

Trauma and Survivors of Sex Trafficking

“My heart is in anguish within me;
the terrors of death assail me.
Fear and trembling have beset me;
horror has overwhelmed me.”

~ Psalm 55:4-5

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Overview

Trauma-informed Services

Trauma defined

Trauma-informed care

This workshop suggests that working from a trauma-informed framework—understanding clients and their symptoms in the

- **context** of their life experiences,
- their **coping abilities and resources**,
- their **cultures**, and their larger religious and social societies—

is the most **helpful**, **respectful**, and **empowering** model for helping clients to heal their traumas and develop empowerment skills.

Trauma-Informed Services

Providing trauma-informed services involves recognizing the impact of traumatic experiences on an individual's life and behavior, and on their perceptions of themselves and their bodies.

Harris, M. and R.D. Fallot, "Envisioning a trauma-informed service system: a vital paradigm shift", *New Directions for Mental Health Services*, vol. 89, Spring 2001, pp. 3-22 and Elliott, D. et al., "Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women", *Journal of Community Psychology*, vol. 33, no. 4 (special issue on 'Serving the needs of women with co-occurring disorders and a history of trauma'), July 2005, pp. 461-477.

Trauma-Informed Services

The intent is to do “no harm”, avoid re-traumatizing survivors, honor their best attempts to cope thus far, and teach them healthier coping skills.

Harris, M. and R.D. Fallot, “Envisioning a trauma-informed service system: a vital paradigm shift”, *New Directions for Mental Health Services*, vol. 89, Spring 2001, pp. 3-22 and Elliott, D. et al., “Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women”, *Journal of Community Psychology*, vol. 33, no. 4 (special issue on ‘Serving the needs of women with co-occurring disorders and a history of trauma’), July 2005, pp. 461-477.

A trauma-informed model

- Each person responds differently to the same potentially traumatic events depending on one's person's history with trauma, social and familial supports, and natural coping skills.
- Symptoms are always that person's best attempt “in the moment” to cope with challenging traumatic stimuli. Thus, symptoms are viewed as survival strategies.

Trauma-Focused Care

“While everyone involved in service provision is to be trauma-sensitive, those with direct, ongoing contact, which focuses specifically on dealing with and healing from trauma’s impact, provide what is called **trauma-specific or trauma-focused care**. This trauma-focused care is done professionally and thoughtfully, with great concern for the individual’s emotional safety.”

Johnson, B. (2012). Aftercare for survivors of human trafficking. *Social Work & Christianity*.

Trauma Defined

What is psychological trauma?

A traumatic experience usually includes the following components:

- Overwhelming experience(s) beyond one's normal ability to cope.
- A pernicious threat(s) to one's physical and/or mental well-being.
- Results in extreme vulnerability or a complete loss of control.
- Leaves one feeling chronically helpless and fearful.
- Profoundly disrupts relationships and one's basic belief systems.

MAS' s Definition of Psychological Trauma

- A psychic wound or hurt that involves a sense of loss beyond one' s control, and results in a permanently altered sense of safety and belief system.
- Traumas range from one-time to repeated life-threatening events that lead to persistent feelings of vulnerability and fear.

Type I Traumas

Result from single unanticipated events:

- Crime
- Accidents
- Fire
- Natural Disasters
- Sexual Assault

Type I Symptoms

1. Full, clear, and detailed memories of what happened;
2. Preoccupation with possible “omens” (e.g., constantly reviews what happened in an attempt to find warning signals that could help him or her avoid a recurrence of the event);
3. Misperceptions, including visual hallucinations and peculiar time distortions (e.g. the impression of being “visited” by a family member unexpectedly killed in a car accident).

Type II Trauma

Involves exposure to extreme external events that is long-standing and/or repetitive.

- Physical or psychological violence or torture
- Sexual abuse
- Childhood abuse, neglect and a lack of basic safety
- War-related experiences
- Substance abuse

Type II Trauma Symptoms

1. Denial and psychic numbing;
2. Self-hypnosis, depersonalization, and dissociation;
3. Rage, turned outward toward others or inward toward the self



Post Traumatic Stress Disorder

The person has been exposed to a traumatic event in which the following were present:

- a) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- b) The person's response involved intense fear, helplessness, or horror.
- c) The person continues to experience reactions associated with the traumatic events such as flashbacks, nightmares, and avoidance.

Chronic Trauma

“People subjected to prolonged, repeated trauma develop an insidious progressive form of PTSD that invades and erodes the personality. While the victim of a single acute trauma may feel after the event that she is “not herself,” the victim of chronic trauma may feel herself to be changed irrevocably, or she may lose the sense that she has any self at all.”

Complex PTSD

- Prolonged, repeated traumatic events.
- Results in alterations of affect regulation, consciousness, self perception, relations with others, and systems of meaning. Also alters perception of perpetrator.
- Vulnerable to repeated harm, both self-inflicted and at the hands of others.

Trauma Continuum

- Thus, trauma occurs on a *continuum* of complexity, from less complex single events adult onset (e.g. an auto accident), to the repeated and intrusive trauma, frequently of an interpersonal nature (e.g. the serial rape of sex trafficking). The greater and more prolonged the violation of relationships of trust, bodily integrity, and violence, the greater the deepening of trauma.

“Betrayal” Trauma (Freyd 1996)

Humans are acutely attuned to the possibility of interpersonal betrayal in order to know how to choose with whom to closely associate with. Children are highly dependent on their adult caregivers for safety and nurturance. When abused the child is put in the intolerable position of having to manage **betrayal** and the need for **dependency**. The person you trust is unsafe. As adults victims feel intensely betrayed when relationships of trust are violated.

Sex Trafficking and Prostitution

Twin Sisters of Trauma

Sex Trafficking/Prostitution: Twin Sister Traumas

Sexually trafficked women and other prostituting women experience the same realities of life in prostitution.

Psychological Harm

- In a study of prostituted persons from 9 countries, PTSD was 68%, which is in the same range as that of treatment seeking combat veterans.
- 89% of 785 people in prostitution from 9 countries wanted to escape prostitution.

Physical Violence and Abuse

Studies report forms of physical violence and abuse in prostitution that include:

- threats with weapons
- abandonment in remote areas
- robbery
- kidnapping
- strangulation
- stabbings
- physical assaults (with or without weapons)
- rape

The Impact of Sexual Trauma

“The more severe the sexual abuse, the more severe the impact.”

