



Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 305A/B

Poster Session 4: Sexual Victimization

#45 Together, We Can End Sexual Abuse in Sports- Kathryn McClain

Together, We Can End Sexual Abuse in Sports

Kathryn McClain, MSW, MBA & Michaela Shepherd, MBA

#WeRideTogether is a nonprofit organization dedicated to eliminating sexual misconduct in sport.

The organization is committed to fulfilling that vision by addressing education and awareness, creating a safe place for survivors to find resources and share their voices, and eliminating the stigma around these necessary conversations.

Landscape in Sports

- Every day parents drop their kids off at practice, assuming their children are safe and with a trustworthy coach. The reality – 50% of athletes experience sexual harassment or another form of abuse, and 90% of victims know their abuser.
- Other prevention and safeguarding initiatives focus on investigation and reporting. Some of these services only apply to certain groups of athletes. Materials in prevention training are often for a fee, and do not provide accessible and actionable information for all sporting communities.
- There is no standard credentialing, training, or background checks for coaches.
- Athletes want to have fun and be treated with respect.

Insights

- Over the past 2 years, #WeRideTogether has conducted:
 - Conversations with 400+ athletes across all sports and levels
 - 15+ in-depth athlete survivor stories
 - 230+ current events in sports chronicling coach-athlete abuse
 - Collaborations with National and International Governing Bodies, and Sports Organizations
 - Discussions with academic institutions and 15+ nonprofits in the space

Analysis

- **Lack of Understanding of the Power Imbalance at Play**
 - The power imbalance between a coach and an athlete is not inherently bad, but monitoring these relationships is important. Coaches have many sources of power. Such power can be leveraged for care and support or power and control.
 - Because of the power imbalance, athletes are not on equal ground in terms of decision-making, authority, and influence. They are positioned to trust their coach and to be agreeable in order to progress in their sport. This imbalance can be leveraged by a person in power to engage in predatory behaviors, grooming, and other forms of abuse. These power and control tactics subsequently leave athletes feeling stuck, lost, confused, coerced, threatened, manipulated, and under duress.
 - Consent to a sexual or romantic relationship is not possible between an athlete and a coach. The three components of valid consent—the athlete must have access to information on the decision, the athlete must make the decision voluntarily, and the athlete must be competent, of age and capacity—cannot be met.
- **Missing the Nuances of Sexual Misconduct in Sporting Communities**
 - Athletic environments are tight-knit, high-aspiration environments in which extensive time spent together can lead to blurred boundaries between coaches and athletes. Cultures prioritizing winning over well-being, normalizing tough or abuse coaching, and hazing overlap this issue.
 - Grooming rampantly occurs when a coach or authority figures gradually initiates and maintains sexual relationships with victims in secrecy. Athletes might not recognize the early stages of grooming and parents may also be susceptible to predatory tactics.
 - Athletes may experience increased fear that no one will believe them if they report abuse, blame, shame, denial, worries of retaliation, a lack of resources, and trauma-informed reporting processes and judicial outcomes.
- **Shortcomings in Prevention Education**
 - Information is not freely and widely available in a tangible, palatable, and actionable format. Online training is tedious, boring, and checks a box and while leaving listeners confused on how to improve the safety of their community.
 - Needs all around for in-person, small, discussion-based training that applies content to the individual and their athletic environment and increases engagement, integration, and application of education and best practices.
 - Stigma is common around this topic as it can be hard to talk about. Some organizations, coaches, and community members, fear false allegations and believe that other initiatives are doing enough. It is important to stress that these conversations are about safety, not sex, and that young athletes need this information the most.

Education & Application



Power Imbalances PSA: This short animated video is appropriate for all members of athletic communities. It provides education and awareness of the power imbalances prevalent in sports in an aesthetically pleasing and engaging manner.



Coach Athlete Relationship Dynamics Diagrams: These diagrams illustrate healthy vs. unhealthy relationship dynamics; use them to evaluate if conduct aligns with care & support or power & control.



