

Using the trauma model to understand the impact of sexual exploitation on children

By Norma Howes





contents

- 3 Introduction
- 4 Understanding the relationship between the victim and the perpetrator
- 5 The role of attachment
- 10 Grooming and attachment to the perpetrator
- 12 Grooming the parent/carer
- 13 Types of trauma and dissociation
- 16 The 'window of tolerance'
- 18 Traumagenic dynamics model
- 20 Post-traumatic stress disorder
- 21 Drug use
- 22 Conclusion
- 23 References

About the author

Norma Howes has worked as a social worker, child forensic psychologist and sensorimotor psychotherapist. She is involved in training police, social workers, health and education staff on all aspects of childhood trauma and abuse, specialising in assessing and treating victims of sexual trauma and the assessment of male and female perpetrators. She has a private practice working with adults and children who have experienced significant harm as children or as adults. Howes is especially interested in the impact that trauma, abuse and domestic abuse in childhood have on attachment, the survival strategies needed at the time and how these inform future relationships and behaviours.

Introduction

This guide offers practitioners a detailed explanation of both the psychological impact sexual exploitation can have on children and young people and some of the factors that can make victims vulnerable. It uses the trauma model to discuss what to consider when working with these children, ways to talk to them about their experience, start to build trust and offer support.

Child sexual exploitation, like a kaleidoscope, has a number of variables which will effect each child differently with an infinite variety of responses to these variables. Each child who is targeted, and subsequently trapped into sexual exploitation, will have a unique blend of some, if not all, of the variables outlined in this guide. Crucial in understanding the impact on each child is their sense that they are not being exploited. Professionals must accept this, and start working from that point. Doing so will enable effective interventions and assessments for criminal and care proceedings and meeting therapeutic needs.

Following our major investigation into child sexual exploitation referrals across the country, we have made this Community Care Inform guide free to all those who want it for a limited period of time. This is part of our campaign and commitment to [Stand up for Social Work](#) – being honest about the current challenges facing the profession and offering support to help social workers perform their vital roles.

Community Care Inform is a subscription-based product offering best-practice guidance, research, case law and legislation information. This is one of a series of guides looking at the trauma model and the impact on children. Other guides in the series include:

- [Understanding a child's neurobiology in assessing contact](#)
- [A trauma model for planning, assessing and reviewing contact for looked-after children](#)
- [Using the trauma model to understand the impact of domestic abuse: working with the perpetrator, victim and children](#)

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Understanding the relationship between the victim and the perpetrator

Everyone who works with children who are victims of sexual exploitation notes, and often finds it difficult to understand, the importance of the relationship between perpetrator and victim. Questions such as ; ; ; are frequently asked, not just by the professionals but often by the victims themselves.

There are ten key variables or concepts which explain how the male or female perpetrator targets the male or female victim who is then caught in the trap of sexual exploitation:

- Attachment – is it secure, disorganised or a trauma bond?
- Targeting, grooming and attachment to the perpetrator
- Grooming the parent/carer
- Type 1 trauma
- Type 2 trauma
- Dissociation
- The window of tolerance
- Traumagenic sexualisation
- Post-traumatic stress disorder
- Drug use

Perpetrators and victims may be male or female. For ease of reading, in this guide the victim is referred to as “she” and the perpetrator as “he”.



The role of attachment

To understand the role of attachment it is crucial to understand the basic need in every baby for a relationship in which she feels as if she is the most important person in the world. When this basic need is not met, the baby (then the child, then the adult) has two choices: to give up looking for it or to continue the search. Where there has been a disorganised attachment the child and/or adult is more likely to continue the search.

Disorganised attachment is just what it sounds like. It is the conflict between a child's need for a relationship with a person who should meet that need and that person, instead of being safe and loving, is dangerous and/or not consistently available. This inconsistency has a greater impact on the child than the actual fear caused by a dangerous parent.

At least with a parent who is consistently dangerous, the child learns how to avoid or manage the danger. Where it is inconsistent, the child at times experiences being the most important person but at other times that she is not remembered (or worse if hurt, her hurt is not noticed or is not worth noticing at all). The child then knows what it feels like to be loved but also the pain and distress of being ignored or not worth paying attention to.



Self-blame

One of the most common ways a child deals with this distress is to blame themselves for somehow not getting it right and not being lovable all of the time. This self-blame absolves the parent of responsibility. The child can then go on hoping that one day if she gets it right she will be lovable again.

Briere (1992) calls this the abuse dichotomy. This dichotomy occurs, he says, when a child is being hurt emotionally or physically by a parent (or other adult) whom the child has no choice but to love, care for and trust to meet her needs but the parent does not meet those needs, or does so intermittently. The child believes this lack of love, care and trust can only be caused by one of two things: either she is bad or her parent is bad. She has been taught by her parents and by other adults, either at home or at school, that parents are always right and always do things for her own good.

