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Assessing the role of childhood physical abuse at the hands of a caregiver in the development of sex addiction in adulthood

Bria L. N. Brown
Wright State University

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ASSESSING THE ROLE OF CHILDHOOD PHYSICAL ABUSE AT THE HANDS OF
A CAREGIVER IN THE DEVELOPMENT OF SEX ADDICTION IN ADULTHOOD

A Thesis submitted in partial fulfillment of the
requirements for the degree of
Master of Science

by

BRIA L.N. BROWN

B.A., Morehead State University, 2014

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I HEREBY RECOMMEND THAT THE THESIS PREPARED UNDER MY SUPERVISION BY Bria L.N. Brown ENTITLED Assessing the Role Of Childhood Physical Abuse at the Hands of a Caregiver in the Development of Sex Addiction in Adulthood BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF Master of Science

Dr. Huma Bashir Ed D.
Thesis Director

Dr. Leslie Neyland-Brown PhD.
Chair, Human Services

Committee on Final Examination:

Dr. Francis PhD.

Dr. Leslie Neyland-Brown PhD.

Dr. Huma Bashir EdD.

Barry Milligan, Ph.D.
Interim Dean of the Graduate School

ABSTRACT

Brown, Bria L.N. M.S., Department of Human Services, Wright State University, 2020.
Assessing the Role of Childhood Physical Abuse at the Hands of a Caregiver in the
Development of Sex Addiction in Adulthood.

The author provides a critical review of the etiology of sex addiction and its relationship to childhood physical abuse. The author selected and reviewed current literature of perceived causes of sex addiction and determined strengths and limitations of each study. The author provides a review of common themes in the literature and implications for clinicians treating sex addiction in those who have experienced childhood physical abuse with an attachment-based approach.

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I. INTRODUCTION

Trauma experienced in childhood, primarily abuse at the hands of a caregiver, can yield long-lasting negative consequences for the child that may continue throughout the lifespan. According to Dye (2018), survivors of childhood trauma not only experience disruptions in biological, cognitive, and emotional functioning, but also experience relational difficulties, particularly related to intimacy and attachment. According to Kingston, Graham, & Knight (2017), past studies have shown a relationship between sexual abuse and sex addiction, but fewer studies have explored the relationship between other forms of child maltreatment and sex addiction. This review seeks to determine the relationship between childhood physical abuse and sex addiction. For many people, the term physical abuse can vary in definition due to differing opinions and perceptions. For the sake of creating a more objective definition of physical abuse, Kanel (2015) states that “physical abuse occurs when damage to tissue or bones is inflicted on a minor by other than accidental means” (p.212). Throughout this review, several studies were chosen based on methodology and relevance. This review examines common themes found in the literature, the strengths and limitations of each study, and implications for clinical practice.

II. THEMES IN THE LITERATURE

ETIOLOGY OF SEX ADDICTION

Within the field of mental health, there has been a recent surge in research related to sex addiction and its causes. Researchers are divided on whether sex addiction is a true addiction or a mental disorder. In fact, with the recent update of the DSM-IV, many mental health professionals and researchers were disappointed due to the high rate of sex addiction seen in clinical settings (Benfield, 2018). According to Kotera & Rhodes (2019), approximately 10% of adults suffer from out of control sexual behavior and although sex addiction is not recognized in the DSM-5, it is recognized as a mental health disorder in the International Classification of Diseases 11th Revision (ICD-11). Despite the increasing prevalence of this disorder, research is lacking.

Kotera & Rhodes (2019) indicate that childhood trauma may lead to out of control sexual behavior. While many individuals with substance use disorders report a history of childhood trauma (54%), the rate of childhood trauma in those with sex addiction was found to be much higher at 97%. Kotera & Rhodes (2019) point out that those with sex addiction are twice as likely to have an insecure attachment than those without the behavior.

