The third person singular pronouns “he” and “she” are used interchangeably throughout the document to refer either to the client, the counsellor or both. The third person pronoun “they” is used in most cases in its traditional, non-gendered sense.

1. Understanding Trafficking

1.1 On the Likelihood of Being Trafficked

Each client will have their own story and journey that led them to being trafficked. There are, however, some life experiences and vulnerabilities; for example, 1 in 7 are runaways (The National Centre for Missing and Exploited Children, 2014) that many victims of trafficking share. Those at risk are:

- female
- Aboriginal
- LGBTQ+2
- children, adolescents, youth – especially from marginalized communities
- migrants or new immigrants

There is a strong likelihood that members of these groups have had a history of, or repeatedly experienced:

- violence, neglect and sexual abuse
- racial discrimination
- substance abuse issues
- poverty
- intergenerational trauma
- foster care and Children’s Aid Society involvement
- homelessness
- mental health issues
- arrest
- gang involvement
- low levels of schooling
- limited employment opportunities or employable skills
- lack of social support

1.2 At Higher Risk: Indigenous Women, LGBT+2, Women and Girls of Colour

Indigenous Women

Counsellors need to be aware that Indigenous women and children are at a higher risk of being trafficked in Canada. Consider that:

“Many factors increase the vulnerability of Aboriginal women to trafficking. Studies have shown that most victims have already been abused, while many

have been taken into care. Indigenous girls and women are far more likely to have experienced both. Other contributing factors include the intergenerational trauma that resulted from the residential-school system, systemic racism and grinding poverty, along with poor housing, limited educational opportunities, high rates of violence more broadly, and a lack of culturally relevant support services” (Grant, 2016).

This means that Indigenous women and children are at a greater risk of being trafficked because they bear multiple risk factors. All of these factors need to be taken into consideration when working with Indigenous women and girls.

Counsellors need to be especially aware of their position of power and privilege in relation to the client. Counsellor needs to continually check their values, beliefs, thoughts, attitudes and biases to understand how they might be influenced by the systems and institutions they live and work in. Counsellors also need to understand how these values and beliefs influence their attitudes and behaviours and to make sure they are not negatively impacting the clients they are working with. Efforts to find culturally relevant support services and, if possible, access to counselling with an Indigenous counsellor are very important.

LGBTQ+2

LGBTQ+2 are at particular risk of being trafficked especially if they are:

- homeless (Note: transgender youth are over-represented among the homeless and runaways)
- youth under the age of 18 and therefore vulnerable
- bullied by their peers
- ostracized by their communities and families for being LGBTQ+2
- looking for peer acceptance

They might have:

- run away from abusive homes where they were physically, emotionally and sexually abused
- experienced violence in their dating relationships
- experienced persistent and repeated rejection and discrimination
- engaged in survival sex in exchange for clothing, food, drugs, protection, a place to stay

Internationally, a member of an LGBTQ+2 community may have had to leave their country of origin because being LGBTQ+2 is illegal, or even punishable by death.

When working with LGBTQ+2 clients, counsellors need to consider their experience of violence, trauma, discrimination and exclusion they might have faced. Many victims will not initially self-identify to the counsellor as being a member of the LGBTQ+2 community as they fear more discrimination if they disclose. LGBTQ+2 clients might in certain cases have special health concerns such as HIV and other sexually transmitted diseases that will need to be addressed by the appropriate health care services. Efforts to match LGBTQ+2 with a LGBTQ+2 counsellor should be done wherever possible if this is what the client wants.

Women and Girls of Colour

Like Indigenous women, children and LGBTQ+2 clients, women and girls of colour bear multiple risk factors that put them at a higher risk of being trafficked.

Women and girls of colour are at particular risk of being trafficked because historically they have been subjected to racial and sexual exploitation in the past. White society constructed black females as “Jezebels” – “innately oversexed and overly fertile” (Butler, 2015, p. 1470), a legacy of sexual exploitation embedded within the institution of slavery in the seventeenth and eighteenth centuries in the US. This “label was used to justify the pervasive rape, sexual assault, and abuse of Black women during slavery” (Butler, 2015, p.1470). This legacy of racism lives on in myths that still characterize women and girls of colour as hyper-sexualized and more sexually promiscuous than white girls. As a result, many women and girls of colour who have been trafficked are not perceived by police, social service agencies and the law as victims of trafficking but as criminals or young offenders.

“The racialized sexual exploitation of people of color that developed during slavery and colonization impacts cultural expectations and beliefs about the availability and use of children of color for commercial sex today” (Butler, 2015, p.1481). This exploitation in conjunction with other forms of oppression contributes to the risk factors listed above that make many women and girls of colour highly vulnerable to being trafficked. Racism and racist ideology permeating a culture built on slavery and a slave economy perpetuate the treatment of women and girls of colour:

...(S)ex buyers say to black and brown women and girls, “You are made for prostitution,” “Your feelings are different than white girls’ feelings,” “Your breasts and your hips are made for this.” Much of it relies on racist stereotypes of women of colour on top of the misogyny. We know that women of colour are sexualized

way more than the white girls, and sex buyers perpetuate that dehumanization. (Feminist Current, 2019)

Racism also renders women and girls of colour involved in sex trafficking invisible. “The problems lie in the fact that most Americans see the typical sex traffic victim as a white, blonde hair, blue eyed girl and the typical juvenile prostitution arrestee as a Black woman... most people don’t realize that the two are the same person” (Reese, 2017). As a result, many women of colour and girls will not receive the care, consideration or services that other victims of trafficking are afforded.

Counsellors should take all these factors – the impact of racism in particular, cultural biases, colonial myth – into consideration when working with victims of trafficking who are women and girls of colour.

It bears repeating that counsellors will need to be especially aware of their position of power and privilege in relation to the client, and need to reflect on their beliefs, values and expectations with which they approach women and girls of colour. Finding culturally relevant support services and, if possible, access to women of colour counsellors is very important.

1.3 Signs A Client May Be Trafficked:

- talks about a “controlling” older boyfriend
- talks about a boyfriend who buys her gifts, and pays for her living expenses
- works long hours
- has unusually few possessions, no identification
- seems anxious, fearful, and depressed
- shows signs of physical abuse, bruises
- is malnourished
- doesn’t know where they live
- shows signs of substance use or self harm
- doesn’t speak coherently
- shows signs of blanking out, dissociation, and doesn’t remember the conversation or details just discussed
- talks about sex freely and nonchalantly
- is hostile and angry
- is conspicuously shy and submissive
- avoids eye contact
- is physically branded or scarred
- is dressed inappropriately for the weather
- works in the sex trade (talks about “the game”, “the life”, “john”, “tricks” and refers to boyfriend as “Daddy”)

1.4 Establishing A Safety & Support Plan

A client's basic needs such as food, shelter and personal safety must be met before any deeper counselling work is begun. The initial work with clients will be assessing the client's safety and determining what resources and services they need. Supporting your client in the best possible way requires collaborating with health and service organizations appropriate to the client's needs. The counsellor will be connecting clients with housing supports, helping them access financial assistance, filling out immigration papers, finding out if they are visiting the food bank, and assessing their health care needs, to mention just a few considerations; more are listed below.

Working with the clients at this stage is a critical piece in building the client-counsellor relationship. Each client's situation will be different, each survivor will have their own history and circumstances that will need to be individually addressed therefore the support offered should be highly individualized and case appropriate. It is vital that counsellors build trust with the client by demonstrating unconditional positive regard, empathy and authenticity while maintaining a neutral stance.

Meeting the client where they are at and being flexible with respect to the client's responses will go a long way to strengthening the client-counsellor relationship. The path to healing for many survivors of human trafficking is complex and requires a myriad of supports and services.

Due to the complexity of their needs and their traumatic history creating a flexible, wrap-around support system for them is essential. Consider the resources, supports and services clients could need over the course of the healing process:

- protection from physical harm and violence
- safe and secure housing
- food
- childcare
- health care – informed medical treatment
- removing clients from environment in which they were trafficked (i.e. moving cities)
- immigration assistance
- knowledge of their rights
- access to information
- support through the legal system
- connection to community services

- flexible services
- financial support
- meaningful employment
- labour rights
- trust
- self-esteem building
- hope – options and agency
- goals – aspirations
- capacity for choice and agency
- trauma counselling
- peer mentorship
- access to alternative forms of healing beyond talk therapy, for example creative arts interventions
- healthy support network (friends, family, peer support)

Counsellors should become acquainted with the types of support organizations provide and how services are accessed by the public and by members of other agencies. For example, if your client is involved in the court system with police services and the justice system, you must research and understand the systems and their procedures; work with a lawyer so your client receives correct legal advice. Similarly, ensuring that your client has access to financial assistance is essential because it may deter them from returning to trafficking, which for some will have been their only source of a living wage. At times you might also have to act as a mediator as you advocate on behalf of your client with Children’s Aid Society (CAS) or Ontario Works.

Bear in mind that each client’s situation, as well as being distinct, can change from week to week, so short- and mid-term counselling goals must shift accordingly. For example, you might have found a bed for your client in a women’s shelter only to find out that she was unable to stay there and is homeless again. This requires you to be flexible and responsive to each change in their situation.

You will also be working with clients who are seeking counselling even as they are still being trafficked. Determining, in a non-judgmental way, the barriers to severing the bonds with traffickers is crucial to developing the client-counsellor relationship. Barriers to leaving might include:

- fear of the trafficker and the possible consequences of leaving
- a situation in which trafficking is the victim’s sole source of income
- absence of a network outside of trafficking
- client’s fear of changing their lifestyle
- client’s fear of being homeless, poor

1.5 Creating a Plan with the Client: Some Considerations

Safety will be an ongoing topic in counselling sessions. Creating a safety plan with the client is the counsellor's priority. Counsellors should begin by assessing client's level of safety and honouring the client where they are. While tailoring a safety plan that meets their situation is essential it is important that you follow your client's lead.

If the client has recently left trafficking the counsellor might ask whether:

- the client is still in contact with their trafficker
- the client was threatened by their trafficker (“boyfriend”)
- the client is still in contact with other survivors who haven't left
- their trafficker knows the client's location
- the client has a safe place to live
- the client is afraid for her/his safety

If the client doesn't seem to need a safety plan it might mean that they are so familiar with danger that they don't see anything as dangerous. If this is the case the counsellor will need to spend more time talking about safety and what it means to be “safe” before they create a plan.

The counsellor can recommend the client follow points of a basic safety plan if the client is in danger. Counsellor should specify what “danger” means: the client is endangered if, for example, trafficker is following client or threatening them.

Points of a basic safety plane can be presented as:

- If I need a place to stay, I can go to or speak to [...]
- If I need emotional support, I can call or go to [...]
- If I am in imminent physical danger, I will call 911; I will tell the operator my name, where I am calling from; that I need help because...

If client isn't in danger but still feels the need to speak to someone, the counsellor should provide the following contact information:

- Distress Centre 416-408-4357 (text 45645),
- Kids Help Line (includes youth) 1-800-668-6868 (text 686868) and
- Canadian Human Trafficking Hotline -1833-900-1010
- The Human Trafficking Enforcement Team 416-808-8385.

The counsellor should recommend to the client to let a friend, relative, someone they trust with their safety – know the client's whereabouts at all times. A cell phone can be used for this purpose. This consideration is especially important if the client has recently left a trafficking situation as often traffickers will attempt to find and kidnap survivors.

If a client is still being trafficked and talks about leaving trafficking, recommend and discuss a plan for the future. These recommendations and discussions might include:

- having a bag packed (change of clothes, phone, identification, personal affects, etc.)
- determining what times of the day or night are the best times to leave
- what route the client would be most likely to use
- safe places the client could go – 2 or 3 options
- Calling 911 and list of other contacts to call

Counsellors should never assume that trafficked clients are safe, and this is something that counsellors should regularly reassess in conversation with the client. To help establish the level of safety of the client's surroundings, counsellors can ask the client whether:

- the client feels safe, e.g., in the shelter
- the client feels comfortable, e.g., in their new apartment
- they felt safe to go outside
- the client has been able to go to the grocery store on their own recently, and whether they felt safe, anxious, happy, etc., to do so

1.6 Trafficking In Canada

Human trafficking is defined as the “...recruitment, harbouring or transporting people into a situation of exploitation through the use of violence, deception or coercion and forced to work against their will.”

(<https://www.antislavery.org/slavery-today/human-trafficking/>) This exploitation can involve being forced into: prostitution, marriage, criminality, labour, domestic servitude and so on. It has been described as modern-day slavery. (Costea, pg. 1)

Many people assume that all human trafficking primarily involves moving people from one country to another for forced labour or sexual exploitation. While this applies to many cases of human trafficking the majority of victims are trafficked in their own country by strangers (54%) or someone they know (46%). Of trafficked victims in Canada 90% are born here (Canadian Women's Foundation Fact Sheet, 2014). Thus “the defining feature of trafficking is not travel but control.” (Canadian Women's Foundation Fact Sheet, 2014). Almost all trafficking involves elements of consent, coercion and control. Of trafficked persons in Canada 60% are under the age of 16. Anyone under the age of 18 who is sexually exploited is always considered trafficked.