Code of Conduct: The Coach Athlete Pledge outlines 10 simple and easy best practices that members of any sporting community can agree to and uphold. These actionable items provide clear behavioral guidelines that can positively change sport cultures.

WE ALL PLAY A ROLE IN ENDING SEXUAL ABUSE IN SPORTS



For references and contact information





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Poster Session 4: Sexual Victimization

#19 Learning Krav Maga as a Potential Intervention for PTSD Symptoms in Survivors of Sexual Assault- Holli Barron

LEARNING KRAV MAGA AS A POTENTIAL INTERVENTION FOR PTSD SYMPTOMS IN SURVIVORS OF SEXUAL ASSAULT

Holli Barron, LPC-A, Ph.D Student Regent University

INTRODUCTION

- According to the Centers for Disease Control and Prevention (2022), one in every four women in the United States has experienced sexual assault
- It is crucial to consider the impact of such an event on the survivor
- Current research demonstrates that Post-Traumatic Stress Disorder is common after sexual assault
- PTSD is more prevalent following sexual assault than other types of traumatic events, including other interpersonal traumas
- Developing effective clinical interventions for PTSD, specifically in survivors of sexual assault, is vital.

KRAV MAGA

- Hand to hand combat/self-defense system developed by the Israeli Defense Forces
- Designed to be effective for people of any size and athletic ability
- Differs from other forms of martial arts

Somatic interventions for PTSD symptoms are continuing to grow in popularity. Focusing specifically on somatic experiences that may contribute to an increase in a sense of control, felt sense of safety, self-efficacy, self-esteem, and confidence levels could be valuable for survivors of sexual assault living with PTSD.

THE AMYGDALA AND KRAV MAGA

- Movements are built upon natural reflexes that occur at a deep neural level in the amygdala
- The amygdala is directly related to common symptoms seen in PTSD
 - Hypervigilance
 - Intrusive memories
 - Fear
- Interventions that involve exposure to feared stimuli that activate the fear response in the amygdala may be effective in treating PTSD symptoms
- Krav Maga may activate the fear response in the amygdala, facilitate a level of exposure, and allow for stress inoculation as the participant works through feared scenarios.

SELF DEFENSE

- Minimally Studied
- Positive results from self-defense training
 - Reduction in self-blame
 - Reduction in shame
 - Increased feelings of bodily safety
 - Increased feelings of self-efficacy
 - Down-regulation
- Increased opportunities for rescripting the traumatic memory
- May also facilitate the prevention of future violence

WHY KRAV MAGA

- Unique approach based on three main principles
 - Address the immediate danger
 - Attack with determination
 - Get away safely
- Principle-based rather than technique-based
- Easy to learn and remember
- No rules of engagement
- Emphasizes acting immediately and building the inner strength and confidence to do so
- Seeks to develop a fiercely confident mind that drives a person toward action and results

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Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 305A/B

Poster Session 4: Sexual Victimization


#32 Female Sexual Violence as a Form of Gender Sadism: A Biopsychosocial Literature Review (2024) - Madison Uilk



**HAWAII SCHOOL OF
PROFESSIONAL PSYCHOLOGY
AT CHAMINADE UNIVERSITY**

Female Sexual Violence as a Form of Gender Sadism: A Biopsychosocial Literature Review

Madison Uilk, MSc. Forensic Psychology (2024)