While the research is still developing on whether physical childhood abuse is a cause of sex addiction, this relationship can be understood when examining attachment styles most common in victims of childhood physical abuse and attachment styles most

commonly seen in adults with out of control sexual behavior. McPherson, Clayton, Wood, Hiskey, & Andrew (2013) conducted a study to determine the relationship between adverse childhood experiences and sexual compulsivity as well as other addictions such as alcoholism, substance use, and gambling. They conducted a cross-sectional study in which participants were given internet surveys. Participants were asked to complete demographic information and indicate whether their parents had any addictive behaviors, and were then asked to complete assessments for addictive behaviors. In addition, participants were asked to complete an Early Trauma Inventory Self Report-Short Form (ETISF) in which they answered 29 questions consisting of self-report of general trauma, physical abuse, emotional abuse, and sexual abuse. According to the results of the ETISF assessment, 68.9% of individuals reported that their parents pushed or shoved them, 60.9% reported being slapped, 49.1% reported being punched or kicked, 46.8% reported being hit with an object, and 9.8% reported being burnt with a cigarette, hot water, or other objects.

The results of this study did not confirm a relationship between childhood physical abuse and sexual compulsivity or addiction. However, the limitations of this study may have had an impact on these results. The sample in this study was comprised of self-identified addicts in which some participants had sex addiction and others had addictions related to alcohol, substances, or gambling.

Despite the results that childhood physical abuse and sexual abuse were not related to sexual compulsivity, McPherson et al., (2013) point out that hypersexuality may be a defense against negative affect such as depression and low self-esteem, often seen in individuals who have experienced childhood abuse. McPherson et al., (2013) point out that this compulsive sexual behavior may provide these individuals with a sense of control and autonomy that balance the fear of intimacy often seen in individuals who have suffered from abuse and insecure attachments. As a result, compulsive sexual behavior may provide the individual with the facade that they are in control and can cover up feelings of anxiety or fear related to intimacy. Thus, it is clear that these individuals will seek sexual relationships when experiencing symptoms of depression and/or anxiety which are often a result of childhood trauma.

On the contrary, a recent study by Diehl, Clemente, Pillon, Santana, da Silva, and Mari (2019) found the opposite. They sought to determine the relationship between childhood abuse and sexually compulsive behavior among individuals addicted to substances. These individuals were given the following assessments: the Childhood Trauma Questionnaire (CTQ) and The Sexual Addiction Screening Test (SAST). In addition to these assessments, Diehl et. al. (2019) determined the participants' drug of choice and analyzed sexual behavior. Of the 134 participants, 88.1 % reported emotional neglect, 80.6% reported emotional abuse, 78.4% reported physical neglect, 64.2% reported physical abuse, and 31.3% reported sexual abuse.

While this study found a strong relationship between childhood physical abuse and risky sexual behavior, there were some limitations. The study had a convenience sample with approximately 76.1% of the participants being male, thus making it impossible to generalize these findings to the population. Furthermore, the self-administered assessment may have produced reporter bias. While this may have affected the results, it is important to note that individuals who experience abuse may feel more comfortable in doing these types of assessments versus interviews.

Lastly, there is the potential for recall bias. When individuals are asked to recall information from early childhood, there is always the potential for these early memories to be altered or difficult to recall. Despite these limitations, the results speak to the relationship between childhood physical abuse and sex addiction.

HALL'S OAT MODEL OF SEX ADDICTION

While recent research has pointed toward an attachment-based etiology in sex addiction, Hall (2013) points out that we must not assume that every individual with symptoms of sexual compulsivity have attachments issues. According to Hall (2013)'s OAT model, sex addiction may be a result of opportunity (O), attachment (A), or trauma (T).

OPPORTUNITY AS A CAUSE OF SEX ADDICTION

Opportunity as a cause of sex addiction means that despite an individual's history, opportunity is everywhere. With an ever-increasing availability of pornography and cybersex, Hall (2013) states that an increase in individuals with out-of-control sexual behavior is inevitable. Prior to the invention of the internet, the over-accessibility to pornography and the concept of cyber-sex did not exist. In a world where instant gratification occurs at the click of a button, out-of-control sexual behavior will become increasingly more prevalent in society. Hall (2013) states that pornography and cybersex can trigger innate sexual urges in human beings in a way that exceeds evolutionary capacity. In other words, the original purpose of finding a mate and procreating is surpassed by the instant gratification of pornography and cybersex.

