

BEING THE KEY TO OVERCOMING SEXUAL ABUSE AND TRAFFICKING TRAUMA



Presented by Sharon Robbins
President, Advocates For Freedom
sharon@advocatesforfreedom.org

Objectives

- **Identify ramifications of trauma caused by sexual abuse and human trafficking.**
- **Understand the importance of how the stage of child development in a patient's therapy session play a vital role in determining when or where their trauma(s) began.**
- **Develop stronger social, communication, and listening skills to bring awareness of the issues holding victims of abuse and human trafficking to a successful healing process**
- **Determine your patient's success from the patient's understanding that their therapy is the key to overcome their trauma(s).**

Child Sexual Abuse Statistics

- **Before the age of 18...**
 - 1 out of every 4 girls is sexually abused**
 - 1 out of every 6 boys is sexually abused**
- **1 in 5 children are solicited sexually while on the internet.**
- **Nearly 70% of all reported sexual assaults (including assaults on adults) occur to children ages 17 and under.**
- **The median age for reported child abuse is 9 years old.**
- **85% of child abuse victims never report their abuse.**
- **Nearly 50% of all victims of forcible sodomy, sexual assault with an object, and forcible fondling are children under 12.**
- **More than 90% of abusers are people children know, love and trust.**
- **30-40% of victims are abused by a family member.**
- **50% are abused by someone outside of the family whom they know and trust.**

- **Evidence that a child has been sexually abused is not always obvious, and many children do not report that they have been abused.**
- **Young victims may not recognize their victimization as sexual abuse.**
- **Nearly 70% of child sex offenders have between 1 and 9 victims...at least 20% have 10 to 40 victims.**
- **An average serial child molester may have as many as 400 victims in his lifetime.**
- **Nearly 50% of women in prison state that they were abused as children.**
- **Over 75% of serial rapists report they were sexually abused as youngsters.**
- **The way a victim's family responds to abuse plays an important role in how the incident affects the victim.**
- **Sexually abused children who keep it a secret or who "tell" and are not believed are at greater risk than the general population for psychological, emotional, social, and physical problems often lasting into adulthood.**
- **Women who report childhood rape are 3 times more likely to become pregnant before age 18.**

- **An estimated 60% of teen first pregnancies are preceded by experiences of molestation, rape, or attempted rape. The average age of their offender is 27 years.**
- **Victims of child sexual abuse are more likely to be sexually promiscuous. More than 75% of teenage prostitutes have been sexually abused. An estimated 42 million survivors of childhood sexual abuse exist in America today.**
- **Consequences of child sexual abuse begin affecting children and families immediately. They also affect society in innumerable and negative ways. These effects can continue throughout the life of the survivor so the impact on society for just one survivor continues over multiple decades. Try to imagine the impact of 42 million survivors.....the number of survivors in America today.**

Source: darknesstolight.org

Statistics

Human Trafficking of U.S. citizens within the U.S according the National Human Trafficking Resource Center operated by Polaris:

- 244,000 – Number of American children and youth estimated to be at risk of child sexual exploitation, including commercial sexual exploitation, in 2000.
- 38,600 – Estimated number of an approximate 1.6 million runaway/thrown away youth at risk of sexual endangerment or exploitation in 1999.
- The average victim may be forced to have sex up to 20-48 times a day
- 12-14 – Average age of entry into prostitution

Foreign Nationals Trafficked into the U.S.:

- 14,500 - 17,500 – Number of foreign nationals trafficked into the United States every year.
- 1, 379 – Number of foreign national victims of human trafficking certified by the Department of Health and Human Services (HHS) from October 2000 through FY 2007. 131 minors, and 1,248 adults from 77 different countries
- (Human trafficking statistics, 2008)

General Human Trafficking Statistics according to the United Nations and the U.S. Department of Justice:

- Human trafficking generates \$9.5 billion yearly in the United States.
- Approximately 300,000 children are at risk of being prostituted in the United States.
- A pimp can make \$150,000-\$200,000 per child each year and the average pimp has 4 to 6 girls.
- The average victim may be forced to have sex up to 20-48 times a day.
- Fewer than 100 beds are available in the United States for underage victims.
- Department Of Justice has identified the top twenty human trafficking jurisdictions in the country: Houston, El Paso, Los Angeles, Atlanta, Chicago, Charlotte, Miami, Las Vegas, New York, Long Island, New Orleans, Washington, D.C., Philadelphia, Phoenix, Richmond, San Diego, San Francisco, St Louis, Seattle, Tampa
- One in three teens on the street will be lured toward prostitution within 48 hours of leaving home.

