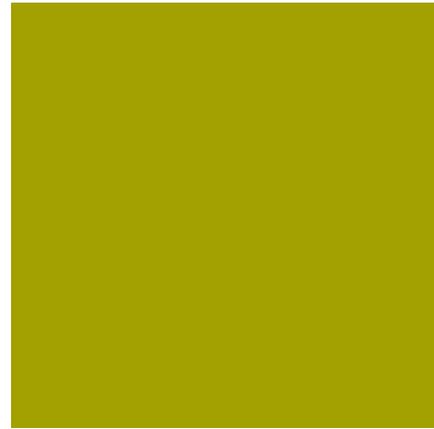




CSE & Trafficked Children:

*Aiding the recovery from
Adverse Childhood
Experiences through
attachment and trauma
informed care and
therapy*



Richard Cross
Head of Clinical Services,
Five Rivers Child Care
E-mail: Richard.cross@five-rivers.org



Scotland 1998 the first criminogenic program



New Zealand 2001 the first program for SCD



2003 Dovegate a new TC –
200 violent prisoners

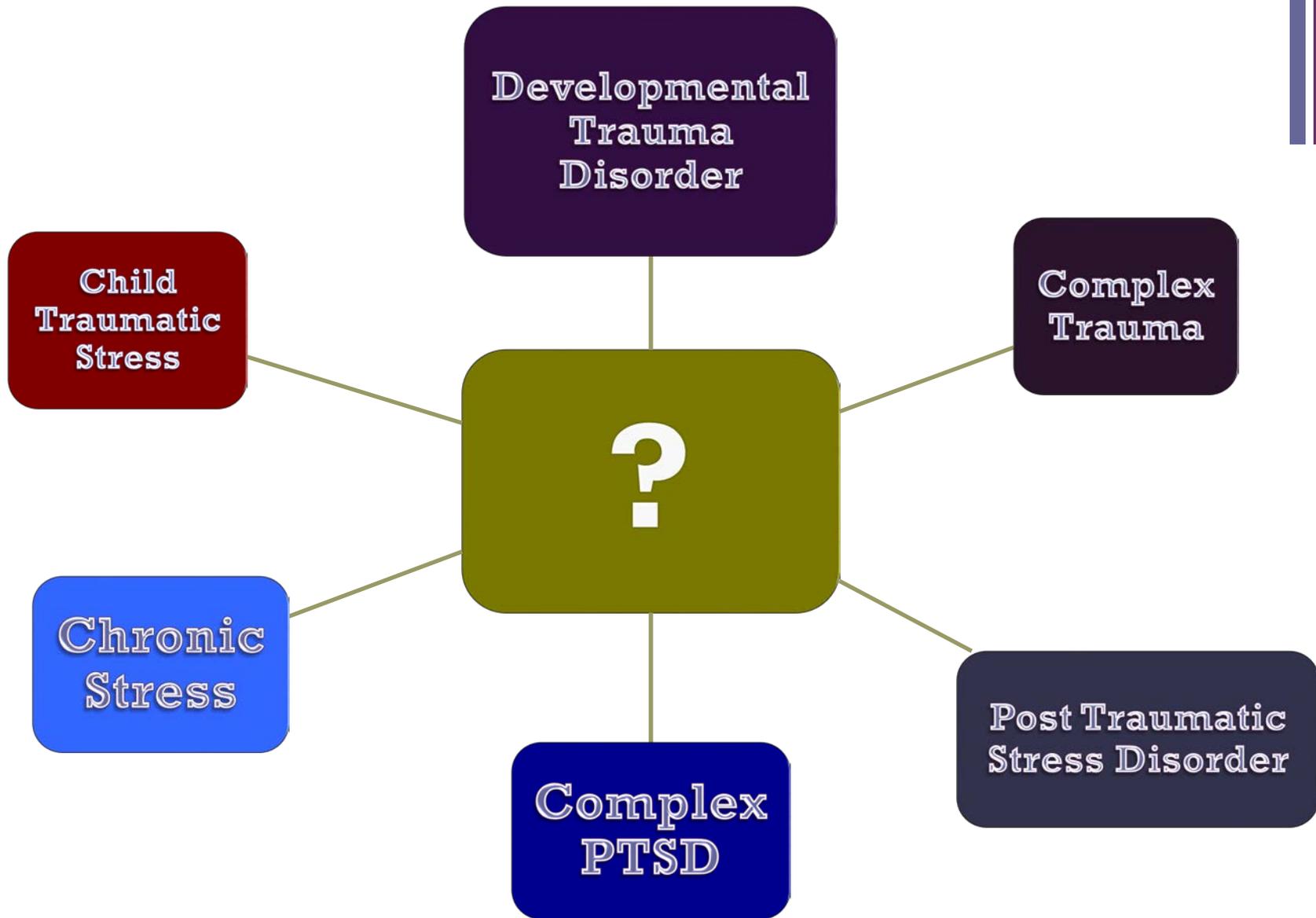


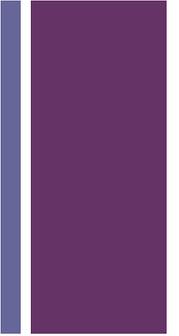
First Trauma Informed services in Scotland 2004



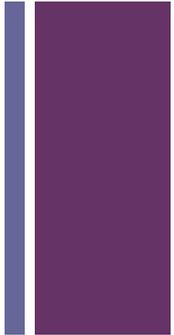
What is the best term to use?

+ What is the best term to use....?





Some evidence from research on
children who are looked after.