- Incidents are frequent;
- Inappropriate sexual activity occurs over a long period of time;
- Sexual activities are wide-ranging and extensive;
- More than perpetrator;
- Sexual abuse involves physical violation and force;
- Abuser is older;
- Relationship to the perpetrator is close.

Evans & Sullivan, (1995).

Impact of Sexual Trauma

“Sexual trauma is unique from other forms of trauma. It is a of the most intimate and violation personal aspects of the self. One’s own body becomes the setting in which the atrocities are perpetrated”

Freed, W. (1997). Commercial Sexual Exploitation of Women and Children in Cambodia – Personal Narratives – A Psychological Perspective. Physicians for Human Rights.

Prostitution & Rape

“When an individual has been beaten into submission, has become passive and accepting of what is done to her because she is a captive, then any sexual encounter she has is rape. Even if she has worked hard to attract the customer, because she has no right to refuse consent, she is being raped.

Wendy Freed, *Commercial Sexual Exploitation of Women and Children in Cambodia –A Psychological Perspective*. Boston. Physicians for Human Rights. 1997

Serial Rape

“What rape is to others,
is normal to us”

(Farley, et al., 2003).

Leading Cause of Death: Homicide

A study in Colorado Springs, CO, found:

- Prostituting women are nearly **18 times** more likely to be murdered than women of similar age and race not involved in prostitution activities.
- Prostituting women are **51 times** more likely to be murdered than if they worked in a liquor store.

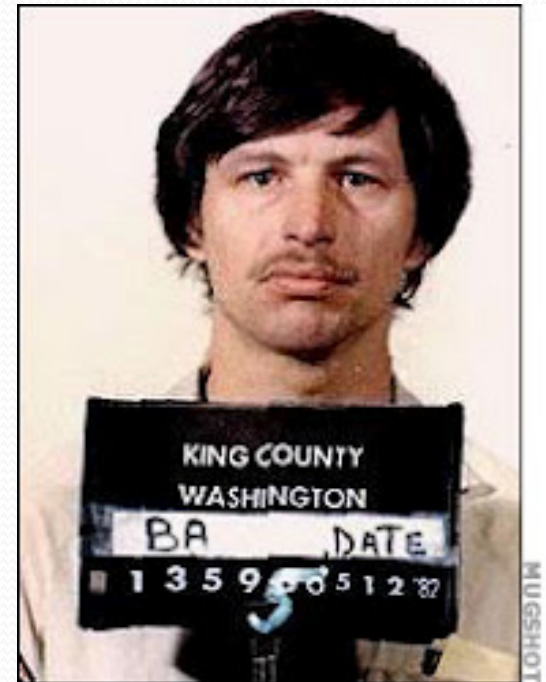
Murder victims of Steve Wright, Ipswich, UK. Photos from www.chuchtimes.co.uk

Potterat, J., Brewer, D., Muth, S., Rothenberg, R., Woodhouse, D., Muth, J., et al. (2004). Mortality in a long-term open cohort of prostitute women. *American Journal of Epidemiology*, 159(8), 778-785.

Targets of Violence

The case of Gary Ridgway, also known as the Green River killer, provides insight into why prostituting persons are so vulnerable to homicide. Ridgway is considered America's most prolific serial killer; he confessed to murdering more than 60 women and girls (most of whom were 22-years-old or younger) in a 20-year time span.

(Levi-Minzi & Shields, 2007; Merrill, 2003).



Gary Ridgway

“I picked prostitutes as my victims because I hate most prostitutes and I did not want to pay them for sex,” Ridgway said in his confessional statement. “I also picked prostitutes as victims because they were easy to pick up without being noticed. I knew they would not be reported missing right away and might never be reported missing. I picked prostitutes because I thought I could kill as many of them as I wanted without getting caught.”

Talvi, S. (2003, November 12). The truth about the Green River killer. Retrieved March 22, 2008 from <http://altnet.org/story/17171/>

Premature Death

Average age at death: 34 years

- 19% homicide
- 18% drug ingestion
- 12% accidents
- 9% alcohol-related
- 8% HIV/AIDS infection

Portraits of Prostitution



Portraits of Prostitution



Portraits of Prostitution



The Denver Post. 2005.



Photo: Dr. Donna Hughes

Safety advice?

“Plan an escape line before any job, before every job!”

Putting on a condom with your mouth is useful if the client does not want to use them. This can eroticize condoms.

“Accidentally kick a shoe under the bed and, while retrieving it, check for knives, handcuffs, or rope.”

Don't wear chains or jewelry you can be strangled with.”

“Part the pubic hair and look for crabs and their eggs. Pull gently along the hair with your fingernails and look for lice or anything that moves.”

“If a condom breaks or slips off be careful to scoop the semen out from the inside without scratching the lining of the vagina with fingernails.”

If the situation escalates beyond your control or comfort, “Leave your mark in the car. Leave fingerprints. Leave DNA.”

Don't relax after the job's done—that can be the time he'll assault you. Relax after he's gone!”

