

LLP055: After sexual trauma putting the pieces back together with  
Marline Francois-Madden, LCSW  
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- M. Pierre: Thanks for listening to the Lunch and Learn with Doctor Berry. Here to help educate, motivate, and put you on the right path to take control of your health through weekly discussions on topics in the medical field, public health arena, and in your community. Now your host, Dr. Berry.
- Dr. Berry: Welcome to another edition to the Lunch and Learn with Dr. Berry, this is episode 55. Like always, head over to get the show notes at [lunchlearnpod.com](http://lunchlearnpod.com) or [drpierresblog.com/llp055](http://drpierresblog.com/llp055). Today we have another great one. If you were able to listen to last week's episode, we had Rhodena Mesadiou, a licensed clinical social worker who specialized in sexual assault & sexual trauma. We follow right along with the same lines. I told you guys this was a two part episode of discussion. We have Marline Francois, out of New Jersey and again, I'm not going to butcher her bio. I'll let her do her own from that standpoint, but she, not only has experience and expertise in sexual trauma but she has also worked with victims of sexual trafficking. She'll get into discussion of what sexual trafficking actually means and I'll tell you right now. My only experience with it was naïve and what I would see on TV and what I would see on SVU.
- Dr. Berry: So, she really breaks it down for us. And, we'll also talk about her organization Far More Precious, where she works primarily, with teenage at risk women. As well as, how mental health in the Haitian community is being affected during this time. So, sit back listen to another amazing episode with Marline Francois.
- Dr. Berry: Alright ladies and gentlemen. First of all, thank you for joining another episode of the Lunch and Learn with Dr. Berry and I'm excited. We have an amazing guest today, Marline Francois and I'm not even going to butcher her bio. She's got a bio a mile long of amazing things that she's doing. Today, is going to be another special episode. We're going to be getting into some deep discussion, deep conversation that I think needs to be had. Of course, like you guys know whenever I want to listen and learn about a topic, that I may not be the foremost expert on. Again, I was obviously, as being an internist, I know a lot about a lot. I also know where my boundary lies. This is one of these topics where the boundary hits a full stop. So, I wanted to bring on an expert here on the Lunch and Learn and again, I just want to kind of give you guys a warm welcome to Marline Francois. Marline, thank you for joining the podcast today.
- Marline Francois: Thank you for having me today.
- Dr. Berry: So Marline, can you give a little quick bio of the Lunch and Learn community. Kind of let them know who you are, what you've been doing, and why you're doing such an amazing job at what you're doing.
- Marline Francois: Yes, no problem. So, I am Marline Francois-Madden. I'm a licensed clinical social worker in New Jersey. I also do speaking engagements in the community, local churches. I've spoken at the Congressional Black Caucus for Women and Girls. I also run workshops for teens. I have a non-profit organization and I'm also the owner of Hearts Empowerment Counseling Center which is a therapy practice for women and girls. So, that's just a little bit of what I do. I also have a therapist

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planner which is a product that I sell for therapists. The first ever planner that has a lot of mental health diagnoses in there. Also has psychotropic medications so a lot of things that set social workers and psychologists and mental health therapists utilize. So, I incorporated all that into a product for them. So, that's a little bit of what I do.

Dr. Berry: All right, ladies and gentleman. I told you I was not playing. Marline is doing absolutely amazing things. We're going to get into everything. We're going to get into her nonprofit. We're going to get into the therapist planner which my wife is a loyal and happy customer of. So, again, we'll make sure we're going to deep dive in. Again, if you're not around where you can kind of write some of these things down, remember I will be putting all of her information in the show notes. So, you'll be able to get the therapist planner. You'll be able to get in touch with her nonprofit organization. If you're in the area, you'll be able to get in touch with her company as well. Like I said, this is a person doing absolutely amazing things. We're just excited to have her here to talk about a topic that again, unless you've been sleeping under a rock, has been kind of hitting you front and center.

Dr. Berry: The discussion of sexual abuse, sexual assault, and sexual trauma in general. Marline, can you kind of give us a little intro on, especially with your expertise and kind of where your focus is at as far as sexual trauma. How would you as a therapist define sexual trauma for the lay person who may not fully understand the subtle differences between a lot of the terms that they're starting to hear?

Marline Francois: Yeah. So, there's a lot of terms. You hear sexual trauma, you hear sexual abuse, sexual assault. So, for me the way I like to define it, so the sexual trauma, I believe that is what your symptoms that you're experiencing as a result of sexual abuse or assault. So, any of that could be related to rape, molestation, sexual harassment. Anything that involves with not having your consent. That can result to sexual trauma.

