

WHY WON'T THEY JUST LEAVE?

TRAUMA AND MANIPULATION OF
HUMAN TRAFFICKING VICTIMS

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OBJECTIVES

1. Identify the definition and characteristics of trauma bonding.
2. Identify the functions and impact of trauma bonding through the lens of different theoretical perspectives.
3. Understand the impact of trauma bonding on self identification and self-disclosure.
4. Identify ways to overcome barriers and work with survivors.





PLEASE TAKE CARE OF YOURSELF.





TRAUMA BONDING

Trauma Coercive Bonding

A trauma bond is an **emotional attachment** that is between the exploiter and the victim. It's a **traumatic response** to a terrifying chronic stressor rather than a dysfunctional attachment.

(Casassa et al., 2021; Raghavan & Doychak, 2015; Saunders & Edelson, 1999)





Characteristics of Trauma Bonding

1. **Imbalances of power** in the relationship that favors the trafficker
2. Traffickers alternating use of **positive and negative interactions** to cultivate the trauma bond
3. Deep **gratitude or dependence on the positive interactions and self-blame for the negative interactions**
4. Victims **internalization** of trafficker's view

(Casassa et al., 2021)



Aspects related to Trauma Bonding

1. **Prior Trauma** leads to vulnerability
2. Feelings of **love remained** after exiting trafficking
3. Love is why victims **do not testify against** traffickers
4. Traffickers intentional **cultivation of the trauma bond**

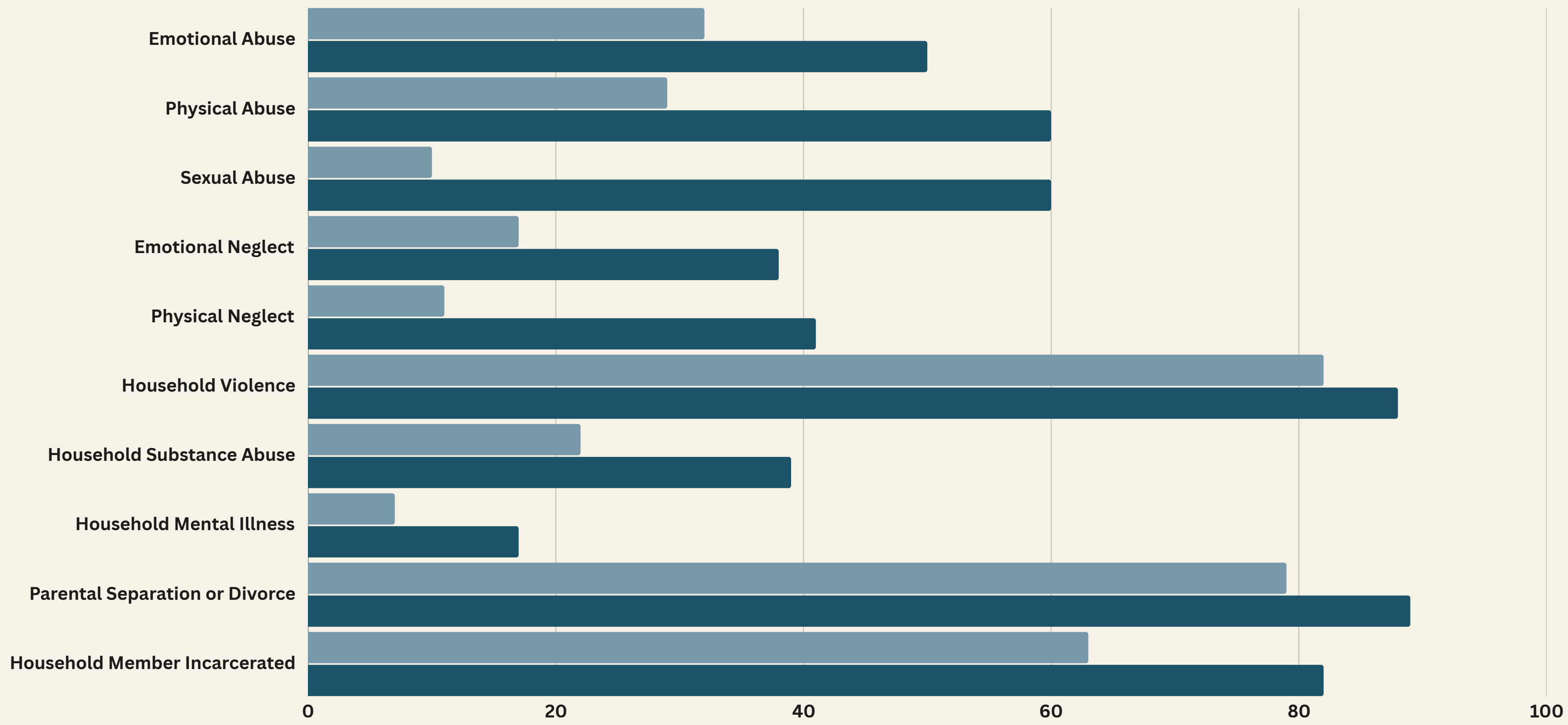
(Casassa et al., 2021)



