

The Consequential Relationship:

Understanding the relationship childhood sexual abuse has with Commercial Sexual Exploitation and Domestic Minor Sex Trafficking

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Objectives: CSA relationship to DMST

- Review neurobiological changes in the brain due to ACE/CSA, including implicit & explicit memory
- Psychological, emotional and behavioral responses in the life of a victim of childhood sexual abuse that mirrors that of a DMST victim's relationship with her perpetrator/exploiter
- An in-depth look at the role of attachment(disrupted or broken attachment), dissociation and how it plays a role in re-exposure, as well as the development of betrayal bonds and it's relationship to CSA
- Post Traumatic Growth
- CSA and Trafficking of boys and men
- Innovative promising approaches with survivors

Framing Experiences

○ Child Sexual Abuse (CSA)

Any sexual activity with a child where **consent is not or cannot be given**. The sexually abusive acts may include penetration, creation of pornographic images, sexual touching, or non-contact acts such as exposure or voyeurism.

○ Domestic Minor Sex Trafficking is Childhood Sexual Abuse, however, Childhood Sexual Abuse is NOT necessarily Domestic Minor sex Trafficking of Children

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- Multiple studies show 70- 90% of all commercially sexually exploited children, youth and adult women were sexually abused prior to their recruitment(Bagley, 1987; Murphy 1993; & www.nap.edu, 2013).
- Choi(2015) most commonly studied risk factor for trafficking- evidence strongly suggested that this interpersonal trauma(CSA) had strong associations with DMST; It appeared that increased severity of CSA conferred greater risk of trafficking, such as duration of abuse, frequency, abuse involving penetration, physical and/or emotional force, abuse by fathers or father figures
- As cited in Sprang & Cole's (2018) *Familial Sex Trafficking of Minors*, " The most consistently found risk factor for CSEC included CSA. "

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Child Abuse Stats:

12.3% of girls were age 10 or younger at the time of their first rape/victimization, and 30% of girls were between the ages of 11 and 17

(Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., ... Stevens, M. R., 2011).

- And 1 out of 3 girls & 1 out of 6 boys experience CSA before the age of 18 (Allender, 2012)

Now Correlate those stats w/ identified children being trafficked

- The average age of entry into the commercial sex industry in the U.S. is 19 years of age(www.polarisproject.org)
- Department of Justice (DOJ) funded a study that looked at sex trafficking of minors in the U.S. The victims in this study reported a **median age of 15 years old**(*Polaris Project, 2016*)
- In a recent study published in the *Sexual Abuse: A Journal of Research & Treatment*(2015) found that out of a cohort of 102 the age of first offense (32) were **younger than 16 and 70 were older than 16**(Naramore, et.al.,)

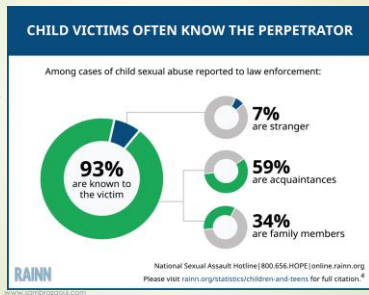
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- 87 identified commercially sexually exploited youth in Miami-Dade County, Florida, in the child welfare system found that the youth in this study have high rates of previous sexual abuse (86% of the youth hx of CSA) and other traumatic experiences prior to their exploitation(Landers, McGrath, Johnson, Armstrong & Dollard, 2017)
- Research indicates a **synergistic relationship between sexual exploitation and experiences of child trauma** whereby children with a history of trauma are more likely to be sexually exploited, and the experience of sexual exploitation further increases the likelihood that a child will experience symptoms of trauma, increasing their risk for continued or future exploitation(exploitation(Landers, McGrath, Johnson, Armstrong & Dollard, 2017)