Any other explanation is simply too frightening. So when a parent or carer hurts her, she sees this as punishment or discipline. It is for her own good because she has been bad. She believes it must be her fault she is being hurt and she must deserve this. Therefore she believes she is as bad as whatever is done to her. That she feels bad about what has been done to her confirms her belief that she is bad. The punishment must fit the crime. She then equates how often and how deeply she has been hurt with how bad she is. This belief can then permeate all future relationships (Laing, 1970).

“Mr Perfect”

Some of the more skilled and successful pimps seem to have a well-informed understanding of the power of replicating or mirroring insecure or disorganised attachment experiences with their young victims. Many girls find their route into sexual exploitation via an older “boyfriend”. He is initially “Mr Perfect”.

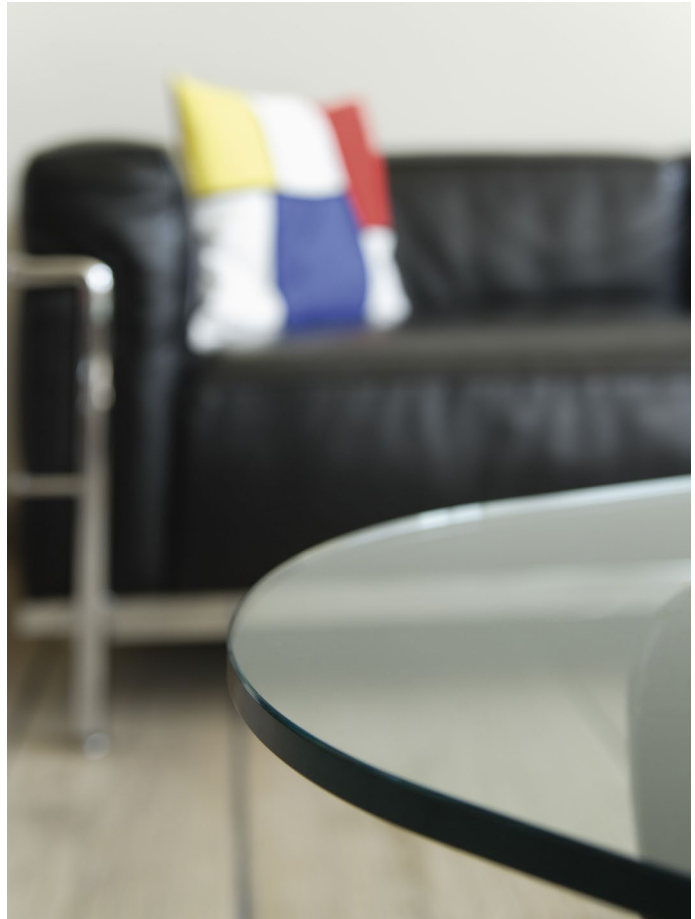
For a while she cannot believe her luck that such a wonderful man has chosen her. She feels safe and loved. The change in him is usually sudden and unexpected. One of his friends comes round. Until now, she has had no safety concerns about her “boyfriend”. Without any build up, argument or warning, he suddenly punches her hard in the face. Afterwards he carries on chatting to his friend, saying nothing about what he has done and offering her no explanation. She does not know what she did wrong but feels there is something wrong with her. She believes she is unlovable and blames herself for his behaviour. She feels stupid for not knowing, which causes shame and confirms she deserves to be treated badly.

He apologises and tells her he does this because he cares about her. She experiences this as him caring enough to teach her how to be lovable. The confusion felt is so great that she can’t come up with any other plausible explanation about what has happened. She feels completely disempowered and more dependent than ever. It is not unusual for this to be a first of a few small steps towards her having to have sex with the friend and then with whomever she is told to. Stories like this are heard over and over.

The subtlety of the buildup and the number of small steps from Mr Perfect to this situation means she has difficulty believing what is actually happening to her. When asked, she will deny it is happening/ has happened. A moment of insight or realisation shames her further, which confirms she deserves to be treated like this and makes breaking away difficult and for a long time impossible.

Trauma bonds

James (1994) describes this relationship between child and perpetrator as a subcategory of a disorganised attachment: a trauma bond. A trauma bond is also described in the literature as the Stockholm syndrome.



Stockholm syndrome

The phenomenon was identified following an incident in Stockholm where hostages were held in a bank vault by robbers for six days. At the end of their captivity they refused to give evidence against the hostage takers. The hostages said they were frightened not of their captors but of the police. After three or four days, they were able to accurately predict the behaviour of the captors, and respond to this in a way which kept them safe but they could not predict the behaviour of the police and what their interventions would be. The fear from not being able to predict what might happen made them feel unsafe. Staying with the hostage takers felt like the safe option.

Further, it was found that each victim, to keep their captor happy, focused on his likes and dislikes and by doing so ensured their survival. The captor would be less likely to hurt someone who was being co-operative, supportive and caring. The adult hostages described behaving in a childlike way. The victim's fear around being rescued and the captor's fear of being arrested created an attitude of "us against them", both then blaming the rescuers for this joint level of fear.

