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ARTICLE



Repairing the Trauma Bonds of Sex Trafficking Victim-Survivors with Animal-Assisted Therapy

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ABSTRACT

In this paper, we discuss the unique trauma experiences of victim-survivors of sex trafficking. In discussion of current counseling practices and the complex trauma endured by these victim survivors, we offer a suggestion to integrate therapy animals through the use of animal-assisted therapy (AAT) as a practical means of helping victim-survivors heal and repair their trauma bonds. The paper provides counselors with information on the mental and emotional impact of human sex trafficking on victim-survivors while also providing its implications for treatment.

KEYWORDS

Creativity in counseling; sex trafficking; animal-assisted therapy

Human trafficking is a compelling and complex phenomenon that involves “the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion” (U.S. Department of State, 2016, p. 30). This transportation and forced labor of humans amounts to a modern form of slavery (Alvarez & Alessi, 2012; The United Nations Office on Drugs and Crime, 2009). Accepted definitions of trafficking include sex work and other forms of labor, and trafficked sex workers account for roughly 79% of trafficked human beings overall (The United Nations Office on Drugs and Crime, 2009). Estimates of the total number of trafficked humans ranges from 4–27 million (U.S. Department of State, 2008), suggesting that a staggering 3–21 million persons have been trafficked for sex work. Illicit human trafficking is estimated to be a 150 USD billion industry, making it a highly lucrative illicit activity (U.S. Department of State, 2016). The clandestine nature of trafficking operations and only relatively recent worldwide focus on trafficking may contribute to imprecise estimates of the total number of humans trafficked worldwide. The Trafficking Victim Protection Act (TVPA), established in 2000, delineated international standards for fighting and prosecuting traffickers. Furthermore, this act ranks countries on a tier-based system based upon their direct acknowledgment of and efforts to fight human trafficking (U.S. Department of State, 2016). Despite the passing of the TVPA, the relatively low number of criminal prosecutions – 18,930 worldwide in 2015 (U.S. Department of State, 2016) – suggests that international laws may not be effectively curbing the spread and growth of human trafficking.

A unique feature of this illicit activity, which may contribute to its continued growth, is that unlike other illicit activities such as drug-trafficking, the product – human beings – can continue to be used over and over. With the possibility of reusing a product instead of

needing to refill the supply of the product, human trafficking can be seen as more lucrative and therefore more attractive than other illegal activities. Illicit trafficking appears to be an emergent and enduring problem, such that counselors are likely to increasingly encounter victim-survivors of human trafficking in the foreseeable future. Due to the differing nature of sex trafficking and other forms of trafficked labor, trafficked victim-survivors are likely to have varied experiences based upon the type of work for which they were trafficked. The implications for counselors are thereby likely to differ as well based upon the type of trafficked labor. As trafficked sex workers appear to comprise a majority of those trafficked overall, this article will focus on implications for counselors working with clients who have been trafficked for sex (The United Nations Office on Drugs and Crime, 2009).

In the present article, the authors have chosen the term “trafficker” to refer to those who recruit and retain other people for the use of forced sex work and “victim-survivor” to refer to those who have been previously trafficked for forced sex work. Although similarities between a pimp and a trafficker exist, for the purposes of this article, a delineation between sex trafficking and prostitution has been made. Furthermore, the present authors acknowledge that some people who have been previously trafficked identify more as victims of abuse and human rights violations, while others see themselves as survivors who have endured and persisted through that abuse. Thus, the term “victim-survivor” was chosen for this article in order to honor both of these identifications.

Animal-Assisted Therapy (AAT), which incorporates the presence of a therapy animal as an adjunct to the counseling process (Chandler, 2012), has been proposed as an effective treatment option for clients who have suffered trauma, abuse, and neglect (Balluerka et al., 2014; Mims & Waddell, 2016; Parish-Plass, 2008; Tedeschi et al., 2015). Because victim-survivors of sex trafficking have also experienced trauma and abuse, this article proposes that AAT may be an effective strategy to working with these clients in counseling and helping them heal traumatic bonds. The purpose of this article is to shed light on a population not commonly considered in the counseling literature. The following sections will provide a discussion not only the types of abuse endured by women and girls trafficked for sex but will also include consideration to how recent and prior experiences may contribute to a unique constellation of mental health symptoms akin to complex trauma. In particular, this article will explore how the trauma-bonding process plays a major role in complex trauma for victim-survivors. Finally, the article will offer AAT as a potential appropriate treatment for victim-survivors of sex trafficking, providing implications for counselors interested in or already trained in providing AAT.

