

Hearing Them

Stigma as a Barrier to Accessing Services and Supports

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Participants:

This paper is based on the results from the 2021 Hearing Them consultation, which involved 149 people from across Nova Scotia who identified as being currently or formerly involved in the sex trade, along all points of the choice spectrum at different parts of their lives. Each person responded retrospectively to the survey questions related to their age, location, experience, and risk factors at the time they first became involved in the sex industry. Given ethics considerations for research involving children and youth along with duty to report implications there was a limitation on who was able to participate in the survey consultations. However, within this survey,

Participants shared that they first became involved in the sex industry as children or youth. When people younger than age 18 become involved in the sex industry, it is not an individual choice, it is exploitation.

Participants were recruited from partnering agencies within the Trafficking and Exploitation Services System (TESS) Network, and through word of mouth with people not connected with any agency. Participants were paid \$80 for an hour of their time to go through the questions. Service providers verified participant identities. Participant identities were not recorded to protect their anonymity. Participants were not required to answer any questions they chose not to for any reason. Verbal consent was attained from participants to share the information collected in these reports and with partners and stakeholders and advocate for change for them.

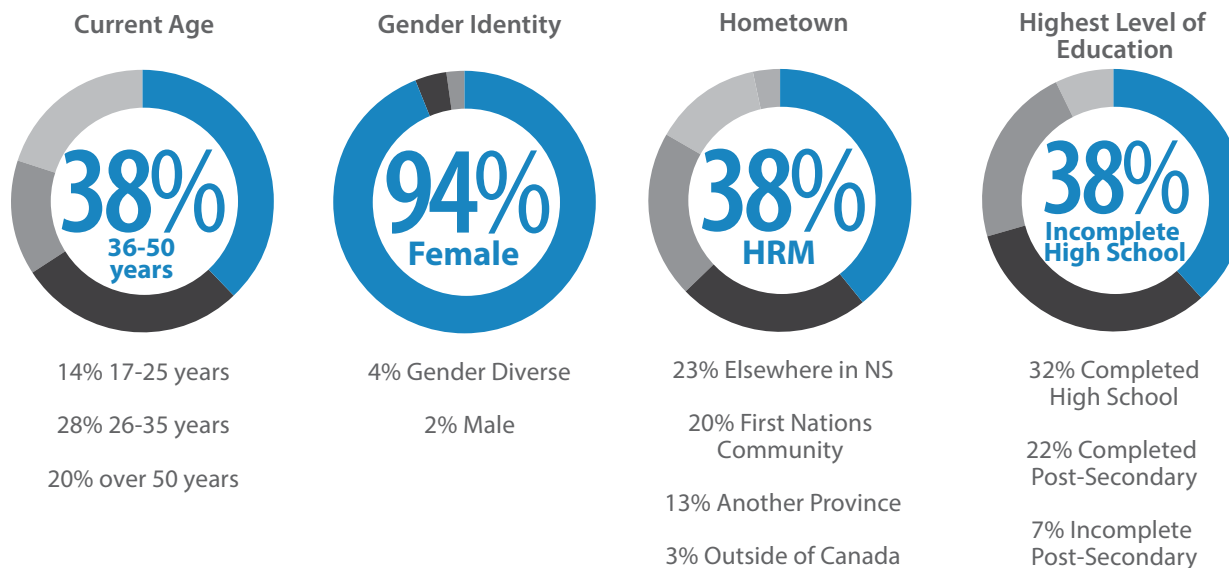
The following is a snapshot of participant demographics:

Racial Identity

48% White
34% Indigenous
14% Black/African Nova Scotian
4% Indigenous & ANS

Sexual Orientation

30% Identified as 2SLGBTQ+





Introduction:

“A stigma is a special type of relationship between an attribute and a stereotype...”

– Erving Goffman, 1963

Stigma exists when people are “othered,” criminalized, or pathologized for any number of reasons deemed “deviant” or non-conforming to society’s expectations and “norms.” People can be stigmatized for their gender or race, their income, education, profession and class, their behaviour, their involvement with systems, and their sexuality. For people who have had experiences in the sex industry, whether that is by force, coercion, or choice, all these things intersect to create a perfect storm of marginalization.

Stigma is a mark of disgrace, a social discrediting, or a spoiled identity. For sex workers, legal, cultural, and social discourse is characterised by “prurience, titillation, outrage and disgust” (Zsuzsanna Stardust, 2017). This stigma creates barriers to accessing services and supports, with a persistent stereotype of “choosing that life,” and the risks associated with it, and therefore unworthy of services and supports.

For people who identify as having been trafficked or exploited, the stigma of participating in the sex trade is mitigated through a criminal justice lens of victimization

– those who did not get to make a choice in their participation, or who became aware of how they were tricked or manipulated into choosing participation, are worthy of funding, supports and services. The stigma that remains may be the shame of having participated in something that is characterised by “prurience, titillation, outrage and disgust” as the sex trade is. They may feel like they must act like the perfect, or “ideal victim” to access services and supports.

The ideal victim is a person who, when they experience crime are given the legitimate status of being a victim. “The decision to act upon a reported crime is influenced by the perceived worth of the victim. Worthiness is assessed in relation to socio-economic, structural and demographic factors, as well as the perceived legitimacy and innocence of the victim” (Long, 2021)

For those who were trafficked and exploited in their youth, the stigma may become internalized, and part of their identity; “they begin to accept a sexual stigma they feel represents their belief system” (Herek, 2007). At which point they may move from being a “victim of human trafficking” to an independent sex worker. In these cases, the differentiation between their experiences as a former trafficking victim and a current sex worker is not distinguished when it comes to the layers of intersecting stigma individuals in the sex trade experience. Further, separating whom society deems as deserving of care and who society deems is deserving of whatever consequence for their impure “sinful” behaviour, can be as harmful as conflating the two types of experiences.

While there may be important differences in pathways and experiences, the burden of stigma because of any engagement in the sex industry, whether consensual and self-directed or coerced, is heavy. The stigma burden has the potential to impact all aspects of a person’s life, including whether they seek supports, whether they receive supports, and sometimes even how they perceive themselves worthy of support.

A key theme which emerged through the *Hearing Them* consultation, and which is understood by much of the partners and service providers in the TESS Network, is that people’s identities and experiences are complex. Choice to participate in the sex trade is complex. That victimization and exploitation can happen without the presence of a “pimp.” And that the stigma surrounding the whole of the sex trade affects all efforts to address the human trafficking and sexual exploitation which happens within it. Understanding these complexities intellectually, however, do not seem to be translating into non-judgemental services and supports in Nova Scotia. Except for a handful of organizations who embrace a lived experience informed harm reduction practice, and individuals within systems who seem to “get it,” the *Hearing Them* consultations revealed that there is much work to still be done in the support systems available to victims of sexual exploitation and trafficking.

This *Hearing Them* paper unpacks the structural causes of stigmatization and the impacts it has had on trafficking victims and sex workers in Nova Scotia.



Stigma of Sex and Sexuality:

To understand stigma in the sex trade, one must understand the stigma of gender, sexuality, and sex in general. North American values about sex have long been shaped by patriarchal, Christian ideologies, which have historically denied women bodily autonomy and choice, and the right to sexual enjoyment without shame or punishment.

