

Trauma and Prostitution

The Mental Health of Victims of Sexual Exploitation

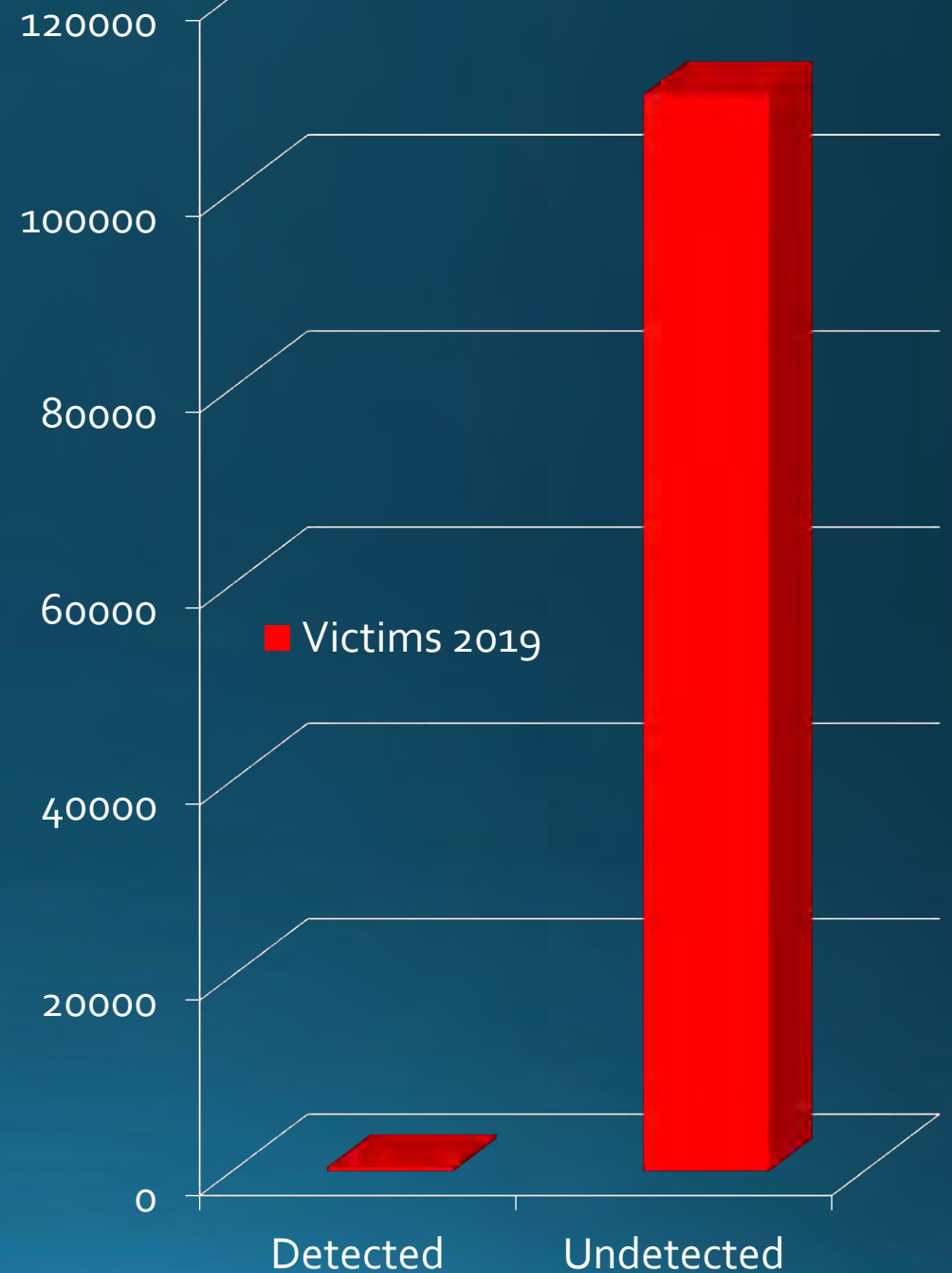
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<https://www.trauma-and-prostitution.eu>

15.10.2021 – Modena / Italy

2019: Trafficking for the purpose of sexual exploitation in Germany:

- 287 Legal Proceedings
- 427 Detected Victims
- Over 100.000 Victims remain Undetected!



Don't look only
for metal chains

Look for
mental chains



Trauma Bonding: the victim establishes a traumatic bond to the perpetrator

- Family bond or family-like relationships (a person that promises a better future,...)
- Love (Lover-Boy Method)
- (Sexual) Violence in the past

Study in order from the German Ministry to violence against women in Germany, 2002-2004,
10.264 questioned women,
Study by Schröttle & Müller 2004

Prevalence of violence against women in Germany (in %)

Interviews with women between 16 and 25 years; N = 10.264

Cf: BMFSFJ 2004c: 28 ff.