✦ ***Foster children are twice as likely as U.S. war vets to be afflicted with Stress Disorder (N=659, Harvard Medical School & the University of Michigan and Casey Family Programs, 2015)***

■ **Rates found of 21% of children in foster care suffer from PTSD, a staggering rate that is higher than that of U.S. war veterans (Pecora et al., 2005)**

■ (Morris et al, 2015) **PTSD-like symptoms found to be extremely high, found 75% amongst respondents. (Journal of Children's services early citation)**

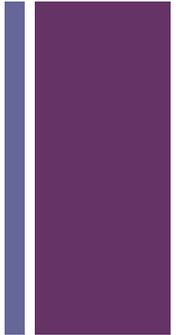
+ Children who are looked after cont...

In a study of children in foster care, **60% of those sexually abused were diagnosed with PTSD** and **42% of those physically abused were diagnosed with PTSD** (Dubner and Motta 1999). The same study found that **18% of foster children who experienced neither physical nor sexual abuse had PTSD**. This may be from exposure to domestic violence, community violence, or other events (Marsenich, 2002).

+ Meeting the needs for children who are looked after.

Given the high numbers of children and young people in residential care who may be affected by these issues, it is important to examine ways in which they can be provided with evidence based care specifically for meeting the deeper underlying needs and not just the provision of containment within a care environment.

(Cross, 2006)

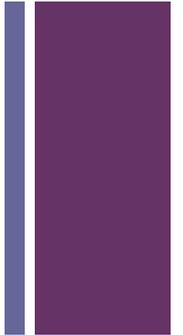




Adverse Childhood Experiences: A Major Public Health Concern

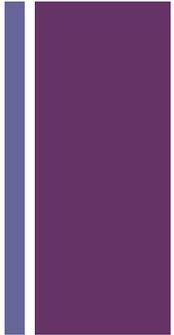
+ Adverse Childhood Experiences (ACES)

- There is no single best term to explain the impact of child trauma and adversity
- The research on Adverse Childhood Experiences provides an insight into the impact of such events on children and young peoples wellbeing
- The findings of the ACE studies have been replicated.





How ACEs work impacting across the lifespan



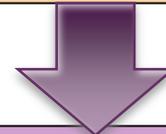
Adverse Childhood Experience

- **Abuse and Neglect:** sexual, physical and psychological
- **Family Dysfunction:** domestic violence, substance misuse (Alcohol, drugs) and mental illness



Impact on Child Development

- **Neuro- biological** – stress hormone dysregulation, impacts on brain development
- **Psycho-social** – poor attachment, poor socialization
- **Health risk factors** – smoking, obesity, substance abuse (alcohol, drugs), promiscuity



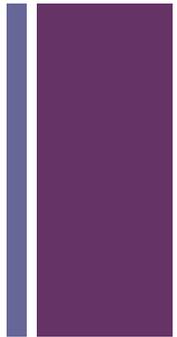
Long term consequences

- Major Depression, PTSD, Self harm / Suicide - Heart Disease - Cancer
- Drug and alcohol Abuse - Unemployment - Prostitution - Homelessness
- Parenting Problems - High utilization of health & social services
- Shortened Lifespan - Intergenerational transmission of abuse and neglect

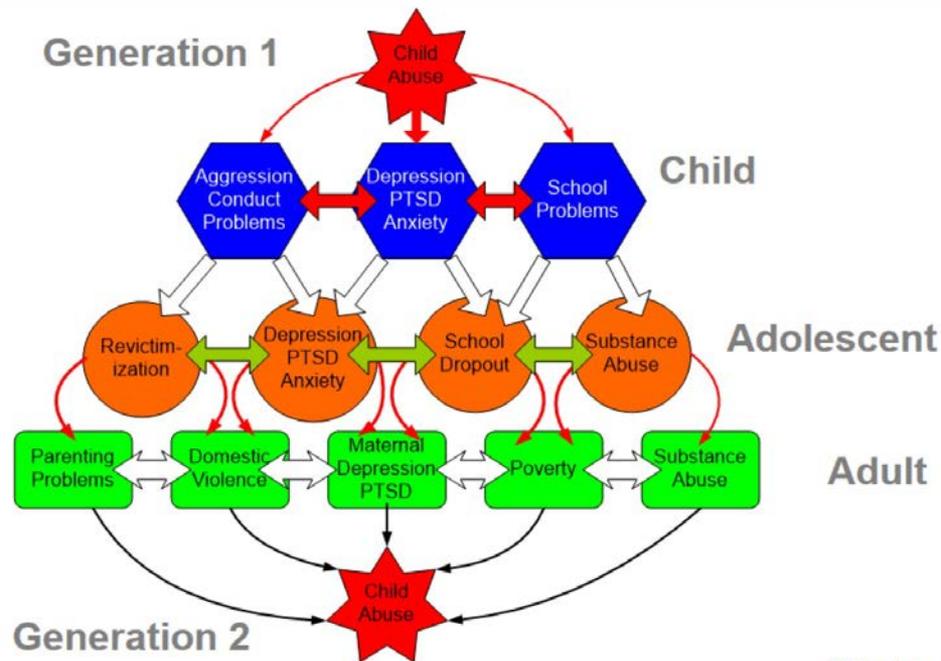


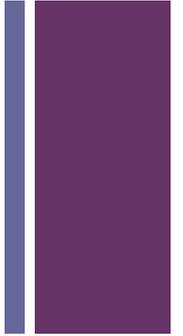
Intergeneration Transmission

(From the Childhood Adversity Narratives, Putman et al, 2015)