How a particular culture constructs sexuality is integrated with religion; sexual attitudes and behaviours are correlated with the different values carried by religion that explain the “truth” to humans and transforms the ideas and images of the human body (Eisler, 1995). The subjugation of women by means of religious dogma is not a phenomenon unique to Christianity. However, within the North American context, it is religion that has had the greatest impact on our institutions and culture today.

It was through Christianity that the mind and the spirit were set against the body and nature, in opposition as binary forces and inserted into a hierarchical dualism which placed the passions of the body on the dark side of humanity. Sexualized bodies, and particularly women’s sexualized bodies, became the “symbolic burden of man’s imperfections, his grounding in nature” (Paglia, 1990).

Since around 400 A.D. sexuality was considered a “form of divine retribution – a carnal burden” (Eisler, 1995). Sex was viewed as the point of collision between the mind and the

body, “where morality and good intentions fall to primitive urges” (Paglia, 1990). The belief that sexual passion was evil and would transform humans into irrational, uncontrollable beasts was rigidly enforced by the church through strict dogma. Up until the 20th century, sex outside of the confines of heterosexual marriage for the purpose of reproduction was understood to be sinful. Mortal love should never surpass the love for God. Sex was acceptable for purposes of reproduction only, and even within that context it would be a sin to enjoy it.

These ideas have also stigmatized male sexuality outside the confines of heteronormativity. Although homosexuality is no longer illegal, or deemed a mental disturbance within psychiatry, the stigma of men having sex with other men persists. And for those whose gender identity does not fit within the traditional binary paradigms, the stigma surrounding sex and gender can have complex, and sometimes dangerous implications.

North American culture continues to subordinate women by maintaining the ideas of the purity of a “lady” and a particular type of behaviour worthy of respect and societal care. The legacy of this value system persists today and has normalized men’s domination and control of women as their “property” while upholding harmful narratives of masculinity. If you are a “good girl” and have a man to validate you as such, you are deserving of care, protection, and justice. If you are bad, dirty, or otherwise sexual outside of the context of marriage, you are not deserving of care, and this translates into stigma against sex and consequently sex work. Even today, women who chose to have sex for pleasure, on their own terms, are labelled negatively as a “slut,” a “whore,” “dirty,” or “promiscuous.”

““Promiscuous,” a word generally applied only to women and to gay men, is one of the harsh epithets with which the culture condemns a woman who has any kind of sexual past... The fear of being labeled promiscuous accompanies contemporary girls on each stage of their erotic exploration.”
(Wolfe, 1997)



Stigma of Selling or Trading Sex :

In advanced Capitalist societies, there is an expectation for people to commodify their bodies; money is necessary for survival, and you earn money through labour. Bodies are traded in all different types of work: physical labour, sports, fitness, stunting, modelling, acting, dance, for example. Despite this imperative of capitalism, sexual labour is treated very differently than all the rest. It is the only type of labour which is moralized, and either criminalized, or heavily legislated or regulated across the globe, regardless of its legal status.

Stigma in the sex trade is amplified by intersectionality, layering race discrimination and oppression of Black, Indigenous, and People of Colour (BIPOC), 2SLGBTQI+, abilities, class, mental health, and substance use. These are also all factors that can exclude people from traditional labour markets. It is well documented in research that social stigma is considered one of the central mechanisms of unemployment, with much of the social stigma literature “focussing on the stigma of mental or physical illness, race, ethnicity, sexual orientation, etc.” (Krug, Drasch, & Jungbauer-Gans, 2019)

Not only are the pathways for entry into the sex trade shrouded in stigma, but that stigma also becomes a barrier for career change. As one former sex worker put it in

an article for the Pacific Standard, “transitioning from sex work is made all the more difficult by the stigmatized identity imposed upon us by our professions. Critics say people should get out of the sex industry but then shun former sex workers when we do make the transition” (Petro, 2015).

For participants of the *Hearing Them* consultations who disclosed that they were trying to exit or still involved in the sex trade (approximately 39% of the whole sample), 74% indicated that they would need a good job, or access to employment, and 38% said they would need more confidence in themselves to be able to make the change.

Of all 149 respondents, 41% said they currently needed support around building their confidence, and 34% needed support for a career change (employment or more education) for their general support needs.

The act of exchanging sex for money or resources is layered onto the stigma of being “dirty” or “impure” even though these ideas willfully ignore the correlation to traditional marriages as similar. Consider dowries, fathers giving the bride away, diamond rings to claim the hand of a woman claiming her body as his own. All these concepts/practices are the exchange of resources for sex and the promise of trading the body through monogamy/fidelity for security. This double standard stigmatizes independent women who are not protected by a man, and rationalizes the ownership or management of women’s bodies, which in turn sets up the foundation for “pimping” in the sex trade.

The word prostitution, which is still commonly used to describe a particular type of sex work, is defined by the Merriam-Webster online dictionary as:

1: the act or practice of engaging in promiscuous sexual relations especially for money

2: the state of being prostituted: DEBASEMENT

These descriptors, imply that those engaging in the act are unselective and indiscriminate with their sexual partners, or that they are of lower value, character, or status if they are being “prostituted.” If one “chooses” to sell sex independently, this stigma is exacerbated by the values associated with people who engage in sex for pleasure (being a whore or slut), which translates for all genders engaging in sex work, (transgender, two spirit, gender



fluid, gender queer); also impacting boys and men who engage in sex work, particularly men having sex with other men. If one is selling sex by means of a third party “pimp,” their value or worth has been lowered because of their experience.

Hearing Them respondents talked about this stigma in their interviews when asked if they ever felt judged or unwelcomed when accessing services. In fact, 68% (96 individuals) reported feeling judged or unwelcomed when trying to access services at some point in their lives.

“I’ve felt judged many times, when we say we are in sex trade, they look at us dirty, like we’re not human”

“Yes, many times I have been treated like I was not smart enough to understand what they were saying, like I didn’t know my rights.”

“Feeling judged by service providers, police, and health care professionals were mentioned repeatedly in the interviews when asked about the worst services people have received.”

“In the past I’ve felt like counselors looked at me like I’m a piece of shit.”

“The employees judged me. They were unprofessional, pitied me, and then breached confidentiality.”

“The worst was being judged, getting taken out of your home and put in a place you didn’t want to go as a kid. And as a parent, having your kid taken away.”

The stigma of selling sex then, starts to have real consequences for individuals engaged with systems, and particularly the Child Welfare System, where parental disclosure of involvement could be viewed as harmful to children, and the risks of having your children taken away from you simply because you are a sex worker, increases.

“They (police) called child and family services and tried to make me look like a psycho.”

“Scared to tell people anything because they might not think I’m strong. It’s hard to ask for help because they will try to take my kids.”

“The worst was at the hospital. I confided in a nurse, and she called birth alert because she feared for my daughter’s safety. This was the first time encountering a social worker. Thank God she did not have her story right.”

One respondent spoke about the downward spiral effect that this can have on people.

“I don’t think people understand how many mothers start doing drugs after they take your kids, they just want that pain to go away.”