The Brain and Trauma

Rewired

The Brain: Hard Wired to Protect the Body

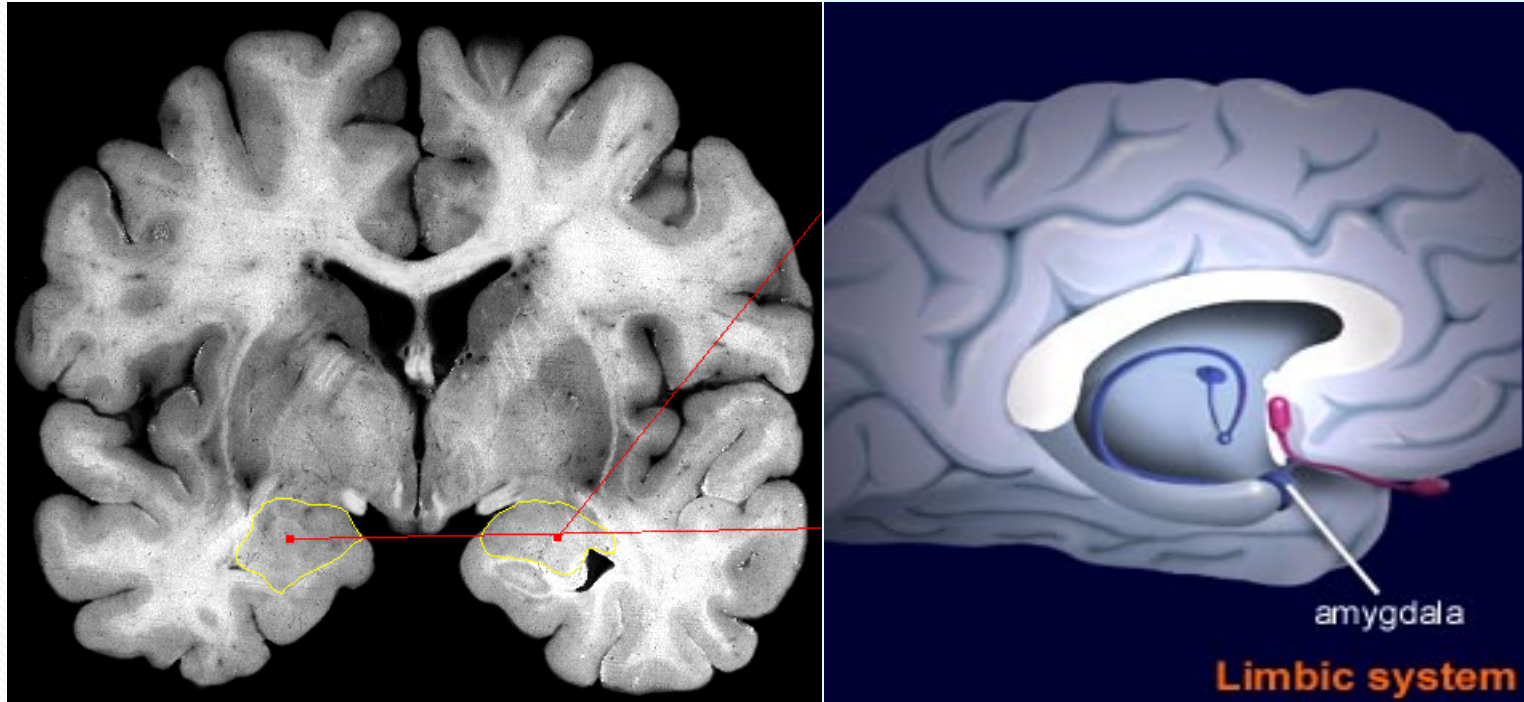
- Our brain is designed to keep us out of danger. But, when victims are unable to fight or flee, the entrapment instills a constant state of frozen hopelessness and hyper vigilance.
- *For chronically terrorized, powerless victims the emergency response brain is **constantly** turned on.*
- The constant **hyper vigilance** leads to further persistent and devastating emotional effects even when a victim is out of danger.

Biphasic Paradigm of PTSD

Combines theory and research on conditional fear responses, state-dependent learning, and the brain biochemistry associated with these phenomena and with various psychiatric disorders.

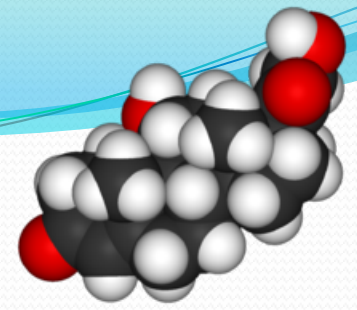
- Ongoing, high stress creates chronic physiological hyperarousal
- Results in imbalance and disequilibrium between approach and avoidance mind-body systems
- Also decouples the usually coordinated and balanced excitatory and inhibitory physiological/neurochemical response systems and leads to out of kilter and overly intense swings between the two systems

Trauma Center: The Mighty Amygdala



The amygdala houses *all* unconscious traumatic memories and is where “fight/flight/freeze” is decided. The amygdala signals the rest of the body to respond through high levels of **cortisol** and other **neurotransmitters/ neurohormones**. n

What is Cortisol ?



A stress hormone that protects the body:

- Proper glucose metabolism
- Regulation of blood pressure
- Insulin release for blood sugar maintenance
- Immune function
- Inflammatory response

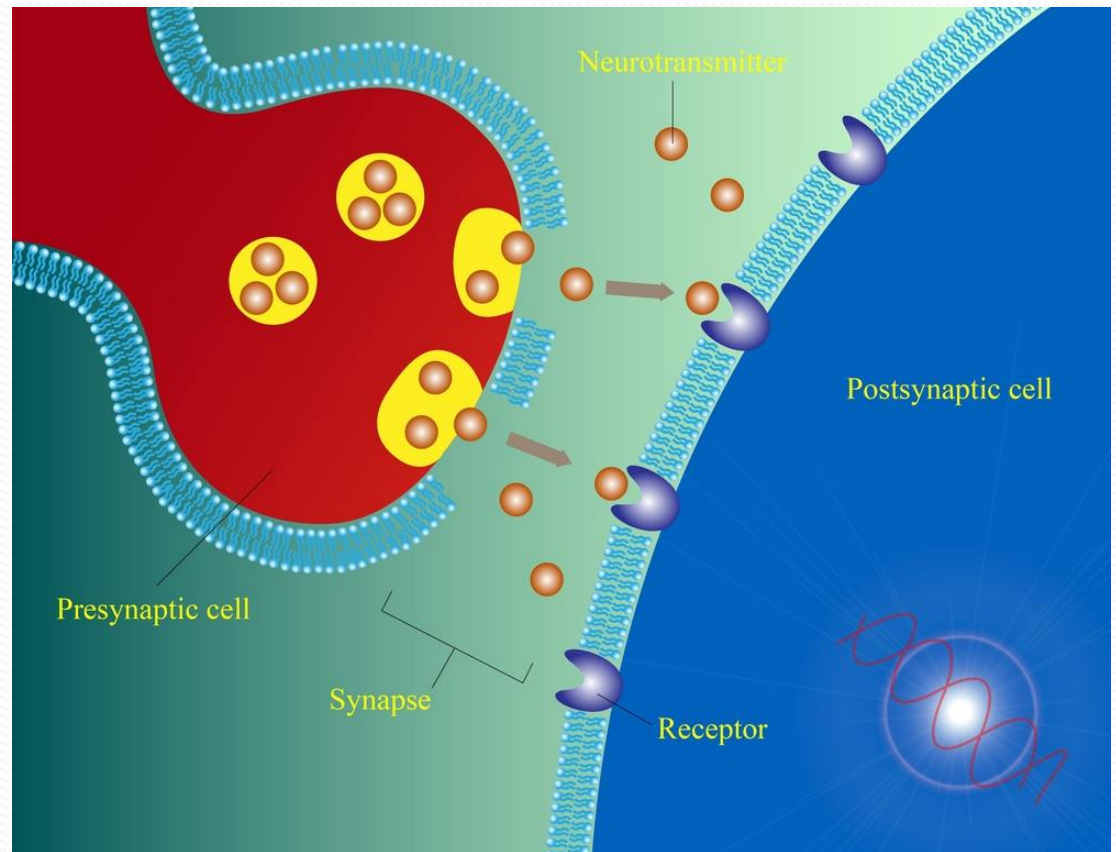
Under extreme and consistently high stress levels, the body experiences high cortisol levels which can lead to:

- Impaired memory and thought processes
- Widespread cell death
- Decreased developmental capacity
- Physical ailments such as:
 - Suppressed thyroid function
 - Blood sugar imbalances
 - Higher blood pressure
 - Lowered immunity

Neurotransmitters

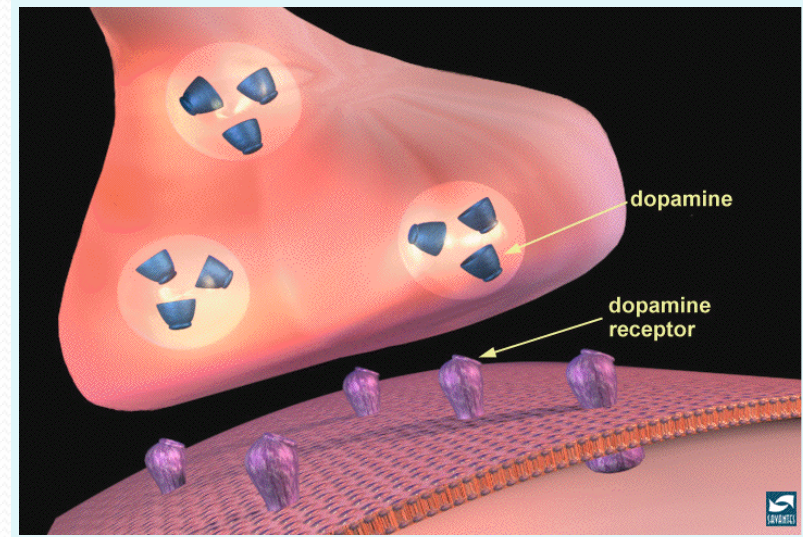
Chemicals that tell the brain what to think, feel, and do.

- Serotonin
- Dopamine
- Epinephrine
- Norepinephrine
- Oxytocin
- Vasopressin



Neurotransmitters

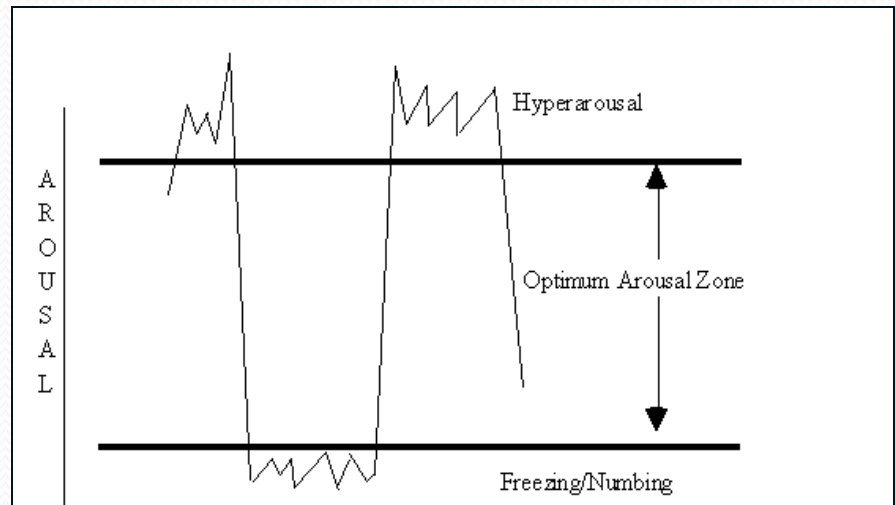
- Create the classic “**fight**” or “**flight**” or “**freeze**” response in dangerous situations.
- Triggers activate the alarm system.
- When someone is triggered they may feel and act as though they are back in the time of danger, even though they are not.



Nature Needs Nurture

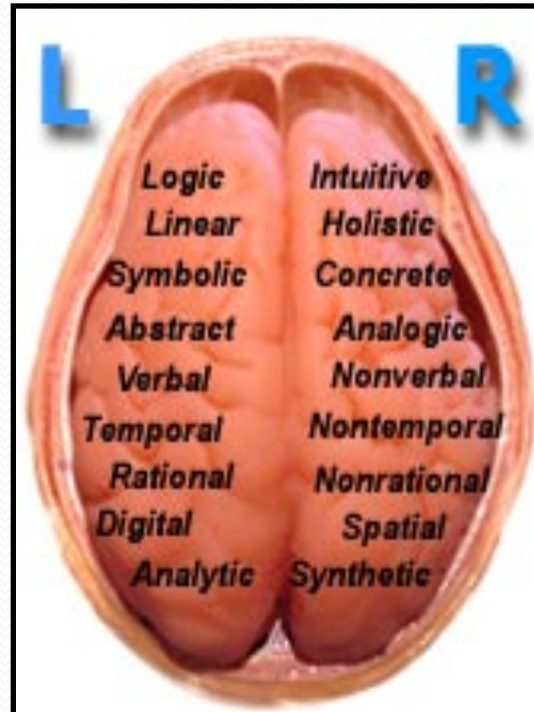
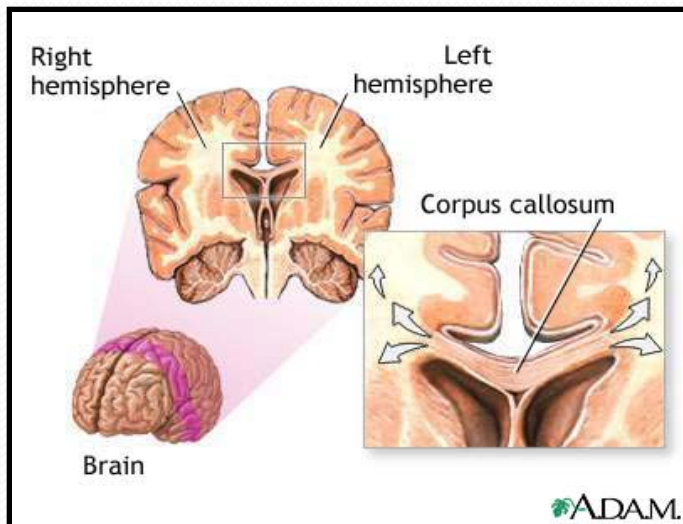
“Neurons that fire together wire together” ~ Hebb’s Hypothesis