Characteristics of Suspected Human
Trafficking Incidents, 2008-2010:
U.S. Department of Justice, Office of Justice Programs,
Bureau of Justice Statistics April 2011

**Human trafficking incidents opened for investigation
between January 2008 and June 2010, by type of trafficking**

| <u>Type of trafficking</u> | <u>Number</u> | <u>Percent</u> |
|---|---------------|----------------|
| --All incidents | 2,515 | 100.0% |
| --Sex trafficking | 2,065 | 82.1% |
| • Adult prostitution/commercial sex act | 1,218 | 48.4 |
| • Prostitution or sexual exploitation of a child | 1,016 | 40.4 |
| • Sexualized labor | 142 | 5.6 |
| • Other | 61 | 2.4 |
| --Labor trafficking | 350 | 13.9% |
| • Commercial industry labor | 132 | 5.2 |
| • Unregulated industry labor | 230 | 9.1 |
| • Other | 26 | 1.0 |
| • Other suspected trafficking | 65 | 2.6% |
| • Unknown | 172 | 6.8% |



CHALLENGES IN MEETING THE NEEDS OF SEXUALLY ABUSED AND TRAFFICKING VICTIMS WHICH HAVE EXPERIENCED TRAUMATIC ABUSE

- Limited availability and access to appropriate mental health services.
- Difficulty establishing trusting relationships with victims.
- Mandated treatment efforts may be counterproductive when working with trauma victims due to their distrusting demeanor.
- Due to chronic oppression, victims of sexual abuse & human trafficking may not define their situation as abusive or unhealthy and may not wish to be assisted or rescued.
- Trafficking victims brought into the U.S. from other areas of the world face language barriers, culture shock, and isolation.

(Clawson, Salomon, and Grace, 2007)

ERICKSON'S PSYCHOSOCIAL STAGES

| <i>Stages</i> | <i>Crisis</i> | <i>Favorable Outcome</i> | <i>Unfavorable Outcome</i> |
|--|---|---|---|
| Childhood | | | |
| 1st year of life | <i>Trust vs. Mistrust</i> | Faith in the environment and future events | Suspicion, fear of future events |
| 2nd year | <i>Autonomy vs. Doubt</i> | A sense of self-control and adequacy | Feelings of shame and self-doubt |
| 3rd through 5th years | <i>Initiative vs. Guilt</i> | Ability to be a "self-starter," to initiate one's own activities. | A sense of guilt and inadequacy to be on one's own |
| 6th year to puberty | <i>Industry vs. Inferiority</i> | Ability to learn how things work, to understand and organize. | A sense of inferiority at understanding and organizing. |
| Transition years | | | |
| Adolescence | <i>Identity vs. confusion</i> | Seeing oneself as a unique and integrated person. | Confusion over who and what one really is. |
| Adulthood | | | |
| Early adulthood | <i>Intimacy vs. isolation</i> | Ability to make commitments to others, to love. | Inability to form affectionate relationship. |
| Middle age | <i>Generativity vs. self-absorption</i> | Concern for family and society in general. | Concern only for self— one's own well-being and prosperity. |
| Aging years | <i>Integrity vs. despair</i> | A sense of integrity and fulfillment; willingness to face death. | Dissatisfaction with life; despair over prospect of death. |

Sharon's Personal Testimony



Disappointments

Insecurity

Shame

**Unsafe
Habits**

**Negative
Relationships**

**Poor
Perspectives**

Anger

**Low
Expectations**



Role Play Reflection

- Disappointments – Who can I trust, Violation, and Loss.
- Shame- Violations of mind, will, emotions and physical cause this.
- Negative Relationships- One bad decision after another.
- Anger- When found out, my fault, guilt and nothing done.
- Insecurity- Major trust issues and introvert.
- Unsafe Habits- Vices created to medicate the pains.
- Poor Perspectives- Love, Denial, Choices and what was expected of me.
- Low Expectation's- Not good enough, lots of baggage and wounds.