INSECURE ATTACHMENT AS A CAUSE OF SEX ADDICTION

Another potential cause of out-of-control sexual behavior as outlined by Hall (2013) is based in attachment. Insecure attachment between a child and their caregiver is developed in early childhood and can be secure, avoidant, anxious, or disorganized. When a child fails to form a secure attachment with their caregiver, Hall (2013) points out the possibility that the child will begin looking toward other objects (substances and/or sex) as a way to feel secure and to regulate their emotions.

TRAUMA AS A CAUSE OF SEX ADDICTION

According to Hall (2013), some individuals who otherwise have a secure attachment style may still exhibit out of control sexual behavior due to trauma. After experiencing a traumatic event, Van Der Kolk (2014) states that post-traumatic stress disorder is positively correlated with the inability to escape the traumatic event. As a result, these individuals experience changes in their brain chemistry that make them hyper-aroused and/or hypo aroused. As stated by Hall (2013), to alleviate their distress and to lessen these symptoms, individuals may become addicted to substances and/or sex as a means to regulate emotions.

ATTACHMENT-BASED TRAUMA AS A CAUSE OF SEX ADDICTION

According to Hall (2013), in many instances, individuals with insecure attachment may have had difficulty forming secure attachments with their caregivers due to experiencing trauma in their family of origin. Furthermore, children who have experienced attachment-based trauma may be less likely to effectively cope with later traumas, thus making treatment more difficult.

One limitation of the Hall (2013) study is that the data is based on a series of case studies, and cannot be generalized to the population. While Hall (2013) posits that sex addiction can be derived from a myriad of causes that are not entirely rooted in

attachment trauma, it appears that the majority of individuals with sex addiction have insecure attachment styles. According to Benfield (2018), most sex addicts have an insecure attachment with an astounding 95% reporting insecure attachment. This compares to the general population of those with insecure attachments of 45%. Although Hall (2013) provides substantial evidence for multiple causes of sex addiction, a thorough review of the literature shows that insecure attachment is strongly correlated to sex addiction.

PHYSICAL ABUSE AND FEARFUL-AVOIDANT ATTACHMENT

According to Unger & Luca (2014), past research has focused on determining attachment styles of victims of childhood physical abuse. Unger & Luca (2014) wanted to determine the specific attachment style most consistent with victims of childhood physical abuse. According to Unger & Luca (2014), those with childhood physical abuse tend to display an anxious/avoidant attachment style and are more likely to have insecure attachments than children not physically abused. The researchers hypothesized that they would show higher rates of the fearful-avoidant and dismissing-avoidant styles of attachment than individuals who were not victims of childhood physical abuse. Based on the results, the researchers found that childhood physical abuse and an avoidant attachment style were highly correlated while childhood physical abuse and an anxious attachment style, although not strongly correlated, showed a positive correlation.

Unger & Luca (2014) also pointed out that individuals who experienced childhood physical abuse with anxious attachment styles were more likely to have a negative view of self compared to the general population. Based on the results of the study, it can be concluded that childhood physical abuse can lead to both anxious and avoidant attachments, or a combination of the two.

While Unger & Luca (2014) convey a strong relationship between childhood physical abuse and insecure attachment, it is important to point out the limitations of their research. Due to the sample size consisting of university students, the results cannot be generalized to the larger population. Furthermore, there appeared to be low variability in the data which may also be due to the demographics of the sample. If the study had included individuals not in higher education with various socioeconomic backgrounds, the data may have been stronger. Furthermore, the scale used in the study to measure the abuse history of participants has not been used in many other studies. As a result, it would be difficult to accurately compare the results of this study with previous studies. Lastly, there were very few instances of abuse reported in the study, making it difficult to generalize the findings to other populations of individuals who have experiences with childhood physical abuse. Despite the limitations of the study, the data speaks to the relationship between childhood physical abuse and insecure attachment.