The more we use neurons (thoughts, feelings) the stronger their connections become.



Left Brain & Right Brain

Trauma or sustained high stress in childhood damages the corpus callosum, which connects the left brain to the right brain.



Disconnection can result in unknown and reactionary emotional states, depression and anxiety disorders, and memory limitations (to name a few).

Triggers

- Reminders of past dangerous experiences are called **triggers**.
- Triggers activate the alarm system.
- When someone is triggered they may feel and act as though they are back in the time of danger, even though they are not.

Symptoms of PTSD

Intrusion: The traumatic event is re-experienced in . . .

- Recurrent, distressing recollections (images, thoughts, perceptions)
- Recurrent distressing dreams
- Acting/feeling as if traumatic event were recurring (sense of reliving event, hallucinations, flashback episodes)
- Intense distress/reactivity to internal/external cues that symbolize or resemble aspect of traumatic event

Symptoms of PTSD

Dissociation

Intense levels of anxiety and fear cause dissociation. Includes feelings of depersonalization and disconnection between memory and affect. The person is “in another world.”

- **Primary Dissociation:** in the face of overwhelming threat, thoughts are split from experience.
- **Secondary Dissociation:** emotions or affect are not experienced during overwhelming stress.
- **Tertiary Dissociation:** stressor is so overwhelming that a “separate self” develops in order to deal with the trauma.

Symptoms of PTSD

Hyper-Arousal

Persistent symptoms of increased arousal:

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance
- Exaggerated startle response

Symptoms of PTSD

Avoidance: Persistent avoidance of stimuli associated with trauma/ numbing of general responsiveness

- Efforts to avoid thoughts, feelings, conversations associated with trauma
- Efforts to avoid activities, places, people associated with trauma
- Inability to recall important aspects of trauma
- Diminished interest or participation in activities
- Feeling of detachment from others and self
- Restricted range of affect/loving feelings
- Sense of foreshortened future

Symptoms of PTSD

Trauma Reenactment

- An attempt to relive, master, come to terms with, make meaning of, and transform traumatic experiences through recreation in literal and symbolic ways.
- Destructive process of abuse translated into self-destructive behaviors that reflect earlier trauma.
- Range of risk-taking behavior.
- Driven, tenacious, compulsive, and involuntary.

Symptoms of PTSD(cont.)

- Difficulties in controlling emotions
- Sudden outbursts of anger or self-mutilation;
- Difficulties in concentrating
- Suicidal behaviors
- Increased risk-taking

How does the behavior make sense in the context of their abuse?

PTSD: Psychological challenges

- Affect dysregulation
- Aggression against self and/or others
- Amnesia
- Dissociation
- Somatization
- Depression
- Distrust
- Shame
- Self-hatred
- **Flashbacks** and repeated reliving of traumatic experience
- **Avoidance** of reminders and numbing
- **Hypervigilance**
- Irritability
- Memory and concentration difficulties
- Exaggerated startle response
- **Unconscious search for similarities between present experiences and past trauma**

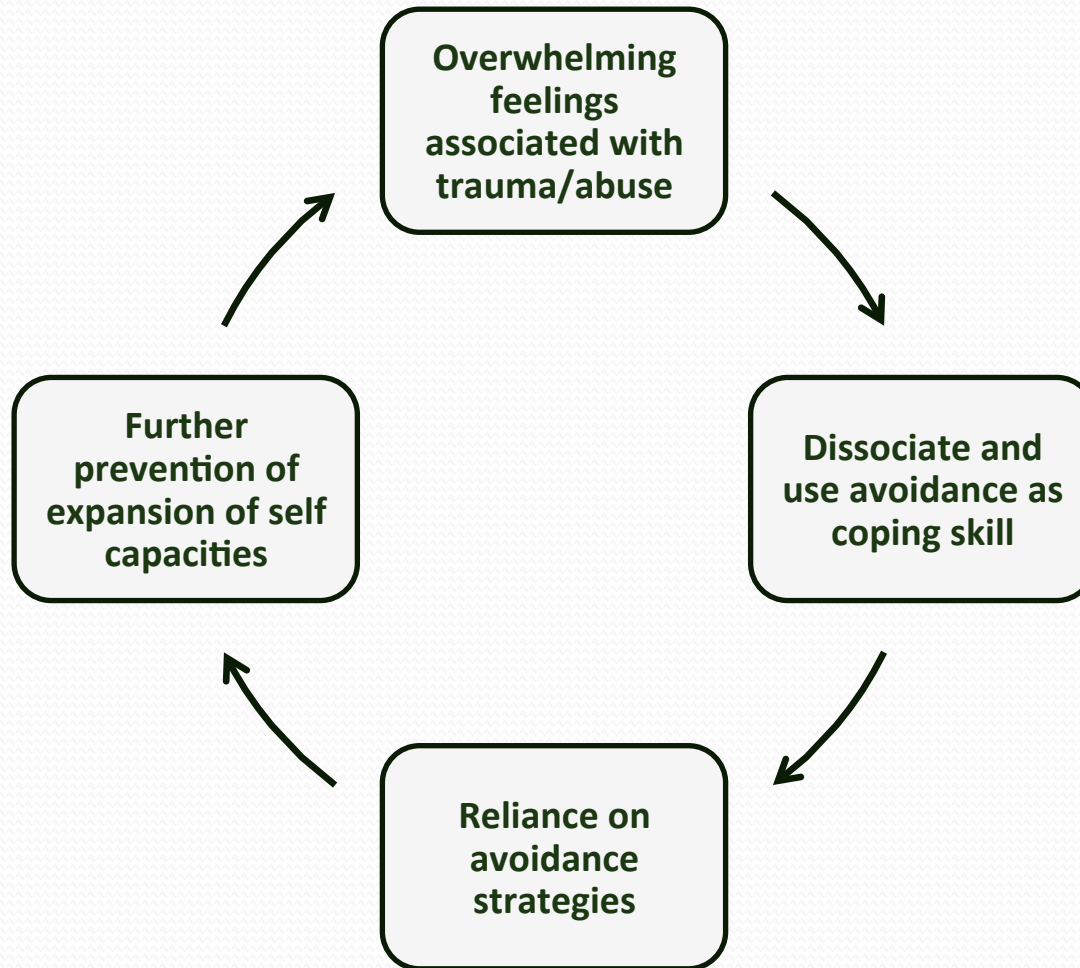
(van der Kolk, 2003)