**Chaminade
University
OF HONOLULU**

Abstract

In light of ongoing global feminist rights movements at odds with political institutions and the systems they have perpetuated, socio-cultural consciousness is more tumultuous than ever. There is perhaps no better time to accentuate an issue that lies at the heart of these movements, sexual violence, in conjunction with gender-specific relational correlates. A considerable amount of research exists recognizing an asymmetry between female sexuality (i.e., internalized sexual arousal) and sex crimes (i.e., externalized sexual aggression); but research exploring females who perpetrate acts of sexual violence is scant in comparison. The present research premised current theoretical models of sexual offender heterogeneity and female sexuality to evaluate the relationship of female sexual aggression and other factors that are potentially influential towards externalizing behaviors of sexual violence. This phenomenon was examined through a literature review examining relevant components of empirically supported theories to add explanatory power towards understandings of female-specific sexual violence as a form of gender-sadism. The results demonstrated integral components of the biopsychosocial model in female sexual violence, specifically, addressing the interconnectiveness of neural correlates, environmental factors, and the developmental trajectory potentially influential in externalized sexual aggression by females. Regarding today's heightened political and social climates, considerations of relational components (i.e., #MeToo movement), distorted schemas among victims and perpetrators of sexual abuse, and gender inclusivity among sexual sadism behaviors are discussed.

Biopsychosocial Breakdown

Biological Risk Factors

Correlation between increased oxytocin secretion & power dynamics, attachment style (impaired social corticolimbic functioning), overproduction of hormones, neurocognitive deficits (i.e., learning disabilities), genetics (gene-environment correlations (rGE)), structural/functional brain differences (greater amygdala activation, neurostructures associated with psychopathy, mental illness, and brain abnormalities (frontal, temporal, & limbic regions) [1,7,10, 11,35,36].


Psychological Risk Factors

Higher scores of antisocial personality symptoms, familial dysfunction/abusive parenting (trauma history), characteristics of Cluster B personality disorders, higher levels of narcissism (entitlement/ exploitativeness dimensions most influential), history of sexual victimization and/or neglect, antagonistic views of sexual relationships (aggression in intimate relationships), hostile personality with dominant interpersonal style, pornography-use, sexual compulsivity, hypersexuality resulting in negative sequelae & adverse behavioral consequences, poor impulse control & social skills, emotional dysregulation, low self-esteem, sense of insecurity, & antisocial behaviors. [10,14,19, 20, 26, 28]