Dr. Berry: I think a big thing you talked about especially the consent aspect of it. I know being a male and being around social circles with a lot of males, I think the topic has come up in our groups. What is consent? It's two fold. Again, I like to play devil's advocate, but I think a lot of the men in the circles that I'm with or be with or just being around in earshot are at loss. For some reason, they don't understand what consent is anymore. They'll even say statements like, "What can I do now?" Can you kind of give a fresh breather on what consent means and why is it so important to actually have it?

Marline Francois: Yeah. So, for me, you need to hear the person physically verbally say yes or no. If you don't have that clear consent, it makes it a blurred line. I think if you've built a relationship with someone and you know that person, then it's one thing to understand clearly you're not going to ask your wife every single night like, "Hey babe, yes or no?" You kind of built that relationship with them, but if you don't really know the person, it is very important to have permission. If that person does not give you permission, then you're pretty much trying to take something

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from them without having that consent. So, it's so important. I think this is something even for young children and for young children, parents sometimes will teach kids that they own their body and for kids to understand what consent means and understand you own your body. You can tell people no.

Marline Francois: Because so often, even me as a Haitian person, growing up, when you walk in a room, you have to give everyone a kiss on the cheek. You have to say hi to people. You can't just wave. You have to go up to each person. So, you normally know. With little kids, sometimes there are people they don't want to be around, don't want to say hi. Now, you've kind of taken that right away from them and you're telling them, "You need to say hi to this person. You need to go up to them and give them a kiss on the cheek. You're being disrespectful by not giving them a kiss on the cheek." Now, that child, they no longer feel comfortable saying no. Then your girls become an adult. Then you don't know if you have that consent to say no. You just feel like, "You know what? I'm just going to do this because the other person want it. Even though I really don't want to deep down inside."

Marline Francois: Then you're left with the cognitive distortions and the shame and the guilt of the aftermath of what occurred. So, consent is such a huge thing. It's a matter of, "Okay, do I have this person's acceptance? Do I have an agreement with them to do this? Do I have their approval, whether it's through their verbal consent or their nonverbal cues that they're giving off?" Because sometimes people's nonverbal cues will tell you if they want to consent to doing something or not. So often people bypass those things.

Dr. Berry: Let me ask a question. What kind of drew you to the topic and the conversation and the field of sexual trauma and wanting to help especially women and young women in that circle? What drew you to that?

Marline Francois: Well, so since I was five years old I told my parents that I was going to be a clinical psychologist. So, at a very young age, I knew I was going into this field, but I think part of it also stemmed from the fact that I was a survivor of child sexual abuse at a young age, but I didn't disclose it to anyone until I was in college. So, at a young age, I would say my early teen years, I would read Teen Vogue magazine and there were other magazines like 17 and they would have these Q&A sections in a magazine where they would pose questions to mental health professionals and medical doctors and people would answer the questions. It was like a ask health section. So, there were always questions related to sexual abuse so I would always read those questions and read the response that the psychologist would reply back or the medical doctor would reply back.

Marline Francois: I was like, "Wow, this is so intriguing. I want to be that person who has a column in a magazine or helping young women to kind of find their healing journey." So, I think part of it stems from my own childhood pain and being able to grow up and fall in love with psychology because at a young age, I was really in to counseling and therapy. So, I just knew that I wanted to do some type of work that

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related to working with women and young girls that had a background of trauma.

Dr. Berry: Wow. Okay. First of all, thank you for sharing your story. Because I know a lot of times, that comes from a sense of strength of being able to experience something so traumatic and be able to kind of build on top of it. Now, you're kind of spreading that seed and helping others who are in positions that you may have been or your family or just people that we know kind of growing up. I'll be honest, just kind of like when I was doing my own research, I didn't realize how young sexual trauma and sexual assault and sexual abuse started. I think now we're seeing ... When we see all the stuff that's happening on TV and in Hollywood and almost now every industry which, again, isn't surprising. If it's happened in Hollywood, it's probably happening right down the road. So, we shouldn't be surprised that it happens in all these industries.

Marline Francois: Yeah.

Dr. Berry: But I think I was surprised and taken back of how early it starts. Could you explain just the mental toll that especially some of your clients and your patients experience and they have to go through when they experience it at such an early age but still have to kind of continue and grow and build and become their own.

Marline Francois: Yeah. So, it can start at a very young age because especially for children, they're very vulnerable. They're very vulnerable and you may trust a person, so about at least 90% of the time, you know who the abuser is. The perpetrator. Most people know who it is. It's either a family, a close friend, it's someone who has direct access to that person because what they do is half the time is they go through some sort of grooming process where they will think of sexual assault and sexual abuse. They automatically think that if somebody put a gun to your head like, "Hey, this is going to happen right now," but that's not the case in a lot of the assaults that occur. It sometimes it could be someone who's watching that child and they're playing games with them and they tell them don't tell anyone. Now the child is conflicted. What do I do?