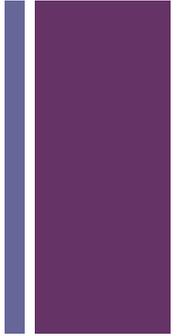
How ACES Cross Generations





World Health Organisation – Violence and injury prevention

http://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/

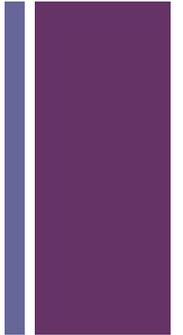


Adverse Childhood Experiences (ACES) relating to CSE and Trafficking



The scale of the problem

- UNICEF estimates 2 million children globally (child exploitation and trafficking)
- 4.5 Million sex trafficking victims worldwide
- Between 50-60% of children trafficked are under the age of 16
- Up to 5,000 children may be involved in prostitution at any one time in UK. Home Office (2004).
- 70% of those involved in street prostitution in UK have a history of Local Authority care. Nearly half report a history of childhood sexual abuse (2004)



+ The UK

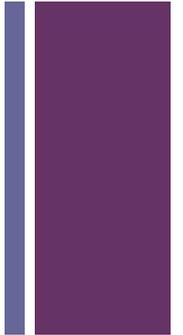
Over 2,400 children were victims of sexual exploitation in gangs and groups from August 2010 to October 2011.

Berelowitz, S et al (2012) "I thought I was the only one. The only one in the world" , Office of the Children's Commissioner

+ Children Trafficked for sexual exploitation

152 Children were trafficked for sexual exploitation (year 2012)

Serious Organised Crime Agency (SOCA) and Human Trafficking Centre (UKHTC) , 2013





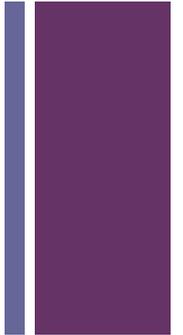
Just published....October 2015 Institute of Psychiatry, Psychology and Neuroscience

Study of 133 survivors of trafficking located in South West London

- 51% were trafficked for sexual exploitation
- 39% Adults, 27% were children of children diagnosed with PTSD
- 34% Adults and 27% children diagnosed with Depression
- $\frac{3}{4}$ of medical records of Trafficked children were victims of child abuse
- 60% Trafficked Children were victims of abuse before, during and after the trafficking e.g. sexual assault.



Need to be aware of Risk areas: Runaway Children



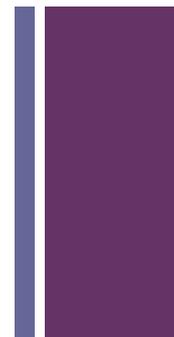
- Between 71,500 and 97,500 runaways in the 14 and 15 year-old age group each year in England (Still Running II, 2005)
- Females more likely to run away than males (12% vs 8%)
- Over a quarter (30%) of overnight young runaways had first run away before the age of 13, and more than one in ten had done so before the age of 11
- Peak age between 14 and 15 years of age,



Shane, aged 15, called ChildLine –
freephone 0800 1111

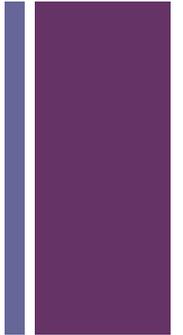
“I’ve been living in a doss house since I ran away from home. I haven’t eaten since Sunday, but I’ve been taking heroin and speed. I’m on the game and see about 6 people each night – I work to pay for the drugs and use the drugs to get through the work. I want my life to finish, I want not to wake up again. I want it back to normal. I’ve been beaten up three times in the last two weeks”

(Page 34, Paying the Price: a consultation paper on prostitution
July 2004, Home Office)



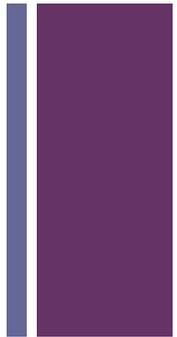
+ US Office of Juvenile Justice and Prevention (OJJDP) and runaway children

- ◆ ***80% of runaway and homeless teen girls*** reported having been sexually or physically abused on the run.
- ◆ 34% of all runaway youth reported sexual abuse before leaving home and 43% of all runaway youth reported physical abuse before leaving home.
- ◆ 28% of all street youths report having “survival sex”
- ◆ There is an 85% chance a runaway teen girl away will be trafficked and about 15% chance for boys (believed to be significantly higher)





What evidence tells us...



75-95 percent of prostitutes were sexually abused before the age of eighteen

12-14 average age of entry into prostitution



2.5 billion emails per day are pornographic



one in every four internet searches are pornography related

• one in ten

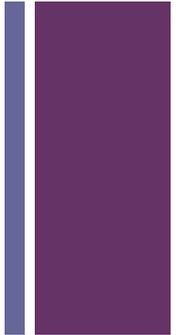
one in every ten men in the world have purchased a prostitute



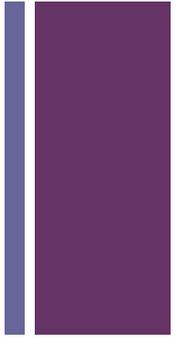


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The reality of prostitution (Dr.Farley)



- ◆ She was just age 13 when she entered into the sex trade,
- ◆ She is a victim of incest. (65% to 90%)
- ◆ She has a trafficker selling her as a commodity and keeping all or most of the money. (70%-90%)
- ◆ At some point she has considered suicide. (75%)
- ◆ She is two times more likely than a soldier in a war zone to have Post-Traumatic Stress Disorder..68%

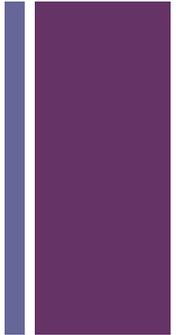


“Helping to Break the bonds that bind”





+ Trauma and Dissociation



It is important to note that you are unable to have trauma without dissociation and it is also commonly seen that a person that experiences pathological dissociation has experienced trauma. (Rhoades, 2006)

+ Understanding Grooming – victim and others in the environment around the victim

“patterned behavior designed to increase opportunities for sexual assault, minimize victim resistance or withdrawal, and reduce disclosure or belief”.