Common survival strategies seen in the hostages from Stockholm, as well as in other situations where people have been held hostage, kept in a relationship against their will, experienced domestic abuse or sexual exploitation are:

- dissociation loss of reality denial attentiveness to captor fondness for captor
- increase in tolerance of captors' bad behaviours fondness and fear together
- focus on their kindnesses emotional indebtedness lack of initiative
- inability to act or think trying to understand their point of view
- taking on their point of view seeing the captor as a victim sympathising with captor
- seeing captor as having problems they can help solve
- fear of people outside presenting a threat or danger.

Dissociation and its consequences for physical and emotional well-being and mental health are described later.

It is particularly important to pay attention to the final point in the list – fear of those 'outside'. This helps explain why it is so difficult and time-consuming for practitioners to build the relationship needed to enable young people to accept they are being exploited and to trust the "dangerous" practitioner enough to risk leaving the "caring" perpetrator(s).

James, (1994) describes how, particularly where children are involved, the following additional issues related to attachment must be taken into account.

One of the goals of a secure attachment is to enable a child to deal with separation from the parent in a developmentally appropriate way and, in doing so, set the child free to make secure attachments in adulthood. If there is a disorganised attachment or trauma bond, neither the child – nor the later adult – is able to separate. Indeed separation causes panic and an intense, age-inappropriate fear of abandonment, just as described by children who have been subjected to sexual exploitation.

This difference between a trauma bond and a secure attachment is compared in the table:

Love	Terror
Takes time	Instantaneous
Reciprocal and caring	Domination and fear
Person is needed for survival	Person is needed for survival
Proximity = safety	Proximity = fear/alarm
Separate independent person	Not separate – extension of other
Self-mastery	Mastery by others
Autonomy and individuation	Obedient
Separation is managed	Separation intensifies the bond

You can see that with both a secure attachment and a trauma bond, the adult is needed for survival. The difference is that a secure attachment leads to a child becoming a separate, autonomous individual who can manage separation from that adult but a trauma bond results in the child becoming enmeshed with, and obedient to, the adult.

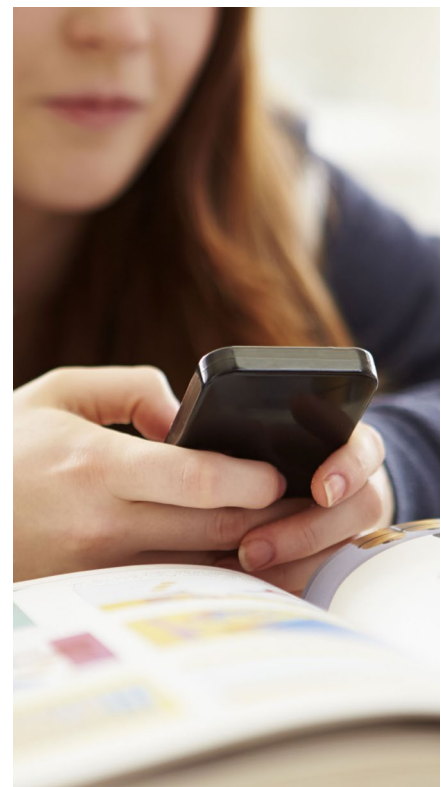
This makes separation impossible, indeed the risk of (or actual) separation causes a sense of loss so acute that staying with or returning to the dangerous adult feels like the safe choice rather than the more logical (to others) option of separation. Adding this to the fear of outsiders noted in the Stockholm syndrome, we can further see the separation difficulties for young people and the challenge this presents for professionals trying to make a relationship of sufficient depth or intensity with the young person to persuade and enable them to leave.

Excitement or fear?

It is also worth noting that children can find it difficult to tell the difference between being frightened and excited. Children with a secure attachment learn quickly just how much excitement is needed before this excitement changes into fear and then how to modulate and moderate their excitement to remain within what is called the “window of tolerance” (Siegel 1999, described later).

Being “in the window” feels safe, giving time and energy for reflection and able to look forward to the next time something exciting will happen. The child builds an increasing sense of being in control of her feelings and actions.

A child with a trauma bond, however, experiences unmanageable excitement – actual terror – not just from the event but afterwards too. When the actual terror subsides, she returns to her “window of tolerance” which causes her to reflect, think and predict. This creates its own internal terror. A child with a trauma bond will find she needs a level of external fear to ensure that she does not risk returning to her “window of tolerance” and will therefore compulsively repeat actions which will lead to trauma events occurring.



Case example

Janie found being on her own with time to think and waiting for contact from the perpetrator caused her extreme anxiety. She then took what she thought was control over when things would happen to her by telephoning and arranging to meet him and his friends.

Sadly this had two consequences: she blamed her herself for what was then done to her, confirming her own belief (and reinforcing what her perpetrator said) that she was as “bad” as what was then done to her or expected of her. It also reduced her blaming the perpetrator when he did something new or increasingly nasty and increased her dependence on him when, instead, he was nice to her.