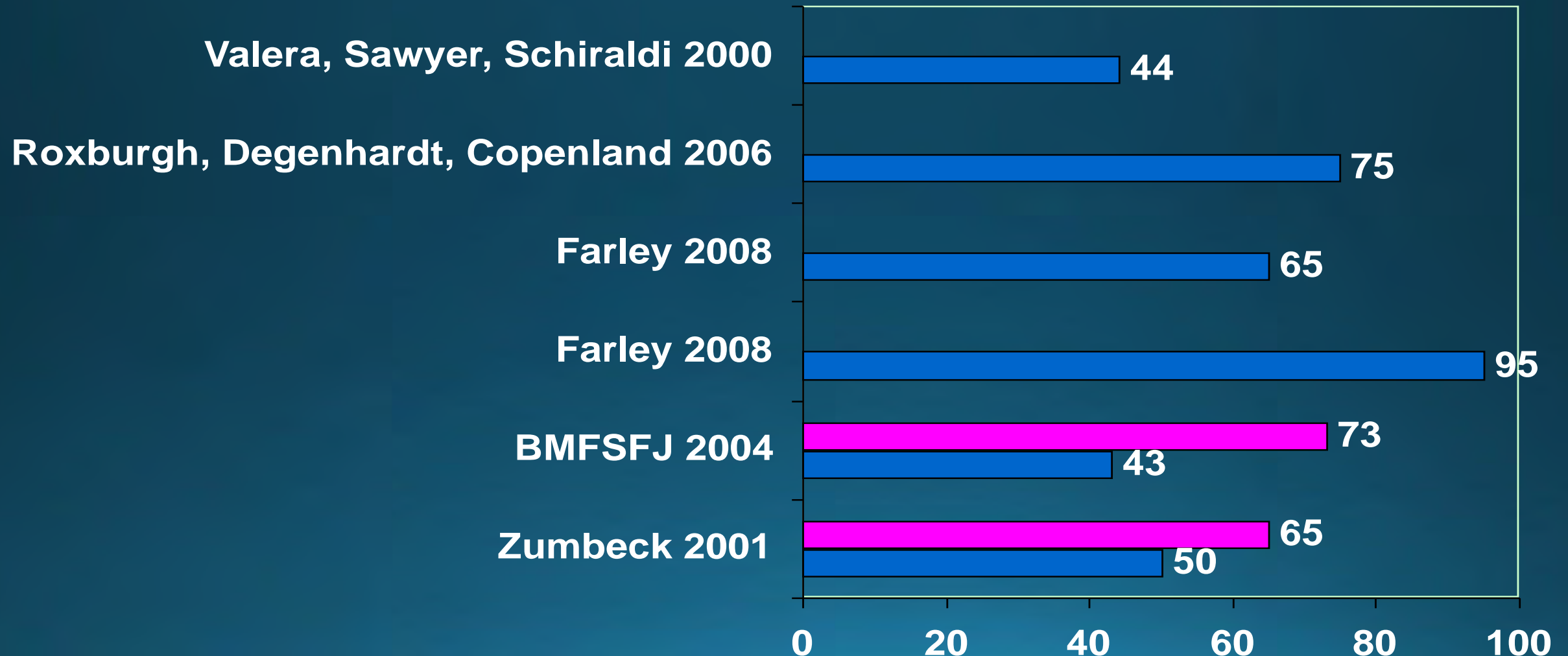


Prevalence of sexual violence

- WHO Report 2014: 20% Girls, 5-10% Boys. (Global Status Report on Violence Prevention)
- WHO Report 2021: 120 million girls and young women (1 out of 3) have suffered some form of forced sexual contact.
- National Research in France, 2014, N=1214. Mémoire Traumatique:
 - Children are the most frequently victims of sexual violence: in 81% of the cases, the sexual violence started before the age of 18.
 - 70% of them will be again victims of sexual violence as adults.
 - 96% of the perpetrators are men
 - 94% of the perpetrators come from the close environment
 - 50% of them are close family members.
 - 25% of them are minor.

Prostitution: Violence in the childhood, in %.

(Red: Physical Violence; Blue: Sexual Violence)



2 Types of Trauma:

- Trauma Type I: suddenly, unexpected, once-only.
 - Apersonal: car accident, natural catastrophe,...
 - Interpersonal: aggression, rape, loss of close person,...
- Trauma Type II: chronically-cumulative.
 - Political Aggression: War, Torture, hostage-taking, imprisonment in concentration camps,...
 - Interpersonal close environment: Child abuse / emotional/physical neglect. Domestic violence. Prostitution.

Possible mental responses as consequences of repeated sexual violence:

- A deep feeling of worthlessness and being disconnected to the world,
- Trust in people and relationships is deeply shaken, own limits are not known,
- A deep feeling of hopelessness, disillusion and resignation,
- Psychosomatic symptoms (like stomach aches, fatigue, difficulties in breathing,), diverse Physical illnesses,
- Difficulties in the regulation of the emotions,
- Dissociative symptoms, Depersonalization, dissociative amnesia, intrusions,...



**Complex
Trauma**

Revictimization:



Adults who experienced 4 or more childhood adversities (including physical, sexual & emotional abuse) are:

7X

more likely to be involved in interpersonal violence as a victim or perpetrator

.....

30X

more likely to attempt suicide



Adults who were physically & sexually abused as children are:

Men

14X

more likely to perpetrate physical & sexual intimate partner violence

.....

Women

16X

more likely to suffer physical & sexual intimate partner violence



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for every child



End Violence Against Children



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End Violence Against Children

The Loverboy Method: First phase



Consequences:

Negativ
Self-Image

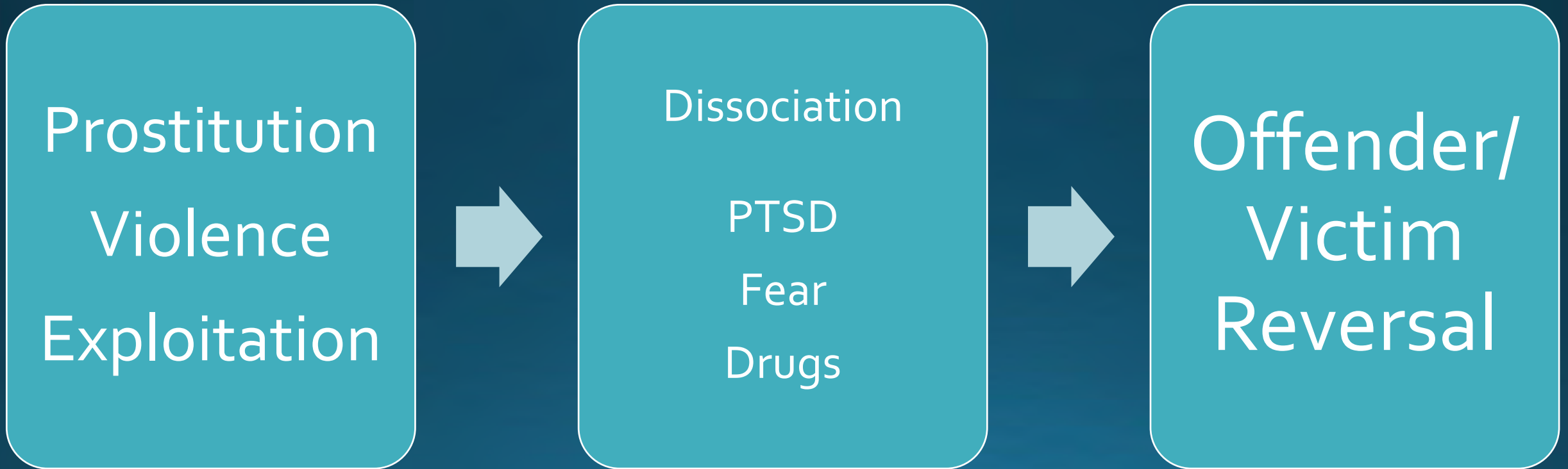


Self-
Protection
gets lost



Loyalty and
total
attention to
the offender

The Method: Second Phase



Trauma-Bonding

If you are in an interpersonal relationship with a perpetrator, you need to develop coping strategies to stabilize the bonds; that means that you adapt and internalize the expectations that the offender places on you (so-called perpetrator introjects). Victims completely adapt to the needs of the offender. Own feelings and needs are no longer perceived. Self-protection and self-care are lost. Violence is accepted. Victims of trafficking develop feelings of their own worthlessness, guilt and shame. Negative self-assessments such as "I do not deserve better" or "I'm only good for prostitution anyway" can manifest a lifetime. The idea of being worthless, morally inferior and guilty as a person may be linked to the belief that mistreatment and punishment can be deserved, which can also lead to self-injurious behavior, which includes prostitution.