For 13% of *Hearing Them* respondents, involvement with the Child Welfare System as a parent was the reality, with Indigenous respondents being significantly over-represented in that group; 22% of Indigenous respondents compared to 4% of white respondents.



Stigma of Race:

“Racial stigma - like race itself - is ultimately a social construct. This means that the norms and rules about which categories of individuals will be valued or devalued are defined by society, even by the government, but not by nature. There is, after all, nothing inherently wrong with having dark skin or being a racial minority in society. Such a status does not itself lead to mistreatment or discrimination. . . . An attribute becomes disfavored only because of the social information it carries. In this sense, the problem of racial stigma is best understood as a problem of social or cultural meanings” (Lenhardt, 2004)

Racially visible people have long been marginalized and oppressed because of stereotypes that they are, not worthy of services, illiterate, dangerous, scammers, not trustworthy, and intoxicated etc. Throughout the history of colonization and residential schools in Canada, the narrative of Indigenous people as “savages” rationalized a systemic genocide of Indigenous cultures and peoples across the country. The concrete harms and consequences of racial stigma are well documented within global research on the topic. “Racial stigma imposes real, concrete harms on African Americans and other racial minorities that negatively affect them in their personal lives and also operate at a group level to deny them certain tangible and intangible benefits” (Lenhardt, 2004). In addition to marginalizing whole communities from power and wealth, racial stigma can have significant impacts on health outcomes, physically and mentally.

In the other *Hearing Them* papers, the risks and experiences of black and indigenous participants are examined as unique and systemic. So again, we see the impacts of stigma on economic and mental health outcomes, not only being a contributing factor to entering the sex trade, but also being a source of ongoing trauma and barrier for access to services and support, particularly coming from police and law enforcement.

“I was assaulted by three non-native people in Sydney. The police came, I thought they were going to help me, they arrested me and charged me instead. Because those people got a story together that I was fighting them. The police believed it. Once I was in the police car my information came on the radio. It said I was an aboriginal, often intoxicated, and I was very aggressive and violent.”

In this case it is highlighted that there can be a very harmful outcome when someone reaches out for help and is stigmatized because of their racial identity. It causes them to be discredited and, in this case, criminalized when they were the ones asking for help. Negative experiences like these are internalized and contribute to a distrust of systems and law enforcement, which will influence whether they would ever call police again if they were in a dangerous situation.



For the 64% of Indigenous respondents who had called police for help, 74% indicated that it was a negative experience. For the 73% of Black respondents who had called police for help, 37% indicated that it was a negative experience, and 26% reported having both, positive and negative experiences.

When racial stigmas are paired with the stigma of being a sex worker looking for supports it can be twice as dangerous. Many respondents talked about not being believed by police, or, as mentioned above calling police for help, and then being the one who was arrested.

“I called for someone else because they were hurting me, and the cops took me instead.”

“Many years ago, I phoned police because I was being assaulted by my spouse. I was arrested instead. So, a hard no.”

“They believed him and didn't believe me.”

Racial stigma can also impact an individual's recovery and advancement when trying to exit the sex trade. This shows up particularly in relation to services without diverse staffing or understanding of culturally relevant practice and care. By not taking this into account when setting up services or when working with a client it can cause them to feel judged, upset, and less than their counterparts.



Substance Use Stigma:

The use of substances is pervasive in North American culture. People start their morning with caffeine, some enjoy a glass of alcohol with supper or in social environments, nicotine and cannabis are widely available to adults across Canada. Prescribed medication is accepted, understood, and legitimized as medicine. People everywhere use psychoactive substances to alter or enhance or simply just manage their experiences. Only some people, however, are stigmatized for their substance use and this is determined by our institutions and laws, when it becomes a health disorder.

In our *Hearing Them* consultation 32% disclosed that their substance use interfered with their ability to navigate everyday life; 50% said it did not; 18% said substances use was not a problem for them anymore. 53% of respondents reported current active substance use with substances ranging from caffeine, nicotine, cannabis, alcohol, opiates, and other street drugs.

According to Canadian Centre on Substance Use and Addiction, "The stigma around substance use is one of the biggest barriers for people seeking and receiving treatment for substance use disorders.". With a lack of safe supply on the black market, this stigma is killing people.

Substance Use stigma can present in three ways:

Self-stigma

happens when someone internalizes negative messages about people who use drugs and apply them to themselves can lead to low self-esteem and feelings of shame can cause someone to not access support because they fear being judged or discriminated against can cause someone to hide their drug use or use drugs alone.

Social stigma

negative attitudes or behaviours towards people who use drugs or towards their friends and family members negative labels and images in everyday conversation and in the media talking about addiction like it is a choice judgement and discrimination from other people can lead to self-stigma, and cause harm such as not reaching out for help or using drugs alone.

Structural stigma

policies in health and social services that increase stigma, such as not providing services until drug use is better managed when healthcare providers or first responders do not take people affected by drug use seriously workplace policies that cause harm and unintentionally encourage people to hide their drug use or prevent them from seeking help (example: unnecessary drug tests) not connecting people with health or social services because of their drug use and lower quality of care when services are accessed.

Direct source Government of Canada (2022). "Stigma around drug use."
(<https://www.canada.ca/en/health-canada/services/opioids/stigma.html#shr-pg0>)

Hearing Them respondents noted that they experienced judgement for substance use at a variety of locations, with rural hospitals and transition houses being noted as needing the biggest change in practice and approach for dealing with people using.

"At the hospital when I OD'd, the nurses knew who I was. It didn't turn out well."

"Because I'm a drug user they think I'm there for drugs. I have not seen a doctor in 8 years because of how I am treated."

"They (emergency shelter) kicked me out for having paraphernalia although they claim a harm reduction support."

It is important to understand that where substance use and sex trade engagement intersect, complex trauma exists. *Hearing Them* respondents reported very high levels of lifelong trauma, going back to their childhoods.



85% reported having experienced violence or abuse in the family home, 84% reported having witnessed violence or abuse as a child, and 61% disclosed that they were sexually abused as a child.

Stigmatizing people for their substance use is also stigmatizing people for their trauma. “Early trauma exposure is well known to significantly increase the risk for a number of psychiatric disorders in adulthood, although many who had childhood trauma exposure are quite resilient. . . . Ample evidence has shown that childhood trauma compromises neural structure and function, rendering an individual susceptible to later cognitive deficits and psychiatric illnesses, including schizophrenia, major depression, bipolar disorder, Posttraumatic Stress Disorder (PTSD), and substance abuse. Particularly, the link between trauma exposure and substance abuse has been well-established. For example, in the National Survey of Adolescents, teens who had experienced physical or sexual abuse/assault were three times more likely to report past or current substance use than those without a history of

trauma. In surveys of adolescents receiving treatment for substance abuse, more than 70% of patients had a history of trauma exposure.” (Khoury, Tang, et al. 2010)

Normalizing substance use means understanding people require substances for a variety of reasons. Although we may not understand the benefits all substance use comes with benefits and consequences. It is especially difficult when we can clearly see the consequences without understanding the benefit. Yet, it is not for us to determine what is right for someone else. Especially when we lack adequate support for recovery in every aspect of our health care and social services systems: lack of harm reduction policies and practices in health care, lack of harm reduction based supportive housing; lack of access to detox that is linked to longer term residential recovery programs; lack of harm reduction-based recovery and harm reduction maintenance models, all requiring abstinence. Lack of income and opportunities to survive beyond poverty; lack of personal safety and security; lack of community care.