This trauma bond can be further exacerbated by the use of a particular threat not to tell anybody. The most effective is one which has been individually designed for that child.

Children have an innate ability to sense the difference between a threat and a deal. With a deal, a child will work out whether or not on balance it is worth taking the risk of doing something which could or would make the threatened consequences happen. The risk is worth taking.

“In other words, a secure, happy much-loved child will have a wide window of tolerance and be able to manage life’s ups and downs without being overwhelmed.”

For example: the child who already feels unlovable, dirty and contaminated will be told that if she tells (the risk to the perpetrator) no one will believe her or love her and people will treat her not only as dirty and contaminated but she too can contaminate (the risk to her and others, including professionals, who say they care about her).

It is not unusual for this feeling to be reinforced when any attempt is made by the child to tell someone and that person’s response is disbelief, blame and disgust. This threat would not work where a child’s views, thoughts, wishes and feelings are taken seriously and she is loved by her parents unconditionally. Individually designed threats will be particularly effective in ensuring the safety of the perpetrator and silencing the child.

The threat of abandonment or withdrawal of the relationship by the perpetrator is one of the most effective threats to use with a child with a trauma bond.

Another common and equally effective threat used with children is to say “you know what will happen if you tell”. This allows the child’s imagination to change the consequences as she “grows up” and therefore increases the risk associated with telling.

Grooming and attachment to the perpetrator

In her work with sex offenders the author has found that while there is likely to be a preferred sexual partner, (male adult, female adult, male child or female child), where that first choice of partner is not available, or that choice is morally, for religious or legal reasons not allowed, another partner will do.

Where the preferred sexual partner is a child, care is needed to ensure secrecy to prevent disclosure. In addition, to normalise the perpetrator's interest in being sexual with children, he creates and watches child abuse images. Viewing child abuse images also objectifies the victim. These images can be used to reassure the victim that this is not unusual. The child too is persuaded that this is normal activity and is desensitised, becoming less shocked or upset by what she sees and is then asked of her.

Choosing a child who is already vulnerable can be a shortcut where a challenge is not needed or availability or time is short.



Children who are in the care system, on the streets or in places where a child of their age would not usually be seen are easy targets. It is not difficult to stand outside a school playground, watch the children at play, and notice which children do not quite fit in, are on the edge and not quite included with the others or who look different in dress or tidiness. A friendly approach and a smile will win a child's smile and their co-operation.

"In the dark"

The vulnerability of a neglected child to a perpetrator's approach can be understood and explained to both children and adults using a lighthouse metaphor as follows:

Draw a lighthouse with a beam of light coming from it. The beam of light represents the amount of love a parent/carer has to give, the intensity and width of the light determined by the amount of love received.

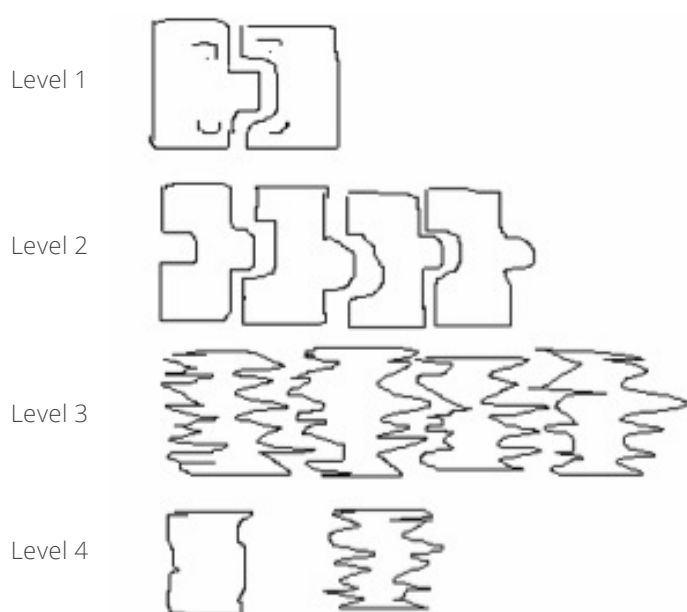
Where affection has been limited, there is a narrow beam of weak light. This narrow beam of light moves from one person to the next and is not inclusive of more than one person, leaving the first person in the dark. The level of terror felt by being "in the dark" is determined by age and developmental level. When the need for a hug and reassurance is not met in childhood, this level of fear from not being in the light, of not being loved, remembered or kept in mind remains (Bowlby 1969).

The child "in the dark" then behaves in a way to make sure the light comes back to them. The child never feels loved from the inside and constantly needs love or attention to be available externally. Better to be in the light with any person than in the dark with no-one.

Jigsaw pieces

A jigsaw metaphor can also help to explain the attraction of vulnerable young people to those who would do them harm and vice versa.

This is explained by drawing and explaining each level in turn. (This diagram originated from work done with a young person aged 12, to enable her to understand the harm done to her by her family).