Offender / Victim reversal

„I am guilty of what happened“

„I agreed on it.“

„I didn't defend myself.“

„It was my choice.“

The Traumatized Me



Parts of oneself can stay loyal to the offender

The bond will be defended:

„I have to help him.“

„It is not his fault, he is in trouble himself.“

„He is on my side, he helped me when I was in need.“

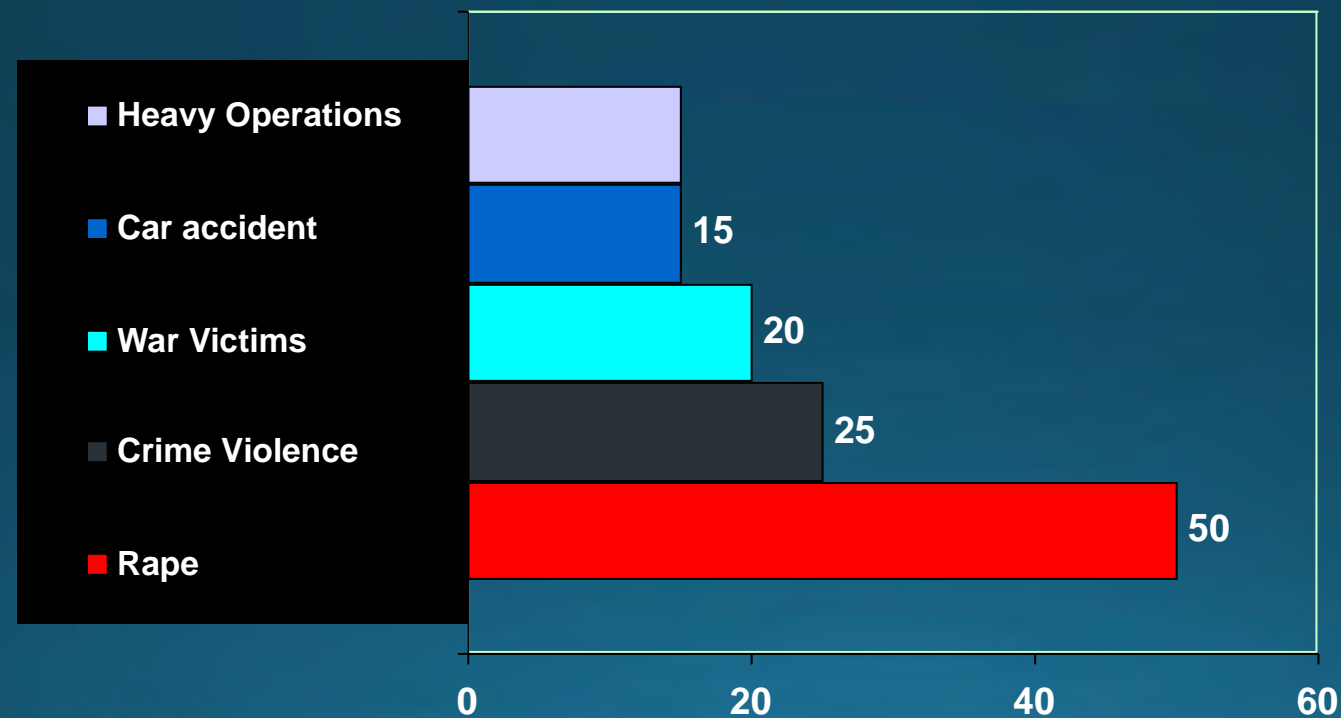
„He understands me, he loves me.“

„He will help me to have a better future.“

„I have to help my family“.

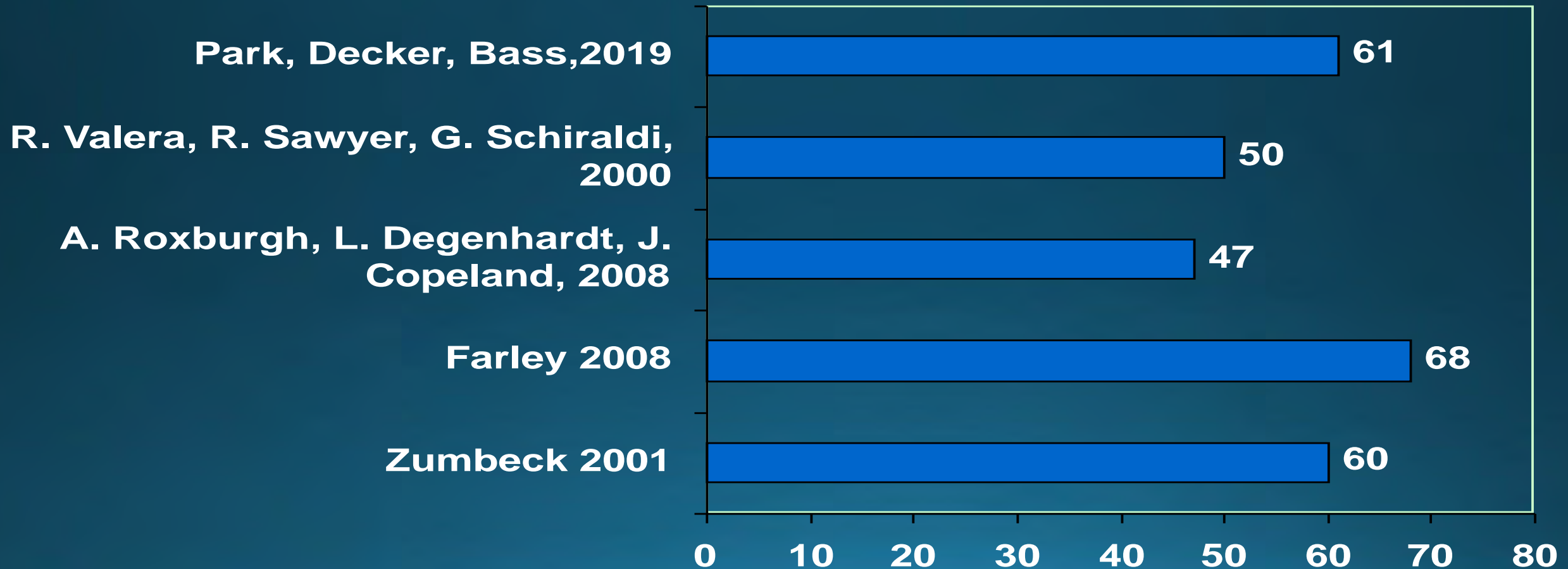
EPIDEMIOLOGY of PTSD

It depends of the trauma if a person develops a PTSD or not (in %)



Posttraumatische Belastungsstörungen: Leitlinie und Quellentext. 2. Auflage. Schattauer, 2004.

Women in Prostitution are classified as a high risk group for PTSD:



- Michaela Huber, director of the German Trauma and Dissociation Society, says:

“To allow strangers to penetrate one’s body, it is necessary to extinguish some natural phenomena: fear, shame, disgust, strangeness, contempt and self-blame.

In their place these women put indifference, neutrality, a functional conception of penetration, a reinterpretation of this act as a “job” or “service”.

Most of the women in prostitution have learned, through sexual violence or neglect in their childhood, to switch themselves off.”