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Sexual Abuse Grid



The Consequential Relationship

- Out of the yearly **63,000 sexual abuse cases** substantiated, or found strong evidence, by Child Protective Services (CPS),⁴ the perpetrator was **most often the parent**:
- 80% of perpetrators were a parent**
- 6% were other relatives
- 5% were "other" (from siblings to strangers)
- 4% were unmarried partners of a parent

www.RAINN.org

The National Human Trafficking Resource Center Hotline reported 49 cases from 2007-2012 (15.6%) of the sexual abuse allegations involved parents or legal guardians(Sprang & Cole, 2018)

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Risk Factors

- In a recent study published in the *Sexual Abuse: A Journal of Research & Treatment*(2015) found that out of a **cohort of 102** juveniles that were identified being in the "life" in some form or other, the vast majority of the **81.4% of the 102 cohort has an ACE score of 4 or more**
- Some ACE questions: <https://acestoohigh.com/got-your-ace-score/>
- 1) Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
- 2) Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
- 3) Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
- 4) Did you often or very often feel that... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other
- ACE identified that **parental separation and divorce** was the number one ACE question checked that was recurring among all **102 cohort; CSA was # 4**

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FACTS:

- ▶ ACE breakdown:
 - ▶ 1. **Parental separation & divorce**
 - ▶ 2. **Household Violence**
 - ▶ 3. **Household member incarcerated**
 - ▶ 4. **Sexual and Physical Abuse were equal**

(Naramore, et.al., 2015)

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Human Trafficking Minors and ACE in Florida(2017)

Population/sample

- ▶ Compares the prevalence of ACE among a sample of **913 JJ involved boys and girls in Florida between 2009-2015** with those of a matched sample of **JJ 913 non-trafficking cases**

(Reid, Baglivio, Piquero, Greenwald & Epps, 2017)

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RESULTS

- ▶ The ACE's that influence risk for the girls are different from those that influence risk for boys
- ▶ Girls who experienced **sexual abuse or sexual abuse and physical abuse** were at **higher risk** than any other form of child maltreatment
- ▶ Among boys: **2.55 times greater** for boys experiencing **emotional abuse** and **8.21 times greater for boys reporting sexual abuse to experience DMST than those who did not report sexual abuse**

(Reid, Baglivio, Piquero, Greenwald & Epps, 2017)

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- A study of **213 adolescents** and **adult females(15-45 years old)** who were trafficked across seven European countries revealed that **59% had pre-trafficking experiences of sexual or physical violence**
- **12% had experienced coerced sexual experiences before 15 years old**
- 95% had experienced **some form of abuse**

(Shaw,Lewis, and Chitiva et al., 2017)

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CONCLUSION

- The examination of childhood adversities linked to victimization in human trafficking indicates that **sexual abuse is the most damaging type of child maltreatment that creates susceptibility to exploitation among both boys and girls**
- **Please Remember the Incest Stat 80%**
- **Sexual abuse is the strongest predictor of human trafficking for both boys and girls**
- **Family Violence was also found to also increase the risk of trafficking**

(Reid, Baglivio, Piquero, Greenwald & Epps, 2017)

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FACTS

- The National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway (NISMAART) children estimate that **1.7 million children run away from home each year in the U.S.**(2002; Stand Up for Kids, 2018; National Homeless Org., 2018)
- In 2016, 8% of crisis connections were made by youth **13 years old or younger** (National Runaway Safeline, 2016)
- **Running away** as a result of physical and **sexual abuse** increase exposure to risks associated with street life(Shaw,Lewis, and Chitiva et al., 2017)
- ***According to(Choi, 2015) Running away appeared to be the mediating variable for CSA and DMST**
- Youth with histories of **maltreatment and household dysfunction** are extraordinarily **vulnerable to sexual predation and re-victimization** by traffickers(Naramore, et. Al., 2015)

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CSA & Trafficking in boys

- The socio-cultural and environmental level vulnerabilities that lead to and sustain the trafficking of male youth. These include gender stereotypes, toxic masculinity, homophobia, societal constructs around male victimization to name a few.