Complex PTSD/ Disorders of Extreme Stress (DESNOS)

- Alterations in regulation of affective impulses → ▪ Difficulty regulating anger or self-destruction
- Alterations in attention and consciousness → ▪ Amnesias, dissociative and depersonalization episodes
- Alterations in self perception → ▪ Chronic guilt, shame, and sense of responsibility
- Alterations in relationships with others → ▪ Inability to trust or feel intimate with others
- Somatization problems → ▪ Feeling symptoms on a physical level when medical explanations can be found, sometimes even when they can't be found

(Herman, 1992, van der Kolk et al., 1996)

Negative Cycle



Trauma Bonds

Attachment Theory

Attachment theory refers to the nature of the relationship between caretaker and child, and the resultant personality demonstrated by the child later in life.

Four frameworks:

- **Secure:** safe healthy care and guidance from a loving adult instills personal safety skills and value
- **Avoidant:** little substantive connection from adult caregiver— “emotional orphan.” May be physically safe but emotionally on their own; emotional neglect by adult.

Attachment Theory

- **Ambivalent (preoccupied):** overwhelming distress with separation from caregiver. Caregiver is not consistently present emotionally for child —“searching for the mother who is not there”, intermittent reinforcement, fantasy bonding.
- **Disorganized:** attachment to caregiver is both a source of safety and danger. Unpredictable. Fear based responses set up future vulnerability. “Normalizes” abuse in the context of a caring relationship.

Abuse by Omission

Abuse is not only about recognizing what did happen, but also what did not happen! Can include:

- Failure to prevent and/or contain abuse
- Lack of predictable responsiveness
- Lack of validation

Traumatic Bonding

- Captivity, which brings the victim into prolonged contact with the perpetrator, creates a special type of relationship, one of coercive control.*
- The goal of the perpetrator is to instill in his victim not only fear of death but also gratitude for being allowed to live. *

*Dr. Judith Herman, Trauma and Recovery, 1992.

Understanding Traumatic Bonding

“Attachment between hostage and captor is the rule rather than the exception.”

Dr. Judith Herman, Trauma and Recovery, 1992

Trauma Bonding by Pimps

Physically, financially, and emotionally vulnerable females with significant trauma histories. Pimps can identify them within minutes. They quickly identify the needs of the women/girls.

- **Protector:** makes her feel special
- **Friend:** listening ear
- **Lover, boyfriend, husband:** romance, love, affection
- **Father:** discipline
- **Teacher:** mentor
- **Victim:** person who needs assistance

Trauma Bonding by Pimps

They capitalize on the fact that the girls do not know what a “normal” relationship is like and only know exploitation and abandonment. They groom them into victims. Create a sense of **family, structure, roles.**

Biderman's Chart of Coercion

<u>General Method Used</u>	<u>Effects and Purposes</u>
Isolation	<ol style="list-style-type: none">1) Deprives victim of all social support (necessary for the) ability to resist2) Develops an intense concern with self.3) Makes victim dependent upon interrogator.
Monopolization of Perception	<ol style="list-style-type: none">1) Fixes attention upon immediate predicament; fosters introspection.2) Eliminates stimuli competing with those controlled by the captor.3) Frustrates all actions not consistent with compliance.

Biderman's Chart of Coercion

<u>General Method Used</u>	<u>Effects and Purposes</u>
Induced Debility & Exhaustion	Weaken mental and physical ability to resist.
Threats	Cultivates anxiety and despair.
Occasional Indulgences	Provides positive motivation for compliance.

Biderman's Chart of Coercion

<u>General Method Used</u>	<u>Effects and Purposes</u>
Demonstrating "Omnipotency"	Suggests futility of resistance.
Enforcing Trivial Demands	Develops habit of compliance.
Degradation	<ol style="list-style-type: none">1) Makes cost of resistance appear more damaging to self esteem than capitulation.2) Reduces prisoner to "animal level."

Rules to Pimp Home

- ① Never disrespect your pimp.
- ② Never let anyone disrespect your pimp.
- ③ Trust your pimp.
- ④ Stay loyal, ~~never~~ lie, stay honest with your pimp.
- ⑤ Never let black people see your face or eyes. Black only see the back of your head. Your pimp should be the one and only black person you ever see.
- ⑥ Respond and talk to your pimp with ^{manner} respect at all times using "daddy" in each sentence.
- ⑦ Be down and dirty, side or die for your pimp even if involves sacrificing yourself. Your pimp is your priority, your primary and your #1 and you are to see to his every need.
- ⑧ When in doubt ask your pimp.
- ⑨ Always obey your pimp.

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A Prince on His Throne

- Allen E. Brown, Jr., (a.k.a. “Prince”) of New Jersey pimped 2 to 20 women at any given time over a 19 year period.
- He controlled the women with physical abuse and drugs by beating them or withholding drugs to which they were addicted (often by his own introduction to the drug) if they failed to meet their up to \$1,000 nightly quota. The women worked every single night.
- 7 others were indicted with aiding Brown, including his 72-year-old mother.