Jim Tanner & Stephen Brake (2013)

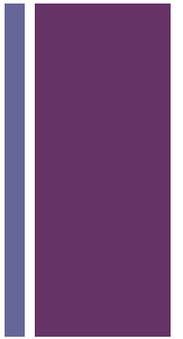


Emotional attachments in abusive relationships: The Trauma Bond

Patrick Carnes first developed the term.

A simpler and more encompassing definition is that traumatic bonding is:

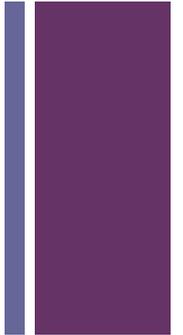
"a strong emotional attachment between an abused person and his or her abuser, formed as a result of the cycle of violence."





**“powerful emotional attachments
are seen to develop from two
specific features of abusive
relationships: power imbalances
and intermittent good-bad
treatment.”**

(Dutton and Painter, 1981)



+ Sexual Trafficking, CSE and Prostitution

Involves:

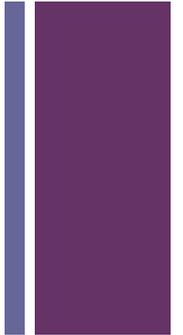
- Targeting victim**
- Tricking Victim**
- Traumatizing victim**





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Three key concepts: Targeted



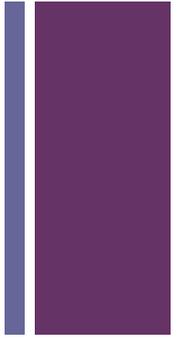
Traffickers are predators who **seek out and target vulnerable victims.**



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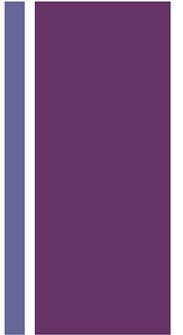
Tricked

Traffickers are willing to invest a great deal of time and effort in their potential victim to break down their natural resistance and suspicion – buying them gifts, providing a place to stay, promising a loving relationship – **before revealing their true intent.**





Traumatized



The perpetrators use:

- psychological manipulation
- the child or young person may truly believe they care for their well-being.
- Coupled with physical control this can make a victim feel trapped and powerless to leave.

This “trauma bond” is difficult to break and specialized intervention and services are often necessary.



Types of perpetrator



Confidence trickster

- **Tries to make victim feel special**
- **Acts like a boyfriend**
- **Buys gifts**
- **Traps them in relationship**

“If you love me you will....”

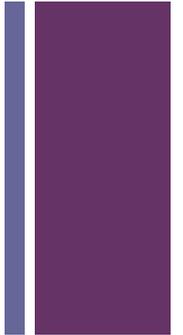
Enforcer

- **Short grooming process**
- **Then minimal effort to maintain sense of victim being special**
- **Uses brutal force, threat and violence**

“If you don’t do what I want.....”



Stage 1: Overcoming resistance

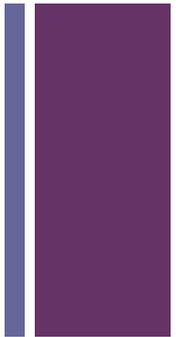


- Victim will look back on this phase when the relationship turns violent and will do anything to get back to this phase.. “Why did it change...?”
- makes victim feel they are special and wanted
- Avoids detection by carers and others



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Stage 2: Creating *Isolation* and maintaining access to child

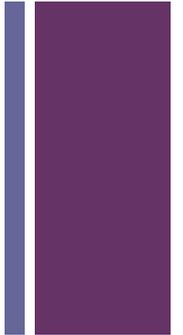


- ◆ Perpetrator creates isolation:
 - Emotional
 - Mental reliance
- ◆ Removing the safety net of other supports... creating dependency
- ◆ Programming



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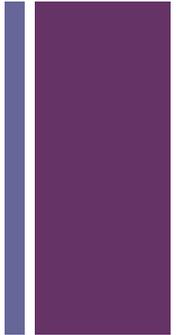
Step 3: Creation of *Fear- Coercion,* *Violence and control*



- **Coercion/ Violence/ Control-** Physical and emotional abuse begins and is made to be child's fault... "If you hadn't done.... I wouldn't have needed to...."