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ACE:CSA & its relationship with DMST

- *Neurobiological, psychological, spiritual and emotional/behavioral changes as a result of adverse childhood experiences*

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- *A Simple Truism:
Our Neurobiology is our
Autobiography (Levine, 2016)

A man's whole body records his
emotional thinking(O'gden,
2017)*

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The Consequential Relationship

- WE HAVE THE POWER TO RE-WIRE OUR BRAIN;
- WE HAVE THE POWER TO RE-AUTHOR OUR STORIES;
- WE HAVE THE POWER TO TAKE BACK THAT WHICH WAS TAKEN FROM US AND USE IT FOR GOOD!
- WE HAVE THE POWER TO TRANSFORM OUR LIVES-BY RE-NEWING OUR MIND AND CHANGING OUR BRAIN!
- THE QUICKEST WAY TO CHANGE YOUR LIFE IS TO CHANGE HOW YOU INTERPRET SOMETHING
- THERE IS HOPE AND THERE IS LIGHT AT THE END OF THE JOURNEY

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The Consequential Relationship

- Survivors of sex trafficking who have experienced CSA are often functioning with unprocessed childhood sexual assault (Zaoui, 2016) due to lack of support and/or resources.

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Neuroplasticity

- Neuroplasticity is the brain's amazing capacity to change and adapt.
- It refers to the physiological changes in the brain that happen as the result of our interactions with our environment, from the time the brain begins to develop in utero until the day we die, the connections among the cells in our brains reorganize in response to our changing needs.
- The brain is an organ of adaptation
- Shaped by early experiences
 - Nature and nurture
- "It is built by experience during development and rebuilt during psychotherapy [a great therapist]"

(Cozolino, 2010, 2002)

The Hierarchy of our brain

- The brain is often described in terms of three levels of function:

- 1. The human (thinking) brain**
 - Cerebral Cortex
- 2. The animal (emotional) brain**
 - Limbic System
- 3. The reptilian (survival) brain**
 - Brain Stem

In any function of the brain, there is a constant, awesomely complex flow of information from one part of the brain to another along nerve pathways, through chemical and hormonal release, and influenced by energy.

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Limbic System

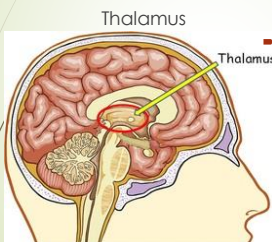
- Thalamus
- Hypothalamus
- Amygdala
- Hippocampus



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The Role of the Thalamus

<http://brainmadesimple.com/thalamus.html>

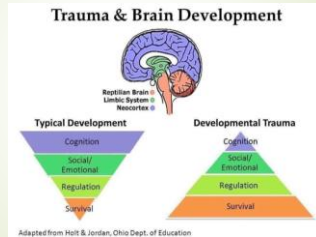


Function

- Location:** Part of the forebrain, below the corpus callosum
- Function:** Responsible for **relaying** information from the sensory receptors (hearing, touch, taste-shaping perception) to proper areas of the brain where it can be processed

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Trauma & Brain Development



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Implicit Memory vs Explicit Memory

- The hippocampus is responsible to integrate the raw sensory data into a coherent picture, and put a "time tag" on it – transfer it into long-term permanent memory, where it can be retrieved later.
- Explicit memory is what we usually "think" of as memory; it's a "thinking memory" or "cognitive memory," a memory we can remember in our thinking brain.
- From conception to 36 months, even in a 100% healthy child with secure attachment, the hippocampus isn't working yet; it's not online. Events which happen during this first 45 months of life just don't automatically become conscious memories, but this is also true of all events pleasant or frightening, before the hippocampus is fully working around age 3
- Siegal(2012)

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Implicit Memory vs Explicit Memory

- Let's say I'm 6 months old and I'm bitten by a dog on the hand," "And then I'm 2 and again I'm bitten by a dog on my hand. So I'm going to have a feeling of fear when I see dogs, I'm going to have a feeling of pain in my body. I'll have many memories, all implicit – feeling of fear, feeling of pain in my hand, visual what does a dog look like, barking sound what does a dog sound like – and the feeling that I want to get ready to run(interject CSA)
- "Implicit memory: It's purely a set of raw unconscious body memory packets.