When asked about the gaps in the system for people trying to make changes in their lives, *Hearing Them* respondents overwhelmingly noted the lack of housing, mental health support and effective recovery programs available in Nova Scotia, and particularly in rural areas of the province. These gaps will make change extremely difficult for people to be supported in any type of treatment or care they may want.

“Being on a methadone or suboxone is great but having a counsellor or psychiatrist to talk through a lot of my problems is better.”

“Mental health addictions services have social workers who aren't properly trained for people with addictions”

“More services outside the city for drug addiction.”

“Funding safety and addictions should go hand in hand because human trafficking and addictions go hand in hand.”

“Affordable housing for people who use substances from harm reduction lens with an eviction prevention/support worker.”



Stigma of Criminalization:

“Criminal records perpetuate stigma, poverty, and marginalization, and prevent access to what people need for successful community integration, from housing and employment to education and volunteer opportunities. That punishes not only individuals with records but also their families — especially their children — and prevents these individuals from contributing meaningfully to their community.” (Pate, 2019)

According to many different national data sets, 7-10% of Canadians have a criminal record. For *Hearing Them* respondents this was the reality for 64% of the sample – with 49% reporting having been incarcerated for more than 1 month, and 21% reporting having spent time in a detention facility as a child or youth.

According to a document from the John Howard Society, as well as leading to a denial of human rights protections, the effects of discrimination of people with criminal records is pervasive and can influence things like access to employment, education, housing, child custody, and commercial victimization. “While about 10% of Canadians have a criminal record and most do not reoffend, there are many public misperceptions about what it means to have a criminal record. If it becomes known that neighbours and acquaintances have criminal records, they may become ostracized. Due to the fear and stigma associated with past criminal behaviour, those with criminal records experience social exclusion” (Latimer, 2016).

Many respondents with a criminal record from HRM reported using programs from agencies with a mandate to serve criminalized women, such as Coverdale, The Elizabeth Fry Society of Mainland Nova Scotia, and Stepping Stones’ Court Support program which serves all genders. These programs were all mentioned as some of the best services people were accessing.

“Caitlyn's House [Coverdale] got me out of jail. They helped to provide a place after jail.”

“I got the most out of programming (from E-Fry) when I was incarcerated and had time to focus and invest personally.”

“When E-Fry came to Burnside and taught healthy relationships and it stuck with me.”

Despite the services available to criminalized women, service gaps were still noted in this area.

“We need more services available for resources from leaving jail to back in the community.”

“There are not enough services outside of the city.”

“More affordable housing, long-term rehabilitation for sex workers, or women that were incarcerated.”



What works? Practices that can reduce barriers caused by stigma:

Non-Judgemental Support

We do not know what leads someone to where they are. Personal agency respects self-determination and provides the supports required to enable a person to live with their basic human needs met, stability, care, and wellness. To be truly non-judgemental in practice means that service providers and first responders recognize people's agency in decision-making in their lives without moralization or value judgement.

While supports are needed to assist people to make a change and exit the sex trade, supports should not be contingent on someone's willingness or ability to exit the sex trade.

“Organizations try and put you in a box and if you don't fit it perfectly, they can't help you.”

Overwhelmingly, *Hearing Them* respondents consistently mentioned the same organizations as providing the best services they have received because they were “non-judgemental” “compassionate” and “unconditional”

“The GATE worker [with E-Fry] is non-judgemental, understanding, compassionate and trying to understand, though we don't share experiences.”

“They [Jane Paul Centre] are non-judgemental; they listen and are supportive and helpful.”

“[POSSE], who go beyond, that have your best interest at heart. Non-judgemental and open... an open arms type of person but not in a weird way. There is genuine care, you love what you do and make me feel safe.”

“I feel there are people there [at Stepping Stone] who don't judge and know what the experience is like.”

(YWCA Halifax) “Providing unconditional support and time and space to heal.”

One of the key principles of non-judgemental support is being intentional and mindful of the language people are using to describe individual's experiences. Language matters, learning to use language that honours an individual who is sex trade engaged, racialized, gender diverse and/or using substances helps reduce stigma in our society and structures moving people from the margins and back into the circle of care and community.

Fortunately, providing non-judgemental support does not come with a large price tag, it is something that can be integrated into services and supports through practice and trauma-informed policies and procedures. Unfortunately, providing non-judgemental support is rooted in individual's biases and personal value systems, which are not always easy to change. However, with training and a better understanding of people's whole stories, service providers and first responders can minimize the effects of their own personal beliefs and judgements in their practice.

It is the responsibility of agencies and organizations to ensure that if they are claiming their services and supports are non-judgemental, they are also taking the necessary steps to provide non-judgemental services in their hiring screening and practices. And are responsive to feedback provided by participants who are feeling judged, shamed, or stigmatized by the circumstances of their lives.



Peer Support:

Peer Support Canada describes peer support as an “emotional and practical support between two people who share a common experience, such as a mental health challenge or illness. A Peer Supporter has lived through that similar experience and is trained to support others.”

<https://peersupportcanada.ca/>

One way that agencies can ensure non-judgemental support and reduce the barriers of stigma in accessing services is through the employment of Peer Support Workers. In the context of the sex trade, this means employing support workers who have disclosed their involvement in the sex trade and are now using

their experiences as a source of strength and career change. Despite two people having the same lived experience, they can still process that experience in quite diverse ways. Peer support workers will not be able to know exactly how someone feels, but they have the knowledge and experience that allows them more insight into the types of situations that people have endured.

Hearing Them respondents were asked about the best services they had received, the responses celebrated the work of organizations who employ people with lived experience: Stepping Stone, POSSE, E-Fry and YWCA Halifax.

“Found it comforting to receive help from people who had lived experience.”

“The best part about the services I have received is that I know that I am not alone, no matter how scared and alone I felt, I know now that there are many people in the same situation I was. The services have made me feel comfortable and safe. I feel like I can now help other women who are walking in my shoes.”

Some *Hearing Them* respondents also indicated that they would like to have access to more peer-based programs, and those that were specifically for people who were currently or formerly engaged in the sex trade, to support one another, and create safe spaces of shared experiences. This was particularly important for those who identified as adult independent sex workers.

“We need more first voice-based organizations.”

“Access to peer outreach workers is limited with the high demand for the need.”

“There’s not enough mental health supports for current/former sex workers, and a lack of understanding for the issues sex workers face.”

“We need a support group for people who have left the sex trade or are trying to leave. Of course, notifications not plastered all over the place. And never in the same spot because there are so many creeps that would drive around there if it was in same spot each week.”



Culturally Specific Supports:

Through analysis of the *Hearing Them* data it is evident that the need for diversity and culturally relevant practices in supports and services is high, and the importance of being understood in the context of who you are as a whole person. By understanding someone's cultural identity it becomes easier to connect and foster an environment of self-acceptance which, in turn, helps people to get past the shame of the stigmas attached to being a racially visible person along with a sex worker.