It is difficult to know how many people are being trafficked because many victims:

- are arrested for prostitution and no one asks about the circumstances surrounding their sex work
- fear the traffickers
- fear deportation
- don't self-identify as being trafficked (girls recruited by "boyfriends" (see below)
- don't know or understand their rights
- suffer from PTSD, or other mental health issues
- are prevented by cultural expectations from disclosing that they are being trafficked, such as being bound by honour and duty to provide for family – history of intergenerational trafficking
- are members of a gang and gang-girls where family members work together to facilitate trafficking

Many victims are lured into trafficking through the promise of a relationship, a better life and/or job offer. As one victim put it, "They were selling a dream." Victims are lured through social media and dating sites where victims who seem isolated are targeted. Victims are also recruited in malls, bus stations, schools, community centres, homeless shelters, and on the street. Traffickers exploit their victims' vulnerabilities – a victim's urgent need for money, food, affection, or the need to escape from an abusive home life, etc. Traffickers recruit young female victims and convince them to recruit their friends as well. Traffickers can be men, women or young girls who lure their peers by offering them a place to stay, drugs and alcohol and the opportunity to earn lots of money.

Traffickers control victims by confining them and monitoring their movements. Traffickers further control victims by isolating them, taking their identification and cell phones, and moving them from city to city. Some traffickers will increase their power over victims by getting them addicted to drugs, making them commit crimes, beating or raping them and/or threatening harm to their families.

1.7 International Trafficking

Many internationally trafficked victims end up being trafficked because they are trying to help their families, escape poverty and improve their prospects and life-chances. Women and children are often recruited internationally by traffickers who promise marriages, non-existent jobs and inflated potential earnings.

For example, a woman might immigrate to Canada to get married, be a nanny or maid, or work in a salon and find when they arrive that the job they were

promised no longer exists. At this point they owe a lot of money to the trafficker for travel and are forced to work in the sex trade to pay their debt.

Traffickers may target poor families to convince parents that their children will learn a useful skill if they go with trafficker. Sometimes the trafficker is known to the family and in some cases is a family member. Unaware of the abuse that they will encounter, many people consent to going with the trafficker.

To increase their subservience traffickers will mentally, physical and sexually abuse victims. To keep them in debt, traffickers withhold payment-for-service, charge for food, clothing, housing and transportation and charge high interest rates. Traffickers will also threaten families who initially refuse to relinquish their children and keep their victims' passports and identification.

Some victims might start out as illegal migrants willingly smuggled into a country but end up being trafficked to pay a debt that continues increase once they arrive. In addition to paying for the cost of travel and recruitment fees, they are charged for room and board, food, clothing, medicine, etc., and family members are threatened if the trafficking victim does not pay. They may face many barriers to leaving trafficking because they do not have a support network, speak the language, understand their rights, or have another way to make money and survive in Canada.

Building trust with internationally trafficked survivors can be especially challenging, since they *already* have been deceived by many people along their journey – including family members. They might also be very wary of counsellors after disturbing encounters with Canadian police and/or immigration enforcement personnel. When victims of trafficking internationally are seen by law enforcement to be willing participants, they are criminalized, so often experience additional trauma by police, end up in prison, face deportation and/or are returned to traffickers. Bear in mind, that there may be linguistic and cultural differences that complicate and challenge the efforts to foster trust between counsellor and survivor.

Victims are often confused or misinformed about their status and this is used to keep them from seeking help. International traffickers use victims' lack of information about immigration laws and victim's rights or misunderstanding about their immigration status to maintain control of their victims.

In addition to all the regular supports that survivors need, those that have a precarious immigration status will need immigration support. This may require walking survivors through legal processes, immigration procedures, as well as settlement and recovery. This should be done within a holistic approach that informs and empower clients to steer their own course out of the trafficking

experience. Counsellors will need to help trafficked persons find support around their immigration options, such as refugee claims, the most common claims being those made on humanitarian and compassionate grounds. Immigration issues should be addressed as a part of the systemic issues that victims and survivor of human trafficking may face in Canada including lack of resources, marginalization, and discrimination.

1.8 Trafficking and The Trauma Bond

Some survivors will have entered trafficking through a relationship with a “boyfriend” and will not initially self-identify as having been trafficked. Building a relationship with survivors requires that the counsellor develops an understanding of the vulnerabilities and complexities that led the victim to being trafficked. Survivors will not trust counsellors who are insensitive to the complexity of this bond or can be perceived to be dismissive of survivors own account of their relationship with a trafficker whom they identify (in more benign terms) as a boyfriend or protector.

In police quarters these are called “Romeo recruitment techniques” (Barrett, 2013, p. 13). Traffickers exploit victims’ deepest personal desires, interests, hopes and fears as well as their family and friends to discover their vulnerabilities. Often, they target victims on social media who are insecure, seeking guidance, security and love. Victims are groomed to believe that they are entering a romantic and trustworthy relationship. For some victims, this is the first time that someone has shown them affection and love or given them gifts. The bond intensifies as the victim becomes more dependent on the trafficker for security and emotional support. Typically, this also results in the victim progressively limiting contact with family and friends, becoming isolated from their previous life. If the victim is homeless the trafficker will provide food, protection, shelter and drugs to increase their bond of dependency. Eventually, the victim will have to pay for what the trafficker gives them in the form of sex.

Once the trafficker has elicited an emotional attachment from the victim, the trafficker stops being caring and becomes controlling and coerces the victim by using violence and/or romance to sell sex. Traffickers also use the relationship forged with the victim to test the victim’s commitment by demanding that they sell sex to prove their love to the trafficker, or they use the commitment to their advantage by being affectionate and charming one moment and abusive or violent the next, the trafficker dismantles the victim’s self-esteem and sense of self-worth in order to maintain control. (See also Appendix E: Cycle of Abuse). One survivor from our focus group, interviewed during the development of this manual, talked about how they would not see their boyfriend for days but that he would call, promise to visit her if she earned x number of dollars by the end of the

week, the trafficker's "love" for the victim becomes contingent on the victim making money for the trafficker through sex. The boyfriend will often persuade the victim that she should contribute "equally" to the relationship by paying for food, clothing, rent but her only means for doing so is to earn more through sex.

The victim sees, through the lens of emotional dependence on the trafficker, that selling sex is the easiest way to make money and keep their relationship. The victim, while fearful, feels gratitude for being allowed to live. This is when the trafficker has achieved dominance over the victim.

The process of enchanting, exploiting and enslaving the victim highlights why many victims do not realize that they are being trafficked. They do not see their trafficker as a perpetrator. Rather than seeing herself as exploited or used, the victim believes that they are working for their boyfriend, someone who cares about them. Understanding this is crucial because victims will have a really hard time seeing their pimp as being an enemy or as being abusive. It will be the counsellor's job to loosen and sever the bonds of this relationship as counselling progresses so that the survivor will eventually recognize the "boyfriend" as a trafficker.

1.9 The Complexity of Consent

The issue of consent is very complex when it comes to trafficking despite what victims initially consent to. They are not freely and legitimately consenting to what ultimately happens to them: they are not consenting or making a free choice to end up enslaved. Consider the following examples in which the victim may not initially be fearful and intimidated:

- A woman says "yes" to a job in Canada working in a massage parlour and when she arrives there is no job and is forced into prostitution to pay her debt to the trafficker.
- A youth goes with someone who has offered him a meal and bed for the night because he can't go home as his father is an alcoholic and regularly beats him. Later he is forced into selling sex to pay for food and shelter provided by the trafficker.
- A young woman agrees to travel with a family friend who promises to find her work in a neighbouring country because her family needs money for food. When they cross the border the family friend tells her the plans have changed and they are going to take a plane ride. When they arrive in Canada the family friend keeps her locked in a room and says that he will harm her family if she does not earn for him.
- A girl agrees to engage in sex work because she feels she is helping her "boyfriend" pay for their lifestyle.

- A teenager helps her mother make money to pay for her drug habit by working for her uncle in sex work.
- A young woman from an Eastern European country decides to move to Canada after accepting a marriage proposal online. Her “fiancée” picks her up at the airport and takes her to a hotel. He takes her identification and says that she now must work to pay him back for the airfare he paid and her future living expenses.

Thus, there are many layers involved in the issue of consent built into the unequal-from-the-outset transaction promoted by traffickers. Understanding the complexities of consent will help counsellors work with clients who feel shame and self-blame for having been trafficked.

2. Foundation for Counselling

2.1 Building the Client-Counsellor Relationship

Traumatic histories, which include exposure to violence, abuse, dislocation and attachment disruptions, destroy survivors’ ability to trust themselves and others. The relationship that develops between counsellor and survivor is one of the most important vehicles for healing. Responding to and validating a survivor’s emotions, acknowledging unmet needs, and being client-centered in an environment in which survivors can come to experience as relatively safe, are central to effective counselling. To generate trust and provide a safe place for healing, the counsellor needs to be:

- client centred and supportive
- flexible, patient, non-judgmental and neutral
- power-dynamic aware
- willing to build relationship at every level with appropriate boundaries
- self-aware
- trauma-informed
- culturally competent

Client-Centred Counselling

Each client will come to counselling with their particular histories, their stories and their unmet needs. You, as their counsellor, will need to provide them with highly individualized support. It is essential that you be transparent, open and authentic and willing to learn from the client. Support and empower the client, optimize the client’s opportunity to make choices and experience the capacity for agency by involving them in their own care. This includes engaging the client,

asking for their input towards even what seems to be small decisions made in counselling, e.g., asking the client if they're comfortable in the room.

Flexible, Patient and Non-Judgmental

A client may come to a session angry and combative, testing a counsellor's patience or tempting a counsellor to become defensive. Be patient and stay present and available. Bear in mind that a very young client may have limited capacity to self-manage; a client might try to fracture a relationship as a reaction to the threat (in the client's perception) of becoming attached only to have the attachment disrupted.

Be flexible and non-judgmental. A client can come to counselling high, emotionally raw, or return after having been absent from counselling for a long period – a client is acceptable in whatever state. Ensure that the client has access to the benefits of counselling and a place of comfort – a place in which the client feels safe and where a client can be helped to recognize the features of a healthy attachment (see also 5.2).

Power-Dynamic-Aware

We recommend making every effort to remain aware of the power dynamics in the relationship embedded in the relation between the counselling organization and the client. Be aware that we might, as an agency, be liable to repeat a power dynamic or (as the trafficker did) rob the client of choice and agency. For example, making counselling services contingent on attendance, or imposing an agenda on the client because the counsellor believes that the counsellor alone “knows” what the survivor needs in order to heal. It is essential that counsellors avoid a merely transactional relationship with the client, i.e., being congenial and caring on the condition that the client shows up on time while punishing them for being late or withholding services because they haven't shown up for 6 months.

Be Willing to Build the Relationship at Every Level

Forming and modelling a healthy relationship with the client is a counsellor's ongoing aim. (see also 5.2). A counsellor should be committed to building the relationship at every level. This means keeping your word on everything – minor details and major statements alike – as a component of trust-building.

It also means that sometimes in counselling sessions you and your client will engage in “small talk” or talk about “nothing”. Yet it is through those moments as well that you and your client will build a rapport. At one moment, a client may

need something as complex as housing; at another, something as simple as a cigarette, tea or access to a phone.

Self-Aware

Clients are hyperaware and watchful of counsellors' attitudes and responses – whether the counsellor is attentive, new to counselling, experienced, capable, disingenuous or authentic, and so on. Counsellors should make every effort to be aware of the way they are treating and receiving a client and the way in which clients are responding to the counsellor in interactions.

To reduce the risk of negatively impacting the client, counsellors must become attuned to their biases. “Biases” refers to the counsellor’s personal attitudes, sympathies and antipathies, attractions, distractions, as well as, broad assumptions and social norms of dominant cultures (white, middle-class, Western, democratic, gendered, and so on) that the counsellor has internalized and that come into play in any and every interaction.

Counsellors need to recognize their own personal boundaries and limitations and the horizon of their cultural perspective (e.g., systemic impact of colonialism, etc.). Counsellors should strive to be aware of moments in sessions when they are being “triggered” and to recognize when the emotionally difficult work of counselling is having a negative impact on the counsellor herself (see also section 6).

Trauma-Informed

Always bear in mind the impact of traumatic experiences may have on the client. Be mindful of a client’s mental and emotional state during a session and be prepared to adjust the course of the session accordingly. Pace the conversation, don’t jump into hard issues, ensure that the issues you do raise in counselling sessions are case-appropriate. Be aware of the re-traumatization capability of the interview. The counsellor should not ask the client to give an account of their whole experience – don’t ask for their trauma narrative as a token for counselling services. Ensure that the client has the tools and supports they need to handle the emotional challenges of the session. A long-term goal of counselling is to help clients form a healthy identity outside the range of disturbance created by traumatic experiences and traumatic histories.