Siegal(2012)

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Implicit Memory vs Explicit Memory

- "But here's the most important lesson about memory integration: Implicit-only memory does **not** feel like it's coming from the past. [It feels like real time with no awareness] Fear hijacks the perceptual system"
- Trauma at any point in life, floods the body with so much stress hormones that this can turn off the hippocampus. "If you massively secrete cortisol stress hormone, at the same time you're secreting adrenaline, cortisol, in high amounts, shuts off the hippocampus temporarily. Over the long run, it can actually kill hippocampus cells"
- Siegal (2012)

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Structural Changes in the Brain

- "PTSD patients with severe **early-life trauma have almost no activation of any of the self-sensing areas of the brain: (The Mohawk of Awareness)**"
 - The **MPFC**, the **anterior cingulate** (the **parietal cortex (sensory info)**), and the **insula** did not light up at all; the only area that showed a slight activation was the posterior cingulate, which is responsible for **basic orientation in space** (van der Kolk, 2014, p. 120)
- **Underdevelopment** of corpus callosum found in abused and neglected boys and sexually abused girls (van der Kolk, 2015)
- Corpus Callosum are the fibers that serve as a bridge to the left and right side of the brain's hemispheres and serve as **vital** to integration (Siegal, 2015)
- The sensory input is dysregulated and easily gets flooded with what is perceived as threat (Gentry, 2016) Have trouble knowing the difference between **feeling safe and being safe (Gentry, 2017)**

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Structural Changes in the Brain

- ACE is associated with long-term alterations in the limbic system: **reductions in the volume of the hippocampus, anterior cingulate cortex** (rational decision making, impulse control, **empathy**) (Malykhin, Carter, Hegadoren, Seres, & Coupland, 2012)
- Survivors of childhood maltreatment (**not neglect**) have **underdeveloped spindle cells** (Global firing rate-regulation of emotional states) and as a result, **have difficulty processing emotions, and more difficulty in assessing and detecting risk** (Mapp 2016)
- Children's brains are **"literally shaped by traumatic experiences,** which can lead to problems with anger, addiction, and even criminal activity in adulthood" (van der Kolk, 2015)

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Skews Relational Implications of CSA that influence further exploitation CSEC/DMST

- Perpetrators became their Sexual Mentors
- Their taught to *Lie, Devalue, Degrade* and connect *Abnormal Sexual Experiences to Normal Longings* for intimacy and touch
- A survivors body is their enemy-something or be treated harshly and without respect
- Survivors learn to *hate what they needed or show a disregard for their legitimate longings* and ignore their own bodies wisdom so they numb, disconnect to reconcile

(Allender, 2012)

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Skews Relational Implications of CSA that influence further exploitation CSEC/DMST

- Child is repeatedly regarded by an offender for sexual behavior beyond level of development
- Exchange of affection, attention, privileges and gifts for sexual behavior
- Certain parts of anatomy are fetishized
- Misconceptions and confusions about sexual behavior and morality are transmitted from offender to child

(www.fcasv.org, 2018)

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Skews Relational Implications of CSA that influence further exploitation CSEC/DMST

- In a study conducted on the relational outcomes of female survivors of CSA found that *CSA survivors with poor maternal attachment are more likely to enter into marital and cohabitating relationships*(Liang, Williams & Siegal, 2006)
- They are undoubtedly seeking out their *innate drive to develop intimacy and bonds irrespective if the bonds are destructive*
- Survivors indicated a *high degree of anger* and *compulsive care seeking within significant relationships*(Woodruff, 1999)
- CSA victims experience a profound distrust and beliefs held prior to the exploitation, which taints their perspective of *healthy(reciprocal)attachment* to others(Mapp, 2016)

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Skews Relational Implications of CSA that influence further exploitation CSEC/DMST

- Leaving them further vulnerable to seek out innate intimacy and natural longings...
- *Controlling relationships are often confused for protective relationships (protection is what a child needs and control is what they get)*
- They carry this skewed relational perception which then is perpetuated in DMST dynamics