“The best services I have received were related to having the come from someone that looked like me.”

The systemic gaps in services specifically for Black and Indigenous people were repeatedly mentioned.

“More supports and services that are specific to Black/ Indigenous people are needed”

“There are not enough black workers to support me.”

“There are not many services for African Nova Scotian women.”

“There are gaps with culturally appropriate help. There’s no long-term rehabilitation and a lack of housing.”

“We need more aboriginal programming, like full time elders, both male and female, to do sweats.”

“Most services are short term and not enough people who can identify with me. Systemic barriers based on race.”

“Seems to be nothing out there for black people.”

Mainstream organizations serving African Nova Scotian, Indigenous and individuals from the 2SLGBTQIA+ communities can check out our Coordinated Access to Support Exit (CASE) Culturally Specific Inclusion Guidelines in the Appendix of this report for best practices offering support.



Harm Reduction:

It is widely accepted across Canada that harm reduction is the best practice to reduce stigma of people who use substances whose lives have been harmed by their substance use. Harm reduction is a philosophy and value that meets people where they are at, honours them as experts in their own lives and needs and seeks to reduce the harms associated with substance use, without requiring abstinence. Harm Reduction challenges moralization of substance use, accepting substances (prescribed or not) are a part of the human experience, without a desire to isolate or punish people. Harm reduction focuses on overall wellbeing of the individual, community, and society. The focus is on the reducing harms of the use, rather than the use itself. Many “good” people use substances; using substances does not make someone “bad.”

Harm reduction practices should also be implemented for those who continue to engage in the sex trade by providing: access to safe sex supplies, safe spaces for sex work to occur to help reduce missing persons, methods to share bad dates with other people engaged in sex work, access to non judgmental sexual health care, safe supply of substances to assist people engaged in sex work with control of their own substance use, so their need for substances is not in the control of others (i.e. knowledge to inject themselves), safety planning with service providers, and reporting of sexual violence that either do not involve the police or can be done with specially trained police.

“There are not enough counsellors. Not enough areas to run to get away from pimps. We need way more outreach support, online support services, app to know where we are, training for police on sex trade, access to services that we are not judged for being in the sex trade, safe areas to do sex work and not at a hotel, and safe supplies to use such as lubricant.”

“We need a safe space for sex workers that is available 24 hrs.”

“We need changes in system. There are gray areas that are not covered. We need more policing for the safety of sex workers, and less judgment.”

“There are not enough ways for getting women out of bad situations without using police.”

“We need the Government to not criminalize sex workers... If we are 18 years, we are doing a job, leave us alone.”



Conclusion and Recommendations:

There is sympathy in society for people understood to be victims of sexualized violence. Although, the stigma and shame around sex seeps into the experience of those understood to be victims; the victim themselves are still viewed impure, damaged, ruined. Thus, internalizing this stigma into beliefs about themselves if not given the appropriate support to heal. For those who do not view themselves as victims, or who engage in the sex trade by choice, this stigma is even greater, and will impact their willingness to reach out for support if they need it.

Moralization about behaviour and lifestyle inhibits honest conversations about people's health, needs, wants, desires, and their engagement in the sex trade if they are viewed and treated as "dirty," criminal, or somehow morally failing. These are the attitudes and values which stigmatize people in the sex trade, whether they are engaged by choice, coercion, or force.

People engaged in the sex trade experience the most stigmatization, especially if they are racialized, gender diverse, using substances or have a history of criminalization. They are more susceptible to shame, blame, humiliation, and are at risk of being further

criminalized or experiencing systemic trauma. Our system upholds stigmatizing beliefs that 1) everyone participating in the sex trade is either a victim or a prostitute 2) victims and those who choose to exit the sex trade are more worthy of supports and program investments and 3) if they have chosen that lifestyle, any violence they experience is their own fault. Our system is reactionary and often requires people to hit rock bottom before they can access services and supports. These are systemic problems that perpetuates stigmatizing attitudes without considering what lead someone to where they are. It is also important to note that "rock bottom" for many, is dead.

Stigma kills. Our moralism is deadly. Religious puritanism and patriarchy dehumanize and justify the murder of those who engage in "immoral activities." Our systems condone the death of people engaged in sex work, by upholding beliefs and laws that diminish the human value of sexual and particularly "femme" identifying people. These attitudes prevail in the social service sector through the dominance of second-wave feminism and sex work abolitionists, which prevent honest disclosure from people engaged in the sex trade and inhibit their access to supports.

Stigma prevents people from seeking support because health care denies people who are sex trade involved, racialized, using drugs, and criminalized. Accessing basic

human rights such as housing, income, care, dignity, respect, and the medicine they need, Come with the looming fear of criminalization. Our system of care often fails to respect that people are experts in their own lives and needs, they are family members, friends, partners, and community members, deserving of care. We cannot assume to know what is best for people, when we are not living their lives.

The following recommendations are rooted in the responses from people with lived experience of the sex trade in terms of what they think is best for them when trying to access services and supports.

1. Training and hiring peer support workers across sectors

- a. Peer support is a proven practice which can reduce the stigma of a variety of experiences for individuals seeking support and services within Nova Scotia. Due to the intersecting nature of marginalization in sex trade involvement demonstrated throughout this paper, it is recommended that all sectors – Healthcare, Justice, Education, Community Services and Non-Profit – hire and train people with a variety of lived experiences within their agencies and organizations, to reduce the stigma faced by people trying to access those services, and to ensure truly non-judgemental spaces and supports.**



b. Often peer support workers are not fully integrated into support teams, and face stigma and are treated as “less than” by professionals with formal education in social work and human services. The Nova Scotia Community College has been engaged with TESS partners on the creation or accreditation of community-based training for peer support, it is recommended that this work continue to develop a recognized credential for Peer Support, to support and scale the use of peer workers across NS.

2. Development and implementation of Harm-Reduction training and policies specific to sex work for service providers, health care practitioners, and law enforcement

- a. Develop rural harm reduction based supportive housing options for people living with substance use dependency disorder.
- b. People who identify as independent sex workers have reported numerous encounters with service providers and first responders which do not take their safety and support needs seriously, or that requires them to identify as victims to access services. It is recommended that the agencies within the TESS network which have been taking a harm reduction approach to support, develop and deliver a training module on best practices for supporting sex workers using this lens.
- c. Develop clear harm reduction policies for healthcare, especially within hospitals (from emergency, inpatient and outpatient support); including rural solutions to improve access to detox and recovery programs. Engage people who

have lived / living experience with substance use dependency and Harm Reduction organizations working with people who use substances in the process and have funds to pay them for their expertise to improve healthcare for all.

3. Safe reporting and feedback mechanisms from participants to programs

- a. As discussed, in-depth in this paper, people who are sex trade engaged are regularly denied services and supports due to bias, judgement, and/or the complicated nature of their experiences. It is recommended that agencies and organizations create systems of safe reporting and feedback when this happens to people.
- b. Develop and deliver province wide, especially in rural areas, non-police mental health and addictions crisis response unit, including peers with lived and living experience.