Marline Francois: So, then they don't tell anyone. Then this person's like, "If you say something, then you won't have this. I will no longer give you these games or give you this." So, they're pretty much rewarding or bribing the child with something and now that child is conflicted and it can cause a lot of psychological affects afterwards. For some people, even some physical conditions. So, I've even worked with infants, babies that were under two that were raped I should say. It sounds really bad to say that. It's really hard to see a situation like that because then you could just think about the effects for that child and have the child having to go into surgery and the impact it it does on that child as they get older. They have to think about what happened to me?

Marline Francois: So, you just have to treat each case separately. Even as far as women who were in college, one in five women will be assaulted while they're in college. That's

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20%. So, I think that's why a lot of colleges are also now starting they have sexual assault programs in school for college students so that way they can bring their awareness and free that safe space for you to go and approach people about what has happened to you.

Dr. Berry: That's really sad that even it starts as young as an infant from the lack of protection. In your practice, you see this trauma and you see the mental anguish. How do you as a health professional, how are you ... Patients will ask me that sometimes. They'll say, "Well, Dr. Pierre, how are you able to see from point A to point Z? Whether it be good times, whether it be bad times? Then you're just able to go home." "Clock out." Especially as a therapist. I'm always very intrigued with the therapist community because I'll be honest, as a physician, we may spend 15, 20 minutes. A lot of times we're kind of shooting the breeze. Maybe we're more directly asking questions and not really listening to answers in that point, but when you have the field of therapy where you guys are doing a lot more in depth talking, in depth discussion, how are you able to then move on or then clock out or then go home without that continually having to drag you on?

Marline Francois: Lots of self care. So, one of the things early on in my professional career, after I graduated with my undergraduate degree in psychology, I was working for Child Protective Services in the state of Pennsylvania where I resided at the time. So, the unit that I worked for was the adolescent crisis unit and it was children and adolescents. I had to be in their home three or four times a week. Very high crisis cases. Sex offenders. We'd go to sex offenders facilities. A lot of sexual assault and physical abuse cases. So, I remember in those moments when I was working late night and they're getting phone calls about someone running away or someone was just raped or we just went to the house and you couldn't believe it was this person who assaulted the child.

Marline Francois: I remember the burden that I had. I would go home and you would cry because you're pulling kids out of their home to put them in foster care. You're separating families. I remember the burden that I had and I was just like, "This is not healthy for me because if I continue to be this way," and I like to call that emotion compassion fatigue is what I like to call that. It's somewhat out of a burnout because you care so much and then eventually you burn out. So, when you get to that point, you can no longer really serve them effectively. So, in that moment, I had to realize I have to have clear boundaries. I need to set self care for myself and realize once I leave work, I am at home.

Marline Francois: It doesn't make me less passionate about what I do in any way because what I know when I go home, I need to have the self care to kind of rejuvenate myself and refuel myself and have time to do more research so I can learn, "Okay, what are some new methods that are out there? New interventions that I need to learn?" I think it's really important to have a great support system. I always recommend that therapists go see therapists or have therapists as friends.

Dr. Berry: Oh yes.

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- Marline Francois: Yeah. I have a large network of therapist friends and they have been very helpful when I needed that place to vent and just talk about things. My husband has been very helpful too. I think it's very important to have a support system that you can go to that will listen because so often, I find that when you go to people and talk about things, people are like, "Oh me too. I'm going through that too," but no one's really listening to what you're going through. So, it's important to have that. I think it's important to establish self care. It's important to establish boundaries because if not, you're going to feel the effects of it. It's going to be very difficult to really engage with your client in therapy and offer them the support that they need and some therapists also to evade there's this thing called counter transference where the client is talking about a situation that they're going through and now you're having flashbacks of what you went through relating to what the client is going through.
- Marline Francois: So, that's why it's so important for therapists to have some sort of clinical supervision group or peer support group that they can talk about these things so they can figure out what do I need to do so I'm in a good space to help this client or else the client is going to, the client is giving you a therapy session in the room.
- Dr. Berry: Oh yes. Physicians that are listening to the lunch and learn, I want y'all to really take heed. Again, you see the therapists are doing it. They understand that if they need self love, they need self care, they go seek others. They go seek it. It's no reason to be trying to hold it all in and deal with the anguish and deal with the stress that our field kind of holds on. So, I'm definitely happy that you brought that up because again, I have a few physicians who listen to me so I want to make sure they're all open ears. Now, Marline I was looking at the bio. Again, one thing that was very interesting to me was your work with women in Haiti in regards to sex trafficking. Now, I'll be honest. Again, as an internist, I know what I know. I know what I don't know. When I think about sex trafficking, all I think about is SVU.
- Dr. Berry: I don't really have that great of a grasp of just the topic itself. Can you kind of give us a little bit of intro on just what the topic or the field of sex trafficking is and then really delve in to how are you doing such amazing work in that field.
- Marline Francois: Oh yeah. Absolutely. So, with sex trafficking, it's an illegal business where people make it seem like it's not. It's a multi-billion industry that is happening so-
- Dr. Berry: Billion?
- Marline Francois: Yes. It's just like how pornography is. So, it's pretty much coercion, recruiting, transportation of a person or a child for the purpose of sex. So, so often when people think of sex trafficking or even human trafficking, when people think of that topic, they think of, "Oh, this is happening in other countries. It's not happening here," but it's always happening right in our back yards and January happens to be human trafficking awareness month. What people don't realize, for instance, New Jersey, so I reside in New Jersey and I'm near a lot of major highways. For people that a lot of the pimps I should say. The pimps, the johns,