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PHYSICAL IMPLICATIONS

- Childhood trauma can lead to adults who constantly[need] to experience *danger and fear*, living in a state of hyper-arousal (van der Kolk, 1996) it's an *addictive state of mind* to need to feel the release of endorphins in order to feel alive(2014)

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Physical Implications of Childhood Sexual Trauma

- "The chronic hyperarousal (sympathetic dominance) of individuals with [saturated trauma] leads to a *loss of ability to grasp personal meaning of bodily feelings*. There is often a disconnect between the mind and body(Siegel, 2015)
- When someone's autonomic nervous system(**neuroception**) perceives an event as *life threatening*-- the mind checks out, and the body shuts down disconnecting the bidirectional connection in order to survive-(Porges, 2015)

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PHYSICAL IMPLICATIONS

- In a clinical sample of youth who had a hx of CSA compared to youth who had a hx of CSA and CSE(STM); the latter group had clinically significant scores for the avoidance subscale on the UCLA PTSD-R1 scale compared to those who did not experience CSE(STM)
- Additionally, the youth who had both experienced CSA and CSE(trafficking), developed inappropriate sexualized behavior & substance abuse

(Sprang & Cole, 2018)

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CSA/DMST of BOYS

- Lived experience of how early sexualization, and hyper sexualization as a result of exposure to pornography, normalized entry into survival sex, and unhealthy relationships that eventually led to commercial sexual exploitation and trafficking.

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Dissociation

- Well adapted responses developed that served well at the time of the events, yet are no longer serving
- Dissociation prepares the body for injury by slowing the heart rate and breathing and releasing opioids to increase numbing and reduce pain(D'Amico 2014, Mapp, 2016)
- Dissociation permits *psychological survival*, although it protects the person from emotional impact, *it increases the risk of further victimization* since the survivor dissociates in response to actual danger cues(Mapp, 2016)
- They're physically present but they have gone somewhere else mentally to *escape the horrors of the moment* (van der Kolk, 2014)

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Dissociation

- Herman (1997) altered consciousness- **Doublethink** holding two contradictory beliefs in one's mind simultaneously: conscious & unconsciousness
- If you **cannot** tolerate what you know or feel what you feel, the only option is denial and dissociation—the long term effect is **not feeling real inside**(van der Kolk, 2014)
- When you don't feel real nothing matters, which makes it **impossible to protect yourself from danger**

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The Split to Survive

- As a result of dissociation, survivors are most challenged in **intimate relationships** as a result of their challenge with being present and trust (van der Kolk, p.192, 2007) and because the sexual abuse happened in an interpersonal relationship, intimate relationships are most impacted (Allender, 2013)
- However, that's where wonderful survivor leaders, mentors and well trained practitioners come in: we offer corrective emotional experiences
- We regulate best with another person(Armstrong, 2018)

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Betrayal Bonds

- The perpetrator's ultimate goal appears to be the creation of a willing victim(Herman, 1997, pg.75)
- The Final psychological control of the victim is not completed until she **violates her own moral principles and betrays her basic human attachments**(Herman, 1997)

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Betrayal Bonds

- A comingled cocktail of: *Fear of death* but also *gratitude* for being allowed to live(Herman, 1997) the intensity of the hormones, emotions, neurobiological expression of that state is by far confounding and all consuming...not allowing a victim to think clearly
- A *fierce* curious *psychological dependency* (Herman, 1997)
- “*As long as he didn’t leave me, I would do anything he asked of me, my biggest fear was that he would leave*”(Survivor, 2015)

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Deepening Trauma Bonds/Betrayal Bonds Through Attachment

- *Trauma bonds are able to form only because human beings have a biological need to form attachments with others* (Bowlby, 1988).
- Any attachment is better than no attachment (Desilio, 2010).
- *Fear immobilizes and deepens attachment* (Carnes, 1997) Due to the neurotransmitter ENDORPHINS(van der kolk, 2014)
- The *endorphins are secreted during painful and pleasurable moments* making *it possible* for fear and aversion, *in some perverse way to be transformed into pleasure*(van der Kolk, p.32, 2014) Go back to the confusion that a child experiences through CSA with arousal and fear

