Applying Trauma-Informed Care and Disability Justice to Working with Survivors of Sex Trafficking

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Grounding

• Acknowledgement of WHY we are here
• Express a commitment to centering those WHO are most impacted
• Examine WHERE You Enter
• Explore WHAT You Would Like To do
• Content Warnings
• Create Collective Access
• This presentation is NOT set in stone
• All content and frameworks are ever-evolving
• Human Trafficking 101 webinar
Sex Trafficking and People with Disabilities

• What is sex trafficking?
• People with disabilities are targeted for sex trafficking, as well as other types of human trafficking
  • What we know
• Service providers need to be equipped with tools to serve survivors that are trauma informed and use a disability justice lens
What is Trauma?

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing.”

Event

- Event
- Series of Events
- Set of Circumstances (on-going exposure to threat)
  - Baseball bat vs. Sandpaper
  - Human Trafficking
    - Physical, sexual, psychological abuse
    - On-going, multiple events that occur over time
Experience

• Experienced by an individual as physically or emotionally harmful or life threatening

  • Feelings of fear, horror, and/or helplessness
  • Physiological response
  • Sensory snapshot

• Together, these create future triggers
  • “Neurons that fire together wire together”
Effect

• Normal reactions to abnormal circumstances
• Trauma has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, and spiritual well-being
• Trauma *overwhelms a person’s coping resources*
  • Immediate response -- Fight, Flight, Freeze, Appease
  • On-going presentation -- Exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, physical arousal, blunted affect
• The person may find a way of coping that works in the short-run but may be harmful or interfere with function in the long run.
Trauma-Informed Practice

• Builds trust in a non-judgmental environment
• Restores sense of safety, control, and self-worth
• Applies to clients, staff and community
  • As trauma survivors and as sources of healing
  • “One does not have to be a therapist to be therapeutic.”
• “Trauma informed care embraces a perspective that highlights adaptation over symptoms and resilience over pathology.”

(Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005)
Six Principles of Trauma Informed Care (1)

• Safety
  • Physical and psychological
  • Throughout organizational, environmental and individual

• Trustworthiness and transparency
  • In decisions, and in relationships at all levels

• Peer support and mutual self-help
  • Integrated into the services delivery model – builds trust, safety and empowerment

SAMHSA
Six Principles of Trauma Informed Care (2)

• Collaboration and mutuality
  • Healing happens in relationships, meaningful power sharing and decision making

• Empowerment and choice
  • Recognition of uniqueness of each person’s experience

• Cultural, historical, and gender issues
  • Recognizes the healing power of cultural connection
  • Addresses historical trauma
Recovering from Trauma

“The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections” (Judith Herman, Trauma and Recovery, 1992 p.133)
Systemic Retraumatization in Disability Systems

• “Otherization”
  • Segregation, power dynamics in programs – staff vs clients
• Medical-model of disability
• Lack of respect for bodily autonomy
• Restraint and seclusion
• Lack of choice in placement, housemates, roommates
• Placement disruption
• Focus on Behavioral Intervention
Trauma-Informed Care: Barriers

Diagnostic Overshadowing

• Attributes “problematic” behaviors to disability diagnosis
• Treats with behavior planning and medication

Myths and Misperceptions

• People with disabilities are not impacted by trauma like other people
• Crime not recognized as trafficking, appropriate interventions not offered
  • Reported to CPS, OIG or Adult Protective Services
  • Individual removed from situation without follow-up
• People with disabilities cannot participate in or benefit from therapy
Symptoms Reported by Survivors (1)

• Depression, hopelessness, feelings of sadness and unhappiness, sudden or inexplicable crying
• Loss of interest in things and/or inability to plan for the future
• Stress-related disorders, avoidance, disorientation, confusion, anxiety, phobias and panic attacks
• Sleeplessness, sleep disturbances, nightmares, and/or insomnia
• Denial, memory loss, difficulty concentrating
• Anger, aggression, irritability, mood changes
• Changes in appetite or eating patterns, eating disorders
• Exhaustion and constant fatigue
• Isolating behavior
• Guilt, shame, and/or self-blame
Symptoms Reported by Survivors (2)

• Fear of being alone, distrust and fear of strangers
• Recurrent or intrusive memories of abuse
• Feeling inferior to others, feeling of being permanently damaged, fear of rejection
• Sexual problems, including lack of sexual desire or oversexualized behaviors
• Obsessions and compulsions
• Hallucinations or delusions
• Somatization/psychosomatic symptoms
• Self-harm and suicidal ideation
• Attachment issues -- Trauma bonds, Stockholm Syndrome
• Numbness

https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/44-comprehensive-victim-services/mental-health-needs/
Trauma-Informed Care and Disability

• Trauma providers – Use what you know
  • Modify, be creative, slow down
  • Use visuals for people with Autism or Developmental Disability or anyone who is a visual learner
  • Be flexible in your ideas about “appropriate” intervention
  • Reach out to disability agencies for information and consultation

• Attend disability-specific training
  • Recognize that there are many different kinds of disability, but there are many different kinds of people
  • Any modification will help more then the targeted population
Avoid Retraumatization

• Trauma **overwhelms a person’s coping resources.**
  • The person may find ways of coping that work in the short-run, but may be harmful or interfere with function in the long run.
    • Fight – Aggressive or oppositional behavior
    • Flight – Elopement, self-isolation
    • Freeze – Dissociation, inattention
    • Appease – Attention-seeking, over-compliance, people pleasing
  • Do we have disability systems in place that recognize these as trauma responses NOT as behavior problems?
  • Do we have informed survivor services systems in place that accept and accommodate disabilities?
Safe and Accessible Services and Healing