Understanding the needs of sex trafficking victim-survivors

Researchers have identified various common risk factors in victim-survivors trafficked for sex. Many factors appear to be related to family and intimate relationships, whereas others appear to be socioeconomic and psychological in nature. Regarding socioeconomic factors, researchers have reported homelessness, coming out of foster care, and living in suboptimal conditions to be common among teens and women trafficked for sex (Azaola, 2000; Dorais & Corriveau, 2009; Saewyc et al., 2008). Azaola (2000) also found that women who were targeted for sex trafficking were more likely to come from middle and lower socioeconomic classes. Women and girls demonstrating these risk factors may have experienced more

financial and residential instability and a lack of consistency which may increase needs for financial stability later in life.

Furthermore, other risk factors such as trauma and increased rates of certain mental health diagnoses are common amongst trafficked victim-survivors. Klain and Kloer (2008) identified that depression and suicide are more prevalent in trafficked women. It is unclear if the traumatic experience of being trafficked resulted in mental health symptoms or exacerbated underlying pre-dispositions. At any rate, trafficked victim-survivors appear more likely to have endured physical and sexual abuse in their lifetimes (Azaola, 2000; Curtis et al., 2008; Farrow et al., 2005).

Complex Trauma

Herman (1997) proposed the idea that victims of repeated and prolonged abuse often present with more complex symptoms than what is captured in a post-traumatic stress disorder diagnosis. Instead, she offered a new diagnosis which she called “complex post-traumatic stress disorder” (Herman, 1997, p. 119). Complex post-traumatic stress disorder, or complex trauma, is differentiated from non-complex trauma in its recognition of the changes in personality. This includes alterations in the victim’s self-perception and relationships with others.

The multifaceted nature and intersectionality of physical, sexual, and psychological abuse, that traffickers subject victim-survivors to, demands a more complex lens within which to conceptualize the needs of trafficked women. Sex trafficked victim-survivors experience trauma that appears to meet the repetitive and aggregate nature of complex trauma, occurring across certain contexts and within specific relationships. Complex trauma also encompasses aspects of domestic violence and attachment trauma, which include entrapment of the victim-survivor and psychological conditioning of the victim-survivor to ensure compliance (Courtois, 2008). In a systematic review of the literature on sex trafficking, Muraya and Fry (2016) found support for conceptualizing the needs of rescued victim-survivors, categorizing many of the articles they reviewed within a complex trauma framework. The authors supported the need for coordinated care for victim-survivors of sex trafficking across multiple agencies (Muraya & Fry, 2016). Along with treatment spanning multiple agencies, the importance of proper initial assessment becomes even more salient when one considers that trafficked victim-survivors may present with symptoms of complex trauma that are more layered than just the sum of physical, sexual, and psychological abuse.

Trafficked victim-survivors are likely to have endured physical and sexual abuse in their lifetimes (Azaola, 2000; Curtis et al., 2008; Farrow et al., 2005). As previously mentioned, continued sexual and physical abuse during periods of sex work likely compounds upon prior experiences and may increase the complexity of trafficked women’s post-traumatic stress responses. Case studies of women trafficked for sex within various cultures documented experiences of rape, gang rape, and other forms of sexual assault, as well as an array of signs of physical and sexual violence to include broken bones and burning of breasts and genitals with cigarettes (Cechet & Thoburn, 2014; Institute for Integrated Development Studies, 2004, as cited in Kaufman & Crawford, 2011; Macy & Johns, 2011).

Various forms of psychological abuse have also been documented. Verhoeven et al. (2015) described various forms of psychological abuse used by traffickers in addition to

sexual and physical abuse to establish control over trafficked victim-survivors. These authors reported after using money to initially lure some victim-survivors, traffickers offered or demanded to manage the earnings made by the trafficked victim-survivor. Traffickers often told women about debts that they needed to pay to include the costs of protection and housing. When women were not compliant with the rules set by traffickers, traffickers sometimes used verbal threats of violence or death and other forms of intimidation to exact control (Verhoeven et al., 2015). Reports of exposure to various forms of abuse paint an elaborate portrayal of an environment rife with abuse and conducive to complex reactions to trauma.