Physical Reactions:

- **Fight/ Flight Reaktion:**

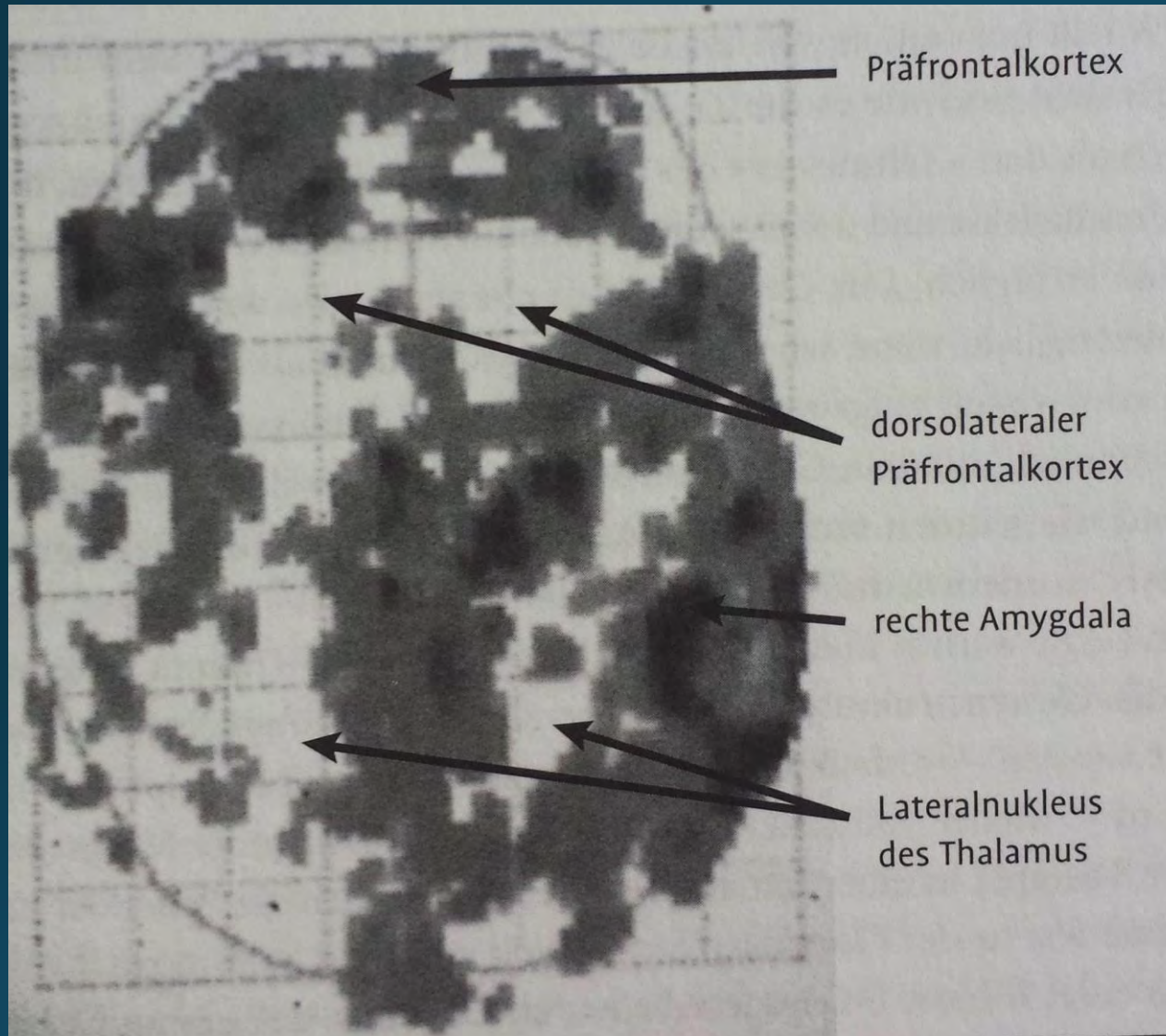
- Heart is beating faster, Blood pressure gets higher,
- Fast breathing,
- Sweating,
- Muscle tension gets higher,
- The body gets energy in the blood (Blood sugar, grease)
- Reduced blood circulation of several organs that are not needed (Reproduction, gastrointestinal system ,...),
- Pain tolerance gets higher,
- Immune system is highly activated,...

- **Dissociation:** Is the Stress getting too intense, the amygdala is being isolated with anaesthetic substances.
- Awareness and the memory are affected: Like being in trance,...
- Body feeling is affected: numbness, like standing by side, like looking the scene from far away.
- The perception of the environment is affected: like looking through a tunnel, or every thing is foggy,
- The identity is affected: playing a role, confused about the own identity, multiple,...

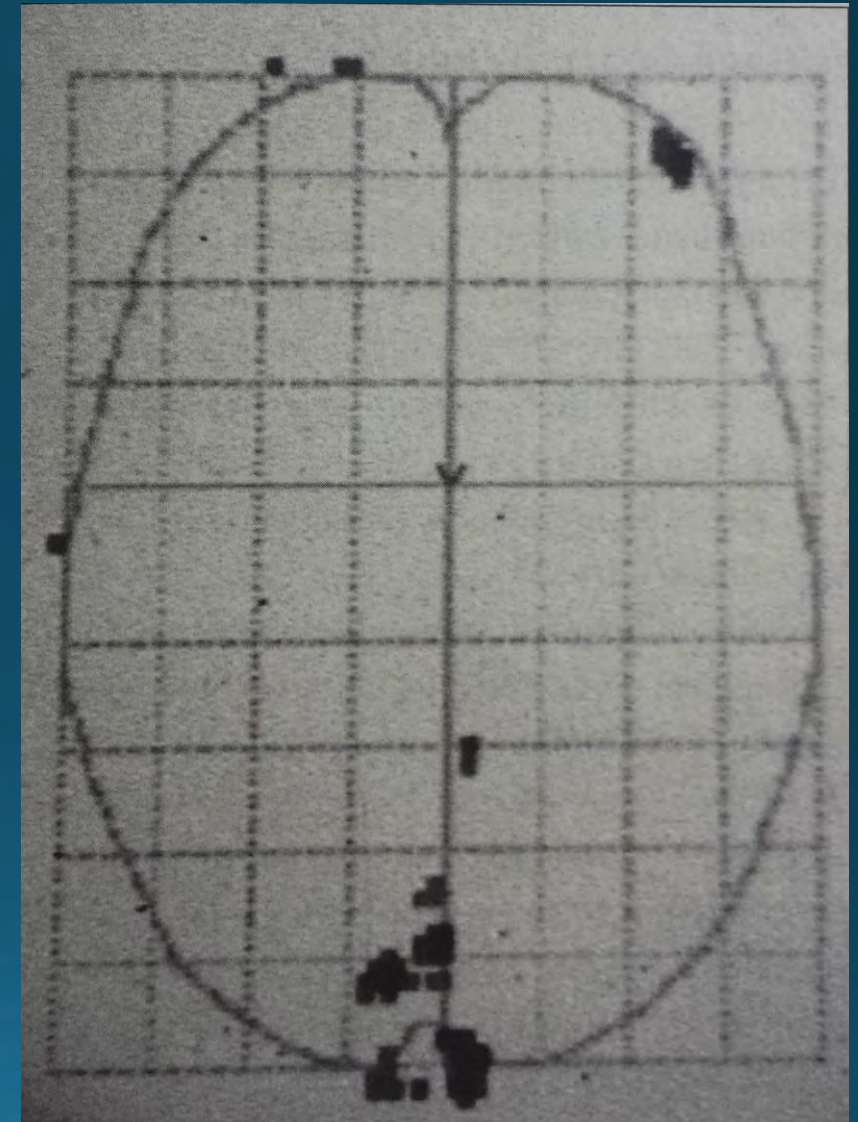
There are 4 Hormones that are involved in PTSD:

- **Adrenaline:** our body gets in a condition to be able to fight back to keep as alive or to flee.
- **Cortisol:** that gives us the energy in order to execute the fight/flight reaction.
- **Opioids:** these are natural morphines, they prevent us from pain but they block all other emotions also. So sometimes it can happen, that women who get raped and talk about what happened to them, they say it without emotions.
- **Oxytocin:** that promotes good feelings, also to block pain. The body gets in a condition so that we feel good. People will describe the trauma and smile. This can be incredible confusing.