Santiago, K. (8 Aug 2009). Eight charged in N.J.-based sex-trafficking ring. *The Star-Ledger*. Retrieved March 8, 2010 from: http://www.nj.com/news/index.ssf/2009/08/head_of_jersey_citybased_sextr.html

A Prince on His Throne

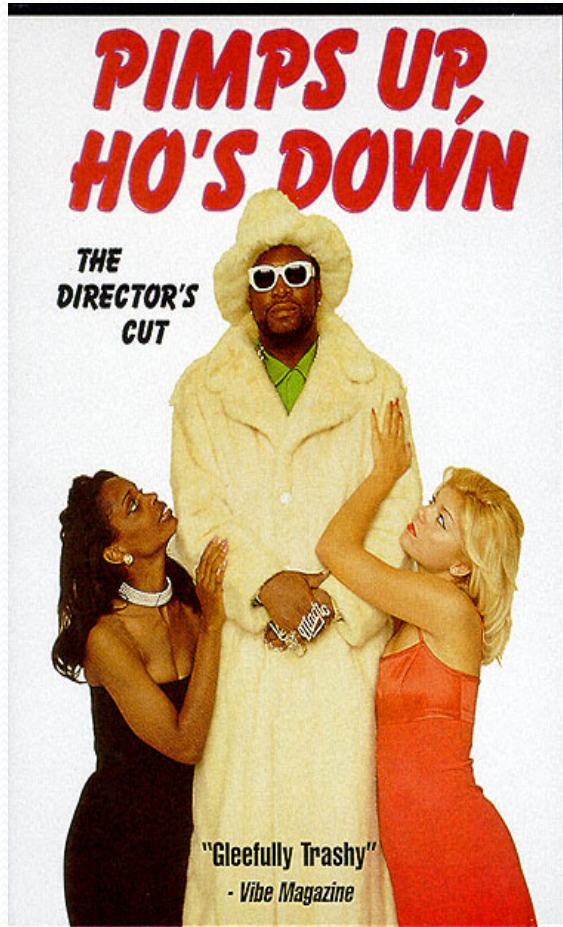
Retrieved March 8, 2010 from: http://www.nj.com/news/index.ssf/2009/08/head_of_jersey_citybased_sextr.html

Brown, aka “Prince,” had an actual throne in his living room along with multiple crowns that he wore.

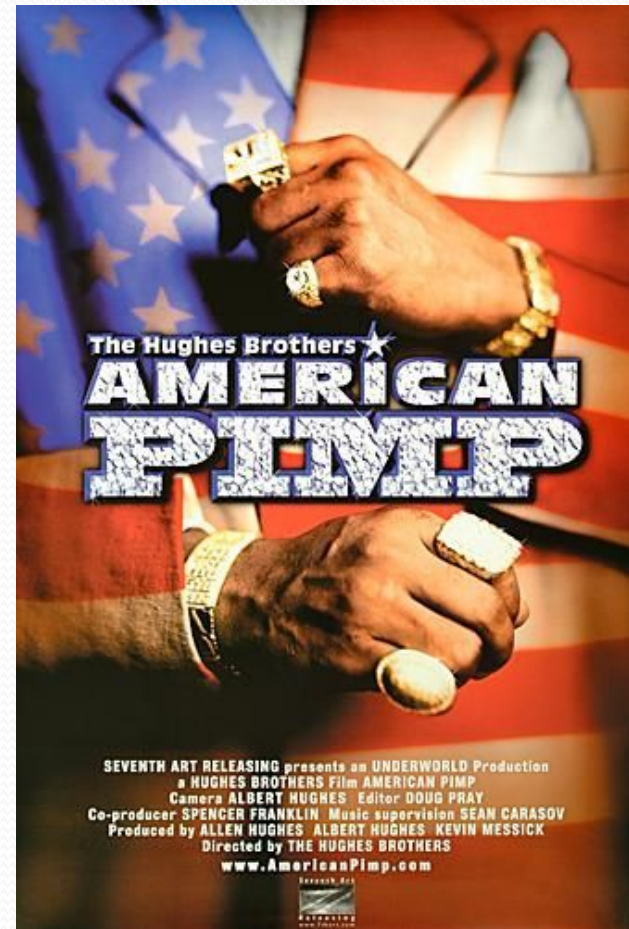
“The name of the game is pimp the lame, take a whore and make her live in shame. It makes no difference how much she screams or holler, all that matters is the almighty dollar. I’ m the Mack, I swear to God, I will never work because it’ s too damn hard.”

The Master Pimp, (2000). *The pimp’ s rap: A true story*. Cincinnati, OH: The Old School, p. 18.

Films: “Documentaries”



Retrieved 1/26/10 from:
<http://www.movies4wholesale.com/pimps-down-p-108320.html>



Retrieved 1/26/10 from:
http://www.impawards.com/2000/american_pimp.html

Healing the Wounds

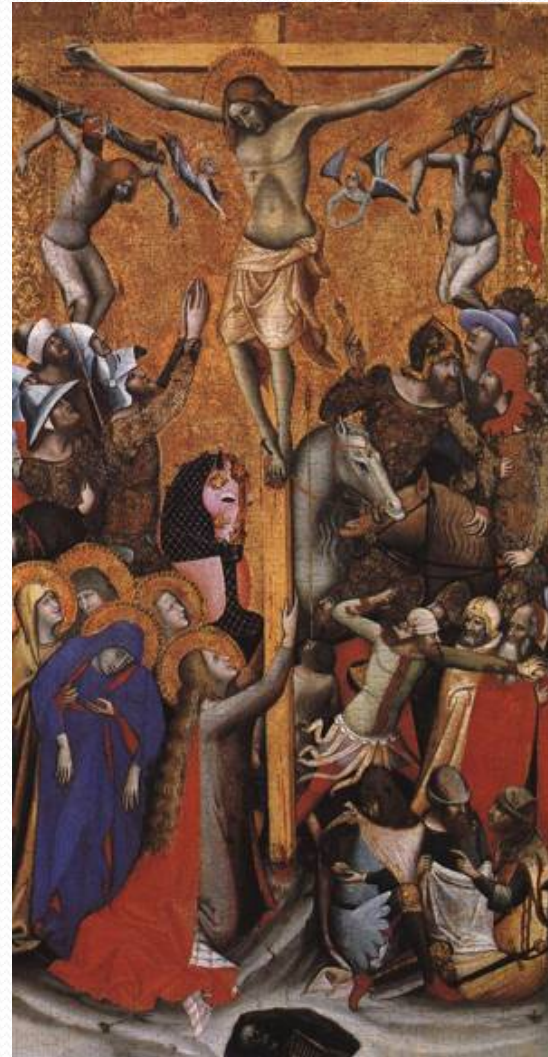
Principles of Trauma Focused Services

- **Recovery is possible!**
- Healing happens in relationships
- Understand trauma and its impact
- Ensure cultural competence
- Promote safety
- Support client control, choice, and autonomy

Recovery is Possible

“Surely he took up our infirmities and carried our sorrows, yet we considered him stricken by God, smitten by him, and afflicted. But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was upon him, and by his wounds we are healed.”