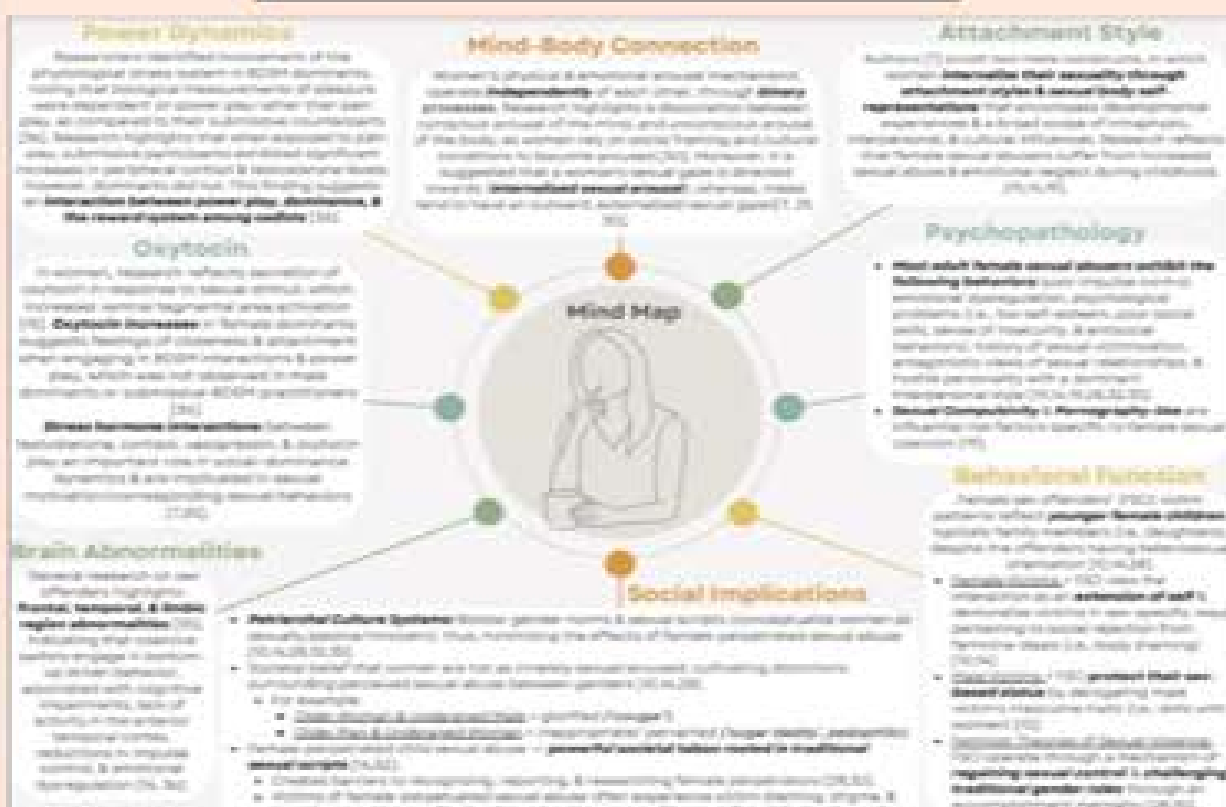
Social Risk Factors

Commonly not trying to ascertain an emotional connection, but rather ascertain sexual control/power, traditional gender roles of colonialism (patriarchal culture systems) that minimize female roles in sexual aggression, societal taboo rooted in traditional sexual scripts (females = caregivers, passive/innocent-sexually), victimology patterns (female children, typically daughters) resulting victim blaming/decreased reporting, & attachment style (self-objectification, sexual subjectivity, & genital self-image) [10, 14, 19, 28, 32].

BioPsychoSocial Risk Factors:



Mind Map

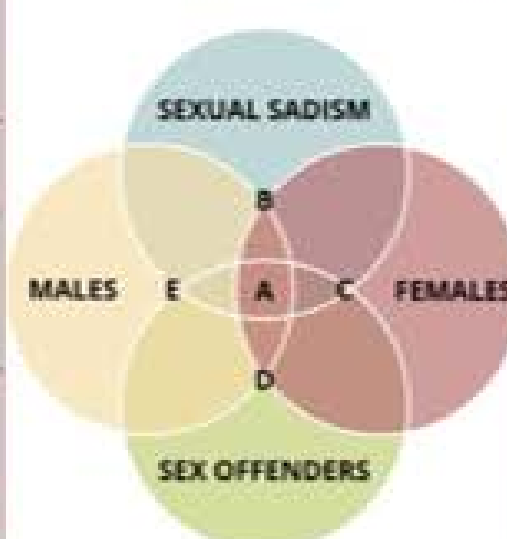


Idiosyncrasies of Female Sexual Aggression

Category	Key Findings
A. Power Dynamics & Sense of Control as Arousal Cue	<ul style="list-style-type: none"> Comensal Interaction Enfem + Personality Trait (rather than biological mechanism for arousal) Behavioral Functions: Interaction between power play, dominance, & the reward system Social Implications: Sexuohumility & gender ideologues in sexual arousal (i.e., females are sexually passive, males are sexually aggressive)
B. Internalized, Binary Sexual Arousal Mechanisms	<ul style="list-style-type: none"> Increased oxytocin production (history of pleasure & attachment) Oxytocin = Most strongly implicated hormone in BDSM interactions among female dominants Oxytocin Secretion & Power Dynamics = Internal Arousal Cue Increased connectivity between left amygdala & right anterior insula (subjective emotional experience) Behavioral Functions: Sexual Abuse = Extension of self-tenderness to dominate others in sex-specific ways Social Implications: Social facilitation & gender ideologues (i.e., females are nurturing & motherly)
C. Nonconsensual Interaction	<ul style="list-style-type: none"> Externalized Behavior: Sexual Offenders = Typically Male Stronger amygdala & hypothalamic activities, higher stress responses & sexual drive Brain Abnormalities: High levels of impulsivity, emotional dysregulation & cognitive distortions (particularly around women & sexuality) Behavioral Functions: Behavior of sadism (reproductively advantageous) opportunistic, high/low social competence, persuasive angle, circumvented safety, sexualized and/or and/orive toys Social Implications: Victim blaming, gender ideologues in sexual violence Young Male & Older Female: Socially Acceptable & Encouraging Young Female & Older Male: Perverted & Pedophilic
D. Internalized, Unitary Sexual Arousal Mechanisms	<ul style="list-style-type: none"> Cortisol = Most strongly implicated hormone in BDSM interactions among male dominants & submissives Increased connectivity between sexual motivation pathways & subcortical reward system: Intrinsic salience, associative learning and socially-validated emotions Behavioral Functions: Sexual Abuse = Mechanism for Sexual Arousal & Pleasure Social Implications: Social inhibition, gender stereotypes (i.e., males are dominant & powerful)