Fear Reaction



Dissociation



Dissociation with a soldier in war



Dissociation with a prostituted women in Bangladesch

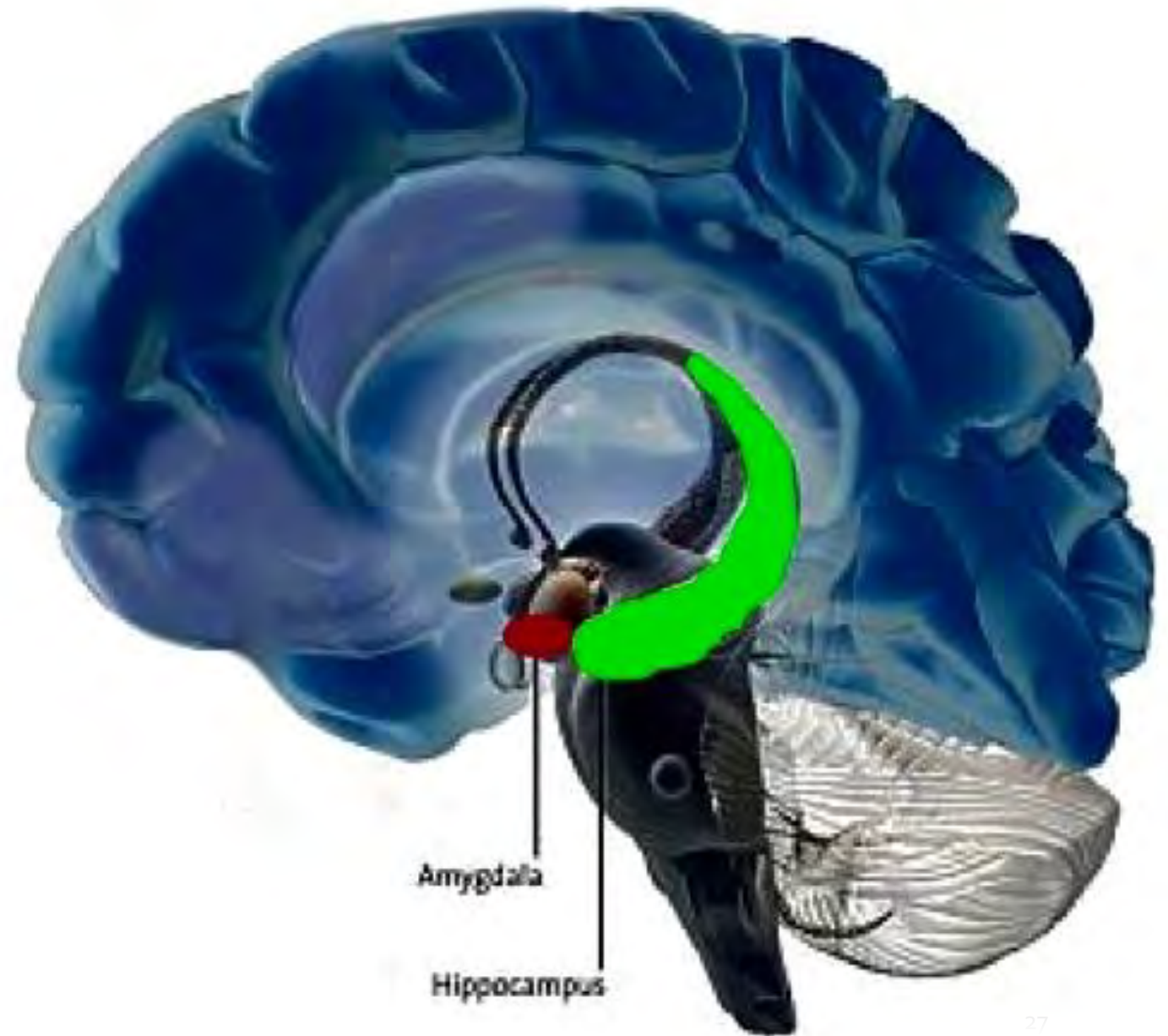


Kajol. (Sandra Hoyn)

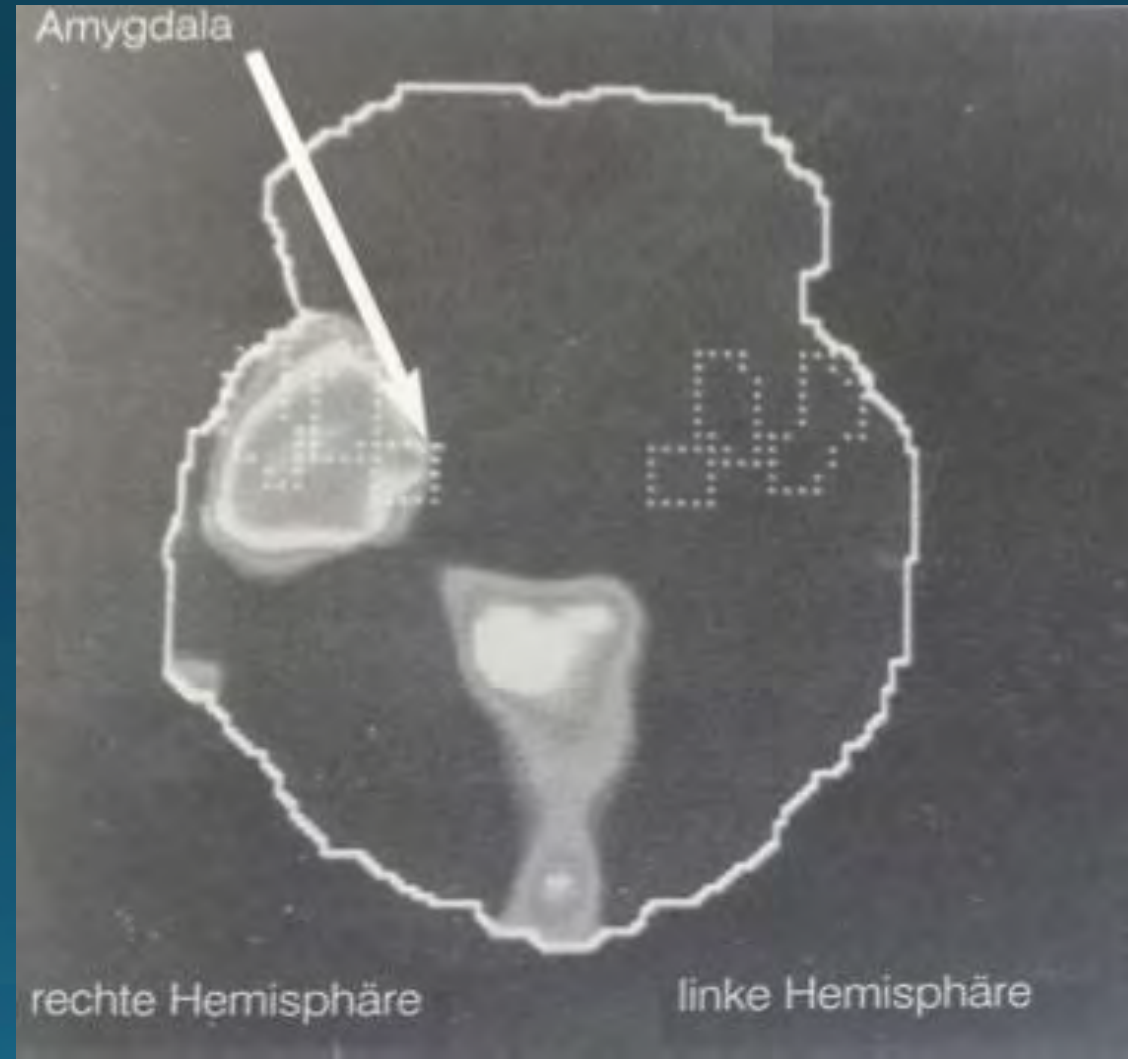
Dissociation with a prostituted women in the US