Trauma bonding

Within the context of complex trauma, traffickers often use numerous tactics to create an emotional connection between themselves and the victim-survivor similar to trauma bonding (Parker & Skrmetti, 2013). Dutton and Painter (1993) defined a trauma bond as an emotional attachment which develops out of abusive relationships characterized by an imbalance in power between partners and a cycle of one partner treating the other well and subsequently treating them poorly. Prior experiences of abuse may contribute to the establishment of a trauma bond between trafficker and victim-survivor (Parker & Skrmetti, 2013). Dutton and Painter (1993) originally hypothesized that a power imbalance – which incites helplessness in the victim-survivor – combined with intermittent abuse must be present for trauma bonding to occur. The intermittent abuse must co-occur with periodic positive interactions. Prior qualitative inquiries of trafficked victim-survivors demonstrated that victim-survivors often reported that traffickers spent money on the trafficked victim-survivor and took the victim-survivor out on dates (Dutton & Painter, 1993). Framing the experiences of trafficked women within the model of trauma bonding proposed by Dutton and Painter (1993), the trafficker would abuse the victim-survivor and would demonstrate remorse following the act of abuse, potentially strengthening the emotional connection between them. The victim-survivor may then experience damaged self-esteem and a diminishing hope and belief that she can leave the trafficker. Multiple experiences of abuse, reduced self-esteem, and contrition of the abuser may result in a strong emotional bond by the time the victim-survivor realizes that the abuse has no foreseeable end (Dutton & Painter, 1993).

This trauma bond leads the victim-survivors to feel emotionally attached to their traffickers and alters the identity and worldview of the victim-survivors (Hardy et al., 2013; Herman, 1997). Feelings of shame, self-blame, helplessness, and hopelessness are often present for this population (Countryman-Roswurm & DiLollo, 2017; Hardy et al., 2013; Herman, 1997; Stotts & Ramey, 2009). In addition to altering the self-perception of the victim-survivors, the prolonged abuse experienced can also lead to a change in relationships with others. Trafficked women are exposed to physical and sexual abuse at the hands of their traffickers but also at the hands of the clients who pay for sex. Because the abuse is repeatedly perpetuated, victim-survivors may feel highly distrustful of other people and a fear of any type of intimate relationship, sexual or non-sexual (Herman, 1997). The complex trauma that victim-survivors experience calls for specialized counseling services with an emphasis on working to build a therapeutic alliance and to empower the victim-survivors (Hardy et al., 2013; Stotts & Ramey, 2009).

Current mental health treatment

Prevention

Authors have discussed preventative methods for addressing sex trafficking. As with other literature about sex trafficking, researchers are continuing to develop a foundation for preventative measures to address this phenomenon. In a review of existing literature, a discussion on the ways that social workers and other advocates can address the risk factors for sex trafficking was prevalent. For instance, Countryman-Roswurm and Bolin (2014) supported the use of psychoeducational groups to address various risk factors associated with youth identified as at-risk. Group topics focused on healthy relationships, manipulative tactics of others, building for a future, holistic health, and other topics. Similarly, Goldenberg et al. (2015) cautioned against the status quo in prior literature, whereby authors focused on the criminalization of sex work as a preventative measure to curb its growth. An example of a preventative measure proposed in the literature consistent with the criminalization of sex work would be a diversion program, described by Roe-Sepowitz et al. (2014). When sex-trafficking is addressed using criminal justice approaches, the type of approach may be irrelevant. Roe-Sepowitz et al. (2014) found no significant difference in cost-effectiveness or recidivism comparing a group of women in a diversion program to a group of women arrested and charged with prostitution. Goldenberg et al. (2015) instead described the need to address structural inequalities such as: lack of economic opportunities, financial vulnerability, institutional and cultural support of gender-based violence against women, and lack of HIV prevention interventions. More empirical exploration of preventative efforts appears to be needed at this time.

Stabilization

When trafficked persons are rescued or are otherwise no longer enslaved, many immediate needs and concerns must be promptly addressed. Extreme and prolonged physical and sexual abuse leave many victim-survivors of sex trafficking in need of medical attention and stabilization. Muraya and Fry (2016) reviewed previous literature on child sex trafficking and noted that most authors agreed that care should be trauma-informed and should include case management that is both comprehensive and coordinated among service providers, whereby treatment begins with a needs assessment to explore initial basic needs for stabilizing the client enough to reintegrate into society. Muraya and Fry (2016) clustered the extant literature into three phases of aftercare for victim-survivors of childhood sex trafficking: rescue, recovery, and reintegration.