4. Intentional inclusion practices and diverse representation in agencies and organizations

- a. One of the systemic gaps repeatedly mentioned by *Hearing Them* respondents was related to a lack of cultural awareness and inclusive services offered by mainstream organizations and agencies within Nova Scotia. It is recommended that TESS Partners review their existing inclusion policies and hiring practices to ensure their staff teams are diverse and representative of the people they are serving.

b. Services that are delivered by African Nova Scotian, Indigenous and 2SLGBTQ+ organizations are severely underfunded in Nova Scotia, and often lack the capacity and infrastructure to expand and deliver front line services in community. They are also the organizations expected to support mainstream agencies in the development and implementation of inclusive practices. It is recommended that the Government of Nova Scotia designate more funding streams available to these organizations to ensure that all Nova Scotians, regardless of their racial or gender identity, have equitable access to appropriate opportunities, services, and supports.

5. Further research and engagement on the legal status of sex work

- a. One question the *Hearing Them* consultation did not ask was related to the decriminalization or legalization of adult independent sex work; however, this issue came across in some responses on the questions of gaps and needs within the system. While this is an issue that creates much tension and is often mired in values and beliefs with service providers and first responders, it is one which is worthy of further inquiry and research to understand how criminalization impacts people’s safety and well-being while engaged either by force, coercion, or choice. It is recommended that the TESS partnership create safe spaces for the discussion of the legal status of sex work which includes people with lived experience and an in-depth cross-jurisdictional review of countries which take approaches other than the one currently implement in Canada, to fully understand how the legal status of the adult independent sex trade impacts rates of violence against sex workers and human trafficking.



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Appendix 1: 2SLGBTQIA+ Inclusion Guidelines

Appendix 2: African Nova Scotian Inclusion Guidelines

Appendix 3: African Nova Scotian Inclusion Guidelines

Appendix 4: Risk factors for being vulnerable to CSEC:

Health and well-being indicators in Nova Scotia and Canada developed by Jenna Hopson and Lila Pavey, IWK Health Centre, for *Hearing Them: Exploring the vulnerability and risk factors for commercial sexual exploitation of children and youth in Nova Scotia (2022)*



2SLGBTQIA+ Nova Scotian Inclusion Guidelines

This checklist is for service providers (government, non-profit or corporate) who work with, for, and support people who are part of the 2SLGBTQIA+ community living in Nova Scotia.

TERMINOLOGY

Pronouns: Pronouns are part of someone's gender expression, and people can have multiple sets of pronouns for themselves (such as using both he/him/his and they/them/theirs). Pronouns are not "preferred" but instead are required for respectful communication. (University of Wisconsin, 2023)

Gender Identity: is a person's internal and individual experience of gender. A person's gender identity can be the same or different from their assigned sex at birth. Gender is a spectrum and therefore a person's gender identity could be masculine, feminine, both or neither. (Kids Help Phone, 2023)

Sex: the term used to describe a person's biology and what parts (i.e.: visible sex organs) are used to assign their sex at birth. (Kids Help Phone, 2023)

Sexual Orientation: describes the way a person feels towards people of a particular (or more than one) gender, physically, emotionally, sexually and/or romantically. (Kids Help Phone, 2023)

Deadname: the name that a transgender person was given at birth and no longer uses upon transitioning. (Merriam Webster, 2023)

2SLGBTQIA+: The acronym that stands for two-spirit, lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual. (Kids Help Phone, 2023)

Two-Spirit: A person who identifies as having both a masculine and feminine spirit. The term is used by some Indigenous people to describe their sexual, gender and/or spiritual identity. (LGBTQ Health, 2023)

Lesbian: someone who identifies as a woman who is physically, emotionally, sexually and/or romantically to people who also identify as women. (Kids Help Phone, 2023)

Gay: someone who identifies as a man who is physically, emotionally, sexually and/or romantically to people who also identify as men. (Kids Help Phone, 2023)

Bisexual: a person who is physically, sexually, romantically and/or emotionally attracted to people of their own and other genders and who identifies as bisexual. (Kids Help Phone, 2023)

Transgender: people whose gender identity differs from the sex they were assigned at birth. People whose gender identity falls outside of the gender binary (the idea that there are only two genders – man and woman) may also call themselves trans. (Kids Help Phone, 2023)

Queer: a broad term that includes all sexual orientations and gender identities within the 2SLGBTQ+ community, including those who don't identify with any other identity in the 2SLGBTQ+ acronym. The term queer can be both positive and negative. Historically, queer was used as an insult, but it has been reclaimed by some folks in the 2SLGBTQ+ community to self-identify in a more positive and empowering way. (Kids Help Phone, 2023)

Intersex: intersex describes when a person is born with both male and female sex organs or other sexual characteristics. Some intersex individuals are assigned a sex at birth that they're raised as, which may or may not fit with how they view their gender identity. (Kids Help Phone, 2023)

Asexual: a person who doesn't experience or rarely experiences physical attraction to other people but may be emotionally attracted to others. (Kids Help Phone, 2023)

Cisgender: a person whose gender identity and gender expression match the sex they were assigned at birth. (Kids Help Phone, 2023)

GENERAL

1. Make sure you are using correct pronouns for people. Use pronouns on email signatures, when introducing yourself and others.
2. If you make a mistake, apologize and move on. Do not make it about you.
3. DO NOT out any members of the 2SLGBTQIA+ community. It is not your place to do so, and it can be extremely dangerous for them to be out to certain people.
4. Be respectful and non-judgemental



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REPRESENTATION

- Include 2SLGBTQIA+ employees in all levels of programming and employment.
- The use of pronouns allows others to feel comfortable in the space to be able to be their authentic self. Employees need to use correct pronouns and correct others when they use incorrect pronouns; it is a human right. Educate staff and others around pronouns and their importance.
 - a. Move forward with including pronouns in communications (e.g., email signatures)
 - b. Make it standard practice when introducing someone (e.g., "This is my colleague Jenn, whose pronouns are she/hers.")
 - c. Add pronouns to name badges.
 - d. Recognize that there are pronouns beyond 'him' and 'her.' This includes 'they' but also neopronouns and Indigenous terms. For example, neqm (or nekm) are Miqmaq terms for gender.
- Make sure that there are gender neutral washrooms available.
 - a. Make sure that male-designated bathrooms include supplies and amenities for sanitary napkins and menstruation products.
- Edit out any gendered language and make sure all messaging is as neutral as possible.
 - a. Except where gender matters to the care of the client.
- Partner with the Transgender Inclusion Committee to make sure that all practices are the same.

CULTURE

- Make all employees aware of terms and definitions and specifically point out what is outdated and not acceptable.
 - a. Have resources easily accessible for staff to double-check.
- Learn from the mistakes. Instead of getting defensive, listen, educate yourself, and acknowledge that you've made a mistake.
- It is not up to your 2SLGBTQIA+ staff or clients to educate. Do your own research as some questions could be triggering to some people.
- Remember that Two-Spirit identities are rich and complex; they are more than sexual orientation and/or gender identity but there is overlap with marginalized sexual and gender identities. There are cultural aspects beyond sex and gender.
 - a. Recognize that Two-Spirit is an umbrella term as well.