1. Level 1 was drawn to represent a couple who are the right shape to be attracted to each other and who then choose to stay together even when it means losing their children (as was the case with the 12-year-old). The figure on the left is the male who in his relationships with other people, both adults and children, never says sorry, always blames others and does penetrative harm. The figure on the right is the female, who because of harm done to her in her childhood, is attracted to, and then stays with a male that shape.
2. Level 2 shows the harm also done to the male in his childhood and the harm which is then “passed on” through the whole family by the whole family, including the family’s pets.
3. Level 3 shows that harm is never a one off event, resulting in multi-dented shapes.
4. Level 4 represents the different shape of the foster carer/teacher/police officer/other adult on the left and the child on the right. The different shapes show why there are difficulties and problems in that relationship. The child, and indeed the adult perpetrator, is attracted to and attractive to friends and others the foster carer or other adults do not approve of because the friends are the “same shape” as the child/adult.

Where there is no support and care to help “straighten out” the family members, it can result in the next generation being attracted to, and attractive to, a partner of the same “shape” which would then lead to their children also being the same shape.

Grooming the parent/carer

Another aspect of grooming which should not be overlooked is the grooming of parents and/or carers. Choosing a parent who is needy or vulnerable in her own right, and clearly struggles to put her children's needs before her own, makes the task of grooming much easier. This usually includes something which benefits the parent financially or in other ways such as providing drugs, freedom or status.

Her own needs and history enable her to dissociate, blank out, not hear or be aware of any concerns. The parent may also welcome "babysitters" despite obvious and glaring warning signs.

Case example

A child of nine, for example, cannot say no when her parents have agreed for her to go on holiday somewhere in Spain with a 69-year-old male whom they have known for a couple of weeks and have no concerns when he adds he is not sure of the address where they will be staying. To express reluctance seems petty given the treat on offer.

The parents are then hostile to the social worker or other professionals whom they describe to themselves and the child as a "killjoy". Further, they are angry with the child's older brother for mentioning in school that his sister "was on holiday with an old man" thus alerting services. They tell him off for being jealous and tell him to find somewhere else to live for causing trouble, which further isolates their daughter from someone who could be protective.

It is not difficult to see there is little point in the girl expressing any concerns about anything to her parents. Little effort or skill is needed to groom this family or child.

This route into sexual exploitation is massively under-recognised because it isn't in many professionals' frame of reference. If the parent is the route in, how difficult is it for services to engage or even know of the child? No one reports any concerns, or they "gave up" on the family years ago.

Another less extreme example would be the older neighbour who offers to babysit "any time day or night", moving on to doing the school run and shopping, soon becoming indispensable. The parent now has a vested interest in ignoring any concerns or protests from the child. The child quickly learns that it doesn't matter whether or not she wants to go to his house after school because her parent needs her to.

By the time he is offering to have her sleep over for the weekend she has no say in the matter. She believes her parent approves, needs her to do this and appreciates the help offered not just by the neighbour but also her own co-operation. Or she may believe that her parent does not care, confirming the threat designed to ensure her silence that there is something wrong with her when she does not want to go or does not enjoy what is then done to her.

Dissociation and types of trauma

Dissociation is categorised as an anxiety-based disorder. Dissociation is one of the most common coping strategies used by children and adults to deal with a situation which overwhelms their age-appropriate ability to manage a traumatic event. A traumatic event is one which cannot be coped within the individual's "window of tolerance" (Siegel, 1999, 2012).

Dissociation enables aspects of an experience which are physically or psychologically too much to cope with to be dissociated or split off. This happens not just during the event but also afterwards when reflecting on the event is too emotionally painful, particularly when the person who is causing the trauma is the person on whom the child depends for their care and attachment needs.

Normally, during the calm period after a traumatic event a child/adult would calm down, and, when feeling safe enough to do so, associate the different parts split off. This use of dissociation is in everyday-phrases such *"I was beside myself with terror", "I was in bits", "I pulled myself together"*.

"In other words, a secure, happy much-loved child will have a wide window of tolerance and be able to manage life's ups and downs without being overwhelmed."

If there is no period of calm, or if another traumatic event occurs before the first one is resolved, or the child's environment/relationships are persistently traumatic, the child will continue to dissociate and not associate or re-associate aspects of the experience. This then interferes with other aspects of her life such as being able to make appropriate, safe relationships/attachments and do "joined-up-thinking" both of which are vital for her sense of self, self-worth, self-safety, planning ahead through learning from experience, psychological well-being and future mental health. Putnam (1995) suggests the amount of dissociation a child uses is consistent with the amount of trauma in that child's life.

Trauma can be distinguished into two types of experience, referred to as type 1 and type 2 trauma.

Type 1 trauma

Type 1 trauma involves something which would usually be described as an accident but an accident which cannot be coped within this individual's "window of tolerance". It is usually therefore short-term, unexpected, isolated and surprising. It would include a natural disaster, road traffic accident or one-off assault by a stranger.