Warning Signs and Health Symptoms



- Frequent presence of a minder (translator, transporter)
- Fearful demeanor, untrusting behaviors, does not speak local language
- Physical manifestations of poor hygiene, poor nutrition, and lack of self-care

- May claim they have migrated locally or internationally for work
- Emotional trauma symptoms or injuries that may be associated with abuse or related to poor living/working conditions



(Clawson, Salomon, and Grace, 2007)

Warning Signs and Health Symptoms

Labor Trafficking Health Symptoms

Occupational health risks:

- poor ventilation and sanitation
- extended hours
- repetitive-motion activities
- poor training in use of heavy or high-risk equipment
- chemical hazards
- lack of protective equipment
- heat or cold extremes
- airborne and bacterial contaminants

Sex Trafficking Health Symptoms

Most commonly reported health symptoms include:

- Fatigue
- Headaches
- Sexual Reproductive health problems (e.g. STDs)
- Back pain
- Significant weight loss
- PTSD associated symptoms
 - According to one study based on sex trafficking, mental health symptoms persisted longer than most of the physical health problems

(World Health Organization, 2012)

Other Health Effects Imposed on Victims of Sexual Abuse and Human Trafficking

- Poor mental health is a dominant and persistent adverse health effect associated with sexual abuse and human trafficking. Psychological consequences include depression, post-traumatic stress disorder, anxiety disorders, thoughts of suicide, and disabling physical pain or dysfunction.
- Forced or coerced use of drugs and alcohol is frequent in sex trafficking. Drugs and alcohol may be used as a means to control individuals and increase profits or as a coping method for the victim.
- Imposed social isolation, such as prevention of family contact or restriction of a person's movements, is used to maintain power over people in trafficking situations. In addition, emotional manipulation occurs by the use of threats and false promises from the oppressor.
- Victims who are rescued often return home to everyday life as it was before but with residual health problems and other challenges, such as stigma. People who manage to flee a trafficking situation, whether they return to their original place of origin or not, are at a notable risk for being re-victimized.



Note: this wheel was adapted from the Domestic Abuse Intervention Project's Duluth Model Power and Control Wheel, available at www.theduluthmodel.org
 Polaris Project | P.O. Box 53315, Washington, DC 20009 | Tel: 202.745.1001 | www.PolarisProject.org | Info@PolarisProject.org
 © Copyright Polaris Project, 2010. All Rights Reserved.

This publication was made possible in part through Grant Number 90NR0012/02 from the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, or HHS.

Our Role in the Recovery of Victims of Sexual Abuse and Human Trafficking

Therapy professionals are known for helping people of all ages live life to its fullest by overcoming the effects of physical, cognitive, and emotional deficits through engagement in their daily occupations. The lack of engagement in daily occupations for abused and trafficking victims leads to occupational deprivation and occupational injustice. Therapists are highly skilled health professionals with the ability to assess and identify the strengths, weaknesses, and goals of these victims and develop individualized treatment plans.

- Through observation and evaluation, therapists are able to identify creative solutions to address these victims' unhealthy habits and routines. Occupational therapists and recovering victims collaborate together to create a plan of care to achieve their ultimate goals and to restore and enhance their overall quality of life.

Our Role in the Recovery of Victims of Sexual Abuse and Human Trafficking

- Through therapeutic intervention, health professionals are able to adapt the environment to fit the individual, equipping and encouraging all victims to participate in meaningful occupations and re-enter the community. Therapists are able to seek out and utilize local and national community resources to promote community re-integration for victims. By providing educational resources regarding indicators, signs, and symptoms of sexual abuse and trafficking, therapists are able to save lives of current victims and possible future victims.
- Health professionals can also advocate for sexual abuse and trafficking victims by developing and implementing programs and identifying grant funding to establish programs that offer a chance for victims to establish a happy, healthy, and independent life.

