

Experiences of commercially sexually exploited women with a history of childhood sexual abuse

Jennifer Dean, PhD, LCSW

“To assume that there is consent in the case of prostitution, is to disappear its harm”.

(Farley, 2003, p. 2)

Statement of Purpose:

The purpose of this phenomenological study was to understand the experiences of women who have been victims of commercial sexual exploitation, and who are also survivors of childhood sexual abuse.

Significance of this study for clinical social work:

- Although child sexual abuse (CSA) has been reported in 60-90% of women involved in prostitution (Farley, 2006), women involved in commercial sexual exploitation are viewed as criminals and not victims.
- Trauma symptoms, dysregulation, societal judgements, addiction, criminal records, lack of education, and inability to enter the work force create an unstable environment.

Statement of the problem:

- Re-experiencing trauma multiple times per day
- Abused or neglected kids are vulnerable to predators
- Pimps establish dependency
- Sexual abuse signifies powerless over their bodies

The study

- An interpretative phenomenological analysis (IPA) approach to the data
- Semi-structured, open ended interviews from six subjects who met the research requirements
- The purpose of this type of interviewing, as described by Bloomberg & Volpe (2019), is to “describe the meaning of a concept or phenomenon that several individuals might share”.



Statement of assumptions

1. Early childhood trauma impacts the future development of the individual.
2. Child sexual abuse is considered traumatic and victims will have experienced symptoms which are related to their experiences.
3. There is a connection between CSA and commercial sexual exploitation.
4. Victims of child sexual abuse and commercial sexual exploitation utilize techniques to make their experiences more manageable.
5. Victims of commercial sexual exploitation lack emotional, financial and community support.
6. Commercial sexual exploitation leads to stigmatization in the community and isolation.
7. Participants are at risk for being uncomfortable sharing information.
8. Sharing information could contribute to reliving traumatic experiences.

Literature review

Three sections:

- Trauma, Dissociation and Somatic Symptom Disorder
- Child Sexual Abuse
- Commercial Sexual Exploitation



Trauma

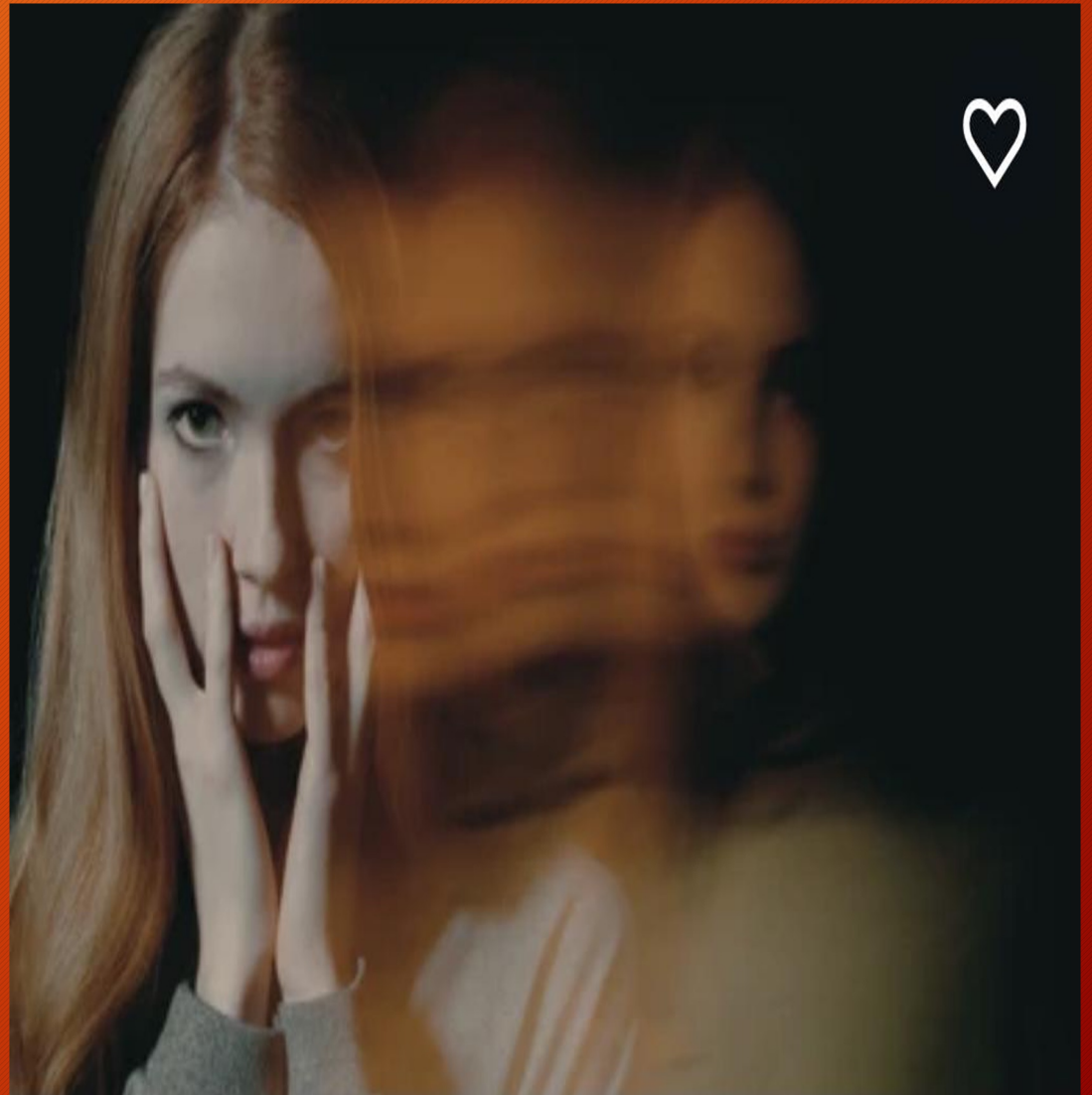
- The human system of self-defense becomes overwhelmed and disorganized (Herman, 1992).
- Development of the infant's right brain is altered.
- Broca area in the brain goes offline whenever a flashback was triggered (van der Kolk, 2015).
- Traumatic memories often arise in fragmented ways.