Culturally Competent

Being culturally competent refers to the “ability to understand, communicate with and effectively interact with people across cultures.” (www.rapworkers.com,

pg. 2). It also involves principles of “trust, respect for diversity, equity, fairness and social justice.” (www.rapworkers.com, pg. 1)

Cultural assumptions and values structure the way you live, the way you view things, the way you communicate and understand others. Being open to how culture shapes identity, both yours and your clients is fundamental to building understanding in the counselling relationship. The challenge to becoming culturally competent, however, lies in the fact that much of what we understand about other people’s cultural identity is unknown to us.

As a result, people often make assumptions about other cultures based only on what they can see and therefore only see things from a narrow point of view. In counselling these assumptions can negatively impact the relationship as the client’s experience is not seen nor acknowledged.

Culture Is Everything About You		
<u>The Way You Live</u>	<u>The Way You View Things</u>	<u>The Way You Communicate</u>
Customs, Habits, Traditions Food and its Meaning Music, Clothing Religious Practices Health Practices Child Rearing Family Structures and Relationships	Beliefs Spirituality Health Beliefs Perceptions Attitudes Values	Meaning of Language Interaction Pattern Communications Verbal and Non-verbal

Figure 1: Culture – Everything About You (Adapted from Hospice Toronto Cultural Competency Training Handout)

Typically, we see only the more superficial culture practices like how people dress, dance, speak or eat. Others’ tacit beliefs, values and unconscious rules, like our own, exist at a deeper level. The following model illustrates this concept:

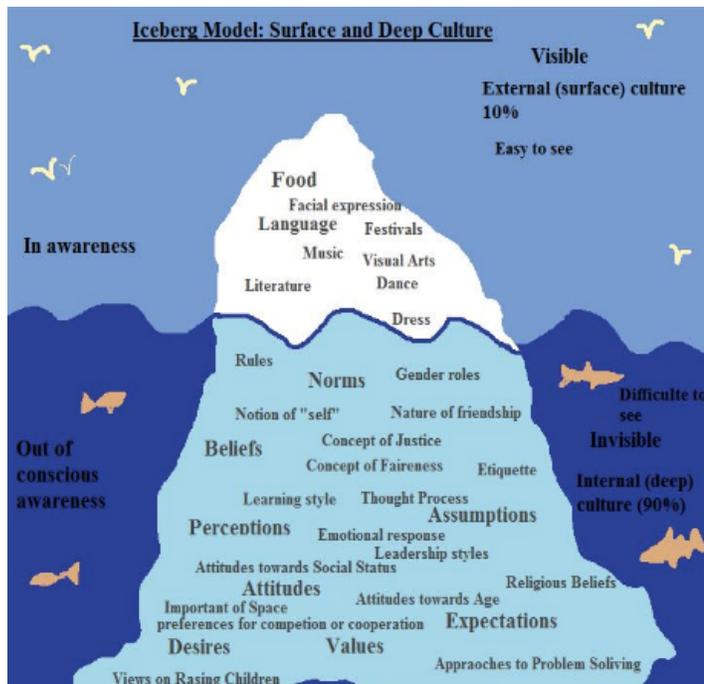


Figure 2: Iceberg Model: Surface and Deep Culture

As a counsellor you will meet clients whose cultural practices and cultural assumptions may differ in significant ways from your own. Developing cultural competence begins by reflecting on your own cultural practices and assumptions, including cultural biases and beliefs about others that you usually take for granted; It means becoming conscious about the way you live, the way you view things and the way you communicate within an environment of diverse world views and cultures. It also involves learning about diverse world views and, embracing cultural differences and being curious about the world. “In practical terms it is a never ending journey involving critical reflection, and learning to understand how people perceive the world and participate in different systems of shared knowledge” (www.rapworkers.com, pg. 2).

2.2 Advice to Counsellors

Listening to and incorporating the advice from clients and supervisors into our counselling practice is one step we strongly recommend to build respectful relationships. Clients are very aware and sensitive to the way counsellors behave and treat them. Survivors and supervisors have advised us that counsellors:

- should have an understanding of different intersections of the different sectors (criminal justice, addiction service, domestic violence, abuse)

- should use the client’s language and terminology – if a client call trafficker “boyfriend”, go with it. Don’t expect the survivor to identify partner or protector as a pimp or trafficker and many don’t know that their experience is the experience of being “trafficked”
- should understand trafficking so that you can say things that are informed - client can tell when counsellor doesn’t know anything about trafficking
- should believe survivors and their story
- should manage the expectations they have of the client and of the counselling situation
- should want the client to succeed on their own terms, rather than satisfy the counsellor’s terms for success
- should be aware of the client’s mental health issues and how they can inform the way client interprets and remembers events
- should not make counselling conditional on the client leaving the sex trade
- should not pressure client into meeting certain benchmarks of healing
- should not ask challenging and direct questions when you first begin working with a survivor – might re-traumatize them or alienate them
- should not treat them like a suspect
- should not label someone else’s experience – support them through understanding and processing their experience on their own terms
- should not label their experience as “trafficking” – many don’t know that their experience is the experience of being “trafficked”
- should not ask client to tell you their whole experience – don’t ask for their trauma narrative as a token for your services
- should not let clients smell your fear as that will turn them off working with you
- should not ask directly about tattoos; counsellor does not know if the trafficker put tattoo on client (branding) or if the client got their own. Let survivor tell you about them when they are ready
- should not impose an agenda
- should not disingenuously try to “befriend” the client

3. The Traumatized Body

3.1 Trauma and the Persistent Past

Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from them selves (van der Kolk, 2014, p. 98).

Our bodies' natural defense against trauma is to run and hide. If we are not able to run and hide, we may fight or freeze. A survivor who has suffered prolonged trauma might also submit or attach to the abuser. These responses are part of the mechanism of survival. This is why traumatic memories and experiences continue to live in the bodies of survivors. Their "...overwhelming experience is split off and fragmented so that the emotions, sounds, images, thoughts and physical sensation related to trauma take on a life of their own" (van der Kolk, 2014, pg. 66). Trauma, then, is re-experienced as if it is happening in the present when survivors sense danger or are triggered by feelings of which they may not be aware. "The sensing fragments of memory intrude into the present, where they are literally relived" (van der Kolk, 2014, p. 66). As a result, survivors often live in a constant heightened state of fear and danger within their own body.

The trauma survivor's "own body" can be the source of a terrifying and confusing experience. Feeling anything can be extremely painful and therefore their "...energy now becomes focused on suppressing inner chaos at the expense of spontaneous involvement in their life" (van der Kolk, 2014, p. 65). One way to address this chaos with the survivor is to explore and name the sensations they are having in their body – *the emotional effects and somatic symptoms of trauma*.

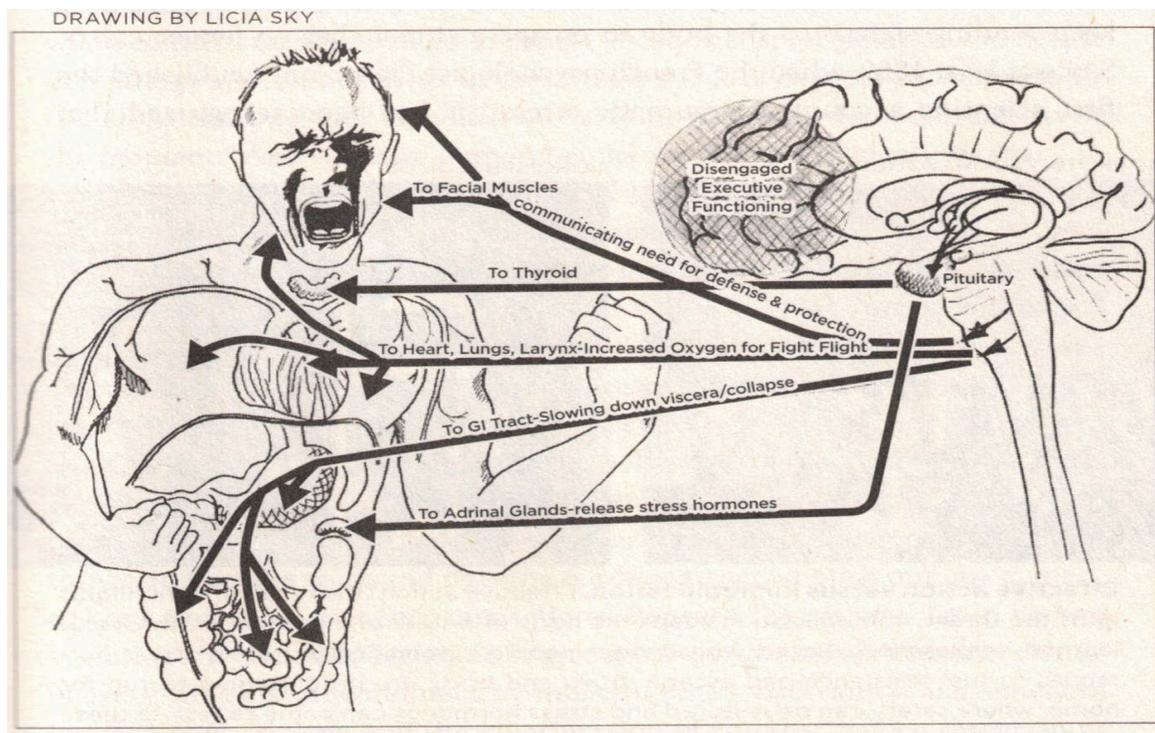


Figure 3: *The Body Keeps the Score*

3.2 Addressing the Physical Effects of Traumatic Experience

“Trauma victims cannot recover until they become familiar with and befriend the sensations in their bodies” (van der Kolk, 2014, p. 88). The client, however, cannot begin this process until they feel grounded, safe and calm. Clients who are dissociative should not begin this work until they have the skills to bring themselves into the present. The counsellor should bear in mind that they might begin this work and find that it “triggers” reactions in the client. In that case, the client and counsellor need to spend more time building grounding skills before discussing the client’s traumatic experience and its effect on the client’s body (see also 2.8; Appendix C). In interactions that are case-appropriate the counsellor can help survivors name and identify what is going on inside of them.

If the client is sufficiently grounded to respond, counsellors can ask:

- How does your body let you know that you don’t feel good?
- Are there any parts of your body that you can’t feel? (numbness)
- Can you say more about what you are feeling when your chest is tight?
- That ball in your stomach -- is it saying anything to you?
- You talk about your face getting hot are you feeling anything when this happens?
- Can you tell me more about the feeling you described as not being in your body. When you feel this way can you feel your feet touching the ground?
- You always mention a pain in your back.... does that relate to anything for you....or is there anything that is happening to you when you have that pain?

The counsellor should be asking the client *repeatedly and directly* as they engage with the client whether the client is feeling calm, grounded and safe.

An alternative way of eliciting from the client what they feel is a procedure suggested by Hickle and Roe-Sepowitz, 2014, designed to locate trauma in the body: using markers, coloured pencils and other artistic mediums a client can draw, color or write on an outlined body where, on their own body, they feel specific emotions such as pain, shame, anger, fear and guilt.

Whether you choose to follow Hickle and Roe-Sepowitz or choose to ask the client about what they feel, please bear in mind that survivors might not respond using the language of counselling. For example, instead of offering to the counsellor “I’m clinically depressed, have low affect, I feel lethargic”, etc., they may simply say, “I cry all the time”; “I have trouble getting out of bed”. They may say, “when I feel anxious, I feel a big ball in my stomach and it hurts”; “when I

feel anxious my heart beats really quickly”, or they may say, “when I get angry my head feels hot and my thoughts race”.

If the survivor has trouble getting in touch with what their body is experiencing, the counsellor can help the client by talking about what the survivor had previously mentioned in counselling and try connecting these emotions or behaviours with body sensations.

For example, a client may have:

- talked about getting into fights and arguments with people on the street
- talked about not having any friends because they keep making them “mad”
- spoken often about what other people have done wrong for the whole counselling session
- complained of pain in their stomach and trouble sleeping
- mentioned racing heart and trouble focusing
- talked about being alone a lot
- mentioned drinking daily

Alternatively, a client may:

- seem angry during the session
- have difficulty finishing their sentences
- seem spaced out
- have no or very low affect
- seem physically tense or seem “collapsed” in their body
- have attempted suicide in the past
- miss a lot of appointments due to difficulty leaving their apartment

Counsellors can help the client by asking something like:

- When you get into fights on the street are you feeling your anger in any part of your body? ...Can you say more about that?
- So...I notice that your body seems bent over and tense. If your body could talk what do you think it would say about its posture?
- Does your body communicate something to you when you think about leaving your apartment or coming to our counselling sessions?

3.3 Understanding the Role of Coping Strategies

Each survivor will have adapted to trauma in their own, distinctive way, and have developed symptoms in response to trauma and coping strategies that helped them survive. This means that trauma could have affected the survivor physically, emotionally, behaviourally, cognitively and spiritually (see Appendix B for a list of possible responses to trauma).