Due to the limited existence of systematic reviews and meta-analyses on aftercare for trafficked women, the findings of Muraya and Fry (2016) provide an initial lens into the provision of aftercare for women trafficked into sex-work. Utilizing this framework, the immediate needs of women following rescue may occur at the recovery phase, wherein legal, housing, medical, and psychosocial care are provided to address immediate needs. Immediate needs in the recovery phase include crisis safety and shelter services, emergency medical and mental health care, basic necessities, services for insuring victim-survivor safety, and in some cases, legal advocates (Twigg, 2017).

Once immediate needs are addressed, victim-survivors can then begin counseling as a part of the recovery phase in helping to facilitate emotional healing and movement into the reintegration phase of aftercare. In this phase, victim-survivors become ready to

reintegrate into society (Muraya & Fry, 2016). In preparation for reintegration, along with mental health counseling, rescued victim-survivors may have longer term needs met which focus on empowering women financially, life and job skills, education, and reconciling with family members. Repairing bonds through AAT during the recovery phase can facilitate a rescued victim-survivor's ability to establish healthier bonds with family members and, ultimately, with others.

Intervention

Empirical support of intervention strategies for sex trafficked victim-survivors is still developing. Widely accepted intervention strategies, specifically for victim-survivors of sex trafficking, do not appear to exist presently due to some dispute in the literature about whether to treat victim-survivors from a trauma perspective (Sapiro et al., 2016) or at attachment/relationship perspective (Hargreaves-Cormany & Patterson, 2016). Sapiro et al. (2016) implicated for counselors to consider the nuances involved in the backgrounds of sex trafficking victim-survivors to include life experiences such as poverty, oppression, unemployment, and instability in family and housing. Further, Sapiro et al. (2016) implored researchers to pursue more qualitative methods for exploring the voices of victim-survivors of sex trafficking to inform the development of evidence-based practices.

However, various authors described the use of an array of different counseling interventions with victim-survivors of sex trafficking. Hargreaves-Cormany and Patterson (2016) conceptualized treatment from an attachment and relationship perspective, proposing that that group therapy, life skills programs, and individual counseling – with a focus on developing a secure relationship with a counselor – can all be helpful for victim-survivors. Hargreaves-Cormany and Patterson (2016) also suggested specific therapeutic interventions with a cognitive focus such as guided imagery, cognitive compassion training, and trauma-focused cognitive-behavioral therapy. Hargreaves-Cormany and Patterson (2016) averred that a variety of interventions can be successful if the counselor aims the interventions at building healthy relationships. Countryman-Roswurm and DiLollo (2017) argued that narrative therapy is a way to facilitate a change in self-schemas, or the view of oneself and one's identity. Chung (2009) emphasized the importance of acknowledging different cultural perspectives and incorporating appropriate traditional healing methods when working with victim-survivors from different cultural backgrounds. When exploring the literature for effective interventions for victim-survivors of sex trafficking, numerous references to relationships, attachment, and bonding prevailed. Regardless of theoretical orientation, such themes fit well with the bonding process inherent in AAT.

As previously mentioned, the unique, prolonged abuse and neglect sustained by sex trafficking victim-survivors creates unique needs in counseling. Many victim-survivors were first introduced into sex trafficking as children, making it imperative that counselors understand the developmental impact of violence, abuse, and victimization (Hardy et al., 2013). Moreover, the shame that many victim-survivors feel in the aftermath of being sex trafficked can inhibit the successful building of a therapeutic alliance with the counselor (Contreras et al., 2017). Therefore, Contreras et al. (2017) identified a focus on building trust between the counselor and victim-survivor as the necessary first stage in the counseling process. Victim-survivors also have unique needs as clients in that some traditional modalities of counseling can prove problematic and even harmful (Countryman-Roswurm & DiLollo, 2017; Fong & Cardoso, 2010). Although some authors have suggested group

therapy as an appropriate treatment option, Fong and Cardoso (2010) proposed that family therapy and group therapy may not be safe or appropriate for victim-survivors due to victim-survivors' needs of anonymity or confidentiality. In this regard, AAT may be a viable and needed addition to the counseling process in order to facilitate feelings of safety for the victim-survivor of sex trafficking.