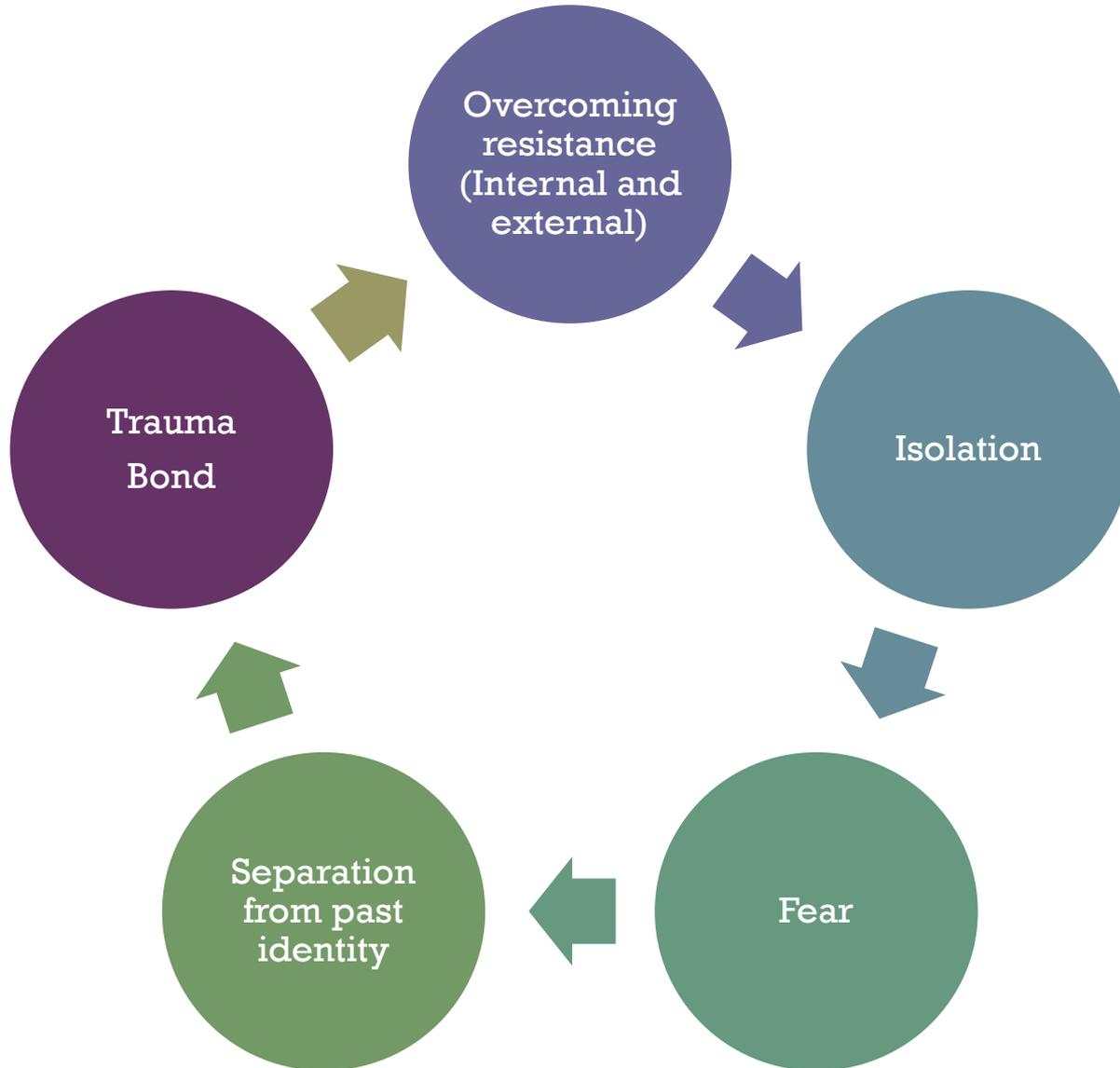
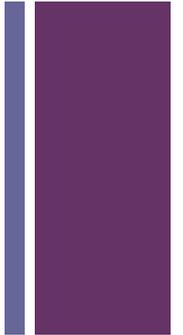
Stage 4: Forced to change identity **(Trafficked Child and young person)**



- New Name
- Branding, tattoo etc
- Assigns shame, humiliation and guilt onto victim
- Separation from past life and identification to the 'exploitation system' – 'Fear with a belief of no escape, trapped)



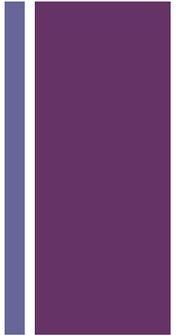
The creation of 'trauma bonds'.



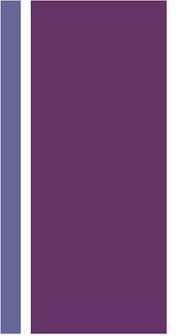


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Promises, promises, promises



- The promise of being loved
- The promise of nice things, clothes, jewelry, phone and money
- The promise of having a new home
- The promise of having a new loving family
- The promise of future gain, i.e. in movies, modeling, etc.
- Being given drugs and alcohol



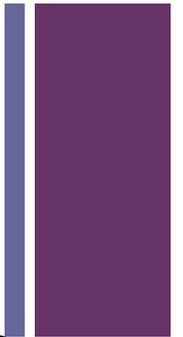
Delivering Trauma and attachment Informed Care



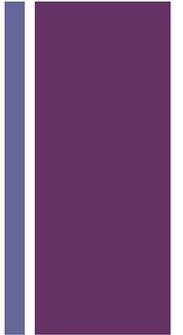
Social care systems need to be aware of:

Just as the lives of children exposed to repetitive and chronic trauma can become organised around the traumatic experience, so too can entire systems become organised around the recurrent and severe stress of trying to cope with a flawed system - reactive decisions, helplessness in system, hyper-arousal, crisis orientated

(Bloom, 1998)



+ **“Effective focused treatment can and will make a significant impact on children’s lives”**

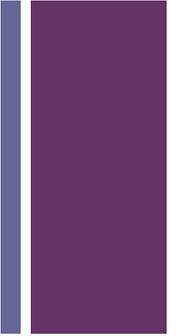


“A good safeguard to ensure we do no ‘harm’. Is for all those working with children and young people who are looked after, is to have a solid foundation in child development, and treatment of attachment and trauma disorders”

+ We need to....

"understand symptoms of traumatised child or adolescent as adaptive mechanisms to help them cope with a unpredictable and chaotic world which has been their habitat". [Exposure to CSE, CSA, Trafficked Child]

Joyanna L Solberg in Healing Developmental Trauma and Dissociation (2011)



Shark Music vs Classical Music

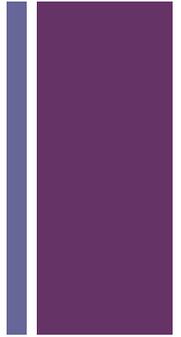


“Not about getting back to ‘normal’ but about supporting to get to a ‘new place’.