Dissociation

Memory processing is altered when people are subjected to vehement emotions.

Memories of a traumatic event may become split off (dissociated) from ordinary consciousness.

Dissociating is a normal human response to trauma.



Splitting



Dissociation allows safety in an unsafe world.

Splitting or fragmenting can ensure that the rejected “not me” child is kept out of the way.

Dissociation also serves to keep the parent or perpetrator as “good”.

Somatic Symptom Disorder (SSD)

Somatic symptom disorder involves a person having a significant focus on physical symptoms, such as pain, weakness or shortness of breath, that results in major distress and/or problems functioning. The individual has excessive thoughts, feelings and behaviors relating to the physical symptoms.

SSD

SSD symptoms have been linked to trauma in childhood and are frequently related to physical, sexual or emotional abuse.



- Number of perpetrators = increase in physical symptoms
- High lifetime prevalence rates of reported sexual abuse among women with chronic pelvic pain (CPP) (Nijenhuis, et al., 2003).
- Greater health care use and cost and significant morbidity (Paras, et al., 2009, p. 559).
- There is a strong association between somatization and dissociation.

Child Sexual Abuse (CSA)



Child Sexual Abuse and its long-term effects on the individual has been widely studied.

Perpetrators of CSA are typically persons the child trusts, depends upon, or cares for, such as relatives or acquaintances

(Aakvaag, et. al., 2016, p. 1613).

- A willing participant in the abuse?
- DSM diagnoses show dissociation, even more than depression or anxiety, noted to be broadly associated with trauma.
- More frequent risk-taking behaviors, and less competent functioning (Kisiel, & Lyons, 2001).
- Individuals are psychobiologically hypersensitive to arousal.
- Develop a dependence on the feelings that result from searching out stressful stimuli.

Revictimization

Revictimization is defined as the experience of both childhood sexual abuse and later sexual or physical abuse as an adult (Messman, et al, 1996).



- A history of childhood abuse was associated with over a threefold increase in risk for ASA.
- Revictimization may lead to a greater propensity to dissociate.
- Victim's are less effective at noticing, recognizing, and processing danger cues
- Personal blame contributes to alcohol and/or drug use, withdrawing from people, or acting out sexually and/or aggressively.