- As long as people are either hyper-aroused or shut down, they cannot learn from experiences

(van der Kolk, 2014, p.205)

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Re-enactment: The compulsion to repeat the trauma

- Victim's **clinging to what is familiar** and attracting partners and situations that **repeat** the content and **themes** of the relationship wherein they received their first abuse and/or mirroring the first relational experience
- van Der Kolk(2014) calls this phenomenon: The Compulsion to Repeat the Trauma-Re-enactment
- Children exploited in commercial sex are at higher risk of continued involvement in commercial sex in adulthood(Ventura, 2004 as cited in Sprang & Cole 2018)
- When one cannot be fully present, you go back to the places where you did feel alive-even if those places are filled with horror and misery**(van der Kolk, 2014)

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Re-enactment: The Compulsion to Repeat the Trauma

- "Many traumatized people expose themselves, seemingly compulsively, to situations reminiscent of the original trauma" (van der Kolk, 1989)
- In trauma re-enactment the individual may take the role of abused or abuser (van der Kolk, 1989) Identification with the abuser..
- "Re-victimization is a consistent [theme]. *Victims of rape are more likely to be raped and women who were physically or sexually abused as children are more likely to be abused as adults.* Victims of child sexual abuse are at high risk of becoming prostitutes [trafficked and/or CSE]" (van der Kolk, 1989)

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Treatment Implications

- Since neuroscience now reveals that the activity in the medial prefrontal cortex is often decreased as a result of the **over activation** of the subcortical brain regions(brainstem: reptilian part)individuals are **often repeating automatic responses by being hijacked by their amygdala(limbic area)**, therefore, rewiring of the automatic circuitry is a focal point (van der Kolk, 2009)
- TX Implications: ***We are going to have to address the Emotional Brain***
- There are only two ways of changing the threat detection system:
From the top down, via modulating messages from the medial prefrontal cortex,
& or
The bottom up via the reptilian brain, through breathing, movement and touch,"having a locus of control over their own body

Treatment Implications

- Our brain emotes 10% Rational PFC & 90% Emotional Brain (Armstrong, 2018)

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Treatment Implications

- What we need to know about the Emotional brain is that it is practical and simple
- It is like a child in that it doesn't attach illustrious analytical meaning to it
- Our PFC which often is needed during talk therapy has a poor connection with our emotional brain therefore during talk therapy we are attempting to access something that is analytically telling us what we want to hear but not inviting the most important guest—
- if we talk— talk, we can't feel or experience; moreover, we don't discharge the trauma in our body bc we don't integrate the body in our sessions

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Treatment Implications

- Create an environment of relative safety and atmosphere that conveys refuge, hope and possibility
- We need to help them listen to the unspoken voice of their own bodies and to enable them to feel their survival emotions of rage and terror without being overwhelmed by these powerful states
- Trauma is caused when we are unable to release blocked energies, to fully move through the physical/emotional reactions to hurtful experience
- Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness
- Trauma is not a disease, rather a human experience rooted in survival instincts
- Our job is to unfreeze our clients

(Levine, 2010)

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Treatment Implications

- In order to regain control over your self, you need to revisit the trauma: Sooner or later you need to confront what has happened to you, but only after you feel safe and will not be retraumatized by it (van der Kolk, 2014, p.204)
- You can only address the fear of the past in a relaxed muscle body—we need to help our clients face the past in a safe body, when they can do that....then we say welcome home (Gentry, 2016)
- Client's heal trauma by regulating their internal nervous system and helping them develop safe relationships (Gentry, 2016)

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Treatment Implications

- Trauma is often thought of as a constant reliving of the traumatic event via memory but Stephen Porges (Polyvagal Theory) believes *it's less the memory as it is the physiological effect the trauma has had on our nervous system*
- We need to *help our clients understand how their body responded to trauma*—the physiological response of the body/nervous system that the horrific event(s) triggered
- Help them understand that our nervous system is making decisions