Developing effective therapeutic bridges into the future for survivors of CSA, CSE, Trafficked children:

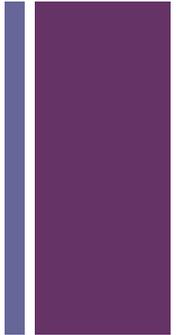


Trauma and Attachment Informed Care (Cross, 2013)





Assessment:

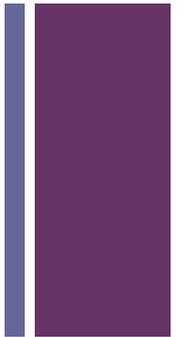


Without clear a understanding of the child's or young persons internal reality, one may not be seeing the real child or young person.



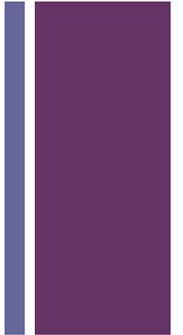
Five Rivers research year 5 (n= 280)

- Very high level of emotional and behavioural difficulty on SDQ & RPQ from both fostering and residential care groups.
- Majority have a *very complex profile* with multiple potential diagnoses (DAWBA)
- 61% are placed as a result of abuse or neglect and 34% as a result of family difficulties; a small percentage are admitted as a result of disability (3%) or socially unacceptable behaviour (2%)

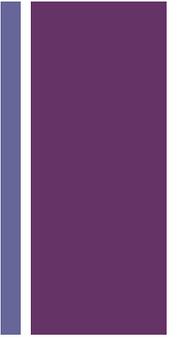




Assessment of symptoms for Traumatized children and young people



- Trauma Symptom Checklist for Children (TSCC)
Briere, J (1994)
- Child PTSD Symptom Scale (CPSS)- Foa et al,
(2001)
- UCLA PTSD Reaction Index (PTSD-RI) – Stienberg,
et al (2013)
- Children's revised Impact of Event Scale – Perin, S
et al (2005)
- When Bad Things Happen Scale (WBTH) - Fletcher,
(1991)

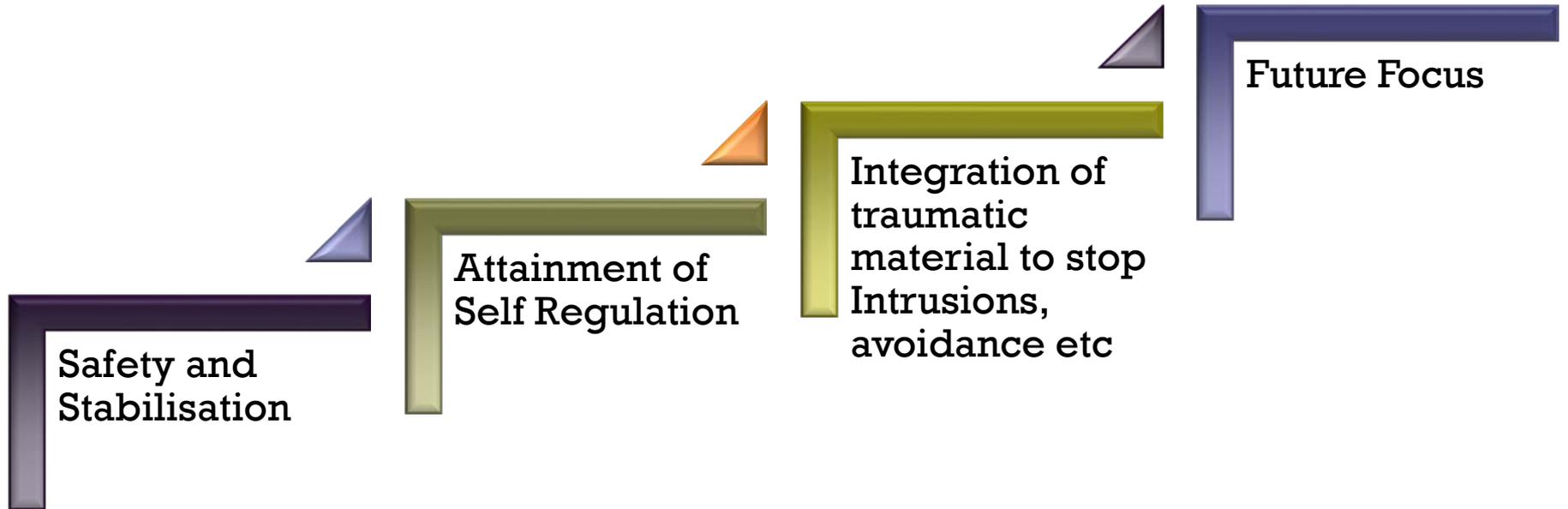
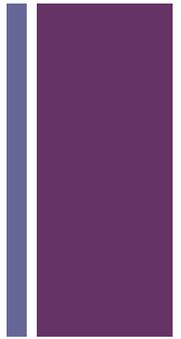


Assessment enables Interventions



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Core Components of Trauma Interventions



Domains of treatment



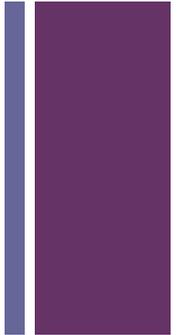
Stabilisation: a concept often used, is it understood?

Stabilisation isn't just a dress rehearsal for the 'important stuff' (integration of traumatic experiences) but has the potential to give children and young people an alternative to reliving the past and a means to tolerate often volatile emotions.





