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# From Victim to Healer: How Surviving Sex Trafficking Informs Therapeutic Practice

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## **Keywords**

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## FROM VICTIM TO HEALER: HOW SURVIVING SEX TRAFFICKING INFORMS THERAPEUTIC PRACTICE

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**L**OOKING BACK, I can see how my childhood experiences led me to become a very vulnerable target for a trafficker. I was raised in a wealthy home in the Houston suburbs, went to respected schools, and was a competitive ice skater by age 12. From the outside, everything seemed perfect. I was quiet, modest, and never wore makeup. I never dressed in a way to attract attention. I was the shy girl next door.

No one saw what happened inside my home. I was adopted and my family lived in constant chaos. My mother was severely mentally ill. She displayed symptoms of paranoia, prosecutorial complex, and lack of empathy for others. Most days she was confined to her bed or reclining chair—too over medicated or depressed to interact. When she was up and about, our home was filled with violence. I would later understand that this was a mixture of borderline personality disorder and schizophrenia.

I began working at age 14 to stay away from home as much as possible, and managed to be gone from 5:00 am to 9:00 pm, including school. When I left home at 17, I had no plan. I began to work more and more, using methamphetamine to stay up for 22 hours straight, five days a week, for two years straight. I took a few classes at a local college, and began to think I was stabilizing. At 18, a friend asked me to go on a blind date with her one night, and we ended up separated along a creek bank in Houston, drinking and using drugs. I was raped, beaten, and left for dead. I crawled up from the ditch where I was thrown and knocked on many doors until I found someone who would answer. They left me standing bloody and mostly naked on their doorstep as they called a cab for me to return to my apartment. This is how I lost my virginity.

Even after enduring extensive child abuse, I still believed that trust and love were possible, but the experience of rape killed my hope. I concluded I was completely worthless, as I had long been told; now, I thought, it was clear for everyone to see. I began a sharp downward spiral. The first man who trafficked me was a drug dealer who gave me drugs for sex acts, which quickly involved servicing men other than him. A group of men from Europe came to manage the hotel I worked in, and I began performing the acts for guests at their direction. My coworkers and managers clearly knew what was happening—the primary trafficker was in upper management—but did not step in. What's essential to know: I was incredibly vulnerable at this point in my life. I had no home, and nowhere to turn. I was 18, living on my own, and broke. I used drugs and alcohol to numb the effects of negative childhood experiences, and having heard from my parents I was a “whore” and “slut” since childhood, the abuse did not seem undeserved.

Within a few months, though, I began to get scared. The sex buyers became more violent, and crossed lines I had previously thought were established. Threats began—they threatened to tell my friends and university what I was doing, and to harm me—although I was much more frightened of being exposed than of mere pain. After spending my entire childhood covering up abuse at home, imagining this new abuse revealed, terrified me. I was told as a child that if anyone knew what happened at home, I would never be able to get a good job, and that it would stigmatize me for life. This is why I never told. Eventually, fear and an overwhelming sense of degradation took over, and I told the men that I wanted out. That night, in February 2001, I was gang-raped and beaten for eight straight hours in a hotel room. One man put a gun to my head, and another, a knife to my throat. I screamed, cried, and begged to be let go. A few weeks later, with the help of a friend, I simply disappeared. I bought a plane ticket to another state, and after numerous harassing phone calls, I changed my number, and the traffickers never found me.

After the initial rape at age 18, I shut down emotionally, and used drugs and alcohol as a way to keep moving. After a childhood of pain and abuse, one more thing had been taken from me. My self-esteem plummeted and I became numb: it took everything that I have to keep getting up every morning and not attempt suicide. During the time I was trafficked, I lived in a constant state of panic and hypervigilance, which lasted for over 10 years.

My experience was a classic form of complex trauma. Not only did I experience multiple sexual assaults, mental manipulation, and violence from trafficking, but I also experienced several forms of child abuse. As part of my treatment, I worked with trauma therapists who used eye movement desensitization and reprocessing (EMDR) and trauma-focused cognitive behavioral therapy (CBT) as techniques to work through my experiences and help with diminishing flashbacks and triggers. These techniques also helped me to understand that the abuse was not my fault.

I spent a total of seven months in a treatment center for post-traumatic stress disorder (PTSD) at age 19—three months in-patient and four months in a sober living environment. This was not specific trafficking treatment, but was the best treatment I could find in 2001, especially since I did not recognize myself as a victim. I believed I was a “prostitute” who was frequently raped and degraded. The elements of force in my case are clear: beatings, gang rapes, death threats, as well as the threat to expose my activities on campus or to other employers. The elements of coercion, involving drug and alcohol addiction, became more clear later.

As a result of intense therapy, honest relationships that allowed me to grow and become comfortable with my authentic self, and developing a spiritual life, I was able to deescalate into the “window of optimization,” where the brain is most chemically stable. This is the state of the brain where the prefrontal cortex is “online,” as psychologists say, and rational thinking and logic prevail. I remain in this place today, although I still carry a diagnosis of complex PTSD.