PERSONAL

- DO NOT out any member of the 2SLGBTQIA+ community. It can be extremely dangerous for them to be out completely, and it isn't up to you to inform others. They might feel safe to come out in the space that you've created, but homophobia and transphobia still exist outside of that space.
- Incorporate a dress code that allows people to feel comfortable expressing their identity without judgement.
- Be supportive and have supports for people who are transitioning.
- Avoid making assumptions about identities based on a person's appearance.
- Correct people who use deadnames and incorrect pronouns. It isn't always up to the 2SLGBTQIA+ community to advocate, allies need to help educate.
- Respect the name that people identify with, even if it doesn't match their legal name. Many transgender, non-binary, and gender-diverse people are uncomfortable being referred to the name assigned at birth as it does not reflect who they are. This is commonly referred to as a 'dead name'



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African Nova Scotian Inclusion Guidelines

This checklist is for service providers (government, non-profit, and corporate) who work with, for and support people of African descent living in Nova Scotia.

TERMINOLOGY

African Nova Scotian – the Nova Scotian government uses the term African Nova Scotian to reference all people of African descent living in Nova Scotia.

Indigenous African Nova Scotian – Indigenous African Nova Scotians are the descendants of free and enslaved Black Planters, Black Loyalist, Black Refugees, Jamaican Marrons, and other Black people who have inhabited the fifty-two historic Black communities of Nova Scotia. These are a group of distinct people whose families/ relatives have been in Nova Scotia for over 400 years. Their culture is unique to other people of African descent because of this history.

Immigrant African Nova Scotian – people of African descent who have recently migrated from another place in the world. These are people who cannot trace their lineage or ethnic origin to historic Nova Scotian communities. They may also identify as African Canadian, Jamaican-Canadian, Caribbean, etc

GENERAL

1. Be intentional and open minded when dealing with individuals living with trauma
2. Be nonjudgmental
3. Be respectful
4. Apologize if you make a mistake

REPRESENTATION

- Have employees who have similar lived experiences as them.
 - a. People from Indigenous African Nova Scotian communities working with Indigenous African Nova Scotians
 - i. Sometimes there is a barrier between Indigenous ANS people and Immigrant ANS because of the different cultures they have been raised in. Although the complexion of their skin may be similar, Indigenous ANS members have a different world view due to centuries of racism, systemic racism, and colonization.
 - b. Have ANS employees throughout all levels of the organization
 - i. Sometimes ANS people are only seen working in positions such as janitors/ cleaners, and servers.
- Realize that all ANS people do not know each other.
 - a. DO NOT assume that all ANS people, especially Indigenous ANS, know each other. There is a shared sense of community amongst Indigenous ANS community members, but that does not mean that every community member knows each other.
 - b. DO NOT state "I have a Black Friend" or bring up stories about your experience with other Black people.
 - i. this does not validate your ability to engage with ANS people.
 - ii. This is a microaggression because to ANS people it says "I've had an interaction with one person from your community, so you should trust me"
 - iii. ANS people do not feel more comfortable around you because you said you have a "Black friend". This actually sends a red flag because most of the time the comment is used to build an artificial bridge of trust. Trust takes time and simply having one positive interaction with a person of African descent does not automatically make you a trusted individual to the ANS community.



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- Have a warm and inviting space.
 - a. Historically, clinical feeling spaces have not been welcoming of minority groups especially Indigenous ANS community members
 - b. Ways of making your space inviting would be:
 - i. Colorful atmosphere
 - ii. Local artwork that reflects the culture

CULTURE

- People who know the culture, understand and can respond appropriately when in uncomfortable situations
 - a. Due to the history of colonization and intergenerational trauma a lot of times people from the ANS community feel they must constantly be on guard when interacting with people from other races. By knowing this history, being patient and asking questions will help to make people feel less uncomfortable.
- Ask questions to better understand – admit when you do not know or don't understand something
 - a. Go into the community to build relationships and to become a trusted ally.
 - i. Don't show up only in times of need.
 - ii. Don't reach out only during Black History Month.
 - iii. Don't show up with the mentality that you are going to "fix" or "save" people.
- Realize that all ANS people are not the same and the communities they come from are all unique.
 - a. Be accepting of people's clothing and the way they speak.
- Due to ANS History the presence of service providers can create uneasy feelings.
 - a. Specifically, Law Enforcement – Police and Judicial System- have a strained relationship within ANS communities
 - b. Medical Services – Doctors, nurses, etc have not always been welcoming. People of African descent are often misdiagnosed because medical literature does not show how medical conditions impact people of African descent differently than people of European Descent
- Do your homework, it's not the responsibility of ANS people to education you on history, culture, and beliefs.
 - a. Understand the difference in beliefs and tone and be accepting of it
 - i. ANS people are the experts for their own experiences
- Be educated on intergenerational trauma and be trauma informed
- Do Not use racial slurs, and be cautious of biases and micro aggressions
 - a. Not allowing other participants to act unfairly to ANS participants
 - b. If you see injustice "Speak Up".

PERSONAL

- Allow a support person to be present
 - a. In some cases, people of African descent have barriers to accessing services (Ex: thick accents, lack of transportation, low literacy levels, etc). It helps to be able to bring someone who they trust with them, so they communicate and get the right services they are looking for.
 - b. Sometimes a support person can help to create a comfortable atmosphere.
- Be conscious of personal space
 - a. DO NOT touch people's hair
 - b. DO NOT comment on their hair (especially if it was short one day and long another), stating that their hair looks nice is accepted. (Quit while you're ahead)
 - c. DO NOT hug without being given permission. While it is a part of ANS culture to greet people they know with a hug it is not always welcomed.
- Be helpful and respectful to elderly folks
 - a. Pay attention to them
 - b. Make sure they have somewhere to sit while waiting for services
 - c. Let them speak without being cut off
- Have resources close by for all ANS people (Indigenous and Immigrant) to share with them because sometimes they come from different cultures and/or are not aware of services available to them



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Indigenous Nova Scotian Inclusion Guidelines

This checklist is for service providers (government, non-profit or corporate) who work with, for, and support people who are Indigenous living in Nova Scotia.

TERMINOLOGY

Indigenous: of or relating to the earliest known inhabitants of a place, especially a place that has been colonized by the now dominant group. (Merriam Webster, 2023)

2-Spirit: A person who identifies as having both a masculine and feminine spirit. The term is used by some Indigenous people to describe their sexual, gender and/ or spiritual identity. (LGBTQ Health, 2023)

Colonization: The act of taking control of an area or country that is not your own, especially using force, and sending people from your own country to live there. (Oxford Dictionary, 2023)

Truth and Reconciliation: Reconciliation is about establishing and maintaining mutually respectful relationships between Indigenous and non-Indigenous people. There must be an awareness of the past, acknowledgment of the harm, and atonement for the causes and action to change behavior. (Indigenous People's Atlas of Canada, 2023)

GENERAL

1. Recognize the ongoing impacts of colonization
2. Be intentional when working with individuals living with inter-generational trauma.
3. Be non-judgmental and respectful
4. Acknowledge that elders are the backbone of Indigenous communities
5. Apologize if you make a mistake