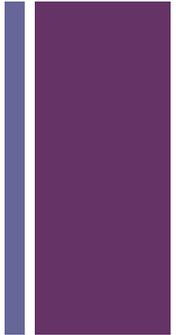
Creation of safety



- Need to fully understand the needs of child or young person to decide on most appropriate care environment (needs to provide safe, protected environment)
- The installation and enhancement of internal safety (managing distress e.g. psycho-education around flashbacks etc), foster carers & residential staff require this knowledge to provide to children.
- Assessment such as TSCC can delivery prompt focusing on most distressing symptoms.



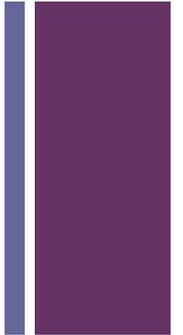
Main areas of focus on after safety and stabilisation has been attained



- **Intrusions:** nightmares, intrusive memories, dissociative reactions (flashbacks), Physiological reactivity in response to reminders
- **Avoidance:** People, places, objects, situational contexts, conversations linked to material and also internal avoidance (memories, thoughts and feelings... pushed away)



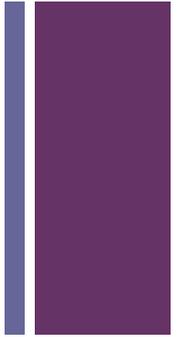
- **Arousal and Reactivity:** reckless and destructive behaviour, hyper-vigilance, Hyper-arousal, problems with concentration, sleep disturbance, physical aggression...
- **Changes in Mood (Hypo-arousal):** Helplessness, feelings of detachment, negative beliefs about self and others, Persistent negative emotional state e.g. fear, shame, guilt.





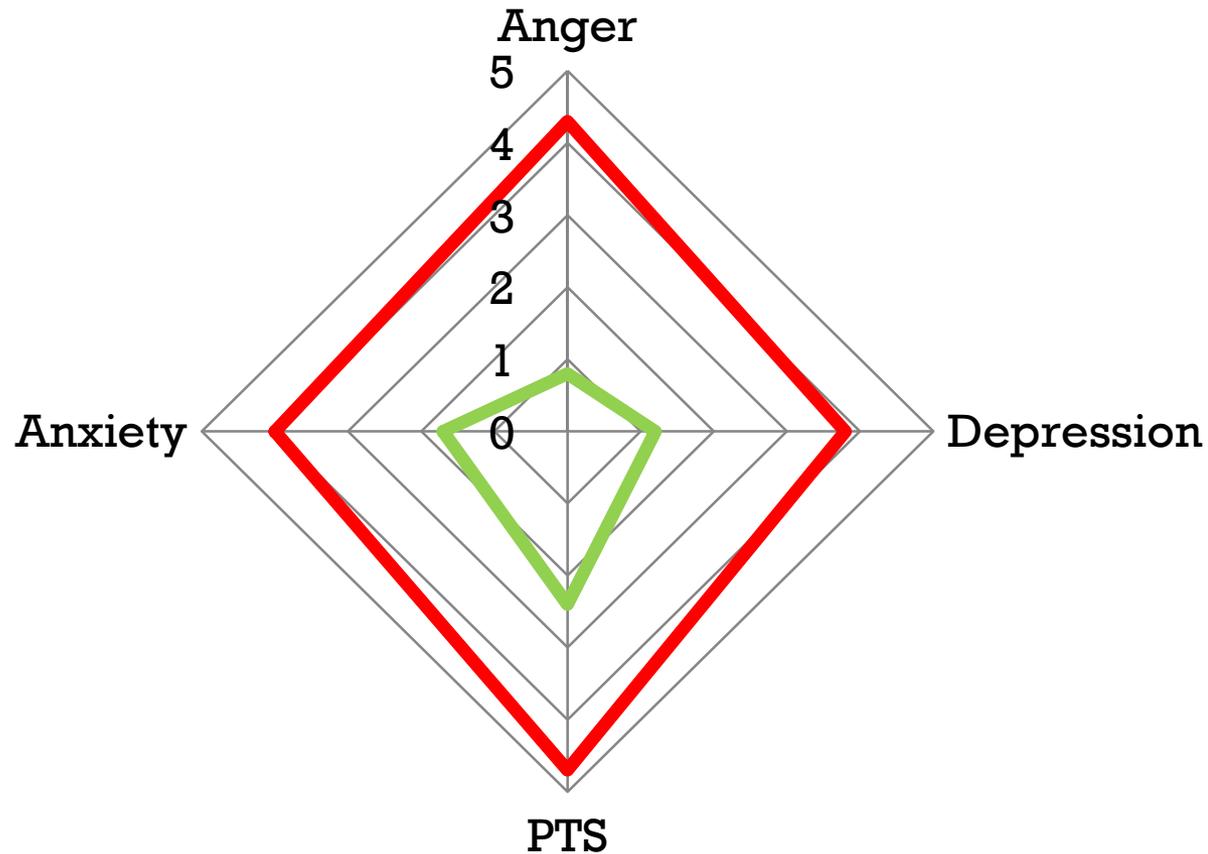
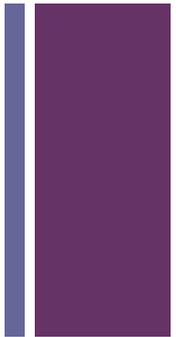
Case Study – Child in Residential Care

- Young person: 16 placement moves in 3 years including placement under Mental Health Act after identification of placing self at risk CSE.
- Chronic self harming and attempts to take own life (Hypo-arousal).
- Anger and crisis 'outbursts'- property, self and others (Hyper-arousal).
- Absconding (Flight).
- Fragmented schooling due to placement
- breakdowns - lots of ability.
- No previous accurate assessment to help young person e.g. trauma symptoms but no detail to empower and help young person to understand through psycho-education.
- Child was able to share their sense of: anxiety, depression, dissociation, anger, helplessness and PTS.