Animal-assisted therapy

For centuries, the importance of the bond between humans and animals has been well-documented. Historically and presently, animals have helped people with physical jobs as well as with emotional care. According to the International Association of Human-Animal Interaction Organizations (International Association of Human-Animal Interaction Organizations, 2014), a “goal oriented and structured intervention that intentionally includes or incorporates animals in health, education and human service (e.g., social work) for the purpose of therapeutic gains in humans” (p. 5) is considered to be an animal-assisted intervention (AAI). AAI is a broad category that encompasses: animal-assisted activities (AAA), animal-assisted therapy (AAT), and animal-assisted education (AAE). Each subcategory of AAI is distinctly different and holds specific requirements for the human-animal pair rendering the services. AAE interventions are delivered by educational service providers, AAT interventions are delivered by health and human service providers within their respective professional realm, and AAA interventions may involve work with a specialist in a professional realm for motivational, educational, or recreational purposes (International Association of Human-Animal Interaction Organizations, 2014). AAT must be differentiated from AAA and AAE by the fact that AAT is conducted by trained professionals for the purposes of facilitating therapeutic growth and movement toward individualized counseling goals whereas AAA and AAE are conducted by educators, lay-people, and volunteers for a variety of reasons and with general goals (Parish-Plass, 2008). For the purposes of this article, animal-assisted therapy is defined as the incorporation of a certified therapy animal as an integral and therapeutic agent into the counseling process (Chandler, 2012).

Effectiveness of animal-assisted therapy with sex-trafficked victim-survivors

To date, no research exists on the effectiveness of using AAT with sex trafficking victim-survivors. However, AAT has been shown to be an effective treatment option for many clients who have experienced trauma, abuse, and/or neglect. Parish-Plass (2008) presented several case studies of using AAT to work with children with insecure attachments and concluded that AAT was beneficial in contributing to the change of internal working models for these children. Dietz et al. (2012) conducted a study on using AAT with children who have been sexually abused and found that the treatment groups that incorporated AAT into the counseling process showed a significant decrease in many trauma symptoms including anxiety, depression, anger, PTSD, dissociation, and sexual concerns. Similarly, Hamama et al. (2011) researched the incorporation of AAT in the counseling process for teenage girls who had experienced physical or sexual abuse and found a decline in PTSD as well as a reduction in the risk to develop PTSD among the participants who used AAT.

Moreover, AAT has also been found to be effective when working with adult clients with various concerns. Barker and Dawson (1998) studied the effects of AAT on adult psychiatric patients by comparing the scores of an anxiety assessment following standard therapeutic treatment and following AAT treatment. According to the results, psychiatric patients with mood disorders, psychotic disorders, and other disorders all reported a statistically significant decrease in anxiety symptoms; thus, the researchers concluded that AAT was an effective treatment modality for hospitalized patients with psychiatric concerns (Barker & Dawson, 1998). Sockalingam et al. (2008) described a case study where AAT was used with an adult male with bipolar disorder who had experienced a physical assault. The authors determined that AAT was beneficial in reducing anxiety and social isolation as well as increasing self-esteem as evaluated by the client's self-report and the report of the hospital staff and physicians (Sockalingam et al., 2008).

Kamioka et al. (2014) conducted a systematic review of randomized controlled trials (RCT) examining the effectiveness of AAT. These authors could not perform a meta-analysis due to problems with methodology and report quality in the RCTs reviewed; therefore, they could not draw a conclusion about the effectiveness of AAT. However, Kamioka et al. (2014) reported that when clients are open to incorporating a therapy animal into their treatment process and like animals, AAT may be an effective treatment for such clients who experience psychological and behavioral concerns.

The human-animal bond

“Animals are like humans but are not humans” (Tedeschi et al., 2015, p. 308). The differences between animals and humans means that therapy animals are able to provide certain characteristics and experiences for clients that therapists cannot provide themselves. The presence of therapy animals can have physiological benefits for clients including lowered heart rate and blood pressure as well as the release of the bonding neurochemical, oxytocin, when clients pet the therapy animal (Chandler, 2012; Friedmann et al., 2015).

Beyond the physical benefits of AAT, numerous emotional benefits are experienced for clients who participate in AAT. Chandler (2012) aptly articulated that animals provide a genuine acceptance of clients. Unless treated poorly, pets are generally unconditionally loving, loyal, and nonjudgmental (Zilcha-Mano et al., 2011). Although most counselors strive to have genuineness and unconditional positive regard for clients, even Carl Rogers (1992) acknowledged that these conditions cannot be fully and always experienced by humans. An animal, however, does not have the capacity for incongruence; animals “do not prejudice and are not critical, or concerned with . . . failures, outer appearance, social or economic status and so on” (Parish-Plass, 2008, p. 13).