Adult Sexual Assault (ASA)

Commercial Sexual Exploitation

‘The saying ‘the world’s oldest profession’ portrays prostitution as just another career choice’.

(Kennedy, Klein, Bristow, Cooper & Yuille, 2007).

The Life



- Emotional attachment
- Pimps play on vulnerabilities
- Violence
- Exiting The Life

Data collection

- Recruited through the agency *Journey Out*
- Emails asked for referrals for the study
- Reviewed inclusion/exclusion criteria with participants
- Followed up with an email to all potential participants with potential risks/ benefits from participating in this study

Limitations and delimitations

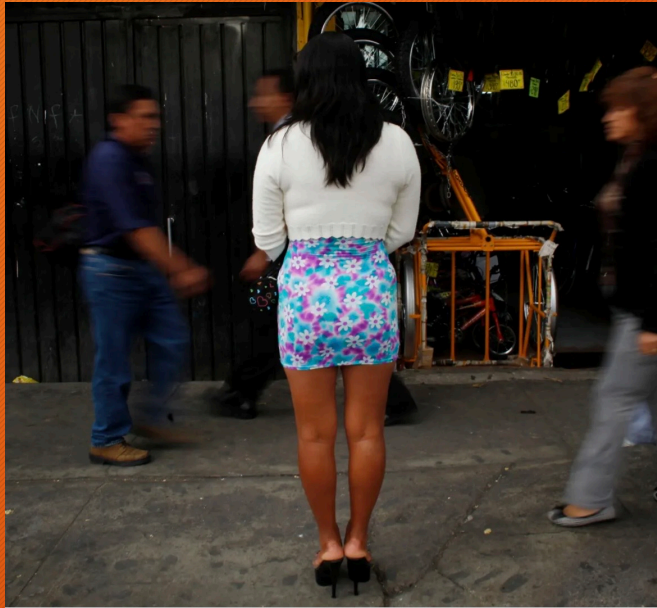
- Findings are not generalizable to a larger sample
- Recollections of participants are main source of data for study
- Researcher is Caucasian, upper middle-class, privileged in terms of advanced education, a novice researcher and in her mid-50's
- Researcher has not experienced early childhood sexual abuse or sexual exploitation

Interviews

- Questionnaire before interviews to gather basic data
- Interviews conducted, video recorded and transcribed over zoom
- Participants received \$40 in gift cards
- Participants names were all changed for anonymity
- Open-ended and prompting questions



Ethical considerations



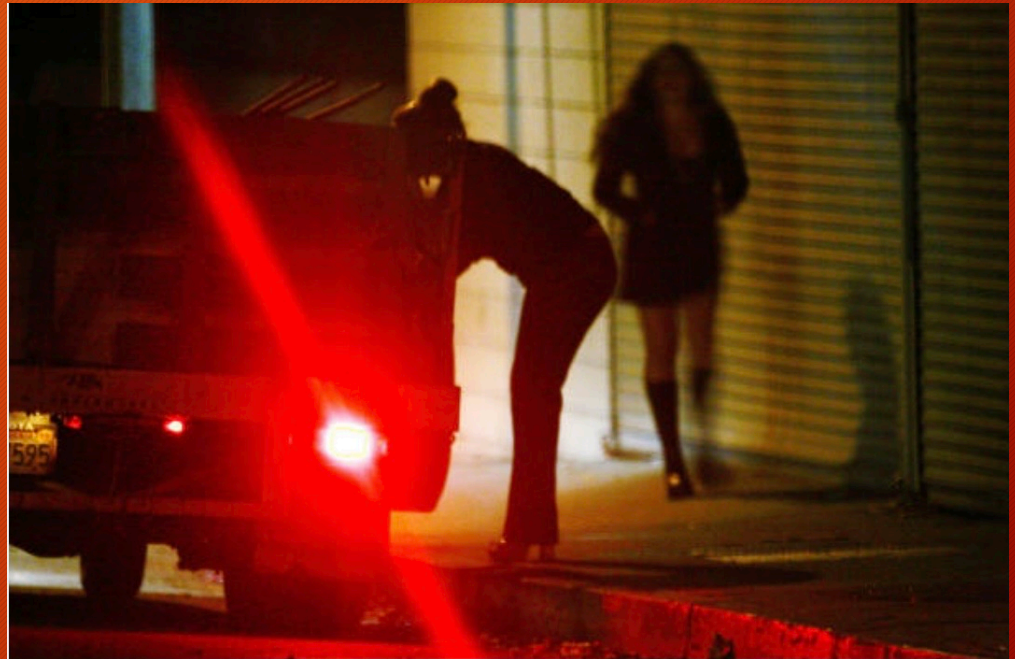
- Approved research study
- *Journey Out* and their mission
- Researcher's qualifications
- Research compliance