Dissociation



The Trauma Memory:



PTSD Symptoms

- Intrusions:
 - Being very quickly frightened,
 - Flash-Backs, Nightmare.
- Avoiding behaviour:
 - Avoiding things that remember the trauma.
 - Hypervigilance, not trusting people any more,
 - Affect disorder (not being able to feel love or happiness,..). Don't feel anything,
 - Negativity, no hope for the future, dysfunctional cognition,..
 - Suicidality.
- Hyperarousal:
 - getting very quickly nervous, or aggressive,..
 - Difficulties with concentration,
 - Sleep disorder,
 - High risk behaviour.

Possible consequences:

- **Consequences on mental health:**
 - PTSD, Dissociative Symptoms,...
 - Loss of self-confidence, dissociated perpetrator introjections,
 - Perception of it's own body is affected.
- **Consequences on the regulation of emotions:**
 - Fears, Panick
 - Depression,
 - Impulse control disorders (Aggressivity) or having difficulties to feel anything.
 - Drug addictions
 - Suicidality
 - Risk Behavior, auto-aggression, Prostitution.
- **Consequences on the physical health:**
 - Physical illnesses: sexual transmittable diseases, injuries, Traumatic Brain Injuries, cysts/tumors at the genital organs, gastro-intestinal illnesses, high blood pressure, Diabetes, weak immune system, permanent sicknesses, etc.
 - Psychosomatic symptoms: eating disorders, insomnia, chronic pains, illnesses of the respiratory system, concentration is affected, etc.
 - Undesired pregnancy
- **Consequences on the interpersonal behavior:**
 - Distrust, fear of entering in relationships,...
 - Re-Inscenation: BDSM,...

The monitoring is specific and global:

- You must know the harm the women have endured:
 - Isolation, loss of social and family contacts,..
 - Threat to life, menace of the perpetrator,...
 - Humiliation, verbal degradation,
 - Physical and sexual violence.
- And the consequences are multiple:
 - Complex Trauma,
 - Physical bad conditions, physical illness,
 - The relationship to the own body, to sexuality is disturbed,
 - The relationship to money, time, parenthood can be disturbed,
 - The women are not integrated in a social well-fare system, problem with authorities,..

Stabilization I:

Act against the strategies of the perpetrator!

1. **Against the fear:** Establish safety: safe shelter, ending the contact with the perpetrator, take care of the children, ...
2. **Against the violence:** Pay attention on the physical integrity: organize medical consultation if necessary. Learning to take care of oneself.
3. **Against the trauma bonding:** Cut the contact with the perpetrator, discuss exit of prostitution, be aware of suicidality and self aggression.
4. **Against the dependence:** Establish financial security. Help with authorities: issues of law, with the police,...
5. **Against the isolation:** Built a social network of helpers around the woman: friends, supporting family members, self-helping groups, advocate, etc.
6. **Against the devaluation:** value the person, try to find out about her resources.
7. **Against the silence:** help to talk,
8. **Against the feeling of guilt:** appoint the perpetrators,
9. **Against the impunity:** help to establish justice!
10. **Stabilisation of the symptoms and integration of the Trauma: Psychotherapy.**

Stabilisation II:

Psychoeducation

Trauma engages survival strategies on the mental, behavioral and biological level: 3 important mechanism:

1. Trauma Bonding

1. Control Behavior:

- Re-Inszenation
- Repetition of the negativ relational shema

2. Dissociation / Trauma Memory

The pathogen dynamic of the victims families/relationships

- A family structure where coldness dominates, no love, instable relationships. Normality is: being treated in a rude way, suppression, emotional bullying, violence, fear.
- The child is totally helpless to the perpetrator, without any protection.
- The child has nobody who calms oneself, to diminish the pain. It will use psychological and biological strategies to release the pain: dissociation and repression.
- Sexual violence is a triple treason: the treason of the perpetrator, but also the mother and own family who fails in its protection function, and a society who looks away and normalized sexual violence. We live in a culture of rape. This is the ground for the child to develop culpability and self hate, because you don't neglect a loving child. So the child thinks, that it is because of itself, that it has been misused.
- The child has ambivalent feelings during the sexual violence (pain, helplessness, fear, but also a bond) what provokes culpability.
- Pathogen parentification: the roles in the generations are up side down. The child gets attributed a function of protection and breadwinner for the parents.

Trauma Bonding (internalization of the perpetrator's system):

The victims develop survival strategies in instable relationships: they adapt to the perpetrators needs and internalize them totally, as well as the expectations of them. Own needs are not registered anymore. Self-protection and self-care don't play any role anymore. They lose their self-confidence and feel ashamed and guilty. I hear often sentences like: „I don't deserve anything better“ or „I feel like shit“. The fact that a person believes being nothing worth, being morally not integer and guilty, makes believe that it has deserved to be mistreated. This can lead to self-destructive behavior. Prostitution is a self aggressive behavior.

Control behavior:

Violence becomes a well known pattern of relationship and it feels familiar. This is the reason why victims of sexual exploitation often repeat this kind of relationship where they have learned to survive and to control the situation. Therefore they accept violence again.

By engaging themselves in similar situations, but this time in a position where the victim thinks controlling the situation, it can also give a feeling of overcoming the experience of helplessness. Re-Inszenation as a strategy to overcome early trauma.