Understanding how they survived trauma means helping the survivor understand their symptoms and coping strategies. There are many parts to this conversation: i) talking about coping strategies as a means of survival, ii) understanding behavior and symptoms as trauma responses and not personality flaws and iii) changing or finding new strategies that might be getting in the way of living a stable life. Suicidal thoughts and attempts, disassociation, cutting, alcohol, and substance abuse are some of the ways clients have tried to cope with trauma. Janian Fisher describes the trauma response in the following way:

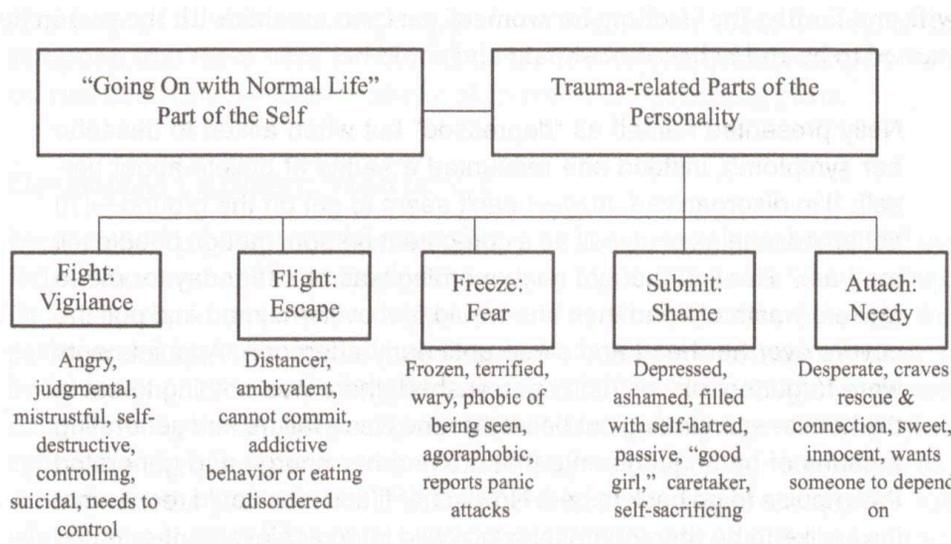


Figure 4: Trauma Response

Counsellors can talk about how dissociation helps the survivor:

- escape from traumatic memories
- numb feelings – emotionally and physically
- escape the self

Or, where and when it is case-appropriate, a counsellor may talk about how cutting allows the survivor to:

- numb the pain of feeling too much
- express self-anger
- feel real or alive
- relieve overwhelming emotions
- dilute emotional pain with physical pain
- reduce shame or guilt
- cope with loneliness or abandonment
- decrease feelings of confusion and emptiness

Or, if it is case-appropriate, about how drinking and substance abuse allows the survivor to:

- numb the pain
- feel relaxed and go to a happier place in their mind
- escape the present reality

Or, that suicide allows the client to:

- end all suffering

Counsellors are encouraged, *in interaction with the client*, to often re-iterate and emphasize the association between these coping strategies and survival. BUT: go slowly and tactfully and remain attentive to where the survivor is at.

If you ask too many questions too quickly, the survivor might become overwhelmed by memories of abuse and begin to self-harm to numb overwhelming pain – or attempt suicide to end their suffering.

We recommend that, when it is case-appropriate, counsellors, can talk about *fantasies of suicide, self-harm* as coping strategies to hide from or numb the pain of trauma. A discussion about replacing some of the coping strategies with effective ways of relating to the pain of traumatic experience should occur much later in the healing process when the client is able to regulate their emotions. The counsellor could help the client seek alternatives to self-harm or drugs, physical aggression and other self-defeating coping strategies, or suicide. This discussion can be part of a conversation about moving out of survival mode and, when it becomes practicable, into living a more stable life, making healthy decisions and being able to interact with others.

3.4 Harm Reduction

While in survival mode many clients may be using drugs or alcohol to cope with their trauma. (This is an instance of the “flight” response.) We strongly recommend counsellors support clients at the point in this process clients find themselves: it is unrealistic to expect that a client will abstain from using substances. It is essential that counsellors talk about harm-reduction strategies to help clients minimize the health and social risks of addiction.

Counsellors may find it useful to suggest to clients that:

- if they buy drugs, they buy from people they know
- if they are using for the first time make sure not to do it alone. Clients should be given a naloxone kit.
- counsellors should explain to clients that it is impossible to know how strong a drug is because each time they buy drugs the potency can be different

- if they use alcohol or drugs, they use in a safe environment with someone they know and/or have access to emergency care – to lessen the risk of overdosing alone
- going to a safe injection site will lower their risk of contracting HIV and Hepatitis C from dirty needles; provide client with locations of accessible needle exchanges

Please see Appendix D for instructions on how to recognize signs of overdose and how to use a naloxone kit.

When it comes to discussing substance abuse, the counsellor can minimize risk of further harm to the client by making every effort to ensure that the counselling they are offering is non-judgmental. The counsellor should make every effort to ensure that she is not being discriminatory or exchanging access to service for their client's agreement to stop using. In addition, counsellor should look for harm reduction information that makes sense to them and incorporate some of these strategies into their work with survivors. They could also work with survivor to see if they would be interested in attending AA or some other supportive group.

3.5 Shame and Self-Blame

The counsellor will need to consistently and persistently help clients understand the roles of shame and self-blame in the context of adapting to the trauma of been trafficked while at the same time helping them increase their capacity for compassion towards themselves.

Shame shows up in the counselling sessions when clients talk about:

- feeling empty
- feeling worthless
- having no sense of self
- feeling disconnected from others
- feeling damaged and can't be fixed
- being haunted by what they did or didn't do in the circumstances (why did I go with this person, why did I agree to survival sex, why didn't I leave, why did I let him treat me that way)
- despising themselves for how they feel (dependent, angry, pathetic, terrified, scared)
- managing feelings of fear and abandonment
- feeling self hatred for being forced to recruit and traffic others

Not only will clients feel shame and *self-hatred* for being overwhelmed by trauma, they will also blame themselves for being trafficked and blame

themselves for the way in which they have tried to cope with the trauma. Many survivors blame themselves for being trafficked, because they have *personalized* the experience of being trafficked, without recognizing self-blame as an effect of abusive power and control.

Also, traffickers maximize control and dominance over the victim by using violence, rape, and addicting victims to drugs. Using the Power and Control Wheel (Figure 5) to address and point out the effects of abuse will help counsellors talk to the client about self-blame arising from abuse, power and control (see also section 4.4).

It can be very challenging for individuals affected by the trauma of having been trafficked to believe that their experience does not define their identity or their lives, or that they are not at fault for being trafficked. Their daily re-experiencing of trauma is a constant – false – reminder to them that there is something blameworthy or shameful about them. Van der Kolk describes this in the following way:

Intense and barely controllable urges and emotions make people feel crazy and make them feel like monsters. As a result, shame becomes the dominant emotion and hiding that the central preoccupation (van der Kolk, 2014, p. 67).

Raising in conversation the survivors' negative self-image and its relation to the abuse they suffered is an opportunity for the counsellor to i) help the survivor challenge that self-image to come to understand that it is not "true" or fixed, and ii) lessen its further corrosive effects on the client's ego.

Counsellors can help survivors come to understand that trauma is an *injury*; that, like all other more overt, physical injuries, requires time and support to heal.

Counsellors will need to continually reinforce the insight that coping strategies are the way the survivor survived the trauma and finding new ways to cope will take time.

3.6 Grounding Work: Techniques and Exercises

Healing from trauma will not be possible if survivors are dissociative, having difficulty being present, being flooded by emotions or incapable of focusing in the moment. Counsellors will need to practice grounding techniques with survivors to help them learn how to stay in the moment when their mind and body are returning to the place of trauma. Van der Kolk describes being grounded in the following way: "Grounded' means you can feel your butt in the chair, see the light

coming through the window, feel tension in your calves and hear the wind in the trees outside” (van der Kolk, 2014, p. 70).

Grounding helps to remind survivors that they are *now* in a safe place, and not in a traumatic situation belonging to the past, thus allowing them to participate in their healing process.

The following vignette shows how a counsellor works with a survivor who has trouble finishing her sentences, takes a long time to respond to questions and seems not to be in the room at all.

Counsellor I: I notice that sometimes when you and I are together you have trouble staying in the room. I was wondering if you were feeling that way right now?

Survivor (S): Yes, I am feeling really scared and don't want to be here.

C: I know that it takes a lot of courage for you to come and see me. I was wondering if you could try something with me...it is an exercise we can do that might help you stay with me in the room more.

S: Okay.

C: This exercise is called 5 to 1. I would like you to name 5 things you see right now.

S: Okay I see a brown chair, a desk, the window, the sun on the desk, and my shoes.

C: Great now can you tell me 4 things you hear right now.

S: I can hear a clock ticking, the birds outside, my own breathing,

C: Fantastic now tell me 3 things you feel?

S: I feel that my hands are cold, the pillow is soft and um, my skin is dry.

C: We are almost done 2 things you smell and 1 thing you can taste.

S: I can smell smoke and perfume. I can taste coffee in my mouth.

C: Now I would like you to close your eyes and take a deep breath. And then we are done.

C: Do you feel a little more present with me in the room now?

S: Yes. I do.

C: I was wondering if you wanted to explore with me what you might be feeling scared about. We can do this together. You won't be alone, and we can stop at any moment that you don't feel like continuing.

S: I guess I can try.

C: I want to give you something first, (Counsellor hands her a stress ball). Here is a ball that lot of people I work with like to squeeze when their feelings start to become stronger. See if you like this – if not we can find something else that works for you. I would also like you to squeeze the ball every time you feel like you want to leave the room or about to leave the room. I am hoping that when you squeeze it your mind will remind you to stay with me.

S: Okay.

C: So, you mentioned earlier that you felt scared when you come to counseling. Can you tell me what part of your body you feel this feeling?

S: My stomach hurts when I come to your office.

C: Okay that is great. Can we stick to what is happening right now? Is your stomach hurting right now?

S: Okay, yes, I am afraid.

C: Is your body hurting anywhere else?

S: I feel a pain in my chest. It feels heavy.

C: Do you know if this pain is related to a feeling you have?

S: Maybe fear.

C: Do you know what you might be afraid of?

S: Well I am afraid that you are going to ask me about the past. That once you learn what has happened, I won't be able to come to your office anymore.

C: I am really glad that you shared this fear with me. I can understand that you might be afraid to share your story with me. I would like you to know that sharing would never impact our ability to work together. You are always welcome here and I am looking forward to the day when you feel comfortable enough to share with me what you feel like sharing about your past. But for now I certainly don't want you to feel any pressure.

S: Okay.

There are many grounding exercises that you can teach the survivor that will help them learn how to be in contact with the present moment – the here and now. Some grounding exercises focus on the body, others on thoughts and others on objects. Let the client know that these exercises take a lot of practice. Please keep in mind that the body of trafficked survivors has been traumatized; in certain cases, beginning with a grounding exercises that uses a material object at hand instead of the client's breath might be more appropriate. You will have to find one that works for your client (see Appendix C).

It is a good practice for counsellors to begin and end each session with a grounding exercise. This will help survivors be more present during counselling and if they explore painful material be able to leave the session feeling grounded. This is also an opportunity for counsellor and client to practice these exercises together and to see whether they are case-appropriate and effective, or whether a different approach may be more helpful to the client. Clients should also be encouraged to practice these strategies independently, outside the session – especially as a way of regulating their emotions and increasing their tolerance for stress.

4. Trauma Work

4.1 Regulating Emotions

their ability to form relationships, interferes with their quality of life, their work or even their ability to be around other people. Counsellors need to help survivors learn how to recognize triggers and find different strategies to regulate their responses and modulate their feelings.

The following vignette represents an exchange between a counsellor and survivor who is very upset by the way they behaved in their group home the previous day. They tell the counsellor that they threw a chair across the room in front of the manager of their group home because they were angry. They describe feeling “out-of-control” after which they “feel like such a bad person,” and, “No wonder they don’t want me living there anymore”.

Counsellor I: What were you doing before this happened?

Survivor (S): I was in my room. I had just watched a TV program with my roommate.

C: What was the program about?

S: It was a story about some guy and his father.

C: What was the father and son doing in the program?

S: They were hanging out and doing lots of things together. It was kind of corny.

C: What did the manager say to you?

S: Well now that I remember it; he just asked me how I was doing.

C: Do you have any idea of why that might have made you mad enough to throw a chair across the room?

S: I am not sure.

C: Do you remember feeling anything while you were watching the program. Like remember we have talked in the past about how our body remembers trauma? Were you feeling anything in your body?

S: Actually, now that you ask me, I remember feeling a tightness in my chest, kind of like I was going to explode. I didn’t want to finish watching the movie, so I left my room to get some air.