Being a survivor strengthens my ability to help those exiting a life of exploitation in several ways. First, understanding the complex trauma, triggers, and flashbacks that are common for trafficking victims—which constitutes a different framework for working with complex PTSD—is vital. Understanding, on an intimate level, how triggers of loneliness, money, and sexual relationships affect survivors, and how being trafficked distorts the sense of self and healthy boundaries, allows keen insight into another survivor’s reality, and helps us begin to undo distortions and negative self-talk. We are able to remind ourselves that the abuse was

not our fault, and we are able to turn off the self-blaming “tape” that can play on repeat in our minds on stressful days.

Second, understanding the difficulty of navigating interpersonal relationships is extremely valuable. Establishing healthy sexual boundaries is a skill that sex trafficking obliterates. Helping another survivor determine how best to disclose abuse to potential partners is an aspect of healing I share. It can be a difficult road to navigate with romantic partners, and even more difficult to guide someone through if the clinician is not a survivor. While experienced trauma clinicians can certainly make an enormously positive impact with clients, many survivors report an added benefit when the clinician is also a survivor.

Third, being able to assist in a shift from self-blame to empowerment of self is more easily addressed when a survivor is serving in a clinical role, with a deep connection and understanding of the issue. This is what my survivor sisters, especially those farther along in their healing process, have been able to do for me.

Sex trafficking clients can present with PTSD and co-occurring disorders. We are often diagnosed with either the co-occurring disorder or a manifestation of PTSD as a primary diagnosis. To put it simply, trafficking survivors are often misdiagnosed with mental illnesses other than complex post-traumatic stress disorder (C-PTSD). A benefit of having an experienced clinician, especially one who is a survivor, is the ability to delineate the pathology behind the behavior and glean the primary trauma to be treated. Survivors who have become clinicians, or other very experienced trauma therapists, will be able to understand the different manifestations of PTSD in trafficking survivors because they most likely will have experienced it themselves. Essentially, survivors will understand on a crucial level the behavior and actions of other survivors who are in the beginning of their healing process. While they may be misdiagnosed by an inexperienced clinician, a clinician who is a survivor should readily recognize the presenting problems and know how to address them.

The ability of a clinician to walk with a survivor from her first hours out of “the life” through the long journey to healing is most aptly found in clinicians who are survivors, or experienced trauma therapists who understand that this client demographic differs significantly from other PTSD clients. Recognition of trafficking trauma by the clinician can increase the chance of proper treatment because the clinician has a greater understanding of her needs. My trafficking survivor clients can always reach me outside of office hours. This is not a breach of boundaries, but a concrete understanding that this clientele has experienced a full degradation of the human psyche, and a 2:00 AM phone call may at times be necessary.

Even after working in the anti-trafficking field for over eight years, I did not disclose that I was a survivor until 2013, when a woman who became my mentor sat with me in three hours of Houston traffic. She had flown in to speak as a survivor at a fundraising event held by my organization. Stalled on the highway, she asked me why I worked in the field. I detailed the anti-trafficking work I had done overseas and for the treatment center in Houston. A few minutes later, we happened to drive by the hotel where I was exploited, and I murmured, “I was a prostitute there.” She asked me to explain my understanding of force, fraud, and coercion. After I did, she asked why I didn’t identify as a survivor of trafficking. I told her so many had experienced much worse—unbelievable cruelty. She looked me straight in the eyes and said, “That doesn't mean, it didn’t happen to you.”

In that moment, I received a new lens on my victimization, and a better understanding of what had happened to me. This assisted my healing tremendously. I

was also able to understand so much better the therapeutic processes I instinctively used with clients, and approaches other clinicians had used with me.

Disclosure is sometimes helpful, but it is also important to establish boundaries that allow the whole therapeutic focus to be on my clients. I have disclosed my experience with only a handful of clients in approximately 10 years of practice. Typically, this is done with younger clients who are beginning their journey of healing. Breaking through a young person's sense of isolation and adjusting the expectation of feeling broken forever can be a powerful tool. That said, I never disclose in detail: I only communicate that it happened to me, too. The treatment is centered solely on the client, and the client's journey, with disclosure only appropriate if it would put the client more at ease and assist in establishing a positive therapeutic relationship.

Working as a clinician has allowed me to gain a better grasp of the pathology regarding my own behavior and triggers. Working with other survivors who have entered the clinical field, we have shared the struggles and the joys of our cases, and have even better managed our own flashbacks and panic episodes when they arise.

I feel an immense responsibility as a survivor of trafficking to help others who have suffered. I know that many will not have the resources or opportunity that I did to disappear—going abroad to begin my work in the anti-trafficking field. The road to full healing is long and arduous; it has been so strengthening for me to come across others who have traversed the same path. I have worked with hundreds of survivors over the past ten years, and hope I have demonstrated the compassion and courage that others have shown me.

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