Research questions:

1. How did early attachment issues affect the likelihood of early childhood sexual abuse and later involvement in commercial sexual exploitation?
2. As children, were coping mechanisms utilized to make experiences more tolerable, and did they employ similar coping mechanisms as adults during traumatic experiences?
3. Did participants experience somatic symptoms and mental health symptoms, as a result of their experiences?
4. Did participants notice a compulsion to repeat early trauma?

Risks for participation

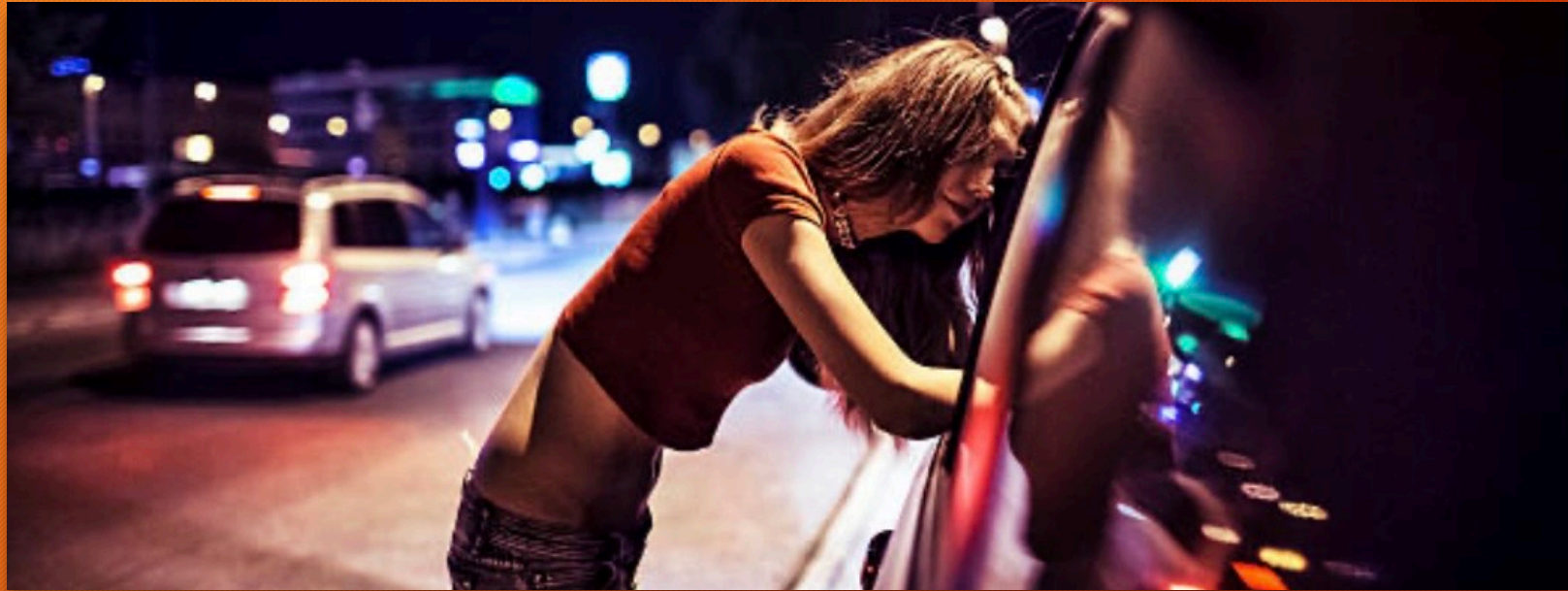
- Risks to individuals
- Minimization of risks
- Free referral sources