C: I am wondering if there was something in the movie that upset you. I might be wrong but if we work backwards it seems like you might have been triggered by the movie.

S: I think you might be right. That father and son were making me upset. They were being so nice to each other and it was reminding me of how mean my dad was to me. I mean it seemed so fake. I guess I didn’t realize how upset I was.

C: I want to show you something. (see Figure 4 below). This is called the Window of Tolerance; I think it might help you understand what happened to you yesterday.

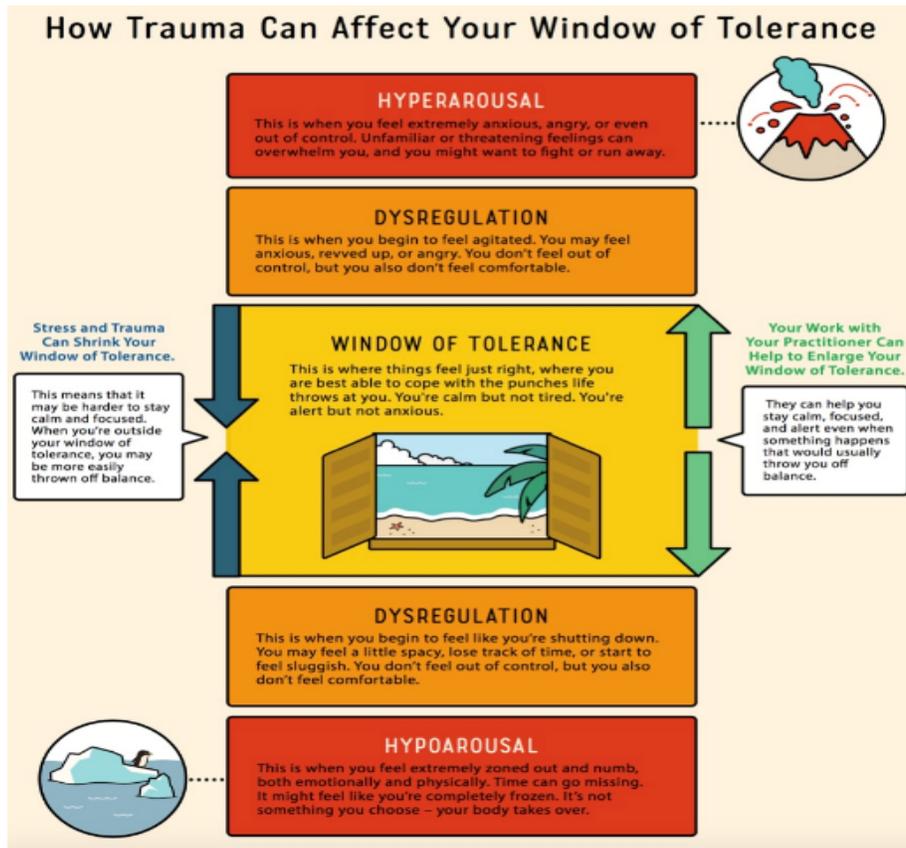


Figure 5: The Window of Tolerance

C: If I understand you correctly in the window of tolerance you were sitting around watching a movie. As the movie went on you started to feel upset. You describe this as tightness in your chest and a feeling like you are going to explode. Notice the volcano on the right side of this diagram. When you went out of your room and were asked how you were your anger went to the next level and you lost control throwing the chair across the room.

Does this diagram make sense to you? Does it describe how you feel sometimes?

S: Yes, I think this happens to me a lot. I am angry a lot of the time. But often I don't know how I get there.

C: Well that is something we need to talk about. We need to figure out the signs that tell you that you are going to go to the out of control part. For example, what is one sign that you had yesterday?

S: Definitely the tightness in my chest. I also kind of felt dizzy and wasn't able to think properly.

4.2 Identifying Triggers & Tolerating Stress

With the help of the counsellor, clients will have to explore what triggers and types of situations push them into dysregulation. Tone of voice, a word someone uses, the feel of a blanket, the scent of a particular cologne or the colour of a room can all act as triggers. Even the feeling of vigorous exercise can mimic a panic state and send a person into dysregulation.

Sometimes survivors won't be able to readily identify what the triggers are, so focusing on physical signs by asking them as the counsellor asked the client who threw the chair might help them figure out what to look for.

Taking note of and associating sensations of the body with emotional states also helps survivors learn how to release these sensations and feel more regulated. For example, the client in the dialogue above had a crushing sensation in his chest that was related to anger (fight response). "Breathing into" that sensation may enable the client to release his feelings and increase his control over his responses. (For details of breathing exercises see Appendix C).

To help survivors explore what triggers them, counsellors can use phrases like "notice that..." and ask, "what happens next?" States of hypo-arousal and hyper-arousal both will require clients to find ways of getting back to feeling safe or occupying the window of tolerance.

The work of exploring and identifying triggers can only be done if the survivor is feeling safe in the present moment, the *now* of the counsellor-client relationship. If they don't feel safe in the present moment, the *now* of the counsellor-client relationship, they cannot explore how unsafe the past was. Feeling "safe" means realizing that the threat is not now present, that the traumatic situation is something that belongs to the past, and that their identity need not be determined by past traumatic experience.

Over time, counsellors can work in conversation with survivors to create a plan that will help the client remain within the Window of Tolerance (see Figure 4). This will take time and attention to develop but could include things like:

- a list of situations to avoid
- staying away from certain places or people
- going for a walk, listening to music, taking a bath
- a list of grounding exercises that work for them
- things to do that relax the client – perhaps including use of guided imagery.

With reference to the dialogue above with the client who struggled with anger, we can imagine how the counsellor might work with them to create a plan to help them modulate their feelings:

Counsellor (C): Last session we talked about some of the things that pushed you out of the window of tolerance. I said that we would figure out some ways for you to manage your feelings when you are triggered. Do you remember what you were feeling last week when you got angry?

Survivor (S): Definitely the tightness in my chest, I also kind of felt dizzy and wasn't able to think properly.

C: That is really important information. So, remember the grounding techniques that I have been encouraging you to practice?

S: You mean the one where I am to notice 5 things, hear 4 things and so on.

C: Yes, that one. Does this work for you?

S: Yes, it does.

C: This is one way that you can ground yourself so that your anger doesn't escalate and lead to bad things that you later regret. For example, if you knew that the movie was making you upset and you knew this because you felt some tightness in your chest you could ground yourself and continue watching the movie.

S: What if my anger keeps increasing?

C: If you still felt your anger rising you could also do the breathing exercise that we talked about a few weeks ago and then go for a walk. You have mentioned to me in the past that you really find listening to music calming so maybe you listen to music while you walk. Do you think you could try this next time you feel that tightness in your chest?

S: Yes, I am willing to try.

4.3 Client Awareness and the Trafficking Web – Starting the Conversation

Initiating a conversation with the client about how they came to be trafficked can reduce the risk of being trafficked again. But beyond that, increasing awareness of the practical, social and emotional constraints of the trafficking web in which the victim is caught will:

- help relieve the survivor of the stigma of having been trafficked
- help reduce a survivor's inclination to blame herself for becoming a trafficking victim and, lead into a conversation about power and control (see also 4.4).

Many survivors are vulnerable to being trafficked because they have already repeatedly experienced trauma in their past. To help the client heal from this

requires empathy and sensitivity on the part of the counsellor. The client may feel a lot of shame and may blame themselves for what has happened to them. They may believe that they are the only victims who have been trafficked by parents, had survival sex or been forced into sexual exploitation by “boyfriends” or “girlfriends”.

To lessen the risk of the survivor being trafficked in the future and to further their healing, counsellors need to explore:

- the circumstances that lead survivors to being trafficked
- the signs of abuse, power and control
- the complexity of consent
- what a healthy relationship looks like
- ways to practice self-care
- pathways to wellness (see Figure 6)

Taking opportunities in the counselling sessions to talk about what life was like before the client was trafficked is an opportunity to begin helping the client normalize their experiences and incorporate them into a biography and personal narrative, that gives the client a context for being trafficked. For example, counsellors can ask the client about the hopes and dreams they had at the age of 12 to remind them of their earlier self. Drawing out the context that made them vulnerable to being trafficked shows the survivor that there were many events and aspects of their lives that made them susceptible to trafficking. And for some, trafficking was a way to get some of their needs met for food, housing, money, community, etc. With due sensitivity to the survivor’s comfort level in talking about it, and in a case-appropriate way, the counsellor may start the conversation by saying:

“Many young adolescents living on the streets feel scared and find someone to protect and care for them. I wonder whether this is true for you?” (Litam, 2017, p. 17).

Or,

“Some people find it really difficult to make money when they move to a new country. Did you find it difficult too?”

“Some people find it easier to have a boyfriend/girlfriend to talk to when they are having trouble at home. I was wondering if you met someone as well?”

“It sounds like your boyfriend was really nice to you in the beginning. It makes sense that you would want to move in with him when he asked you to. Did his behaviour change once you moved in with him?”

Or,

“Some people care so much about their partners that they feel obligated to prove their love and begin doing things they are not really comfortable with. I am curious whether this has been your experience as well?”(Litam, 2017, p. 17).

The counsellor can, in the course of conversation, propose to the client that, given her narrative it is understandable, reasonable under the circumstances that they would attach to someone who offered them a job, or a place to live, or a meal.

To a client who recounts being homeless and struggling to eat, the counsellor can say something like:

“It *makes sense* that you would go with X as he was offering you a place to stay and dinner”; “Survival sex was a way of keeping alive”, “a way of taking care of yourself.”

Such conversations are opportunities for the counsellor to point out and emphasize for the client the survival skills the client has that they may not *know* they have, may not acknowledge or honour, and to remind the client of their skills, strength and resiliency:

“Wow that must have been difficult what did you do to get through that?”

Or,

“It sounds like you missed your family but couldn’t go home, how did you cope with that?”

“It sounds like you know a lot about living on the street. What are the types of things you need to think about in your situation?”

“Sounds like it was hard to leave the situation. You are super-brave to have left. How did you manage to do that?”

4.4 Self-Esteem and the Power Wheel

One goal of conversation initiated around the Power and Control Wheel is to help the client recognize abusive behaviour – to recognize when someone is

controlling, hostile, dishonest, disrespectful, encourages unhealthy dependence, intimidates, and uses physical and sexual violence.

Helping the client understand that having been trafficked is not their fault – that it is neither blameworthy nor shameful – is part of the healing process. Many survivors blame themselves for being trafficked. We recommend that counsellors point out that traffickers use similar tactics with everyone they target; that the client was not treated this way because they are a bad person or deserved to be abused but that they were targeted by traffickers who use routines of intimidation and abuse to gain compliance with their demands, in order to make money by targeting and exploiting a person's vulnerabilities.



Figure 6: The Power and Control Wheel

Displaying the wheel to the client can be a powerful tool to decrease shame. However, we invite counsellors to use their own judgement as to whether to display the wheel to the client in counselling sessions or to reframe in their own words what the wheel demonstrates.

Counsellors should at all times in the interview remain sensitive and respectful of the client. We recommend that counsellors use open-ended questions to elicit details. For example, to facilitate further discussion the counsellor may ask, “Is

there anything in this wheel that describes what you experienced...Can you say more about that?” The counsellor may also refer to previous sessions in which the client might have shared some parts of their story.

Counsellors will need to pace this conversation and watch if talking about the trafficking experience is triggering for the client. It might be necessary to stop and do grounding exercises multiple times during these sessions if the client becomes anxious or distracted. Shame or fear may inhibit some clients from discussing their experiences; clients may need many sessions before they feel comfortable to talking with the counsellor. It is most likely that this conversation will not take place during one session but evolve over many sessions as the client begins to explore and examine what happened to them.

It is essential that the counsellor help the client to appreciate that, as a way of increasing their control, traffickers promote a negative self-image in victims and dismantle supports of self-esteem. Raising in conversation the survivors’ negative self-image and its relation to the abuse they suffered is an opportunity for the counsellor to i) help the survivor challenge that self-image to come to understand that it is not “true” or fixed, and ii) lessen its further negative effects on the client’s ego.

5. Self-Care

5.1 Client Self-Care

Trauma robs a client of their ability to trust the signals their body sends, so often the client will not know when they are hungry, sick or tired. Counsellors can help the client come to understand that the body communicates this information and that the client will be better able to manage their feelings if they can care for themselves as a whole person. Taking care of oneself involves getting the right amount of sleep, eating when you are hungry, exercising to feel better and seeking out medical help when you are sick.

Pointing out the value of self-care, this mind-body connection, is extremely important for trauma survivors; they often will not pay attention to what their body needs because they focus much of their energy on trying to ignore overwhelming feelings and sensations they are having – those stemming from trauma as well as normal sensations of hunger, illness, and fatigue.

Something survivors can tell themselves:

- I will take care of myself, eat and sleep well
- I will remind myself that I have survived terrible circumstances, I am strong and brave, and I have the skills to rebuild my life and be happy

- I will try to connect with people that I trust and who care about me
- I will spend as much time as possible with people who make me feel good (Costea et. al., 2014, p. 182)

Taking care of oneself makes it easier for clients to address and modulate their feelings and to be better able to respond to stress.