Idiosyncrasies of Female Sexual Aggression

A COMPARISON



Clinical Implications

The present study highlights the interconnectedness between biopsychosocial constructs of female sexual sadism. Further research is needed to determine specific neurological correlates and environmental factors of female sexual violence, specifically pertaining to attachment styles. Not enough is known yet about what happens between development and offense-perpetration in female sexual sadists. More specifically, what or when does the shift occur from internalized sexuality in women, manifest into external behaviors of sexual abuse? Social implications from this study reflect patriarchal cultural norms that perpetuate gendered scripts surrounding sexuality and abuse. Pertaining to the #MeToo movement, although it is empowering for female victims of male-perpetration, this cultural phenomenon may further cultivate sexual abuse among female perpetrators; as they continue to regain sexual control in social contexts, and through distorted perceptions, may feel social support among members of the movement. Furthermore, #MeToo has implications on victims of female-perpetrated sexual abuse, particularly male victims. Research suggests that victims of female-perpetrated sexual abuse already don't report abuse as often due to social stigma (Göge et al., 2021; Schröder et al., 2021; Turchik et al., 2016). Therefore, the #MeToo movement and other feminist ideals may inadvertently further foster such forms of abuse among victims of sexual assault. Feminist perspectives of rape share popular discord that rape is a crime of "violence, not sex". As such, we as society need to further cultivate this ideology through embracing female sexuality as a whole and creating space for inclusivity among victims, regardless of their gender or the nature of perpetration.

For a more in-depth exploration of this topic, come to **J11 at 8:30 on Thursday**



REFERENCES & RESEARCH PAPER





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Poster Session 4: Sexual Victimization

#66 Department of Veterans Affairs-Sexual Assault/Violence Screen-GEMBA WALK- Tonia Hardyway, Kirbie Anderson, LCSW

UDS **ADDRESSING THE TRAUMATIC SEQUELAE OF SEXUALLY EXPLOITED YOUTH:**
A SCOPING REVIEW OF PROMISING INTERVENTION PROGRAMS

Perrin-Plouffe, R.¹ M.Sc., Lanctôt, N.¹ Ph.D., Lafortune, D.² Ph.D., Couture, S.¹ Ph.D., Collin-Vézina, D.³ Ph.D., Pascuzzo, K.¹ Ph.D. et Villeneuve, M-P.¹ Ph.D.

¹Department of psychoeducation, Université de Sherbrooke, ²Université de Montréal, ³McGill University.

1 INTRODUCTION

- Victims of sexual exploitation are caught in a cycle of repeated and prolonged violence, leaving significant traumatic sequelae (Cole et al., 2016; Lanctôt et al., 2021; Shaw et al., 2017).
- These sequelae include anxiety, post-traumatic stress, low self-esteem, hypervigilance, hypokenesis and nightmares (Lanctôt et al., 2016).