Stabilisation III. Learn to regulate the emotions

- Psychoeducation: Window of tolerance

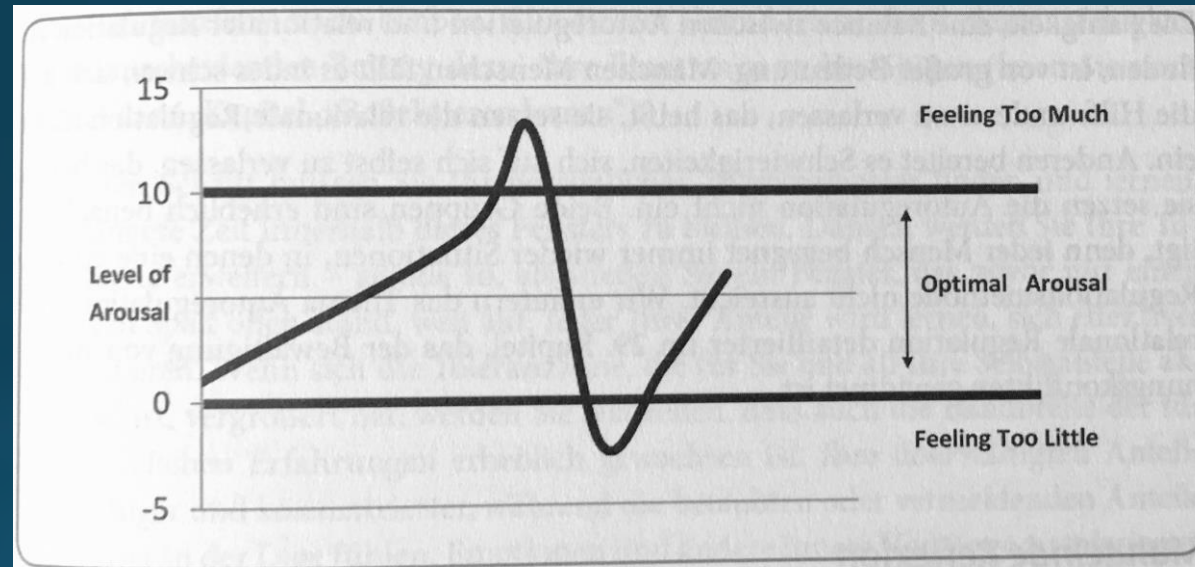
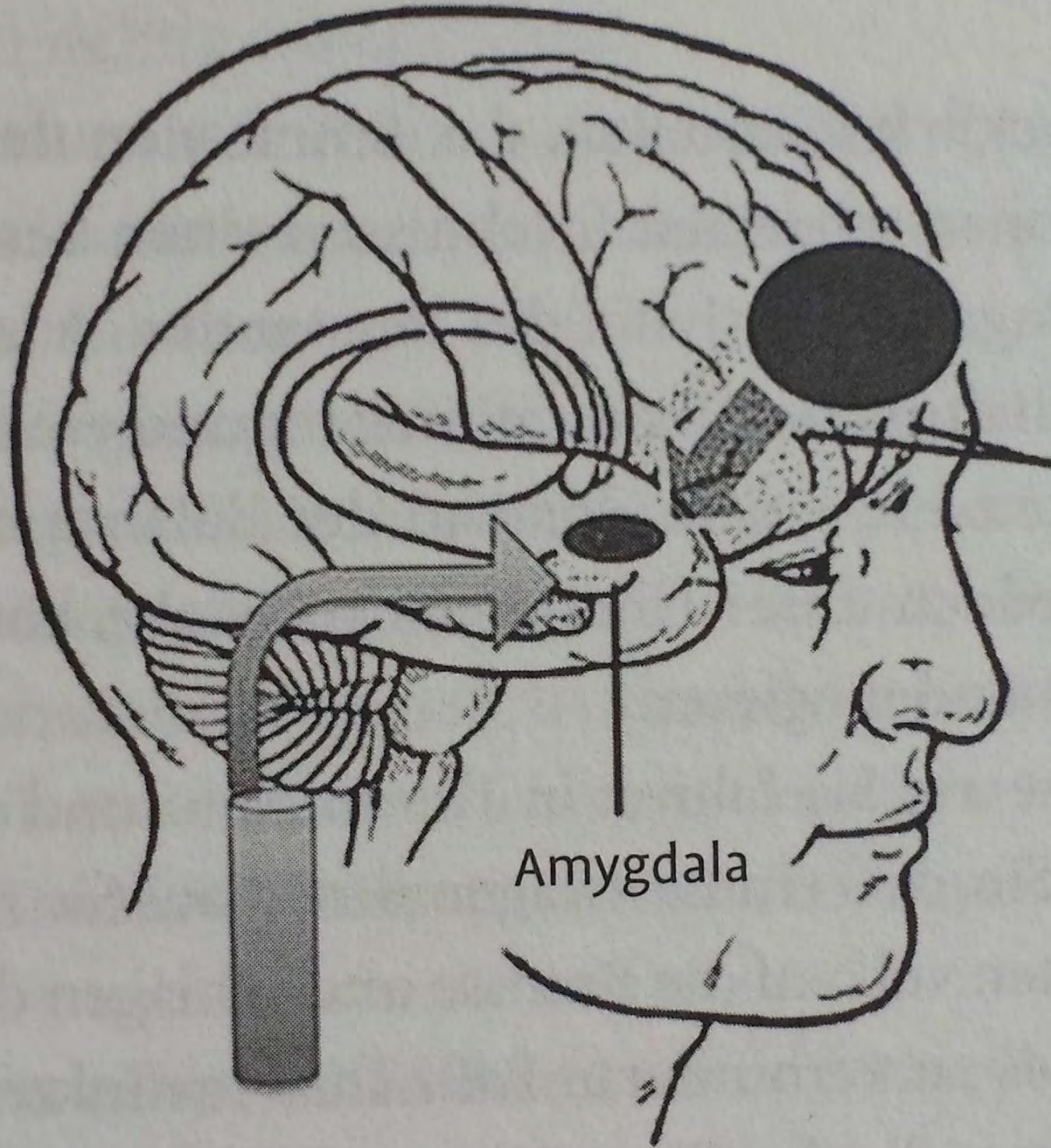


Abbildung 18.1: Toleranzfenster (nach Ogden et al., 2006; Siegel, 1999 und van der Hart et al., 2006).



medialer
Präfrontalkortex
(MPFK)
(Prefrontal Cortex)

Amygdala

Stabilization III: Strategies to calm oneself

- Skills addressing the behaviour:
 - Going for a walk, cleaning the apartment, cleaning the windows, calling somebody, cold water on the hands, etc.
- Skills addressing the cognitions:
 - Saying calming thoughts: “everything will be all right”, “I am safe”, solving arithmetic problems, putting attention on something else (think about something else), fantasy trips, look at a positive picture, play concentration exercises (Mikado, Memory,..), find 6 words with 6 letters, than 7x7, etc.
- Skills addressing the senses: Perceive and describe objects, feel objects, feeling your feet on the ground, taste and smell, feel a stone, chewing gum, smell a nice scent, breathing exercises, etc.
- Skills addressing the body:
 - Shaking or stretch oneself, knee bend, QiGong exercises, etc.
- You can use the APP “Skills 2 Go” where you can find more than 50 skills.

Breathing exercises:

- **Technic: (breath through your nose)**
 - Breath deeply in your stomach
 - Breath out slowly
 - After breathing out make a pause before you breath in again (3 to 30 Seconds)

Stabilisation IV: Selfcare

- **Taking care of the body:** the body is very often a trigger: taking care can trigger fear, shame, pain,... The body can be seen as an enemy: "it's because of my body, that I have been sexually abused. I hate my body, I feel dirty,..." Be aware of repetition compulsions. The body can be partly dissociated: no feeling for pain, or some parts of the body can stay dissociated, or are in a state of hypervigilance. What to do? Stay in "here and now", begin slowly to connect to/understand the own body, realize it needs (medical needs also), learn to relax, move again, do some sport. Imaginative technics can help to relax, PMR, Yoga, QiGong, respiration technics,...
- **Learn to eat healthy:** eating can be connected to internal conflicts: eating too much or nothing can be used to control the body, to get a feeling of protection. Eating can also be used to regulate the emotions. The taste, the smell, the feeling of being full can be dissociated. Also: to keep something inside oneself can be a trigger! Bulimia is frequent.