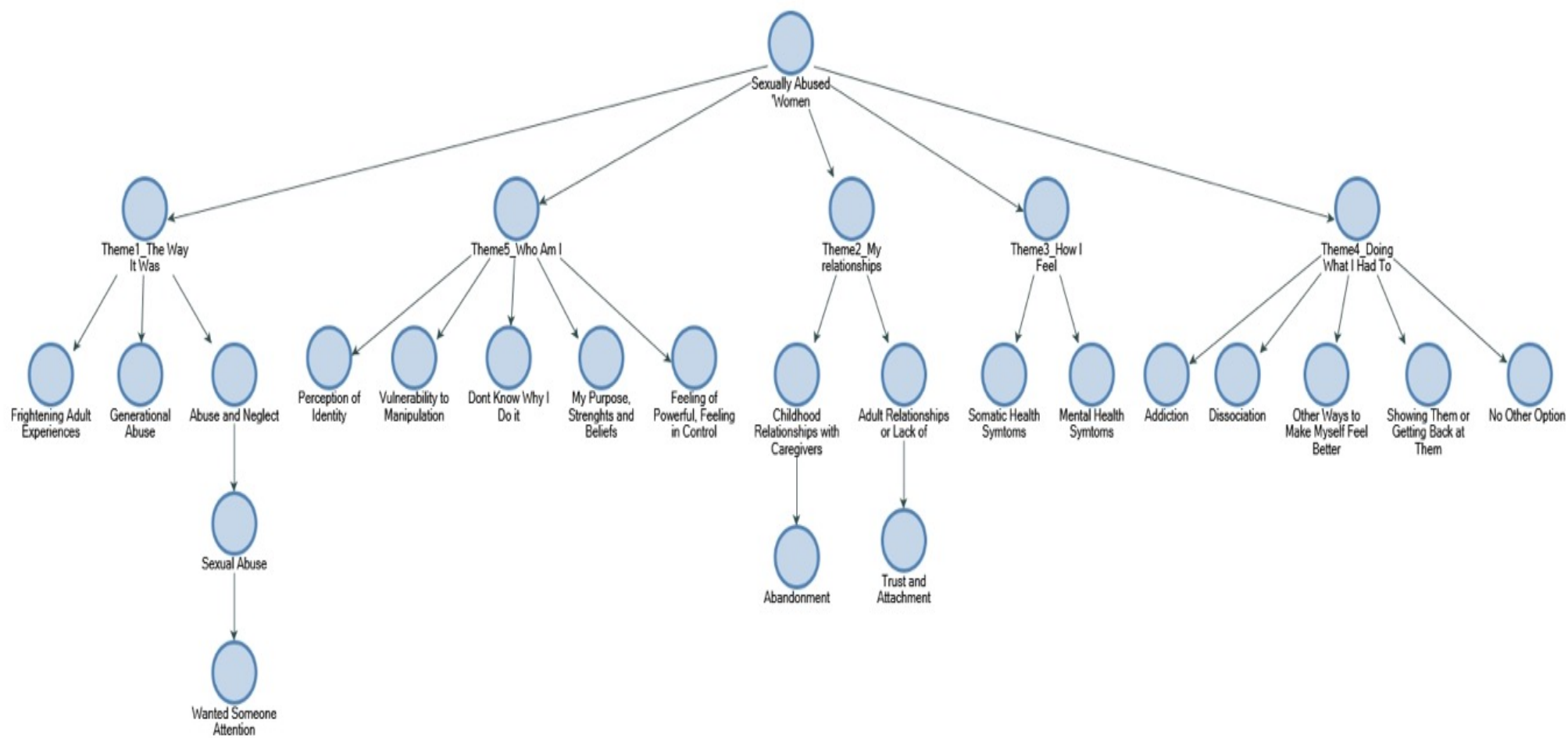
Data analysis

- Field notes were taken
- Checking system
- Nvivo software system





Results... and Findings



THEME 1: The Way It Was

- Generational Abuse
- Abuse and Neglect
 - Sexual Abuse
 - I Just Wanted Someone's Attention
- Frightening Adult Experiences

“I think that it was the love that I wanted, I wanted to have affection. But not abuse, not sexual abuse. Which is a completely different thing, so in my little mind, I was confused. I'm confused, but then, after a while I like it, I like that attention. I like to hear how much he loved me, I like to hear that I'm the favorite niece. . I did not like it at first, but after a while I got used to it and I think I enjoyed, and I'm embarrassed to say this. I did like it, after a while. And when I think about it now I just want to vomit”.