2 METHOD

- A scoping review was conducted using the PRISMA-ScR protocol developed by Trico and colleagues (2018).
- Two (2) databases were consulted, including AJA PsycInfo and Sociological Abstracts.
- The studies were selected in two stages of sorting with interjudge agreement using Covidence® software.
- Criteria for inclusion in the study were:

3 RESULTS

	Trauma-focused cognitive behavioural therapies (n=4)	Psychoeducational Programs (n=5)	Arts- and movement-based programs (n=5)	Peer mentoring programs (n=2)	Narrative therapy (n=1)
Session	Individual & group	Group (mostly)	Group (parties)	Individual	Individual
Protocol	Structured	Structured (mostly)	Rarely structured	Not structured	Structured
Staff	Highly qualified in counseling	Qualified to highly qualified in counseling	Widely varying levels of training	Adult survivors of sexual exploitation	No details on staff training
Theoretical Approach	Trauma-focused ("TF-CBT") / cognitive restructuring ("CRT")	Trauma-focused / connection-focused	Trauma-focused / feminist approach / somatic approach	Focused on needs / Trauma-sensitive	Focused on resilience through participative interventions
Goal	Reduce the severity of traumatic symptoms by developing regulation and cognitive coping skills	Improve knowledge on sexual exploitation and develop healthy coping strategies	Externalize emotions and promote trauma recovery through alternative somatic interventions	Enable safe growth through a relationship of trust and support	Offer an opportunity to reclaim one's story in a way that promotes hope and resilience
Theme (n=)	Resilience, affect regulation and modulation, cognitive processing, trauma narrative	Sexual education, awareness and self-esteem, healthy relationships	Mindfulness, self-compassion, mind-body connection	Safe and secure relationships, mutual support	"Time of life" (youth, present, skills, hope)

4 DISCUSSION

- Many intervention programs are being implemented internationally in real-life practice settings, making this a growing area of research (see, for example, the scoping reviews by Kim et al., 2022 and McDonalds et al., 2023).
- However, the state of empirical knowledge is still too preliminary to identify the most effective practices; many programs are described without being evaluated, and when they are, the research designs are exploratory and have limitations (O'Brien et al., 2022).
- Nonetheless, the studies reviewed represent a valuable source of reference on which to draw in practice: they provide rich and useful theoretical knowledge on the approaches, content and delivery modalities of a variety of intervention programs.
- Given what we know about sexually exploited youth (e.g., victimization history, relationship and emotional regulation difficulties, alteration of the self), the six components of the *Trauma Recovery Program* deserve to be considered when implementing intervention programs.

Recommendations

- For intervention approaches:**
 - Build program theory on the notion of complex trauma (trauma-sensitive approach);
 - Aim to reduce traumatic symptoms and manifestations (e.g., emotional, cognitive, relational);
 - Focus on identity development and self-reconstruction;
 - Include group workshops centered on psychoeducation;
 - Consider alternative somatic interventions (art, dance, yoga).
- For intervention modalities:**
 - Provide a warm and safe environment (victim's physical and emotional safety);
 - Use group sessions, which are likely to have beneficial effects such as mutual support, normalization of lived experiences and a sense of connection to others;
 - Involve adult survivors of sexual exploitation to act as facilitators or mentors.
- For practitioners:**
 - Possess in-depth knowledge on the issue of sexual exploitation;
 - Be qualified in the fields of youth development or mental health;
 - Ensure the training of students who act as mentors;
 - Show sensitivity to the victims' experiences and culture;
 - Be tolerant of resistance;
 - Establish a therapeutic alliance based on flexibility and collaboration;
 - Implement a system of clinical peer supervision and self-care practices.
- For social policies:**
 - Increase awareness of sexual exploitation among professionals;
 - Offer professional training aligned with current scientific knowledge;
 - Eliminate barriers to access to services for victims (e.g., awareness and availability);
 - Implement mechanisms for regular evaluation of practices to ensure their relevance;
 - Fund practical initiatives that are linked to scientific knowledge;
 - Facilitate and support partnerships between research and practice communities (with emphasis on pre-post intervention research designs with control groups).