• Survivors as active participants in their own care and healing
  • in the accessing of services and, in doing so, builds empowerment and agency

• Accommodations are incorporated into policies and protocols
  • Accessibility in physical space, communication, and resource materials (plain language or visuals)
  • Training for staff and administration

• Cross-disciplinary collaboration and resource identification and development
  • Breaking down the silos between victim services and disability services

Systemic Trauma

Systemic trauma is the repeated, ongoing violation, exploitation, dismissal of, and/or deprivation of groups of people. State institutions, economic systems, and social norms that systematically deny people access to safety, mobility, resources, food, education, dignity, positive reflections of themselves, and belonging have a traumatic impact on individuals and groups.

• Examples: Human Trafficking, slavery, war, genocide, displacement, ableism, racism, sexism, ageism ~ The Politics Of Trauma by Staci Haines
What Is Disability Justice - Sins Invalid

- Disability justice is a framework coined by a group of queer, disabled women of color that were connected through Sins Invalid, a US-based performance project that incubates and celebrates artists with disabilities, centralizing artists of color and queer and gender-variant artists as communities who have been historically marginalized.

- Disability justice recognizes the complexities of multiply marginalized disabled people and aims to be holistic in by recognizing these complexities.

- Sins Invalid has created 10 Principles of Disability Justice that, when applied to your work serving sex trafficking survivors, can help to create a more inclusive, and aware, justice-based response.
Why we need DJ Approaches To Sex Trafficking

• Disability Justice is not the same as Disability Rights
• There is collective trauma and harm to marginalized communities that foster conditions for trafficking to occur. Such causes and consequences must be addressed at systemic levels.

• Justice isn’t always achieved via legal and legislative systems and not everyone has equal access to necessary supports.
• Multiple tools and tactics are needed to help communities survive and thrive.
Multiple forms of compounded discrimination, experienced by historically marginalized groups in particular, often combine, overlap or intersect in ways that:

- Interfere with effective sex trafficking prevention
- Inhibit equitable protections
- Impede efficient responses/interventions
Sex trafficking survivors with disabilities serving in decision making positions that shape programs, plans/policies, resources and services.
Principle #3 | Anti-Capitalist Politic

• Coerced or non-consensual acts of sex/sexual acts for the purpose of profit/capital gains. When money is the primary measure of our values, little regard is given to the wellbeing of disabled bodies and minds.

• Trafficking is often inextricably linked to economic exploitation, financial dependence, fraud, debt, poverty, a lack of living wage jobs/affordable housing, inability to pay for sustained support for critical needs, etc.
• Movement across cities, states or international borders is **not** required for trafficking to occur.
• Intentional organizing across various justice-based movements is however necessary to halt sex trafficking, address harm and harness the power of collective/individual healing.
Principle #5 | Recognizing Wholeness

- If we can agree that people have inherent worth then all sex trafficking interventions/activities should prioritize safety, dignity, accountability, participation and do no harm.
Principle #6 | Sustainability

• Proceeding with sex trafficking cases via the legal system can require extensive time commitments.
• Healing from the abuse/harm caused by trafficking is a long term, if not life long, process.
• All forms of HT involvement entails some degree of sustained effort and embodied explorations of justice/liberation.
Principle #7 | Commitment to Cross Disability Solidarity

• Honor the insights and participation of all of our community members. Isolation undermines collective liberation and can be a cause/contributor to trafficking.

• Disability is not a monolith. You may work with a single population, or the loudest voices might primarily be coming from one group, organization, or subset of the disabled population.

• People have different needs as well as multiple disabilities, working across disability types helps to ensure inclusion in response both for your consumers, and at large.
Principle #8 | Interdependence

• No one person, organization, or outcome is independent. We are dependent on others whether that is personally or in business. Recognizing this interdependence and pushing against the myth of independence, brings further dignity to those that are openly dependent for certain things.

• Interdependence is critical in prevention and healing. Making partnerships, planning as communities and regions, and leveraging strengths and resources are ways to create community driven strategies that benefits everyone.

• Interdependence allows us to go beyond state administered solutions to embrace more survivor/community centered responses.
Principle #9 | Collective Access

• Collectively meeting access needs while simultaneously respecting independence and self-determination when coordinating HT interventions/activities.
Nothing about us without ALL of us.

“The function of freedom is to free someone else, and if you are no longer wracked or in bondage to a person or a way of life, tell your story. Risk freeing someone else.”

– Toni Morrison

“None of us are free until we are all free.”

– Dr. Martin Luther King
Calls To Action (1)

• Address sex trafficking through survivor centered frameworks such as Disability Justice, Transformative Justice and Healing Justice by following the lead of practitioners/those with lived experiences
• Foster more disability centered conversations/educational outreach around sexual consent, bodily autonomy and financial exploitation
• Identify and dismantle bureaucratic/administrative barriers that impede prevention, protection and person-centered support
Calls to Action (2)

• Advocate for more accessible and affordable housing alongside community-based services
• Follow community led efforts around mutual aid and peer supports
• Co-design creative trafficking interventions, rapid responses and long-term assistance alongside survivors with disabilities, their families and care givers
• Implement engagement initiatives that reduce isolation by considering transportation, attendee fees, time commitments, accessibility/accommodations, childcare etc.
Thank you! Questions?

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