The Way It Was

Results

Generational Abuse: 4/6

Abuse and Neglect: 5/6

Sexual Abuse: 6/6

Wanted someone's attention:
4/6

Frightening adult experiences:
5/6



Attachment theory

- Bowlby's instinctual responses: The purpose is to be in close proximity to the mother
- Unconscious process of loss and deserving abuse
- The needed object is unavailable and dissociative because of their own unanswered attachment cries



Additional theories...

- Inability to be seen. Being invisible is intolerable!
Who notices me? There is a hunger for validity.
- Parents place children in a position to be victimized, to work through their own victimization (Everstine & Everstine, 1989).
- Effects of Generational Abuse left their mothers blind and disabled
- Subjects were helpless and unable to trust in caregiver to keep them safe

Schore and Schore (2014): Right brain development

“The mother’s history of her own secure or insecure emotional experiences, including when she was an infant with her own mother, are stored in her right brain”

- Transmission of attachment patterns across generations

Epigenetic transmission

I Just Wanted Someone's Attention...

Pleasurable feelings from sex, coupled with the unconscious knowing that something is wrong

“To attune to an infant and bring her out of a shame state, the caretaker herself must be able to tolerate shame (Hill, 2015, p. 126).

- Becomes an all consuming rage and shame perpetrated on the self
- Repetitive re-enactments
- Source of safety is also the source of fear

THEME 2: My Relationships

- Childhood Relationships with caregivers

- Abandonment

- Adult Relationships or Lack of

- Trust/Attachment

Results

Abandonment was the predominant experience of all six participants

5/6 participants were not in relationships

Abandonment • Trust • Attachment



- Psychobiological regulation

- "Not so much to the child's overt behavior as to the reflections of his internal state" (Schore, 2003).*

- Hormonal impact

- Frightened or frightening parental behavior is predictive of disorganized/disoriented attachment style (Duschinsky, 2015).

Adult Relationships



Hyperarousal

Children who were inadequately attached or caregiver was rejecting and abusive



Mastery

Trying to re-establish safety, but then there is more abuse.
All 6 participants chose relationships which were re-enactments



Trauma contagion

The survivor relates physical intimacy to the memory of being controlled, and feelings of trust have usually resulted in being violated and hurt.

THEME 3: How I Feel

Results:

- Somatic Symptoms

4/6 Experienced somatic symptoms

- Mental Health Symptoms

6/6 Experienced mental health symptoms

Mental health



- Infants cannot maintain negative states
- Maternal dismissive attachment impacts the brain. (Schore & Schore, 2014).
- “I don’t need you”
- Identification with the depriving parent

Bodily responses can communicate helplessness or control.

“My whole life I've had chronic problems with yeast infections and bacterial infections and all of these things and I went and saw a colonist because I had problems, I always was constipated. I started doing these colonics and I did a series of 10 and like nothing was coming out, so one day she asked me if there had been childhood sexual abuse, and I said yes, and she said, “Do you know when it started?”, and I said “I'm really not sure I just remember it always being that way”, and she said, “Is there a possibility that it could have happened with you as an infant?” and I said “Yes”. She said as an infant, the only way an infant can express themselves or say “No” is by holding their bowels, and I'd like you to consider the possibility that this is what was going on, and I'd like you to thank your bowels for giving you a voice at that time. And let them know that you have other ways to communicate now and just release them of their duty of holding the “No” for you. And so I did, and almost immediately everything was released, and so it was a pretty profound moment for me from the standpoint that I had always felt like a victim, and in some ways it made me feel like a warrior to think that I found a way, as such a young girl, to try to communicate.”