In appropriate cases, the counsellor may also organize social groups for survivors. These groups would be organized around the opportunity of engaging in self-care: meeting new people, doing a fun and relaxing activity together – such as crafts, baking, etc. This would be a way to claim a new personal identity that isn't defined by a history of trauma or trafficking. Seeing others heal can be encouraging and participating with others in a caring and healing environment can be empowering.

The Pathways to Wellness Wheel is one image that Counsellors can use to talk to clients about the importance of the mind-body connection in the healing process. If it is case appropriate, counsellor and client can collaborate on filling in the Wellness Toolbox Template (see Appendix G).



Figure 7: The Healing Wheel

5.2 Fostering A Secure Attachment

Traumatic experiences not only destroy a client’s trust in themselves and their own body, they also destroy the client’s ability to trust other people. Traumatic experiences and traumatic histories distort and deform the client’s guiding intuitions about relationships. This is especially true if the client experienced violence or traumatic neglect in relation to a primary caregiver. This primary relationship is where we learn how to manage our feelings, relate to others and develop a secure sense of self in the world. David Wallin describes this process in the following way:

From the moment they are born, babies are subject to feelings of distress that they are utterly unequipped to manage on their own. To experience the felt security that has been described as the set goal of attachment, babies depend on the attachment figure to help them modulate their overwhelming affects (Wallin, 2007, p. 48).

Many trafficked clients will not have had an attachment figure in their lives that helped them manage their feelings when they were young. Due to life circumstances many will never have had the experience of feeling secure in *any* relationship. Without a relational experience of a secure base we don't develop an internalized model of how to restore our own emotional balance. As a result, trafficked clients will often have difficulty establishing relationships with anyone, including counsellors, because relationships will evoke for the client intense, hence unmanaged, feelings.

Developing a secure attachment is critical because "...being understood by and having the sense of existing in the mind and heart of a loving, caring, attuned and self-possessed other, then gives us the chance to be known as a person rather than an object" (Wallin, 2007, p. 67).

This idea of becoming known as a *person* rather than an *object* is especially relevant for trafficked clients; in the world they inhabit, their person is often treated as an object.

In some instances the counselling relationship can become a model for the client of a respectful and caring relationship and foundation for developing healthy attachments outside of counselling. The counselling relationship becomes a model not because it's perfect but because it may be the only relationship in which the client can come to feel safe, feel respected, feel supported and feels that someone they can trust is listening to them and helping them. One challenge for the client will be to develop and seek out similarly respectful and caring relationships with people in their life in addition to the counselling relationship.

In conversation with the client, counsellors can help the survivor recognize and engage in healthy relationships with others as part of learning how to care for themselves. One aspect of meeting this challenge is to encourage the client to assess their relationships and attachments – to become aware of how they are being treated and how they are treating other people. Counsellors can refer to the Healthy Relationships Wheel (Figure 7) and encourage the client to ask herself whether the relationships she is in or entering into include the traits shown in the Relationship Wheel. For example:

- Do I feel safe?
- Can I be myself?
- Am I respected?
- Do I feel equal in the relationship?
- Is the person I'm speaking to interested in what I have to say?
- Do I feel supported and listened-to?
- ...and so on

As with the Power and Control Wheel, we invite counsellors to use their own judgement as to whether to display the Relationship Wheel to the client in counselling sessions or to reframe in their own words what the wheel shows.



Figure 8: Healthy Relationship Wheel

Does the client already have a model or example of a healthy relationship other than her relationship with the counsellor? Counsellors can ask the survivor, in case-appropriate ways, whether she can recall a relationship in which she was cared for by an aunt, neighbour, friend, coach, a teacher, someone in the church, an older sibling, a parent, etc. The counsellor can build on the survivor's experience by asking what the relationship looked like and what it was about the

relationship that made them feel cared for? One way to access a healthy model will be for the counsellor to explore a relationship from the survivors' past that the client found nurturing and healthy.

If the client cannot recall the image of a caring *person* from their past, counsellor and client can explore a relationship with a pet – or memory of a pet if possible. This can be a memory that helps them re-engage with the present.

Building an image, picture, memory of a healthy relationship will help the survivor draw upon it as a template for the client's own relationships. They should be able to easily bring it up to guide them as they try to seek out healthy, supportive relationships. And the counsellor should also help the client learn the traits of a healthy relationship as depicted in the Healthy Relationship Wheel (Figure 7).

A client needs to learn how to nourish their whole, embodied self and come to understand that they are deserving of care – something that trauma has taken away from them as well. Counsellors need to emphasize that clients deserve to treat themselves with love and compassion – feelings grounded in self-esteem that the client might not have been able to draw upon in the past.

Important Interpersonal Skills

While survivors need to seek out healthy relationships, they also need to learn how to develop their interpersonal skills by:

- learning to ask for what they need
- validating another person's feelings and thoughts
- following the Golden Rule: trying to do things for another person they would want the other person would do for them, i.e. create a caring, reciprocal relationship

5.3 Ending the Counselling Relationship

In a perfect world counsellors and clients would be able to decide when their work is finished. Unfortunately many agencies can only offer time limited services to survivors of human trafficking. This means that the relationship that develops between counsellor and client will come to an end, and most often before clients are ready.

It is crucial that counsellors are open and up front about the services they can provide. Talking about when counselling will end should be discussed from the beginning so that clients have the opportunity to adjust to this reality. Even with

plenty of notice some clients might feel abandoned especially if they felt safe and comfortable with the counsellor. The counsellor and client should put into place other resources and supports that the client will need before the end date. Having a plan in place will make it easier for clients to transition to other supports and services within the community.

6. Counsellor Care

Working with survivors of trafficking is emotionally very difficult work. As counsellors build the relationship with survivors they will hear and be witness to survivors' horrific stories and experiences. Listening to clients' narratives, being witness to their traumatic experiences, empathizing and caring for the client may lead to what is called "vicarious trauma".

Being exposed to accounts of their clients' traumas can impact how counselors feel physically, emotionally and spiritually about themselves. Signs that a counsellor might be experiencing disturbances include:

- difficulty sleeping
- feeling depressed and/or anxious
- withdrawing from their own social life
- feeling hopeless
- dreaming about clients' trauma experiences
- startling easily and/or being "jumpy"
- feeling angry and irritated
- preoccupation with the trauma stories
- ...and so on

Counsellors should seek support from their supervisor to help them respond to vicarious trauma and have access to peer supervision that allows them to discuss how other counsellors maintain their mental health while working with trauma survivors. Counsellors should also have access to further education and training where they can get more in-depth training around this issue. If possible, counsellors should seek counselling from someone outside of their workplace who can provide a different perspective. Sometimes the counsellor will need to accept fewer clients while learning how to maintain a work/life balance that helps buffer the effects of working with trauma clients.

Whether or not a counsellor is experiencing vicarious trauma, the nature of this work can lead to counsellors feeling burnt out. To prevent this from happening counsellors need to:

- come to know his/her biases, boundaries and limitations
- come to know what triggers them
- take time out from work and tune out i.e. turn phone off
- get help elsewhere
- know when they need a break, vacation
- practice self-care: sleep, eat, exercise, time out for positive experiences

- collaboratively work on grief, and trauma, building resiliency
- resist the temptation to take things personally when things don't go as expected for clients, i.e. understanding that clients are doing the best they can

7. Conclusion

This manual addresses one small part of the healing journey for survivors of trafficking, that of counselling. It also only alludes to the multi-faceted wrap around approach that will be required to help many survivors heal from a life of trauma. What this manual does not address is the underlying and pervasive reasons why sex trafficking continues to exist. Questions like 1) Who is fuelling this demand that enslaves, exploits and traumatizes millions of children and people around the world? 2) How can we address the causes, like trauma in childhood, that make so many children vulnerable to being trafficked? 3) How can we address oppression, racism, sexism, the legacy of residential schools, and capitalism in light of human trafficking? And finally, as counsellors, how can we advocate for our clients while at the same time building awareness about human trafficking so that demand for sex trafficking decreases and children, women and men are no longer exploited?

Appendix A: National Human Trafficking Assessment Tool

National Human Trafficking Assessment Tool - Part II

Agency information
Agency:
Staff member name:
Client information
Date:
Client name:
Gender:
Age / date of birth:
Preferred language:
Country of origin:
Ethnicity:
Where was individual identified (city, province)?
Does the individual have active mental health concerns or addictions?
Is there gang involvement (or other safety concerns)?
Immigration status (if relevant):

Elements indicating possibility of human trafficking

If at least one condition is present in each of the sections below, your client has potentially been trafficked.

Please contact one of the agencies listed at the end of this tool. The elements are ordered roughly from weaker to stronger: you might need more than one element from each category if the factors met are at the beginning of the list.

Note: "Potential trafficker" may refer to many different relationships, including intimate partners, family members, community members, employers, recruiters, gang member, friend, acquaintance, stranger, or other possible relationships. Recruitment can also be carried out by someone in a relationship of power/influence, as well as other sources, such as advertisements.

Action

Recruitment: Involves the **luring** of victims through **false promises**. They are deceived about the nature of what it is they will be doing, working conditions, pay, location or degree of personal freedom of movement they will possess. This may also happen by abusing individuals' difficult situations (i.e. personal, financial or psychological), their cultural beliefs, or lack of information (i.e. rights or language barriers), and could also be coercive (i.e. threats, debt bondage, violence, abduction).

Type of Recruitment	Yes	No
They signed a contract that they did not understand.		
The recruiting source purposely misinformed them about the nature of the job (i.e. when they arrived/ started the job, the hours, pay, job role, type of services, conditions of work or/and living situation, were different than described).		
They were promised legal documentation or valid employment (i.e. valid work contract, permit, regular		

immigration status) but the promise turned out to be false.			
They were lured through promises of benefits, for example of: marriage, adoption, family reunification, about access to opportunities, receiving money, gifts, favours, and/or other valuables.			
The potential trafficker deceived the person about their relationship to facilitate exploitation (i.e. romantic, friendship, mentorship, etc.).			
They were sold.			
They were kidnapped.			



Debt manipulation and bondage	Yes	No
When they arrived or began working they were told that they owed their potential trafficker money for recruitment, transportation, or other expenses.		
They paid a recruiter to help them find the opportunity and/or gave money for things as passport, documentation (i.e. work permit, visa), travel or other expenses.		
Other (please indicate):		

Transportation, movement, transfer, harbouring, receipt of persons

Travel and Arrival at Employment Destination	Yes	No
They traveled with the potential trafficker but did not know where they were being taken.		
They willingly traveled to employment destination and when they arrived found out the earnings, type of services, work or living conditions were different from those promised.		
They were told that the employer would cover all/part of their travel costs, but the employer did not cover them.		
Movement/transfer of individual	Yes	No
They went through several transit locations before and while working, not knowing where they were being taken to.		
Harbouring	Yes	No
They were forced to work/stay in hiding for a certain period of time.		
Other (please indicate):		

Means

Coercion can involve some type of restriction of the victim’s freedom by use of strict rules, surveillance and/or isolation. Victims can also be **forced** to work by means of violence or threat of violence, **abuse** of authority or of strong influence, position of vulnerability (i.e. dependency, financial, family situation, lack of support system, etc.), **debt bondage, fraud, deception**, or other forms of coercion. Traffickers can also obtain victims through kidnapping or abduction.

Surveillance / Monitoring	Yes	No
They are not allowed to leave their residence/work premises, are only allowed to leave while accompanied by someone, or must regularly “check in,” causing isolation and/or confinement.		