REPRESENTATION

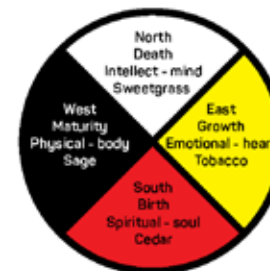
- Be intentional with including posters and artwork that represent Indigenous teachings and practice
 - a. 7 Sacred Teachings & the Medicine Wheel
 - b. Contract local Indigenous artists to promote their work
 - c. Indigenous art as education pieces such as Kent Monkman's The Scream
- Ensure that key pamphlets and program materials are translated into Mi'kmaw'simk
 - a. Hire Indigenous translators who know the language, understand it, and can appropriately use it
- Have employees who have similar lived experiences as Indigenous participant
 - a. People from Indigenous communities working with Indigenous participants
 - b. Have Indigenous employees throughout all levels of the organization
 - c. Have an elder on staff
- Recognize and participate in Truth and Reconciliation Day (Sept 30)
 - a. Use September 30th as an opportunity provide non-Indigenous staff with education on Residential Schools, and reflect on organizational commitment to Truth and Reconciliation
 - b. If your organization remain open, allow Indigenous staff a day of rest on Sept 30
- Be intentional with Land Acknowledgements to open meetings/presentations etc.
 - a. Acknowledge the land using the Indigenous name, as opposed to the colonial name
 - b. Connect the issues directly to the legacy of colonization



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CULTURE

- Education and training for all staff on Indigenous history and culture
 - a. The 7 Sacred Teachings
 - b. The Medicine Wheel
 - c. The Blanket Exercise
 - d. The Indian Act
 - e. Residential Schools
 - f. The Legacy of Colonization
- Understanding and honoring the calls for action in critical national reports
 - a. Truth and Reconciliation
 - b. Missing and Murdered Indigenous Women, Girls and Two-Spirit People
- Understand that all Indigenous communities are diverse and unique
 - a. Not all Indigenous Reserves are the same
 - b. Be mindful of different stereotypes about different communities
 - c. Understand the different challenges for Indigenous participants when it comes to living on-reserve and off-reserve
 - d. Be considerate of service pricing and poverty. - things are cheaper to access on Reserves
- Have a warm and inviting space
 - a. Nonclinical vibe
 - b. Allow smudging in program and meeting spaces
 - c. Incorporate posters and artwork that reflect indigenous culture
- Do not use racial slurs and be cautious of biases and micro aggressions
 - a. Do not use the words "Indian" or "Métis"
- Acknowledge and be respectful to elders as they are the backbone of their communities.
- Do not make assumptions about who someone is or where they are from
 - a. Ask questions like "Where is your home community?" as not everyone is from a Reservation
 - b. Ask what people's first language – do not assume it is English



PERSONAL

- Include anti-racism training for all staff
 - a. Check your biases and have employees do the same
- Have employees who know the culture, understand and can respond appropriately when in uncomfortable situations
 - a. Understand how Indigenous people speak, their tone and style of communication
 - b. Do not judge people on their clothes, smell, facial expressions ("bitch face"), and humor.
 - c. Lack of eye contact is not a sign of disrespect - continuous eye contact may not be expected or even accepted as a courtesy of conversation, especially with elders.
- Consult with Indigenous people about who they nominate and who to trust.
- Have resources close by for indigenous people and share them with them because sometimes they will not know.
 - Jane Paul Centre
 - Mi'kmaq Native Friendship Centre
 - NS Native Women's Association
 - Native Council of Nova Scotia
 - Eagles Nest



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Risk factors for being vulnerable to CSEC: Health and well-being indicators in Nova Scotia and Canada

Dimension	Indicator/Description	Nova Scotia	Across Canada	Year & Source
Poverty/Basic Needs Measures				
Poverty - Family Low Income Measures	After-tax census family low-income measure 2019	24.3%	17.7%	2019 Statistics Canada Canadian Income Survey
Housing	Children or youth living with housing need	12.6%	12.6%	2016 Statistics Canada
Food Insecurity	Household members having issues with the quality or quantity of food consumed or having experienced reduced food intake or disrupted eating pattern.	11%	8.8%	2017-2018 Statistics Canada
Violence & Abuse & Involvement in Child Protection Services				
Police Reported Children and Youth Victims of Violence	Children and youth victims of police reported violence by a family member	343 per 100,000	308 per 100,000	2018-2019 Statistics Canada
	Police-reported non-family violence against children and youth	839 per 100,000	655 per 100,000	
Victims of Violence During Dating Relationship	Percentage of students in grades 9 and 10 that report teen dating violence in the last 12 months	21.9%	17%	2018/2019 Health Behavior in School Aged Children
Witnessing Family Violence	One in 10 Canadians (10%) stated that before age 15 they had witnessed violence by a parent or guardian against another adult in the home	unknown	10% of Canadians before the age of 15	2015 – Profile of Canadian Adults who experienced childhood maltreatment
Involvement in Child Protection Services	Substantiated cases of abuse or neglect that required child protective services from the Department of Community Services	3,686 cases	N/A	Nova Scotia Department of Community Services, 2019
Children and Youth in Care	Children and youth from birth to 24 years of age in the care of the Department of Community Services	927	N/A	Nova Scotia Department of Community Services, Jan. 1st-Dec. 31st, 2019
Connection, Belonging & Well-being				
Connection	The percentage of students who feel they have high family support	38.3%	37.3%	2018/2019 Health Behavior in School Aged Children
Social Exclusion	Incidence of being bullied in grades 7-9	31.2%	23.6%	2018-2019 Canadian Student Tobacco, Alcohol, and Drug Survey
	Incidence of being bullied in grades 10-12	27.1%	19.9%	
Decreased Well-Being	Percentage of students reported feeling sad or hopeless every day for two weeks or more that they stopped doing their usual activities	33.8%	30.3%	2018/2019 Health Behavior in School Aged Children
	Percentage of students that reported feeling low or depressed for a week or more	30.5%	27.4%	
Suicide	One year suicide mortality rate	11.7%	8.1%	Statistics Canada and Nova Scotia Medical Examiner Open Data
Substance Use				
Alcohol	Percentage of students in grades 7 -12 engaging in high-risk alcohol consumption in the past year	24.8%	23.4%	2018-2019 Canadian Student Tobacco, Alcohol, and Drug Survey
	Average age of first alcohol drink	N/A	13.4 years	
Cannabis	Percentage of students in grades 7 – 12 reported cannabis use in past month	23.4%	18.1 %	2018-2019 Canadian Student Tobacco, Alcohol, and Drug Survey
	Average age of initial cannabis use	N/A	14.3 years	
Online Environment				
Luring stats	The rate for the criminal charges for luring a child online ⁸⁸	6.75%	5.05%	2021 Statistics Canada
Child Pornography & Non-Consensual Distribution of Intimate Images (involving children)	The rate of adults charged per 100,000 population aged 18 years and older	0.61%	0.25%	2022 Incident-based crime statistics, Census Metropolitan Areas, and Canadian Forces Military Police
Online Sexual Offences Against children	Average number of incidents of online sexual offences against children in police-reported online child sexual exploitation and abuse, by province or territory, Canada, 2018 to 2020	43%	27	Statistics Canada police-reported online child sexual exploitation and abuse in Canada 2018-2020