Somatic States

THEME 4: Doing What I Had To

- Addiction
- Dissociation
- Showing Them or Getting back at Them
- Other ways to make myself feel better
- No Other Options

Results:

- 5/6 participants suffered from addiction
- 5/6 experienced dissociative symptoms
- 3/6 ‘Showed them’ or ‘Got back at them’
- 5/6 found other ways to make themselves feel better
- 4/6 felt they had no other options

Automaticity: Adaptive post-traumatic defense

- Failed attachment system creates a passive and submissive acceptance of abuse
- “I think the quiet. Like, trying to quiet my mind was a coping strategy because it's so chaotic outside that you kind of create an internal space to kind of retreat and that feels safer. Creating that place where I could quiet my mind pretty intensely during those situations was a way to kind of get through it”.
- “It just came instinctively, like when I was five. I didn't have to practice, I didn't have to think about it. It just came...that same quietness of the mind. All of that just came back. It was actually almost exactly the same feeling as being five.”

Long-term potentiation of memory tracks

(van der Kolk, 1989)

Increased hyperarousal = Need for high external stimulation

State-dependent learning – something is learned but memory is dissociated

“I’m going to take this guy for all he’s worth, who does he think he is to think he can have sex with me? I’m going to make him pay for this.”



Promiscuous?

- 5 out of 6 participants described themselves as promiscuous as teenagers.
- These compulsions may be attributed to partially dissociated self-states, which can show up as abrupt changes in behavior, and the inability to understand the changes of consciousness.



THEME 5: Who Am I?

- Perceptions of Identity
- Vulnerability to Manipulation
- Don't Know Why I Do It
- Feeling Powerful, Feeling in Control
- My Purpose, Strengths and Beliefs

Results:

All 6 participants experienced perceptions of identity

4 were vulnerable to manipulation

All 6 participants didn't know why they did certain behaviors

All 6 used the tool of feeling powerful and in control

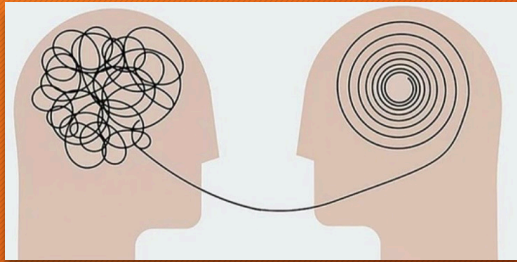
5 relied on purpose, strengths & beliefs

Who Am I?



- Ambivalent attachment strategies
- Erosion of self-worth
- Compulsive repetition of trauma
- Preventing helplessness

Therapy as a reparative experience



My Purpose, strengths
and beliefs:

Demonstrates how the
therapeutic dyad helps
repair attachment
disorders.

*I promise to
value the words
you speak here*

Patients expect:

To feel disappointment in
their desire to attach

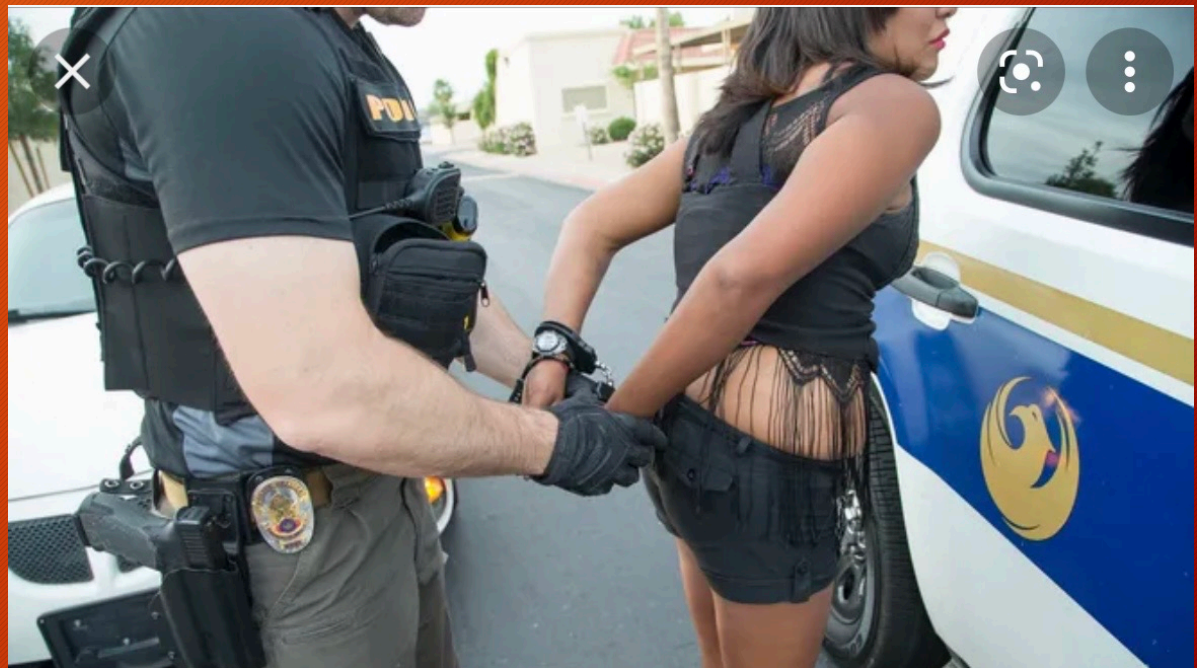


Allow patient to:

Regulate the emotional
closeness in the
therapeutic experience.

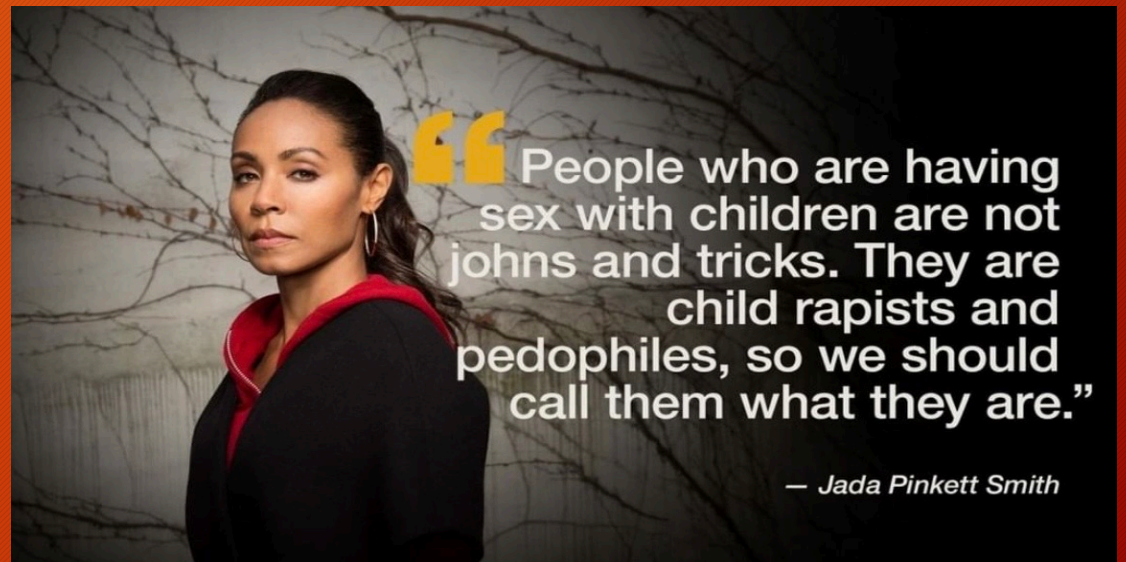
Goals for this research:

- Changes on the macro level
- Therapeutic interventions in schools
- Programs for at-risk youth
- Pre-natal interventions
- Sensitivity training
- My goals



Recommendations for future research

- Focus on boys, gay and non-binary individuals
- Effective interventions for CSA victims
- CSEC (Commercial Sexual Exploitation of Children) interventions
- Commercial sex buyers



My hope, as therapists, social workers
and human beings



If we can better understand the internal worlds and coping strategies of the participants who have shared their life stories, there is the possibility that we might develop more effective treatment models and change policy at the macro level to better serve this overlooked population.