FEARFUL AVOIDANT ATTACHMENT AND SEX ADDICTION

Jore, Green, Adams, & Carnes (2016) conducted a study based on a four-dimension attachment model to determine which types of insecure attachment predict relationship preoccupation and preoccupation of isolated sexual relationships. Their study consisted of a sample of 4,492 individuals seeking treatment for sex addiction. Within the sample, the most common types of insecure attachment were preoccupied and fearful-avoidant attachment. The results of this study indicated that in both men and women, anxious attachment was more closely related to relationship preoccupation and isolated fantasizing. While avoidant attachment also predicted relationship preoccupation, it was more strongly correlated with isolated sexual behaviors.

Jore et al. (2016) also point out the differences in gender identity as an indicator for determining which attachment style predicted the sex addiction. While exhibiting out of control sexual behavior, most women were identified with anxious attachment and men exhibiting the behavior identified equally with anxious and avoidant attachment. Furthermore, Jore et al. (2016) points out that sexual aversion was more common in men with an anxious attachment style and in women with an avoidant attachment style. While the results of this study determined that fearful avoidant attachment could predict the development of sex addiction, this study is not without limitations. Due to the administration of self-report scales, it is possible that the participants may have been subject to social desirability bias which can affect the reliability of the study.

Furthermore, the gender identities and sexual orientations of participants were not entirely representative of the general population. While there were higher numbers of women in the study compared to previous research, the number of women in the study compared to men was relatively low. Furthermore, the representation of sexual orientation in the study mostly comprised of heterosexual men and women. Nonetheless, the results of this study show a strong relationship between fearful-avoidant attachment and sex addiction

In a study performed by Timberlake, Meyer, Hitchings, Oakley, Stoltzfus, Aguirre, & Plumb (2016), individuals with sexual compulsive behavior were found to have higher rates of attachment anxiety, adverse childhood experiences, and feelings of shame related to religious views of sexuality. Limitations of this study involve low generalizability. The majority of participants in the study were female and because the assessments used in the study were only written in English, this may have played a role in the lack of diversity found in participants. Furthermore, because the data was collected online, individuals without access to internet were not able to participate. This points toward a lack of diversity in gender, ethnicity, and socioeconomic status.

III. SOLUTIONS AND IMPLICATIONS

Due to impairments in attachment found in individuals with sex addiction, Benfield (2018) posits that the solution may be found in the problem – attachment. By learning to form secure attachments and regulate their emotions, these individuals may no longer have a need to act out sexually. While the behavior of sexually acting out can be addressed through the implementation of Cognitive Behavior Therapy and 12-step programs, Benfield (2018) points out the growing interest in attachment-based approaches in the treatment of sex addiction.

While there is no single model for the application of attachment theory in a clinical setting, Benfield (2018) mentions the following suggestions made by John Bowlby, the founder of attachment theory:

1. Help the client develop a secure base
2. Explore significant relationships in the client's life
3. Explore the relationship, or therapeutic alliance of therapist and client
4. Explore client's attachment style and how this manifests in the present with relationships and sense of self.
5. Revision of internal working models.

Despite the understanding that out of control sexual behavior stems from insecure attachment, many therapists are unsure of how to apply this in a clinical setting. While Katchakis (2017) created a treatment model that focuses both on insecure attachment and

behavior aspects of sex addiction, most treatment programs are based on cognitive behavior models that fail to address the root of the issue -insecure attachment (Benfield, 2018).

To address this issue, Benfield (2018) explored the following themes for having an attachment-based approach in treating sex addictions. Six sex addiction therapists were chosen with non-random sampling to ensure that those chosen had an attachment- informed approach to treating sex addiction. They came from various theoretical backgrounds and different locations. The researchers administered semi-structured interviews and found the following themes:

REGULATING CLOSENESS AND DISTANCE

The therapist must meet the client where they are while trying to move closer toward the client. As a result of the client's insecure attachment, they may be reluctant to form a strong relationship with the therapist due to their core belief of relationships being unsafe. As a result, Benfield (2018) states that the therapist and client are doing an emotional dance of drawing close and pushing away.

While supplying a secure base for the client to form a secure attachment in therapy sessions may be a challenge for the therapist, this is not impossible. The strength of the therapeutic alliance will decide the client's ability to form a secure attachment with the therapist and eventually with others.