They have partial or restricted freedom to communicate with others (i.e. they are prohibited from contacting family, friends, or others).		
Their actions are monitored or under surveillance.		
They must follow strict rules placed on them by the potential trafficker.		
Use of Threats or Intimidation	Yes	No
They are threatened with worse conditions, denial of basic needs, violence against them or family, or threats of informing family, community or public of their activities.		
The potential trafficker threatens them with deportation or denouncing them to authorities if they do not follow rules, if they leave their situation, or if they do not provide services.		
Their documentation (i.e. passport, work permit, other ID documents) is held by someone else.		
They lost their immigration status because their work conditions were different from their contract/work permit, and as a result feel forced to stay in a situation/do something they do not want to do (i.e. carry out a service, work in abusive situations, marry, reduce debts, provide a body part, etc.).		
They are falsely informed about what could happen to them if they leave their situation.		
They are threatened with being prevented from contacting their loved ones if they leave their situation.		
Conditions of Abuse or Violence	Yes	No
The dependency on and strong influence of the potential trafficker makes them feel forced to remain in the same situation, or to carry out additional activities.		
They are being psychologically, verbally or emotionally abused.		
They were forced to lie about their working conditions, and/or employer to authorities, family and others.		
The potential trafficker denies them access to community or other services, to education opportunities, or social protections.		
They are restricted from taking breaks while working.		
They are forced to work when they are sick or injured.		
They are not given appropriate medical care when needed.		
They are punished for discussing their work conditions.		
They were forced or encouraged to do criminal activities (i.e. to take or sell drugs or alcohol).		
They are sexually abused and/or physically abused.		
They were forced into marriage.		
They were abducted or kidnapped.		
Debt	Yes	No
They were forced to pay their potential trafficker for debt through services, labour, or other practices.		
They cannot leave because they owe money to the potential trafficker.		
Their pay was withheld or deducted unjustifiably (ex. for wildly overpriced housing or to cover presumed debt/charges).		
Other (please indicate)		

Purpose

Exploitation: According to the Palermo Protocol definition, exploitation includes “the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”

Labour and Sexual Exploitation	Yes	No
They are forced to accept different and worse working conditions, or to work in changing locations, putting them in a precarious situation.		
Their working / living conditions are poor and unsafe.		
They are forced to work long hours with little or no breaks / time off.		
Their potential trafficker did not respect the contract or labour laws.		
Financial exploitation	Yes	No
They are paid little or no money for their work		
They are forced to provide sexual services and/or are paid little or no money for sexual services provided.		
Their pay is deducted or manipulated (i.e. deductions for food, housing or other expenses, and person may have limited or no control over their wages).		
They are punished by not getting paid.		
They are working to pay back to the potential trafficker money they owe.		
Other forms of exploitation	Yes	No
They were deceived or forced into selling or giving up their organs.		
Other (please indicate)		

Agencies to contact by province if you suspect your client has been trafficked

British Columbia

B.C. Office to Combat Trafficking in Persons 1 (888) 712-7974 <http://www.pssg.gov.bc.ca/octip>

Alberta

ACT Alberta - (780) 474-1104 <http://www.actalberta.org>

Manitoba

Manitoba’s Human Trafficking Hotline (24/7 toll-free): 1 (844) 333-2211

Quebec

Consult Committee of Action against Trafficking of Humans Internally and Internationally (CATHII) Online Directory: <http://bit.ly/1JJZ4rp>

Prince Edward Island

Consult Prince Edward Island Human Trafficking Response Guide: <http://bit.ly/1igRtGm>

Ontario

Ottawa Coalition to End Human Trafficking

Case management services (9am-4pm): (613) 769-6531 After hours consult:

<http://www.endhumantrafficking.ca/important-numbers>

Toronto Counter Human Trafficking Network

<http://torontocounterhumantraffickingnet.wordpress.com>

Toronto Human Trafficking Help Line 416-597-8808

London and Middlesex County Area

CATI (Coalition Assisting Trafficked Individuals) Emergency Helpline: 519-438-2272 <http://catilondon.ca>

Windsor Essex County

Windsor Essex Anti-Human Trafficking Action Group (WEFIGHT) Business Hours: (519) 256-7831

Victims Services (after hours): (519) 723-2711 <http://www.wefight.ca>

Nova Scotia

Consult Nova Scotia Domestic Violence Resource Centre for available support services: <http://bit.ly/1JA9Pez>



Conseil canadien pour les réfugiés
Canadian Council for Refugees

ccrweb.ca

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Appendix B: Client Service Needs Assessment Tools

SUMMARY - CLIENT SERVICE NEEDS ASSESSMENT MATRIX

Service Category	Unstable	Minimally Stable	Moderately Stable	Fully Stable
SAFETY	<i>Safety has been recently threatened; Lives/interacts with trafficker or associates; Family is receiving threats.</i>	<i>Past threats; Recent interaction with trafficker; Concerned family may be in danger.</i>	<i>No recent contact with trafficker or associates; Location unknown by trafficker and associates; Lives in a different area than where the trafficking occurred.</i>	<i>Moves freely without fear; Trafficker has no access to client; Criminal/civil court case resolved.</i>
SHELTER	<i>Client is homeless/living on the street; Client is moving frequently with no regular residence; Client is in short-term emergency housing.</i>	<i>Client resides in a temporary shelter or a friend's home.</i>	<i>Client is in transitional shelter; Client has basic housing / own room; Paying for rent may still be problematic.</i>	<i>Client has safe, stable and appropriate housing; No concerns with finances for housing.</i>
FOOD	<i>Client has no food or minimal/no access to food.</i>	<i>Occasionally receives food from emergency services.</i>	<i>Generally able to purchase sufficient food; May supplement with food from emergency services.</i>	<i>Consistently able to buy and prepare sufficient food of choice.</i>
CLOTHING	<i>No clothing; No weather-appropriate clothing.</i>	<i>Limited access to clothing; Insufficient weather-appropriate clothing.</i>	<i>Has sufficient and appropriate clothing.</i>	<i>Client is able to buy sufficient and appropriate clothing as needed.</i>
HEALTH CARE	<i>No health care and dental coverage (OHIP/FIH); Untreated health problems; Medication needs not met; Health education needed.</i>	<i>Some understanding of health needs; Treatment and medication needed; Can meet med/treatment needs with some help.</i>	<i>Health issues are being treated; Some health/dental coverage; Client is able to purchase needed medication.</i>	<i>No significant health issues; Regular check-ups; Preventive health care and awareness; Identifies and manages health issues independently.</i>
SOCIAL/EMOTIONAL HEALTH	<i>Post-traumatic stress symptoms; Depressed/suicidal; Harms self; No contact with family.</i>	<i>Min. emotional stability; Contemplates returning to previous situation; No danger to self/others; Some contact with family.</i>	<i>Attends counseling; Moderate emotional stability; Regular contact with family.</i>	<i>Client is healing; Strong coping plan and support network.</i>

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Service Category	Unstable	Minimally Stable	Moderately Stable	Fully Stable
IMMIGRATION STATUS	<i>No documents; Expired work/student/visitor visa; Valid visa tied to trafficking situation / trafficker.</i>	<i>Application has been made on behalf of the client for TRP and/or LMO; Pending refugee claim/H&C application; Client may receive some government benefits.</i>	<i>Client has been issued a TRP/LMO; Application for permanent residency filed; Client receives government benefits; Settlement services needed.</i>	<i>Client has acquired permanent resident status and has integrated safely. Client has been safely repatriated.</i>
LIFE SKILLS	<i>No transportation; Client is unfamiliar with surroundings; Client has no money/no access to money.</i>	<i>Client can access transportation with some assistance; Client knows own address and surrounding area.</i>	<i>Accesses transportation for school/work; Uses banking system; Budgets/saves money.</i>	<i>Travels independently; Balances work with recreational activities; Financially independent.</i>
LANGUAGE SKILLS AND LITERACY	<i>Illiterate; Unable to speak/read/write English or French.</i>	<i>Literacy in native language; Limited English/French skills; Studying ESL/FSL.</i>	<i>Sufficient English/French proficiency to conduct daily activities.</i>	<i>Advanced skills/fluent in spoken and written English/French.</i>
EDUCATION AND EMPLOYMENT	<i>Client is unemployed; No access to legal employment; Limited or no job skills.</i>	<i>Client links with settlement services organizations for employment; Enrolled in job training program.</i>	<i>Full time employment; Paid minimum wages; Valid work permit; Job training completed.</i>	<i>Employed full-time and paid above minimum wages; Full benefits; Enrolled in school to advance career.</i>
HUMAN /LABOUR RIGHTS EDUCATION	<i>Client blames him/herself for being trafficked/ exploited; Afraid of retaliation by employer.</i>	<i>Some understanding of violation of human rights involved in exploitation/ trafficking; Basic understanding of normal employer/employee relationship.</i>	<i>Understands rights as worker regarding working conditions, pay, labour laws etc.</i>	<i>Applies human rights/labour right related concepts when seeking work and in daily activities.</i>

Appendix C: Range of Client's Responses to Trauma

The following has been adapted from *The Trauma Toolkit*.

Physical	Emotional	Behavioral	Cognitive	Spiritual
Eating disturbances	Depression, despair, hopelessness	Self harm – i.e. cutting	Memory lapses esp. around trauma	Guilt
Sleep issues	Anxiety	Substance abuse	Loss of time	Shame
Pain in areas on the where trauma occurred	Vulnerability	Alcohol abuse	Being flooded & overwhelmed with recollections of the trauma	Self-blame
Low energy	Panic attacks	Gambling	Difficulty making decisions	Self-hatred
Chronic Pain	Fearfulness	Self-destructive Behaviour	Decreased ability to concentrate	Feeling Damaged
Headaches	Compulsive & Obsession Behaviours	Isolation	Feeling distracted	Feeling a like a bad person
Anxiety/panic	Feeling Out of Control	Choosing un-healthy friends	Withdrawal from normal routine	Turning away from faith or obsessively attending services and praying
	Emotional Numbness	Suicide attempts	Thoughts and suicide	Feeling the whole race or culture is bad
	Difficulty with Relationships			
	Frightening thoughts			

Appendix D: Grounding Exercises

The Importance of Grounding Exercises

“Rather than teach simple mindfulness techniques to people with trauma symptoms, we teach grounding, in which the purpose is to turn off our fight-flight-or-freeze response by anchoring on a safe and interesting feature of your current environment, and using your language skills and your ability to make judgements and evaluate the environment to stimulate frontal lobe activity. If your frontal lobes are on, then your limbic systems is off, and that has a stabilising effect on the nervous systems of someone with symptomatic trauma. This is grounding, and helpful to people with symptomatic trauma, whereas simple mindfulness can allow the fight-flight-or-freeze response to kick in and leave you feeling overwhelmed.” www.brisbaneharmonycentre.com.au/about-us/

#1 Teach client to become present while holding a rock, through a discussion of the texture, shape and weight of the rock or another personal object (that has meaning to them). Discussing these tactile experiences allows the client to focus on the here and now rather than attempting to escape feelings and thoughts. (McRae & Brown-James, 2017) Tell me about the shape, what does it feel like, how much does it weigh. How does it feel in your hand?

#2 5-1 Name 5 things you see, 4 things you hear, 3 things you feel, 2 things you smell and 1 thing you taste. Close your eyes and take a deep breath.

#3 Example of a Five Minute Meditation. (See Internet for other variations) I like you to get comfortable in your chair and relax. Take a deep breath and place your feet flat on the floor, really FEELING your feet in contact with the ground underneath you. And just take a few more deep breaths like this for a moment. (Pause).

So I like you to start by focusing on your toes. Scrunch them up, and then release. (pause) Now release your ankles (pause), calf muscles (pause), knees (pause) and thigh muscles (pause). Remember, let any thoughts you may have float up and away from you in an air bubble. (pause). Now relax your buttocks (pause), pelvic area (pause) and begin to notice any tension you have in your back. Breathe deeply in, and as you breathe out, slowly relax and release any tension you may have in your back. (pause) Now your shoulders. Lift them up and then release completely. Wonderful (pause). Now its time to relax your neck and jaw muscles. Take a deep breath in, and as you breathe out let go of any tension you are holding in your neck and jaw (pause). Finally, the top of your head (pause). I'd like you to hunch your shoulders up one last time and as you release your shoulders, any remaining tension can sink down and flow out of you (pause).

Wonderful. Take a few more deep breaths and enjoy this feeling of relaxation and calm for a little while longer. Slowly bring your attention back to the room. Begin noticing the sounds around you and when you are ready, open your eyes. (Pause)

#4 Take a deep breath (you should hear yourself inhale), follow the air going in. Hold it for a few seconds Exhale hard (you should hear yourself exhale, with sound - a 'noisy sigh'), follow the air going out. Repeat the sequence six times. Do not be afraid of excessive breathing (hyperventilation), because it is unlikely to occur. However, should you feel tingling in your fingers that is a sign that you are in a stage of hyperventilation, then this exercise should be avoided (Berbec, 2015, p. 32).

#5 Grounding to *Now* – What is happening right now? Bring attention to the present by describing where you are now. “I am sitting in my counsellor’s office talking to her right now.” Realize that our lives are perfectly normal and safe. We are not in the past and we are not in the future. We are right here, right now.

#6 Take a deep breath in through the nose and hold for at least three seconds then exhale through the mouth for three seconds. Figure out how many times a client needs to repeat this to calm down. (McRae & Brown-James, 2017)

#7 Progressive Muscle Relaxation The entire procedure generally takes about 15 minutes. This exercise involves growing familiar with the tightening and relaxation of muscles. It might be good to start with a breathing exercise. (See #4 above). Introduce the exercise by asking the person to lie on the floor and read the instructions slowly with a soft voice, leaving time for the activities. *“Feel how you touch the floor and how heavy you are. Press your left foot against the floor, feeling your muscles get hard. Now release the pressure and sigh. Feel your left leg become soft and relaxed. Feel the difference between your left and right leg. [Repeat for right leg.] Now press your left hand against the floor, feel the muscles in your arm get stiff. Release the pressure and sigh. Feel your left arm get soft and relaxed. [Repeat for right arm.] Now press your shoulders forcefully against the floor. Feel your shoulders become hard and stiff. Release the pressure of your shoulders and sigh. Feel how warm your shoulders are. Now lift your head up. Feel the muscles you need for this. Lower your head to the ground and sigh. Put your hands on your stomach and feel how relaxed it is. Put your hands at your sides, feel your whole body, feel the relaxation, take a few deep breaths and open your eyes slowly”* (Berbec, 2015, p. 33).