Because there is no risk to the relationship, or indeed there is no relationship to be put at risk, between the perpetrator and victim of a type 1 trauma, any aspect of the event which was dissociated can be safely remembered and quickly associated within the individual's "window of tolerance". This allows any symptoms of acute or post-traumatic stress disorder to quickly dissipate. When recalled, it is remembered as something that happened a while ago with no threat of a recurrence of the overwhelming emotional or somatic feelings present at the time.

Type 2 trauma

Type 2 trauma is where the trauma is chronic and of intentional human design. Because this usually involves a relationship which would be compromised by the trauma (the child cannot believe or accept that someone who loves her could behave like this towards her or expect her to behave this way), aspects of the trauma remain dissociated – out of mind, not forgotten but not remembered.

This event or events cannot be coped with in the individual's "window of tolerance". This leads to an altered view of self and of the world and accompanying feelings of guilt, shame and worthlessness. Victims of type 2 trauma are more likely to develop long-standing interpersonal problems and/or what Herman (1997) calls complex post-traumatic stress disorder (see page 19). Physical abuse, sexual assault and sexual exploitation would fall under this category of trauma.

Models of dissociation

Two models of dissociation usefully explain how effective it is when physical flight or fight is not possible. Both have similar components – Braun's model is described as the BASK model (**B**ehaviour, **A**ffect (emotional feelings), **S**omatic (body feelings) and **K**nowledge), Levine's as the SIBAM model (**S**oma, **I**mage, **B**ehaviour, **A**ffect and **M**eaning).

Any action or interaction can be divided into these four or five components. When an event can be coped with or is just stressful, no dissociation is needed. All of these components are congruent and associated. When an event is traumatic and cannot be coped with, dissociation is required. One or more of these components is then dissociated for as long as is needed to ensure survival. (Braun, 1988; Levine, 1997).

Example with type 1 trauma

In a television interview, a young woman who had been caught up in a bombing incident described how she picked herself up from the ground and began walking down the street away from the bomb site.

Those watching her were confused and disturbed by her smiling as she did so. She was later able to describe remembering a game she played with her sister when they were little of running down opposite sides of the road with one foot in the gutter and one foot on the pavement to see who could run the furthest the fastest.

Her left foot had been blown off by the bomb. She was able to use dissociation to enable her to walk away (**B**ehaviour) without connecting with her emotional state (**A**ffect), her pain (**S**omatic) and without knowing that she had been injured (**K**nowledge).

Example with type 2 trauma

A ten-year-old girl was court-ordered to have contact with her father who was part of a paedophile group and involved her in it. In a field behind his house were some ponies. She would happily play with the ponies and feed them apples, from her mother while safe and with her “nice dad”.

When her dad and the other men were involving her in sexual activity she would split her mind from her body, dissociate, so that in her mind she could again go out into the field to play with the ponies (**I**mage) enabling her to do what had to be done (**B**ehaviour) and at the same time protect her from the overwhelming physical (**S**omatic) and psychological distress (**A**ffect) this was causing. When she returned home, having dissociated what had happened (**K**nowledge) she would talk to her mother about the ponies.

Her father’s threat that her grandfather would die if she talked about what was happening and that his death would destroy her mother was particularly effective because the child knew her grandmother had just died and the ongoing distress this death had caused her mother. The dissociation also enabled her to “not remember” the sexual assaults and rapes and to return to each weekend with her dad by focusing on the ponies. She could also tell herself, and later the investigating police officer, that the assaults had only happened “one time”.

The “window of tolerance”

Children are born with no tolerance of any discomfort or distress or pain. They have a very narrow or indeed zero “window of tolerance”. A cry of distress gains immediate attention and resolution of the distress by the adult identifying what is needed, putting words to that need and meeting that need.

The child is then calm. The child learns that her needs will be understood and met, learns to recognise this need, to tolerate the distress and that waiting for this need to be met is possible. This ability to tolerate distress and wait increases the window of tolerance at an age-appropriate level.



The width of the window is entirely consistent with the security of the attachment the child experiences. Any event which is not usual or challenging or stressful will be “in the window” if the child has the knowledge, skills and emotional competences to deal with it and not be overwhelmed or traumatised by it. Where there is a lack of knowledge, skill or emotional competence to deal with an event this will be dealt with “out of the window” by the child being hyper-aroused or hypo-aroused. Whichever is used will ensure their emotional and or physical survival (Siegel, 1999 Ogden 2006).

The adult’s role

Parents and other adults who care about the child’s needs will empathically encourage her to extend her window of tolerance, and her growing independence, by offering new experiences and challenges. If the challenge is too great the adult takes responsibility, apologises to the child and offers physical and emotional support to bring the child back into her window of tolerance.

It is this same “technique” which is used by those who would manipulate the child’s need for the relationship that is used (but without empathy) in sexual exploitation to meet the adult’s needs and create dependence. When the child is asked to do something outside of her window of tolerance, and either cannot do it or is upset by it, the child is blamed and threatened with the withdrawal of the relationship. This creates and increases the child’s dependency on the adult.