Ways to Assess

Patient Perceptions: WHOQOL

- World Health Organization Quality of Life assessment tool
- Individuals' perception of position in life in context of their *culture & value system* of which in they live and in a relation to their goals, expectations, standards, and concerns
- Self-administered questionnaire or interview formats in 19 different languages
- Dimensions: Physical health, Psychological, Level of independence, Social relations, Environment, Spirituality/ religion/ personal beliefs
- Can use to assist with writing client centered goals



Ways to Assess



Relationships & Social Resources: LISRES-A

- Life Stressors and Social Resources Inventory
- Examines relationships with neighbors, spouses, children, extended family, friends, and social groups
- Used OT assisting patient with decreasing life stressors and increasing social resources, however is NOT indicated for use with people who have low rates of literacy

Additional Assessment Tools

- Strengths Inventory: Help patient to identify strengths and build upon existing skills to increase self esteem and self efficacy

Evidence-Based Practice

Trauma-focused cognitive behavioral therapy

-for child sexual abuse survivors developed to treat PTSD, depression, anxiety, behavior problems. Individual treatment and parent-child parent sessions. Builds education on sexual abuse and trauma, parental involvement, relaxation skills, affective and emotional regulation, coping skills, trauma-based narratives, desensitization, and gradual exposure and safety planning (Cohen and Mannarino, 2008).

Multisystemic Therapy

-to decrease psychiatric hospitalization uses a socio-ecological framework focuses on building relationship with family, peers, and community systems to strengthen protective factors. It uses a team of therapists, a psychologist, and psychiatrist in an environment natural to the child (Littell, 2005).

Other Evidence-Based Therapeutic Interventions

- Cognitive therapy
- Cognitive-behavioral therapy
 - Exposure therapy
 - Stress inoculation training
- Eye movement desensitization and reprocessing
(Williamson, E., Dutch, N., & Clawson, H. (2008))

Intervention Ideas

- ADLs

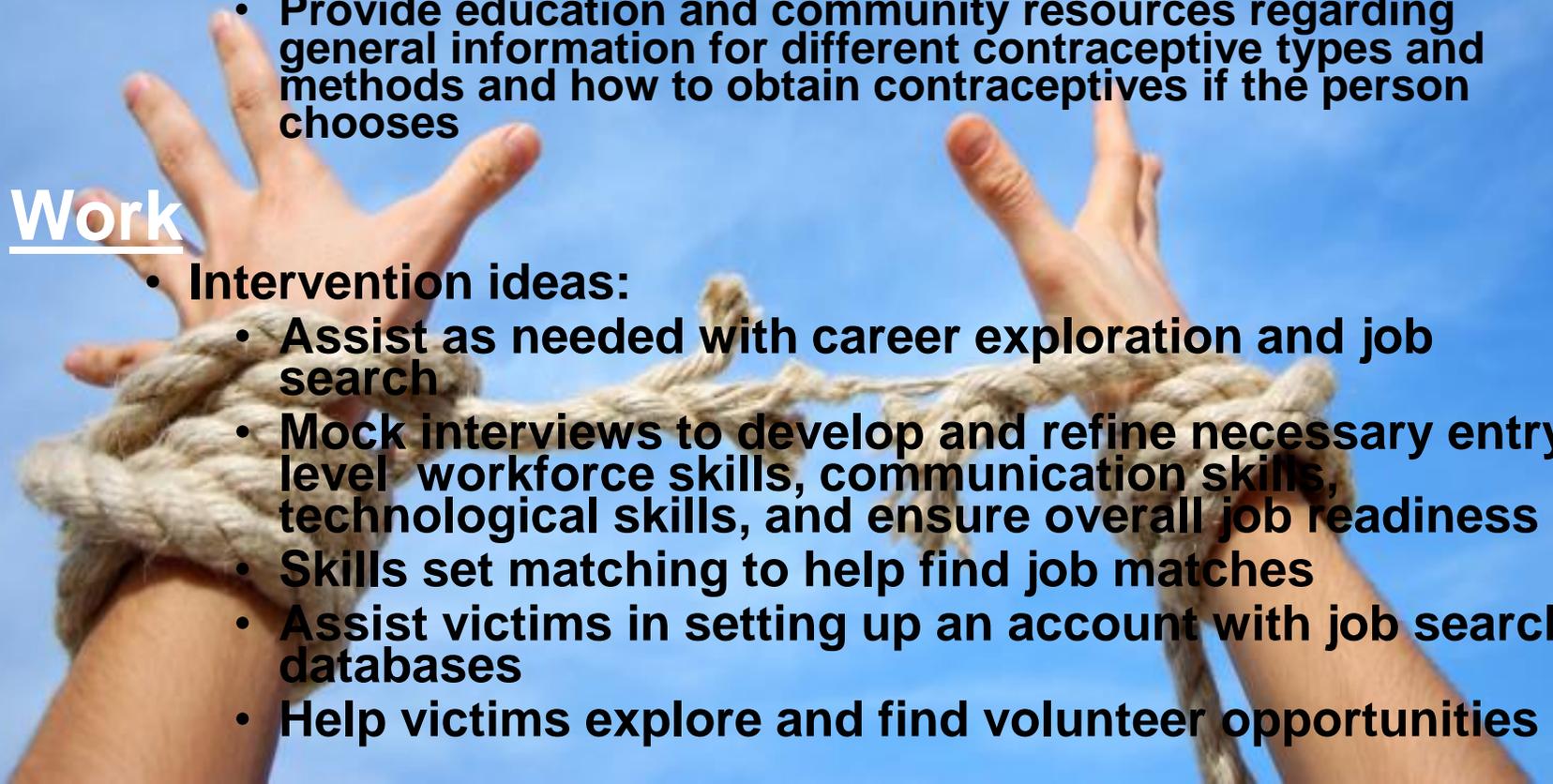
- Intervention ideas:

- Taking an individual or a group shopping for bathing, toileting, and hygiene products
- Have an individual or a group identify appropriate clothing to wear for specific occasions (similar to the TV show *What Not to Wear*)
- Practice applying makeup on a mannequin or a group partner to identify proper application and color schemes
- Provide education and community resources regarding general information for different contraceptive types and methods and how to obtain contraceptives if the person chooses

- Work

- Intervention ideas:

- Assist as needed with career exploration and job search
- Mock interviews to develop and refine necessary entry-level workforce skills, communication skills, technological skills, and ensure overall job readiness
- Skills set matching to help find job matches
- Assist victims in setting up an account with job search databases
- Help victims explore and find volunteer opportunities



Intervention Ideas

- Leisure

- Intervention ideas:
 - Help determine hobbies
 - Help find opportunities within the community

- Social participation

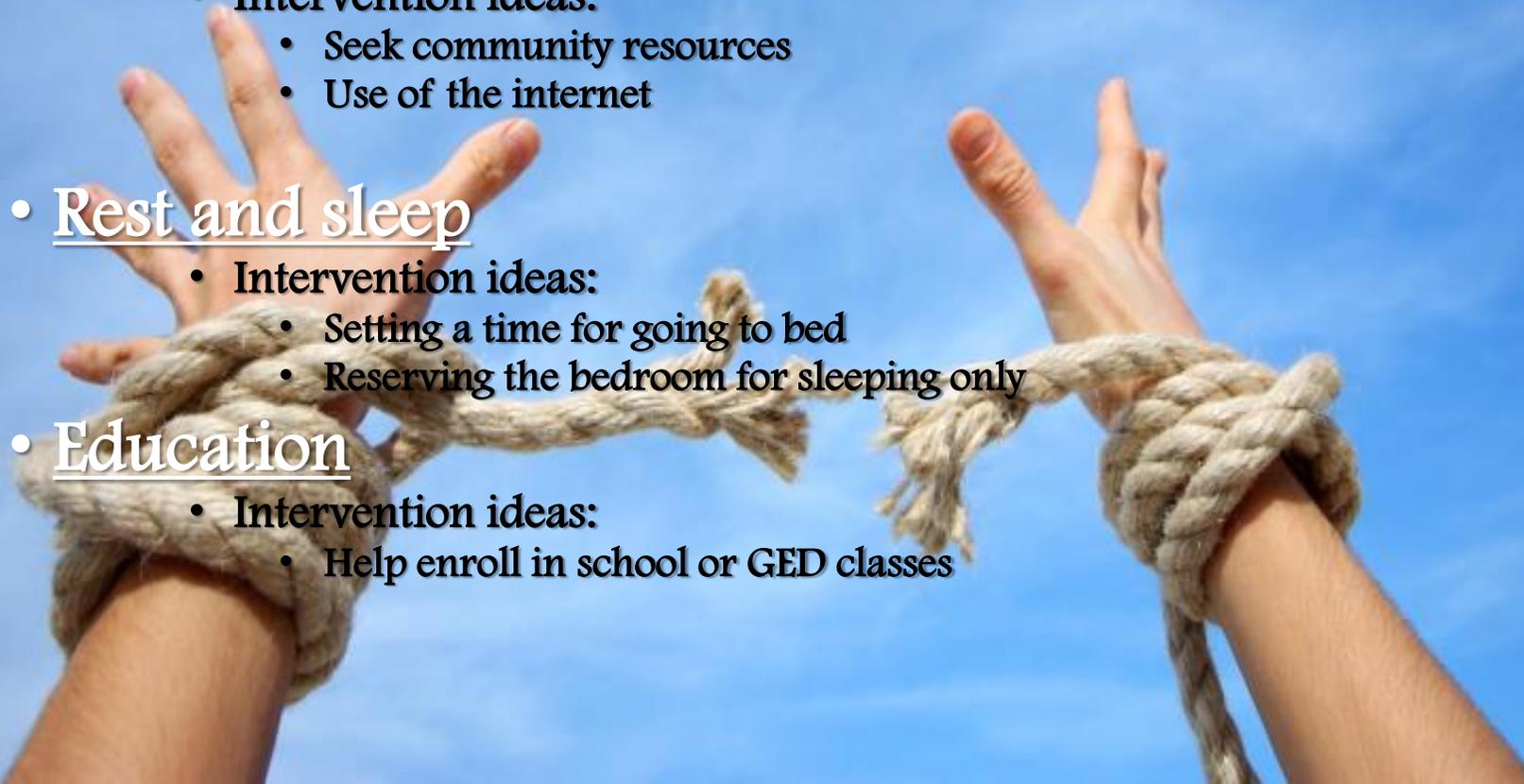
- Intervention ideas:
 - Seek community resources
 - Use of the internet