Familial Trafficking



● Non-Sexually Trafficked ● Sexually Trafficked



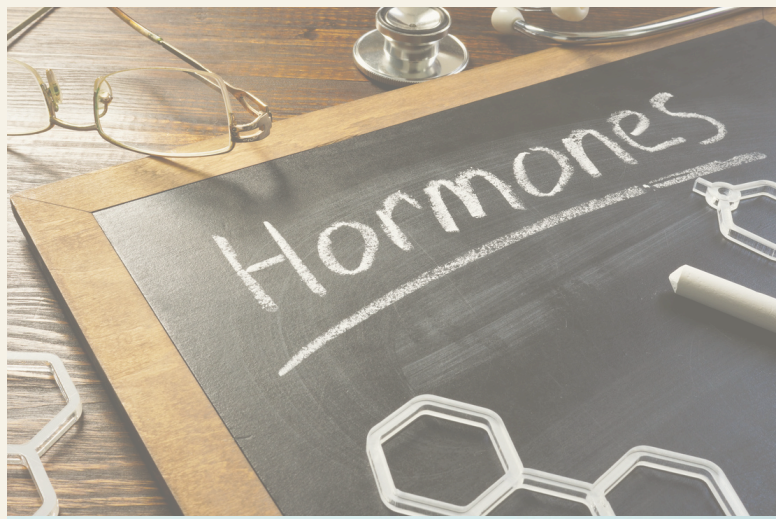
(Purvis et al., 2013)





SURVIVAL

Neurobiological perspective



CHEMICAL BONDING



Intermittent release of stress and pleasure hormones

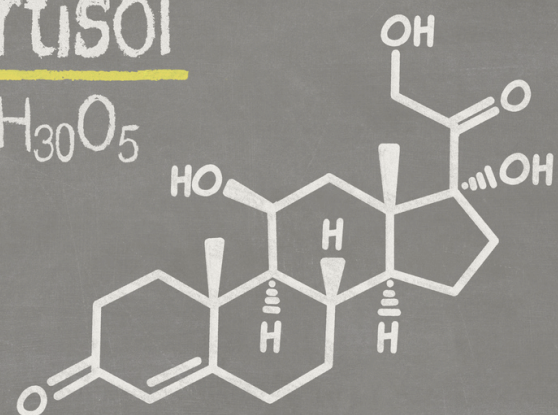
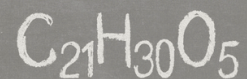
Cortisol → activates fight, flight, freeze
What do I need to do to stay safe?

Oxytocin → bonding and attachment hormone

Dopamine → reward, motivation, reinforcement of behaviors
What do I need to do to get that again?