Furthermore, the therapy animal can act as a safe haven or secure attachment figure for clients (Parish-Plass, 2008; Tedeschi et al., 2015; Zilcha-Mano et al., 2011). For some clients, particularly those who have experienced abuse, feeling safe with other people can be a difficult task. However, people have a tendency to feel differently about pets or animals than they do about interpersonal relationships with other people because interactions with a pet are typically characterized as predictable and stable (Zilcha-Mano et al., 2011). A therapy animal can act as a temporary secure attachment figure and facilitate safety and security for the client within the counseling relationship. By increasing the feelings of

safety within the therapy room, clients may experience the development of a therapeutic alliance at a quicker rate or in a deeper manner (Tedeschi et al., 2015).

AAT benefits for victim-survivors

Although the previous examples are not an exhaustive list of the psychological and physiological benefits of AAT for clients, these examples were chosen to highlight the potential benefit of incorporating AAT into the counseling process for victim-survivors of sex trafficking. As previously explained, victim-survivors have complex trauma experiences which may lead to hesitancy and reluctance in counseling. By incorporating a therapy animal, victim-survivors may experience comfort and a calming effect by petting the animal and/or even being in the animals' presence (Chandler, 2012). Although this population may be hesitant to enter a new interpersonal relationship with the counselor due to experiences of past abuse and neglect, the therapy animal can also facilitate a feeling of safety such that a successful therapeutic alliance may be formed between counselor and client (Parish-Plass, 2008; Tedeschi et al., 2015; Zilcha-Mano et al., 2011). Thus, AAT appears to be an appropriate treatment option for sex trafficking victim-survivors.

Implications and limitations

The use of AAT with victims of sex trafficking presents some unique implications for counselors. To begin, victim-survivors of sex trafficking are an ever-emergent population in need of mental health treatment. Also, this present article has presented victim-survivors of sex trafficking as appropriate clients who may benefit from AAT. As victim-survivors appear to suffer from the effects of trauma-bonding (Parker & Skrmetti, 2013), AAT is appropriate for repairing this bond with a healthier bond to an animal. In accordance with this new perspective, this model helps counselors to begin to view sex trafficking from a trauma-bonding lens in order to inform other possibly efficacious treatments for victim-survivors.

To our knowledge, no prior authors have discussed using AAT to work with victim-survivors of sex trafficking. The contribution of this article is a link in a web of increased publication of articles about mental health treatment for victim-survivors of sex trafficking in the counseling literature. In particular, a need for more empirical studies of appropriate treatments for this population in the counseling literature exists, particularly qualitative inquiries to explore what and how AAT works to help trafficked victim-survivors.

In addition to the need for research, this article also highlights the need for additional training for counselors. AAT is a specialized form of therapy, and counselors who choose to incorporate a therapy animal into counseling should be properly trained. Organizations such as Pet Partners and Therapy Dogs International provide a certification process for therapy animals. The animal should be evaluated for health and safety risks to ensure that it is a good fit for becoming a therapy animal, and counselors who wish to use a therapy animal should be trained in how to facilitate AAT with clients.

This need for specialized training extends also to working with a population of clients who are victim-survivors of sex trafficking. This population may have specialized needs due to complex trauma and trauma bonds that a counselor should be familiar with and knowledgeable of prior to beginning work with these clients. More training opportunities are

needed in order to properly ensure that sex trafficking victim-survivors are receiving adequate care in counseling.

Finally, prior to introducing a therapy animal into the counseling relationship, a counselor should consider whether or not AAT would be of benefit for the client. Although animals can facilitate feelings of safety for some people, other people have fears and/or allergies which would make AAT unsuitable for their counseling needs. Different cultures and societies also hold various attitudes toward animals, and some clients may not feel an emotional connection to animals. It is therefore imperative that counselors assess whether or not a client would be a good candidate for participating in AAT prior to introducing the therapy animal into session.

Conclusion

Human trafficking and sex trafficking appear to be growing in popularity. However, presently there is a lack of counseling literature addressing how to work with sex trafficking victim-survivors. Because of the extensive abuse and neglect endured, this population often presents in counseling with complex trauma and trauma bonds. Given the trauma experienced in the past, sex trafficking victim-survivors may have difficulty in establishing relationships and trusting people. This distrust can make it difficult for a counselor to then build a bond. However, AAT has been proposed as a viable treatment option for victim-survivors of sex trafficking. The many benefits of including a therapy animal in session may help facilitate the establishment of a therapeutic alliance between the victim-survivor and counselor as well as furthering the process of positive therapeutic growth.

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