(Porges, 2015)

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Promising Approaches

- Sensorimotor Psychotherapy
- Somatic Experiencing
- Mindfulness
- EMDR

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What They All Have In Common

- Recall traumatic memory briefly(both from mind and body sensation)
- Explore embodied beliefs attached to event(somatic markers)
- Create new meaning to anchor desired beliefs that invalidate negative beliefs(as you cognitively and physically/move reprocess)
- Observe and retell with new meaning (while you engage the body through deep diaphragmatic breaths, touch, movement)

(Armstrong, 2018)

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SensoriMotor Psychotherapy

- Sensorimotor Psychotherapy® draws on the body's innate intelligence which is largely an untapped resource in psychotherapy.
- It helps release stored memories/energy from the body that can help to mitigate unresolved trauma
- As a therapist you can help the client to act out those expressions of feeling trapped in that moment, such as gently pushing the shoulder of the therapist: Have the client do what they needed and wanted to do but could not (O'gden, 2017)

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Somatic Experiencing

- The Somatic Experiencing® method is a body-oriented approach to the healing of trauma and other stress disorders (<https://traumahealing.org>,2018)
- Offers a framework to assess where a person is "stuck" in the fight, flight or freeze responses and provides clinical tools to resolve these fixated physiological states(<https://traumahealing.org>,2018)
- Remember that we never go straight to the trauma—we always set up some *grounding* and *stability* before heading to the trauma
- Having our clients and selves *regulated* before addressing any work that increases hyperarousal is vital
- Trauma Re-negotiation: set up foundation(through regulation)and begin *Titration*(little by little, slowly, easy and always drawing back to the body's sensations)

(Levine, 2016)

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Somatic Experiencing

- Help the client connect the thought to their body's response by asking questions that will help them gain insight:
 - *does the body's sensations increase or decrease?*
Pay attention to the breathing—you've stopped breathing, you're holding your breath or is your breath rapid and constricted

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(Levine, 2016)

Mindfulness

- " [gives the patient a] heightened sense of self and self-in-relationship, and a greater ability to find coherence and act effectively under high degrees of stress " (University of Massachusetts Medical School Center for Mindfulness, 2014)

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Mindfulness

- Seigal (2015) identifies PART:
 - **Presence:** Our own state of mind to be curious, open, accepting and loving
 - **Attunement:** How we focus attention on the internal state of another- not just on their outward behavior
 - **Resonance:** Is how we allow our own internal state *to be shaped by what we sense and perceive in someone else-so it's not mirroring, it's resonating*
 - **Trust:** When the other person recognizes and feels our resonance as it emerges from our attunement & presence, they will begin to *develop trust as they turn on their social engagement nervous system*

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Animal Assisted

- Utilizing animals in therapy may help to create a bond between the therapist and client and put the client at ease, it has been shown to create motivation on the part of the client

(Polaris Project, 2015)

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EMDR

- "EMDR ...can work much faster than more traditional forms of therapy" (Khazan, 2015)
- It has been widely recognized as an efficacious TX for PTSD, and as of late for a broad spectrum of mental health disorders
- One of the key tenets of the Adaptive Information Processing (what EMDR does) predicts that dysfunctionally stored and not fully processed memories are the cause of mental disorders because they were left in a raw, unprocessed, and maladaptive form
- Ex: ACE can be encoded with survival mechanisms and include feelings of danger; therefore, past events retain their power bc they have not been appropriately assimilated into adaptive networks

Nicbi.nlm.nih.gov(u.d.)

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EMDR

- "EMDR therapy is an eight-phase treatment. Eye movements (or other bilateral stimulation) are used during which **internal associations arise** and the clients begin to process the memory and disturbing feelings.
- In successful EMDR therapy, the meaning of painful events is transformed on an emotional level.
- "Unlike talk therapy, the insights clients gain in EMDR therapy result **not so much from clinician interpretation, but from the client's own accelerated intellectual and emotional processes.**

(EMDR Institute, n.d.)

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