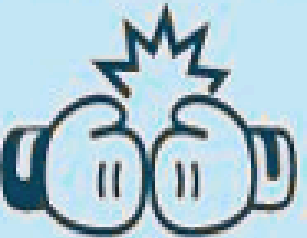
Cortisol



↑
Arousal
↓

Hyperarousal—Mobilized

Sympathetic Mode:
Fight or Flight



Sense of
Threat

Mobilized

Window of Tolerance: Social Engagement

Parasympathetic
Mode: Ventral Vagal




Sense of
Safety

Engaged

Hypoarousal—Immobilized

Parasympathetic
Mode: Dorsal Vagal



Collapse/
Helpless

De-mobilized



WINDOW OF TOLERANCE

SOCIAL ENGAGEMENT

- Ventral vagal
- **Belief:** The world is safe place
- Social communication and self-soothing behaviors
- **Psychological:** Heart regulated, feels safe, peaceful, happy, active and engaged, connected, integrated brain
- Social engagement system can down-regulate the sympathetic nervous system
- We are able to co-regulate others who are dysregulated



(Porges, 2001; Shapiro, 2018; Van der Kolk, 2015)



HYPERAROUSAL

MOBILIZED

- **Sympathetic:** fight, flight
- **Belief:** The world is dangerous and chaotic and I am not safe
- **Psychological:** Increased heart rate, panic, increased breathing hyperactivity, muscle tension, tunnel vision, adrenaline, cortisol.
- Anxiety, rage, agitation, feeling hot/sweating, racing thoughts.



**Cognitive functions
are in the dark**





FIGHT RESPONSE

POWER AND CONTROL IS SAFETY





FLIGHT RESPONSE

ESCAPE AND DENIAL IS SAFETY



HYPONAROUSAL

IMMOBILIZED

- **Dorsal Vagal**
- **Belief:** I am alone and there is nothing I can do
- **Psychological:** Endorphins to help numb and raise pain threshold, nausea, ringing ears, dissociation, lightheaded, blurred vision, feelings of numbness, feeling cold, foggy, feeling alone, hopeless. Decrease of heart rate, blood pressure, breathing, energy, facial expression, eye contact, social behavior, digestion, awareness of environment

(Porges, 2001; Shapiro, 2018; Van der Kolk, 2015)



SHUTDOWN

DISCONNECTION AND INTO A STATE
OF SELF PROTECTION



FAWN RESPONSE

TO SUBMIT, APPEASE AND PLEASE IS SAFETY



FAWN RESPONSE

- A response to a threat by **reducing the perceived threat** through **social engagement** and **submission**.
- **To please, or appease** others to **ensure their safety** or **avoid further harm**.
- Seek safety by merging with the wishes, needs, and demands of others.
- People pleasing, codependency, self blame, conflict avoidant, suppressing of own emotions, needs, and identity.

(Walker, 2003)





"I just kept saying..."

"The only way it stop"

"Couldn't move"

"Passed out"

"I become someone else "

"I can't remember"

"Like I was watching myself"

"Froze"

"On autopilot"

"Gave in"

"Just did what he wanted"





CONTROL

Psychological perspective




Jimmy Kimmel Lie Detective #1



Copy link



Watch on  YouTube

It's as good as
my life gets so
making best of it

It was my escape from
worse. This is my way
to be dependent on
nobody

The life is all I know

it's better to be paid for sex
than to do it for free

I chose this

I am not a victim

This is all I am
good at

He was just helping me
out. I was doing what I
needed for us to get by.

He's been there when
nobody else was





CONNECTION

Psychosocial perspective

Human beings are wired for **connection**
and **disconnection** is the ultimate source
of human suffering and pathology.

- Jordan, 2017





**UNBOUND
NOW**

HOW TO OVERCOME BARRIERS

FELT-SAFETY

- Stay Regulated
- Acceptance and Care
- Dignity, Worth and Respect
- Transparent, Honest and Informative

(Bath, 2015; Miller & Rollnick, 2013; O'brien, 2017; Purvis et al., 2013)



CONNECTION

- Read the Room
- Body Language
- Voice Quality
- Be Genuine and Patient

(Bath, 2015; Miller & Rollnick, 2013; O'brien, 2017; Purvis et al., 2013)



EMPOWERMENT

- Meet the need
 - Basic needs (food, water)
 - Environmental needs (comfort)
- Collaboration
 - Choices
 - Ask permission

(Bath, 2015; Miller & Rollnick, 2013; O'brien, 2017; Purvis et al., 2013)





“**Connectedness** is the antidote to adversity. The more **healthy relationships** a person has, the more likely they will be able to recover from trauma and thrive. Relationships are the **agents of change** and the most powerful therapy is **human love**”

— Bruce D. Perry





Q&A



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