21 Studies from 5 different countries were included.

GEMBA WALK
Caring for Veterans Impacted by Sexual Violence/Trauma

Department of Veterans Affairs-Tennessee Valley Healthcare System (VA TVHS)
 Intimate Partner Violence Assistance Program (IPVAP)/Megabus Section 5304 2-year pilot
 TONIA L. HARDYWAY, PH.D., LCSW, BCD, CCM
 KIRBIE ANDERSON, LCSW

12,000 VETERANS CLAIMS PER YEAR FOR POST TRAUMATIC STRESS DISORDER (PTSD) RELATED TO MILITARY SERVICE

1,395,128 ACTIVE-DUTY MEMBERS OF THE ARMED SERVICES

82.5% MALE

20,500 REPORTED VICTIMS OF UNWANTED SEXUAL CONTACT

7,500 FEMALE

15,000 MALE

INTRODUCTION

VA Tennessee Valley Healthcare System (VA TVHS) is a large VA integrated VA healthcare system comprised of 2 medical centers, the Alvin C. York Medical Center in Murfreesboro, TN and the Nashville VA medical center in Nashville, TN. VA TVHS is comprised of 19 additional sites of care throughout middle Tennessee and southern Kentucky.

PURPOSE

Providing appropriate and timely care in the VA Urgent Care Center and VA Emergency Department to Veterans who have experienced sexual violence/trauma.

METHODS

GEMBA: A Japanese term meaning "the real place." It also is known as "the place where value is created." The idea of Gemba is that the problems are visible and the best improvement ideas will come from going to the Gemba. Gemba Walk denotes the action of going to see the actual process, understand the work, ask questions and learn https://www.sixsigmadaily.com/what-is-a-gemba-walk/

Tools to use during Gemba Voice of the Customer (VOC) Waste Walk Spaghetti Diagram Time Observations Hand-off Diagram

Participants: The GEMBA walk was comprised of a "Veteran" and VA staff member seeking services from the VA TVHS Nashville, TN VA Medical Center Emergency Department and VA TVHS Murfreesboro, TN VA Medical Center Urgent Care after experiencing sexual assault and/or intimate partner violence. Two GEMBA walk "mock" sexual assault scenarios and scripts were used.

Tools Used: The GEMBA checklist was comprised of the following system redesign lean tools:

- Script and Scenario
- Check list, "What Should be Happening," "Waste Walk," "Time Observation"
- GEMBA walk staff post interview.

Gemba Rules of Conduct

- Invite staff and patients to be observed
- Obtain permission, define location and time of GEMBA, inform staff/area prior to arrival
- Engage participants voluntarily
- Explain the purpose of the exercise
- Ask staff to go about their business in a usual
- Scripting helps with directions
- Respect privacy
- Remove staff that data collection is unnecessary
- Avoid taking pictures of people - patients and staff
- No patient identifiable information

Gemba Data Gathering

- Divide into teams of 2-4
- Determine who is going to collect what
- Handout data gathering tools
- Clipboard, forms, stop watches, padlocks, cameras, star shaped sticky notes, flower shaped pencils, etc.
- Assign teams to gather data in as many areas as feasible
- Review "GEMBA Rules"
- Dispatch teams

CLINICAL AND RESEARCH IMPLICATIONS

Department of Veterans Affairs Medical Centers recognizes the significant impact of intimate partner violence (IPV) and sexual violence/trauma (SA) on Veterans. IPV and SA compounded with military experience, military and combat trauma significantly affects the overall health and wellbeing of Veterans and it is imperative for VA staff to assess its current state in treating Veterans impacted by IPV and SA and implement innovations to better address Veterans needs by conducting a GEMBA Walk.