- Rest and sleep

- Intervention ideas:
 - Setting a time for going to bed
 - Reserving the bedroom for sleeping only

- Education

- Intervention ideas:
 - Help enroll in school or GED classes



OT Intervention Ideas

Emotional regulation

- Expressing self in healthy ways
 - Artwork (painting, collage, etc.), support group, volunteering, exercise, community involvement
- Teach coping strategies
 - Counting to 10, self-talk, talking to others, participating in hobbies

Communication and social

- Group therapy sessions
 - Letting each member lead a session with a topic of their choice, peer mentor program, assertiveness training
 - How to communicate with the opposite sex in a non-sexual manner



The Bottom Line

We, as health professionals, must advocate for these forgotten victims. Sexual abuse and human trafficking is a debauchment of the human spirit in every language and causes the deprivation of happy, healthy, human life. We must stand in the gap for this suffering group of people as they fight an uphill battle to escape bondage, seek refuge, and begin the process of recovery.



References

- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process 3rd edition. *American Journal of Occupational Therapy*, 68, S1-S48. doi:10.5014/ajot.2014.682006
- Banks and Kyckelhahn 2011
- Clawson, H., Salomon, A., & Grace, L. (2007). Treating the hidden wounds: trauma treatment and mental health recovery for victims of human trafficking. Retrieved November 20, 2014, from <http://aspe.hhs.gov/hsp/07/humantrafficking/treating/ib.pdf>
- Chauciesplace.org/chelid/sexualabuse
- Darknesstolight.org
- Erickson's Stages of Childhood Development
- Human Trafficking Statistics. (2008). Retrieved from <http://traffickingresourcecenter.org/>
- Human Trafficking Trends in the United States. (2012). Retrieved from <http://www.polarisproject.org/human-trafficking/overview/human-trafficking-trends>
- International Federation of Medical Students' Association. (2013). Human trafficking and health. Medical students worldwide. Retrieved from http://www.ifmsa.org/content/download/202213/2210183/file/2013MMPS_10-Human%20Trafficking%20&%20Health.pdf
- United Nations Office on Drugs and Crime. (2014). Retrieved from <http://www.unodc.org/unodc/human-trafficking/>
- World Health Organization. (2012). Understanding and addressing violence against women: Human trafficking Retrieved from http://apps.who.int/iris/bitstream/10665/77394/1/WHO_RHR_12.42_eng.pdf
- Williamson, E., Dutch, N., & Clawson, H. (2008). Evidence-Based Mental Health Treatment for Victims of Human Trafficking. Retrieved from <http://aspe.hhs.gov/hsp/07/humantrafficking/mentalhealth/index.pdf>
- Zimmerman, C., Hossain, M., & Watts, C. (2011). Human trafficking and health: A conceptual model to inform policy, intervention and research. *Social Science & Medicine*, 73, 327-335.