#8 Mapping a safe place in our brain when there is a storm. Imagining a nice place to go.

Appendix E: The Cycle of Abuse



Abuse – Your abusive partner lashes out with aggressive, belittling, or violent behavior. The abuse is a power play designed to show you "who is boss."

Guilt – After abusing you, your partner feels guilt, but not over what they've done. They're more worried about the possibility of being caught and facing consequences for their abusive behavior.

Excuses – Your abuser rationalizes what they have done. The person may come up with a string of excuses or blame you for the abusive behavior—anything to avoid taking responsibility.

"Normal" behavior – The abuser does everything they can to regain control and keep the victim in the relationship. They may act as if nothing has happened, or they may turn on the charm. This peaceful honeymoon phase may give the victim hope that the abuser has really changed this time.

Fantasy and planning – Your abuser begins to fantasize about abusing you again. They spend a lot of time thinking about what you've done wrong and how they'll make you pay. Then they make a plan for turning the fantasy of abuse into reality.

Set-up – Your abuser sets you up and puts their plan in motion, creating a situation where they can justify abusing you.

Your abuser's apologies and loving gestures in between the episodes of abuse can make it difficult to leave. They may make you believe that you are the only person who can help them, that things will be different this time, and that they truly love you. However, the dangers of staying are very real.



Take Home Naloxone Kit Training

OPIOIDS (downers), including Fentanyl, are nervous system depressants that result in decreased heart rate, drowsiness, slow/slurred speech, constricted pupils and a decreased breathing rate which can lead to an **OVERDOSE**

FACTORS THAT CAN INCREASE YOUR RISK OF OPIOID OVERDOSE

Mixing drugs	Tolerance
Quantity and potency	Individual health status
Other medications	Routes of administration

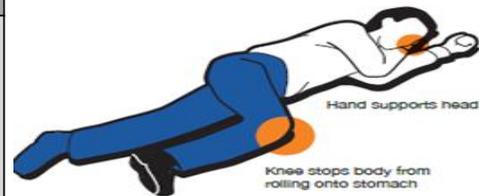
SYMPTOMS OF AN OPIOID OVERDOSE

- | | | |
|--|---------------------------------|--|
| • UNRESPONSIVE to stimulus | • Fingernails and lips are blue | • Choking or snore-like gurgling noises |
| • Breathing is slow (less than 12 breaths/min), erratic or there are no breaths at all | • Skin is cold and/or clammy | • Heartbeat is slow, erratic or not there at all |
| • Body is very limp | • Pupils are tiny | • Seizure |
| • Vomiting | | • Loss of consciousness |

OVERDOSE PREVENTION

- Do not use alone
- Use safer routes
- Do a test hit first
- Know the signs and symptoms of an OD
- Do not mix drugs
- Carry Naloxone
- Know where to find community support & resources

If you ever have to leave someone alone that you think might be overdosing, put them in the recovery position



Take Home Naloxone Kit Training

Follow the **SAVE ME** steps
to respond to an overdose



Stimulate: Sternal rub, if unresponsive **call 911**

Airway: Are they breathing? No -> open airway, begin rescue breathing

Ventilation: 1 breath every 5 seconds for 2 min, chest should rise with each breath

Evaluate: Are there any changes after 2 min? Are they responsive or adequately breathing?
No -> inject naloxone

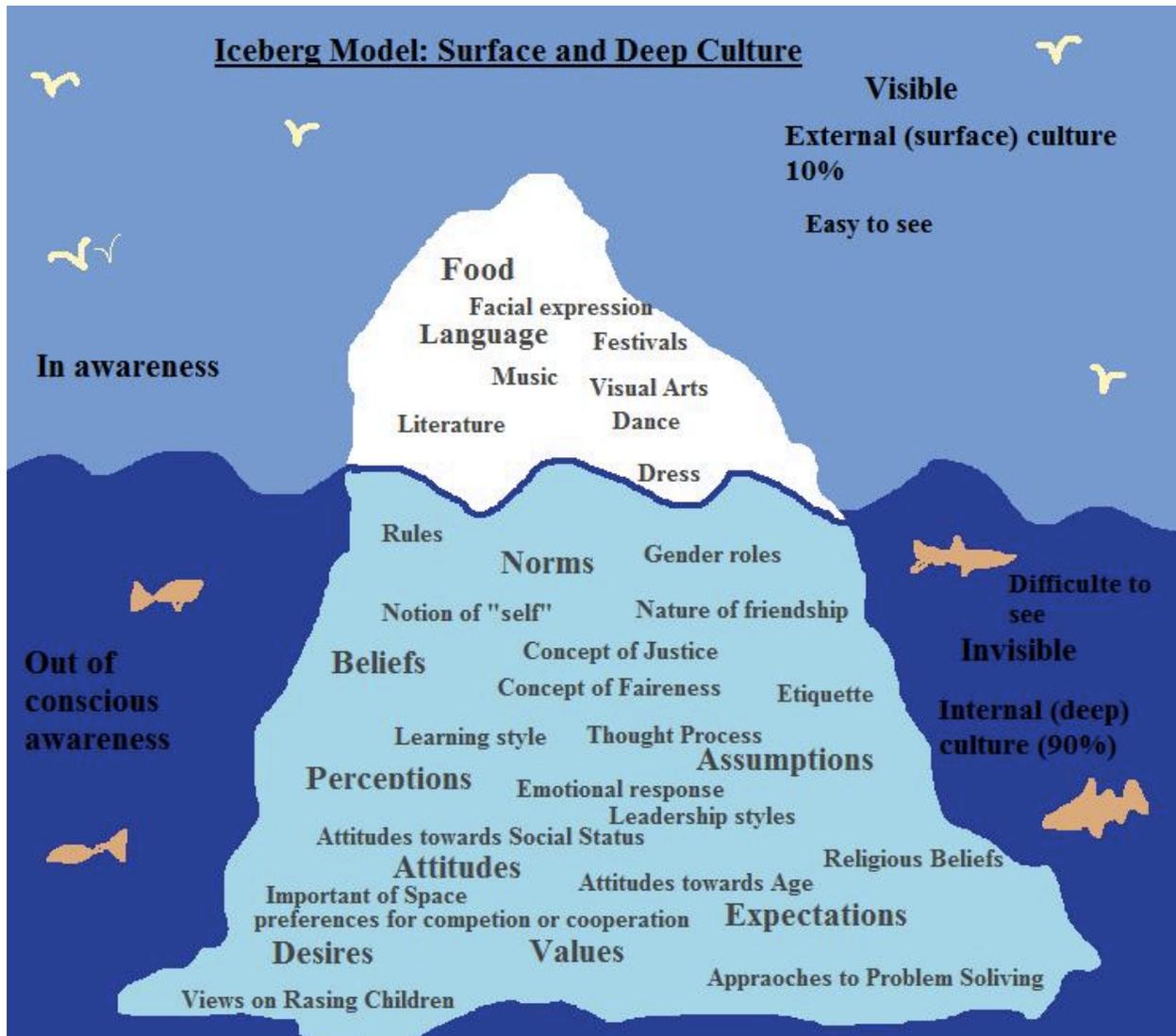
Muscular injection:

- Expose thigh as much as possible, divide into thirds, plan to inject into the middle section
- Clean injection area with alcohol swab
- Take cap off vial, clean vial with alcohol swab
- Connect needle to syringe and draw up entire vial (1 mL of liquid)
- Remove air bubbles in syringe
- Hold needle like a dart and insert into middle of the thigh at 90°
- Push down on the plunger slowly and steadily
- Remove needle at 90° and dispose safely (back into kit container)

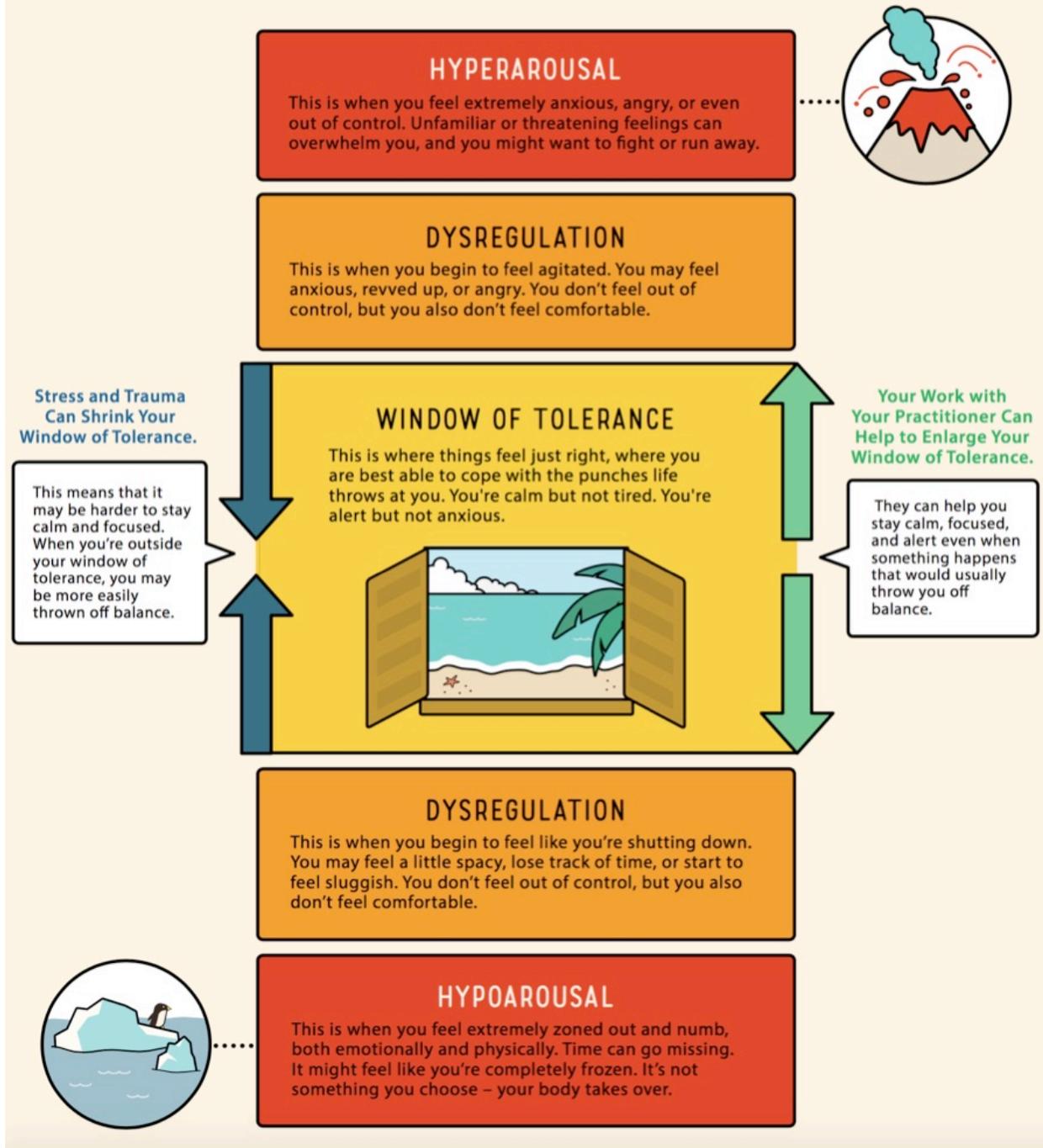
Evaluate again

- Naloxone will take 2 – 5 min to kick in
- Continue rescue breathing for another 2 min, if no change or person still not responsive draw up and inject 2nd naloxone dose
- Continue rescue breathing after 2nd injection until person breathes on their own or help arrives
- If the individual starts to breathe on their own, place in the recovery position

Appendix G: Model Hand-Outs



How Trauma Can Affect Your Window of Tolerance









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Elizabeth Fry Toronto

Provides supportive services, community based programs and transitional housing to help women create meaningful change in their lives for the benefit of themselves, their families and the community as a whole.

MISSION:

Elizabeth Fry Toronto delivers gender based, trauma informed services and advocates for justice and equity for women and non-binary people who are criminalized and their families

VISION:

We envision communities where women are not criminalized

VALUES:

- **Compassion:** We honour women's voices, experiences and resilience and prioritize women's mental, spiritual, physical and emotional health
- **Equity and Inclusion:** We are a feminist organization and we challenge oppression in all its forms
- **Excellence:** We foster a collaborative culture based on self-reflection, continuous learning, effective partnerships, quality improvement and evidence based practice
- **Accountability:** We are responsible to ourselves and to our stakeholders for using resources appropriately, communicating honestly and acting with integrity.