The GEMBA Walk:

- Helps to observe and implement innovative approaches to improving its response, services, care and resources to Veterans impacted by sexual assault/violence.
- Helped formulate strategic plans and served as an impetus for policy modification.
- Informed the need for increased and expanded collaboration with internal VA TVHS staff and external agencies that provide services to those impacted by sexual assault.
- Revealed the possible impact on care due to staff discomfort.
- Was deemed helpful to identifying deficits in providing timely and appropriate care.
- Was helpful in identifying areas in which increased clinical competency in treating Veterans impacted by IPV and SA.
- Served as a vehicle in which VA TVHS staff were able to recognize need for increased education and training related to sexual assault and strangulation training.
- Identified treatment by a multidisciplinary team as a best practice for treatment of Veterans impacted by sexual assault.
- Need to better coordinate and clarify the roles of each clinical team member.
- Served as an impetus for the creation of a standardized screening tool, Sexual Violence/Trauma Screener






Poster Presentations

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Poster Session 4: Sexual Victimization

#59 Understanding how Internationally Trafficked Men Cope with Trauma - David R. Hodge


Understanding how internationally trafficked men cope with trauma




David R. Hodge, PhD
Arizona State University



Purpose
This study examined the coping strategies employed by men who are internationally trafficked into the United States.



Rational
According to International Labour Organization (2022) some 50 million people are living in modern slavery on any given day, many of whom are men. People who have survived human trafficking can experience life-long trauma. Understanding the ways survivors cope with, and ultimately recover from, their circumstances can shed new light on the helping process. However, relatively little research has examined survivors' perspective of how they cope with the stress associated with being trafficked. The lack of research is particularly pronounced when it comes to understanding the perceptions of male trafficking survivors.



Research Methods
To address this gap in the literature, this study employed a mixed method design to examine how men (N = 21) who have been trafficked into the United States cope with the stress of being trafficked internationally. A hybrid purposive/snowball sampling strategy was used to recruit survivors. Perceptions were solicited using surveys and a constant comparative methodology was employed to analyze the responses.

Demographic Characteristics (N=21)

	M	SD	N	%
Age	32.62	12.39		
Country of Origin				
Latin America			11	52
Asia			10	48
Type of Exploitation				
Forced labor			10	48
Prostitution			7	33
Other exploitation			4	19
Religion				
Catholic			15	71
Protestant Christian			3	14
No faith			2	9
Other spirituality			1	5
Race				
Latino or White			12	57
Asian			9	43
Education				
High School or <			13	62
Some college or >			8	38

- Acknowledge trafficking is stressful
- How do you cope?

Results
Analyses of the data revealed the most prominently cited sources of coping were, in decreasing order: spirituality, work, and family. Roughly three-quarters of the sample (76%, n = 16) reported using spiritual coping strategies, of which the most common was prayer. Among those who used spiritual strategies, a plurality reported that spiritual strategies were the most important factor that kept them going.

33% - Difficult to Cope
For me and for all the other people who go through this, it is really hard to get through it because of all of the memories of being trafficked, the insults, [and] the humiliation.

29% - Spirituality
The power of God enabled me to put the trauma associated with my past life behind and live in the present.

29% - Work
I was depressed, sad and discouraged but I need to move on the situation, because I had an obligation to my family, who's waiting for my financial support.


24% - Family
I tried to contact my family every time in order to ease my depression.

14% - Advocacy
I want to help others who feel ashamed to defend themselves.

14% - Helping Professionals

Conclusion
The results have important implications for those who work with trafficked men. Understanding common coping strategies equips practitioners with the knowledge to assess, identify, and operationalize potential assets that may help survivors deal with presently experienced challenges.


Meet the Author



David R. Hodge, PhD, is the Distinguished Professor of Spirituality, Religion and Culture in the School of Social Work at Arizona State University. He also holds appointments at the University of Pennsylvania, Baylor and Duke University. Dr. Hodge has written extensively on the topics of spirituality, cultural diversity, and human trafficking.

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Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 305A/B

Poster Session 4: Sexual Victimization

#28 Trauma-informed Healing from Sexual Violence- Catherine Carter and Emma Grace-Barnes

#62 Addressing the Traumatic Sequelae of Sexually Exploited Youth: A Scoping Review of Promising Intervention Programs- Roxane Perrin-Plouffe, Nadine Lanctôt, Denis Lafortune, Delphine Collin-Vézina, Sophie Couture, Katherine Pascuzzo, Marie-Pierre Villeneuve