RISKING CONNECTIONS WITH OTHERS

In many ways the relationship between therapist and client is a microcosm of the outside world. Benfield (2018) states that once the client can form a secure attachment with the therapist, they can begin to work toward forming healthy relationships with others. The therapist can encourage the client to begin forming healthy relationships with others after teaching relational skills in session. In other words, the client can begin to see that their relationship with the therapist is safe and that they can feel safe in relationships with others as well. In addition to learning new relational skills, the client must heal from attachment trauma to be able to feel safe in relationships. Benfield (2018) points out the importance of seeing attachment issues as analogous to trauma. By processing and healing from trauma, the client can begin to heal early feelings of neglect, abuse, abandonment, and rejection, and can thus form healthy relationships with others.

SOMATIC HEALING

According to Benfield (2018), affect regulation determines how we attach and relate to others. There are two components of regulation: self-regulation and co-regulation. Benfield (2018) points out that sex addicts act out sexually to regulate emotions so therapists must help the client replace this behavior with healthier ways to regulate and receive co-regulation

Benfield (2018) states that in order for the therapist to help the client feel their emotions instead of avoiding them with sex, the therapist can begin to disclose how they

feel in the here and now as the client shares their trauma story. This disclosure allows the client to connect on an emotional level with the therapist and begins to tie into the importance of somatic awareness. Benfield (2018) mentions that affect regulation is learned both cognitively and somatically. Thus, it is important to encourage the client to identify how they are feeling in their body as they tell their story. By doing so, the therapist can help the client experience their emotions more fully.

Furthermore, Benfield (2018) states that paying attention to the client's somatic clues as well as their own can help therapists teach the client ways to regulate their emotions. For example, the therapist may notice that as the client is telling their story, they appear tense and while simultaneously hearing the story, the therapist can appear tense. By relaxing muscles in the body and breathing deeply, the client can begin to mirror this regulatory behavior.

While Benfield (2018) provides a detailed model in treating sex addiction through an attachment-based lens, they mention that attachment-based treatment can be beneficial for individuals who experience sex addiction due to opportunity and trauma. While Hall (2013) identified three possible causes for sex addiction (attachment, opportunity, and trauma) Benfield (2018) argues that those who have sex addiction due to opportunity may have a disruption in attachment due to the addiction itself. Furthermore, Benfield (2018) posits that it is impossible to separate attachment from trauma. In other words, those who have childhood trauma more than likely experienced a disruption in their attachment

because of the trauma. Thus, it can be determined that attachment-based approaches can be beneficial even in cases where the insecure attachment is a result of and not the cause of the addiction.

While an attachment-based approach can be effective in treating sex addiction, the Benfield (2018) study had several limitations. The results of the study were based solely on therapist reports of client improvement in symptoms, and not client report. The therapists did not use formal assessment tools, but based their responses on client history and narratives within the session. In future studies, it is important to use formal assessments such as the Adult Attachment Interview. Furthermore, quantitative and longitudinal studies are needed to determine more accurately whether an attachment-based approach can alleviate symptoms of sex addiction. In addition to the limitations found by the researchers, it should also be pointed out that the small sample size of six therapists cannot be generalized to the population.

SUGGESTIONS FOR FURTHER RESEARCH

While the relationship between insecure attachment and sex addiction appears to be a growing area of interest, little research has been done to examine the specific relationship between childhood physical abuse and sex addiction. This review aimed to

bridge the gap between current trends in the literature and further research on this phenomenon. Despite the limitations found in each of the studies, there appears to be strong evidence to support the hypothesis that physical abuse in childhood is a determinant of sex addiction in adulthood.

Through an attachment-based approach to therapy, clinicians can begin to treat underlying causes of sex addiction which will allow those afflicted by the disorder to establish healthy attachments, regulate their emotions, and eliminate the need to act out sexually in the future. Particularly with clients who have experienced physical abuse in childhood, an attachment-based approach can allow the clients to heal from attachment trauma which can in turn relieve the client of the need to regulate their emotions through acting out sexually. With an increase in both qualitative and quantitative studies on this phenomenon, the link between childhood physical abuse and sex addiction can be explored further.

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