~ Isaiah 53:4-5



Healing Happens in Relationships

- Experiencing safe, authentic, positive relationships can be tremendously restorative to survivors of trauma.
- Such relationships can break the pattern of exploitative relationships.
- Intimacy can be triggering.

Healing Happens in Relationships

“Therapists must strive to be the supporting, validating person so many survivors never had in their lives.”

Evans and Sullivan, (1995).

Healing Happens in Relationships

“Above all, we must help our clients build and use social support systems in their lives. This is a high priority and a crucial therapeutic ingredient.”

Promote Safety: Physical

Choose a safe location

- Be mindful of potential triggers
- State your ability to maintain confidentiality
- Recognize and respond to limitations of your role
- Set rules for appropriate conduct
- Create a staff code of conduct/ethics and ensure training
- Create an inviting, friendly space
- Work towards collaboration. Be mindful of team splitting.

Promote Safety: Emotional

- Feeling protected, comforted, in control, heard, and reassured.
- Tolerance of a range of emotions that may be expressed by the client.
Tolerance for a range of emotional expressions which enhance the survivor's internal sense of security, and therefore, their ability to regain self control.

Promote Safety: Atmospheric

- Appropriate music (do not play music that promotes sexual exploitation)
- Decorate the space with appropriate, informational, and/or inspiring images
- Use appropriate language (be especially sensitive to derogatory terms in reference to sexually exploited youth)
- Create policies that address recruitment in the agency

Promote Safety

- Set protocols for counseling that ensures privacy and confidentiality (i.e. Door open or closed)
- Conduct mental health assessments
- Encourage and practice self-soothing/self-care for staff and youth
- Promote an inclusive and non-judgmental community
- Provide ongoing professional development opportunities to ensure a trained and sensitive staff

Models

Big Picture Models

- Attachment Model
- Two-Factor Model: first factor what happened, second factor all the things that did not happen (identify both trauma and the abandonment triggers)
- Mind Control Model: identify elements of “brainwashing”
- Biphasic Paradigm: Trauma-induced out-of phase problems of the body’s excitatory and inhibitory neurological/physiological systems

Big Picture Models

The Parts Paradigm (Braun): addressing dissociation

- A continuum of awareness that ranges from normal, to suppression, to denial, to repression, and on to partial and full dissociation.

BASK

- B=behavior/what we do
- A=affect/what we feel
- S=sensation/what we perceive in our bodies
- K=knowledge/what we think and remember
- Goal=integrated and congruent “basking”/integrating parts that are habitually dissociate

Big Picture Paradigms

Trauma-focused Cognitive Behavioral Therapy

- P=Psycho educational and parenting skills
- R=Relaxation skills
- A=Affect expression and regulation skills
- C=Cognitive coping skills and processing
- T=Trauma narrative
- I=In vivo exposures (when needed)
- C=Conjoint parent-child sessions
- E=Enhancing safety and future development

Big Picture Paradigms

Trauma-focused Cognitive Behavioral Therapy Adaptations:

Trauma narrative—two sub-steps:

1. Victims encouraged to share traumatic experiences done to them
2. Encourage victims to share about traumatic experiences they may have perpetrated or done to others

Specifics to breaking trauma bonding

- Start with strategies that replace the tangible “things” that abusers offer their victims. For example, if an abuser offers housing, work on a housing plan.
- If an abuser offers friendship, build social networks, community contacts and find a 24 hour advocate or crisis line.
- Advocates should be super patient and recognize that abusers often create dependence—emotional and physical. Honor when victims express love or desire to be with the person.

Specifics to breaking trauma bonding

- Use the stages of change to emphasize ambivalence. For example, if a client says “I love him so much. But I hate when he beats me up.” A worker could say “You want a relationship that is loving AND safe” —cognitive dissonance.
- Have the client discuss pros and cons of the relationship. You want the client to develop their own insights and discoveries about why to leave.

Specific Steps in Breaking Trauma Bonding

- Do not be authoritative! That will totally distance clients.
- Start with slow trust building and activities non-related to the abuse so that the victim can build a relationship with you.
- At this stage they should be mistrustful and that is healthy!

Strength-based

Concentrates on strengths of survivor's personality that helped her endure trauma

- *What strength's did you pull on within yourself to survive?*
- *Tell me what is helping you get through this now?*
- ***Begins the process of reducing shame and guilt***

Splicing vs. Narrative: Structured questions

- *What are some of the ways you took care of yourself while you were away from home?*
- *What did you do for your last birthday?*

Lowers impact for reliving the abuse

Term	=	Reframe
Manipulative	=	Resourceful
Liar	=	Attempting to get needs met, uncertain of how to get needs met
Bossy/bully	=	Fearful of getting hurt/uncertain of how to get needs met
Services	=	Gaining important supports
“Kiddo”, “Patient”, “Client”	=	Young person, man/woman/person I’ m working with
Paranoid	=	Fearful of getting hurt
Attachment Disorder	=	In need of secure relationship support
Complacent	=	Overwhelmed

Alternatives To Talk Therapy

Developing alternatives to traditional “talk” therapies is important adjunct in the long term healing of trauma, especially therapies that build self esteem, empowerment and re-connection with self. Art therapy, journaling, poetry and song writing, body work, drama, dance, and outdoor physical activities.

Creative/Alternative Therapies

- Art therapy
- Animal therapy
- Gardening
- Music therapy

http://www.ironwoodmaine.com/animal_therapy.html

http://www.harding.edu/art/art_therapy/index.html

Culture and Trauma

- Providers should understand the diversity of cultures within the populations they serve and find ways to respect the values and rituals of the cultures. This may include offering people opportunities to engage in various cultural rituals and religious services, cook specific foods, and speak in their language of origin and rebuild a connection to their communities.

Contact Information

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