Stabilisation IV. Selfcare

- **Establish a daily structure and discover resources:**

- Doing nothing or doing too much without taking care of oneself, without any rest, being perfectionist because of the fear of losing control.
- Free time can be a trigger because of trauma boundaries. It was forbidden to feel good or having free time and relax.
- In prostitution, there is no daily structure. The victims don't know what they like, they lost the sense of time, and are not able to use it effectively.

- **Improve the sleep:**

- 7 rules for a good sleeping hygiene: always wake up at the same time, don't go to bed if you are not tired, do not sleep during the day, no coffee, coke or fat food too late, no noise or high temperature in the room, install rituals before going to bed (drinking tea, cleaning the teeth..).
- Work with nightmares:
 - Technic of the re-transcription of the nightmare.
 - Before going to bed, remembering 5 positive things during the day.

Stabilisation V:

Handle the triggers

- Identify them
- Understand the difference between a real danger and a trigger.
- Avoid the triggers that are avoidable.
- Develop strategies to handle trigger who are not avoidable.
- Prepare oneself first mentally with a trigger, than do exposition with the trigger.

Stabilisation VI:

Learn to control the traumatic pictures: put them in distance.

- Write the picture down and put them in a black box or mentally in a box.
- The Film technic
- Stop technic
- Reinstall a balance in installing lots of positive pictures.

Stabilisation VII:

Strengthen self confidence

- Do a Positive anamnesis
- Focus on Positive activities
- Focus on what is good and what the person can do well
- Activation of good souvenirs
- Establish a trustful imaginative place
- Strengthen the 3 level of Trust:
 - Explore the competences of a person,
 - their trustful relationships, social skills,
 - their confidence in a positive world (religion, spirituality, believes, nature, etc...)

Stabilisation VIII:

Work with trauma bondings

- Identify them (they are often unconscious), understand their genesis, understand their function during the trauma and their useless and harm today. Invalidate them, find arguments against them and realize their disruptions.
- Cognitive method: find arguments against it, sentences or words and repeat them.
- Imaginative method:
 - Take care of the traumatized part.
 - Identify and change the interiorized dogmas.

Stabilisation IX:

Develop skills to reflect and to
mentallize situations

Stabilisation X:

Psychopharmaca against fears

Recommendation of Prof. Dr. Katharina Domschke

Important!! Start always with a low dosis.

- **SSRI** (*Selective Serotonin-Reuptake-Inhibitor*): Citalopram, Escitalopram, Fluoxetine, Fluvoxetin, Paroxetine, Sertraline.
- **SNRI** (*Serotonin-Noradrenalin-Reuptake-Inhibitor*): Duloxetine, Milnacipran, Venlafaxine.
- **MAOI** (*Monoaminoxidase inhibitors*).
- **Lavender Oil**

Important pre-condition to work with women victim of sexual exploitation:

- The respect for the person is central: No judgements. Respect the individual rhythm and will of the person, but without flattering prostitution and playing down the harm. Show no sympathy for the johns and pimps.
- **You (the helping structures) must be abolitionist!** Prostitution is not a job like an other. It is an unacceptable sexual, mental and economical violence. It is violence between the genders.
- It is paid rape. The prostituted women are victims of the sexual contacts, that are degrading and oppressing women. They are exposed to the sexual drive of the sex buyers and victims of the pimps who want to make easy and fast money with them. They are victims of poverty, social insecurity of an economical system that doesn't manage to integrate them in society and find an answer to their needs.
- Training for the helpers.
- We need a law that forbids sex-buying and decriminalizes the women in prostitution, that supports the exit of prostitution.

What means getting in contact?

- What kind of a contact did they experience so far?
 - A physical contact, a misuse of their body, abuse, violence.
- Getting in contact, means to communicate with one. What kind of a communication did those women experience so far?
 - In prostitution there is no place for the feelings of the woman, it's about power: "I want that, you give me that"; "I want it now, you give it to me now". How the women feel about it, doesn't matter!
 - The system of prostitution is built on lies. The politicians and the society, with their silence, are cementing those lies. A single person has not the strength to break through those lies on its one.
 - The women don't talk about the violence they undergo in the brothels. It is hushed up. Being wounded means "being weak". If you want to survive this, you need to "be strong". Women in prostitution are condemned to keep silent. They are locked in shame and their trauma.
 - Nobody believed them. Mistrust is a dominant feeling. Empty promises, police reports are not registered, ... They don't trust nobody anymore.
- Communication means to get to know each other, exchange experiences. What kind of a communication did those women experience?
 - In prostitution they are irrelevant: nobody asked them ever where they come from, who they are, how they live, what their dreams are. Prostitution is built on exploitation.
 - In the entire history of prostitution, it was never about the women, it is about the illusion of a woman, that is being created by the sex buyers: being an insatiable sex beast. Those women have no references, no role-model for an exit. When they exit, they are just an "ex-bitch".
 - In the eye of the society, you are disqualified as an "ex-bitch". You don't have the same rights, you are not seen as a victim. The prejudice dominates: "it was not so bad,..."

What can provoke a contact?

- An intrusion in something that is familiar (nobody so far went up to them):
 - You confound, you bring things up side down, you disturb,...
 - It can trigger fears, the fear to loose the protection of the anonymity,...
 - It can provoke defense: aggression, anger (because you are part of the society that keeps silent).
- A confrontation with “the outside world” can provoke also:
 - Pain, shame, guilt. Because prostitution is built on the reversal of guilt: the victim feels guilty for what is being done to her. They feel guilty for the humiliation and degradation they experienced.
 - It distresses: it can trigger the fear to be stigmatized, fear of invalidation, fear to be just seen as an “Ex-prostitute”.
 - Fear, losing the recognition/safety of the milieu, losing family members. Very often, the harm is denied. Every thing is better than having no bonds.
- What can provoke a contact on your side?
 - Uncertainness, fear, pain, defense, aggression,...

What you should care about?

- Built bridges: listen, perceive the women entirely. It is perhaps the first time in their life, that somebody shows real interest for them.
- Develop a bond. This need time and patience. Give them a blank cheque for patience.
- This bond should not be dissolved if you are not there anymore.
- Be clear: not a disguised “No”. It has to be clear for the person who you are, and where you want to bring her.
- Do not promise something you can not keep.
- Be yourself. This will help the person to connect to themself.
- Hold an adequate body distance.
- Don't condemn what she is doing.
- Respect her need of protection: her mask outside (false name, ...).
- Don't do things that overstrain her: going to the cinema, to a party, etc.
- Don't get confused about her name or her story. Take notes.
- Analyze the intensity and the harm of the contact with the perpetrator. Are children involved?
- Don't do that what has always been done with her: don't let her down, don't reject her.
- Put limits. Don't let her come into your private life.
- Stay abstinent!

About what you should take care on your side?

- Realistically estimate the danger.
 - Is the women in danger?
 - Trust one's gut. Speak about it.
 - Be aware of secondary traumatisation. Compassion fatigue. Resignation.
 - How to deal with countertransference: fear, sadness, love, anger, guilt, impatience,
 - Lack of support of the own organization: pressure, conflicts with colleges or chief.
 - Take care of your own mental health.
-
- Intervision
 - Supervision