Her need for the relationship can be described in terms of the lighthouse metaphor discussed on page 10. This leads to her blaming herself for not getting it right which absolves the adult of blame. She will then want to – even offer to – do more to prove she is worth having a relationship with, leading to further confusion about consent and blame. The vulnerable, manipulated child needs someone to lean on and returns again and again to try to make this happen. This return is also noted in the literature on post-traumatic stress disorder (see page 19).

Where the trauma is a type 1 trauma, this will extend her window of tolerance giving her a new range of skills and competencies. Where the child is not loved, unhappy and where there is type 2 trauma, the window of tolerance remains narrow. This ensures the child’s physical and emotional survival by enabling her to activate the “chemical soup” that leads to being hyper-aroused or hypo-aroused.

She relies upon tried and tested coping strategies and does not extend her skills and competencies. It is likely she would be assessed and medicated for either depression or ADD/ADHD.

Examples

Picture a toddler on his feet for the first time taking several steps. He is not well balanced and bumps down on his bottom with a start. He is not hurt but startled, in effect, out of his window of tolerance. He cries. His empathically attuned and present parent immediately soothes him, talking in a quiet voice explaining what a clever boy he is for trying and brings him back into his window of tolerance. His life script from this experience is that it is fine to try something new and if it goes wrong, someone will be there to help, to comfort and encourage.

Now picture a toddler on his feet for the first time who falls and cries as above – but this time his parent does not notice. He then has to soothe himself from whatever capacities his ten months has given him. From this experience, his script is that if you try anything new and it goes wrong you are on your own, his somatosensory memory of that experience influencing his future life experiments.

Or imagine a toddler who falls over and his already anxious mother jumps with a scream to quickly lift him. Not only does the child experience his own fright but also his mother's. He is not soothed until his mother is. He pats her back to soothe her. His script is that if he tries something new, he will not only have to take care of himself but anyone effected by his experiment.

The child whose caregiver has been unable to provide basic regulation fails to develop a coherent attachment strategy in the face of even moderate distress which leads to under (hypo) or over (hyper) activity in the stress response system.

In other words the child is unable to manage age-appropriate stressful situations and/or will either not be comforted by a caregiver and/or will not be able to develop the capacities to self soothe, comfort themselves and/or expect that adults are trustworthy and will help when help is needed.



Traumagenic dynamics model

The traumagenic dynamics model (Finkelhor, 1986, 1987) encompasses four trauma responses to being sexually assaulted as a child:

- **Traumatic sexualisation:** is a process in which a child's sexuality (including sexual feelings and attitudes) is shaped at a developmentally inappropriate time and in an interpersonally dysfunctional fashion as a result of the abuse.
- **Betrayal:** the child discovers that someone on whom they were vitally dependent has caused them harm.
- **Powerlessness:** the process in which a child's will, desires and sense of efficacy are constantly contravened.
- **Stigmatisation:** the negative connotations such as badness, shame and guilt that are communicated to the child by the perpetrator around the experience, are confirmed by others, and then become incorporated into the child's self-image.

Trowel suggests two further dynamics (Trowel et al, 2002):

- **Secrecy:** the need to deal with the secrecy surrounding the abuse prior to disclosure and the consequent extreme fear and isolation this engenders.
- **Confusion:** arising from a child partaking in possibly pleasurable behaviour which is "naughty" and being invoked by trusted adults.

With the advent of fMRI scans it is possible to add another dimension:

- **Sexual arousal to excitement and trauma/fear:** In response to excitement and higher levels of fear, the chemical "soup" released into the body (adrenaline, noradrenaline, dopamine, endorphins, oxytocin) enables one of the "F's" to ensure survival – Flight, Fight, Feed (activation in stomach for energy release), Freeze, Flop, Fart (wet or soil herself – note phrases in everyday language – "gave me the collywobbles", "scared the shit out of me") also activates the erogenous zones of the body. Children and adults have a very Pavlovian or procedural response to trauma – whichever "F" worked the last time is the one applied to the next similar situation.

In the example of the victim of type 1 trauma (the bombing), sexual response was not needed nor noted nor responded to. In the example of type 2 trauma (the girl who played with the ponies) a sexual response was needed to protect the child's body being further injured by the sexual assaults. The child's normal body response to the trauma/fear is then sexual arousal. Because this then also causes sexual pleasure it causes further confusion, betrayal, powerlessness and secrecy. The arousal of the child's body is used by perpetrator to blame the child, confirming the child wants sex otherwise her body would not be aroused. (Van der Kolk, 1996, James, 1996, Sapolsky, 2004).



Case Example

A ten-year-old girl's father told her she must want to have sex because her body was willing and ready for him when he kissed her goodnight. At first she wanted to escape (flight), but this was her lovely daddy; then she tried saying no (fight) but when he touched her and found her aroused he said she was ready. He must therefore be right when he said she wanted this.