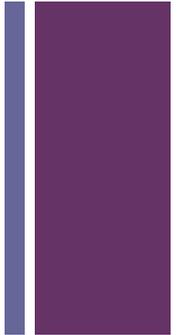
Outcomes are attainable (16 months) elements from Trauma Symptom Child Checklist (Briere, 1998)

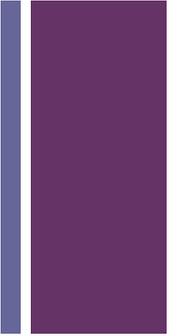




Focused trauma treatment and integrated care can make a difference.....

- Young person has been able to relate well enough to cope in a long term stable foster care placement for over 1 year.
- Attaining in school.
- No absconding.
- Pro-social peer group.
- Patterns of past behaviour connected to trauma symptoms not displayed (e.g. no suicidal ideation).
- Resources = savings in terms of step down from residential to therapeutic foster care

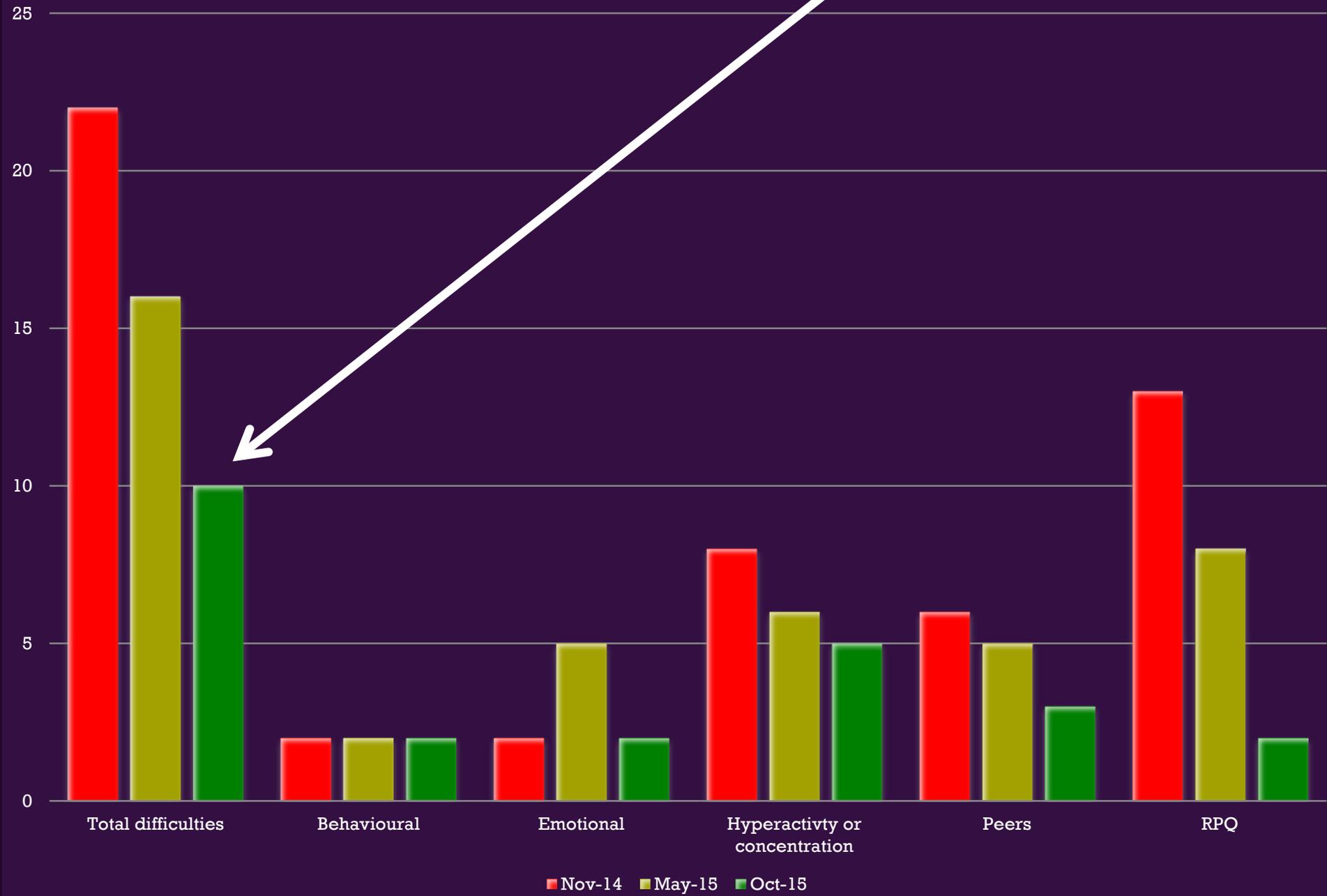




Celia Mary Beckett, Richard Cross Jacqui Hewitt Taylor, Pam McConnell , (2015)

"Developing a process for assessment of the emotional and behavioural needs of 'looked after' children: The Five Rivers model", Journal of Children's Services, Vol. 10 Iss: 4

A pathway of recovery from Adverse Childhood Experiences



+ Conclusion

- Using a Adverse Childhood Experiences and Trauma / attachment model of service delivery may provides an effective model for providing services for children and young people.
- This provides a ‘framework’ for considering – What is needed to provide safety and break the ‘trauma bond’ (safe haven)
- Provides a clear move away from pathologising and diagnosing to trauma focused treatments within an attachment frame.

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