A trusted adult would not lie. He said he loved her. She coped with the assaults using dissociation. The next time he said she had done it before and liked it. The next time he asked if she wanted to try something new, her fear level went up – increasing her arousal and confirming for both she wanted this. She is then easily targeted and manipulated by someone who wants to groom her for sexual exploitation.

All of these contribute to high levels of self-blame, denial and minimisation in the child which continue into adulthood (Herman, 1994).

This can also lead to anger with the body for its betrayal which can lead to, for example:

- self-harm
- lack of self-care
- lowering of protective boundaries
- participation in actions or activities which would otherwise be too shaming to think about or participate in
- feeling bad and deserving of bad things happening
- feeling worse and deserving worse things to happen, confirming her belief: "I am bad and I am as 'bad' as the person who did this and the thing done to me".

The child then attempts to make sense of what has happened by repeating patterns in future relationships to achieve a different outcome or to confirm her increasing levels of self-blame. Her self-blame increases her surprise when someone is nice to her as part of the initial grooming, and into the future, which increases her vulnerability to those who would do her harm.



Post-traumatic stress disorder (PTSD)

The detailed criteria for the diagnosis of PTSD and those for complex PTSD (Herman 1997) include:

- Preoccupation with the relationship with the perpetrator which can include preoccupation with revenge
- Unrealistic attribution of power to the perpetrator
- Idealisation or paradoxical gratitude
- Sense of a special or supernatural relationship
- Acceptance of belief system or rationalisations of the perpetrator

In summary, PTSD is characterised by a peculiar cognitive state. The traumatic event(s) are dissociated, partly hyper-memorised or partly blurred and, at the same time, the ability to store and retrieve new information is impaired (Praag 2004).

This paradox results in those who have been diagnosed with PTSD behaving in either one of two particular ways or both:

- to compulsively repeat aspects of the traumatic event and or,
- to avoid anything which reminds them of the event.



Both are to try to gain mastery over the overwhelming distress which continues to take her out of her window of tolerance when triggered or reminded of the event by one of her senses, a nightmare or a memory.

Briere (1992) suggests that those working with victims ask two questions to try to find an explanation for what would otherwise seem to be the victim's inexplicable behaviours:

How does this behaviour increase this person's sense of physical or psychological safety?

And/or

How does this behaviour increase or decrease this person's physical or psychological pain?

Hypothesising about the purpose of the behaviours from these two victim perspectives can often help the worker understand previously inexplicable behaviour and, by doing so, assist the victim to feel less shamed by their behaviour which ensured their emotional or practical survival.

Drug use

The introduction of drugs and/or alcohol is a common way of creating and deepening or enhancing the psychological and physical dependence of the child. What starts off as fun and a bit naughty soon becomes a need.



“Using a potent mix of drugs, alcohol and the other coping mechanisms or variables described above becomes a toxic, but necessary, way for the victim to avoid psychological and physical pain.”

The supply of drugs can also be a way of entrapping not just the child but also the parent. A mother who is herself a victim, sex worker or drug addict (or all three) is easy to target and groom (Lukman et al 2011). When she runs out of things to sell she is encouraged to “sell” her daughter. This can ensure her own supply but also, from her own experience she knows that drug and/or alcohol use numbs the pain. Both mother and her daughter find it “easier” if one or both are taking drugs. Other family members need to be considered too as routes into sexual exploitation.

Ann Coffey MP (2014), in her enquiries on behalf of Tony Lloyd, the Greater Manchester Police and Crime Commissioner for Greater Manchester, found around one in ten young people being treated for drug and alcohol problems in three key Greater Manchester boroughs disclosed that they have been sexually exploited.

Conclusion

There is no characteristic that is true for every individual involved in sexual exploitation. Not every victim is poor, has a history of child sexual abuse, is in the care system, a runaway, has a drug habit; or is female (Barnardos, 2011). However, these are consistent variables which let us know what kinds of vulnerabilities, oppressions and circumstances create the opportunity and context for sexual exploitation.

Three key elements of the trauma model are particularly useful in assessing and working with young people who are sexually exploited – attachment to the perpetrator, trauma bonds and understanding that the behaviour is not the problem but the answer to the problem.



“It is important to remember not to focus on what is being done to a child or what that is doing to a child but rather to identify the child’s needs that are not being met. It is these needs (that are being met through a child’s involvement in sexual exploitation) that will help to determine appropriate interventions and resources.”

With this in mind, a more informed multi-agency service can be offered to children, their families and carers that is more likely to meet their unmet needs and enable withdrawal from unsafe, abusive relationships into those which are safe and nurturing. Workers will also benefit. Their sense of success and achievement in doing a worthwhile job will increase their own self-worth and reduce the likelihood of vicarious traumatisation by reducing hopelessness and cynicism and most importantly give hope and trust in recovery towards future wellbeing (Siegel 2010, Pearlman et al 2008).

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