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whatever you want to call them. The people who are running these businesses that are illegal, they tend to like to be near major highways.

Marline Francois: So, that way they can transport the young child, girl, women, man. They can transport them across state lines. So, they don't stay in one place too long. So, in New Jersey, we're near major highways to get to Philadelphia, south Jersey, Atlantic City, BC. So, we're near a lot of major highways so it's easy for them to kind of just be stationed there and then move the girls from one place to the other. What people don't realize with human trafficking, it starts at the age of 12. The age of entry is 12. The younger they can get the better for them they feel like. Some of them will also brand their girls. They'll put tattoos on the girls so they'll mark their girls as their property so that way they can not leave. When they leave and try to go somewhere else, another pimp will be able to identify that she belongs to so and so.

Dr. Berry: Wow.

Marline Francois: A lot of times, with these girls, they're vulnerable. So, you hear either girls that are running away. They may come from a home where they're getting abused or neglect. Foster home. You hear things like that. You also hear girls who come from a somewhat of a stable household. They may come from a household where they go to a good school, they have their parents' support. You think they have everything that they need because sometimes we tend to stereotype groups and families and I think even sometimes even physicians you have some in their office. Like, oh, okay. She's pretty healthy. Everything's good. You find out something else and you're like, "Oh. Okay. Now, let's discuss that."

Marline Francois: So, people tend to sometimes stereotype like, "Oh, well, she just don't wanna act right. That's why she's in the situation." Not realizing that the pimps are getting very smart. They're up to date with technology and what's happening out there. So, they're using social media. A lot of times, people think the pimp is this older man with a gold tooth with a hat with a little feather and the pimped out suit. The thing that I found growing up back in the day on TV, but no. It may be the young guy who's 19 years old. They're attractive. He's driving a BMW and then this girl's in high school. She's like, "Oh, he got a car. He can take care of me." Because that's what they do. They tell them I will take care of you. I will get you a modeling contract. I will buy you this. I will buy you that. So, they go through this whole grooming process and for some of the girls it may take months or a few weeks to do that grooming process.

Marline Francois: Eventually that girl falls in love with him and he's like, "Babe. I don't have money. I need you to do this for me." Now, this girl's like not sure what she wants to do. Then she decides to do it and it's like you need to bring me back \$1000 tonight or I'm going to kill you. I'm going to go back and kill your little sister at home. I know where your family lives because they've built that relationship with them so they know so much about that girl and her family that they now are cohorts into this. When they are picked up by the police, which is the sad part, is that

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they end up in a juvenile detention center or if they're over 18, they may end up incarcerated for prostitution.

Marline Francois: So, I know some states have made the changes with labeling it as child sexual exploitation and then other states are still working on changing the terminology when it comes to sex trafficking and the labels that they put on these girls, but they're not getting treated with trauma informed therapy and that's what they need.

Dr. Berry: So, now I gotta ask. Wow. What drew you to that? Was there a certain client and then you just kind of went in that direction? Especially of course, being of Haitian descent. I think and I saw it as oh. Okay. I gotta ask about this because again, I think you hit it right on the money. When I think about sexual trafficking and human trafficking, I always think it's out the country. I don't think it's in Florida or in New Jersey or in New York or in California. I think that concept is kind of lost on the fact that it happens right in our backyard, right under our nose and we're not even sure. Maybe we see, especially I'm on social media a lot so I'm always seeing I feel like it's almost every one or two weeks now so and so is missing. I always wonder. Unfortunately my first question is, "Alright, did they get kidnapped?" But secondly, did that happen? Did they go in that direction and that's why we can't find them anymore?

Marline Francois: So, the reason I went into this, I used to work for a residential therapeutic foster care program. So, pretty much these were kids that were in a foster home but they were in a ... they were foster homes, but then there's something a step higher than that which is a therapeutic foster home where the kids were required to see a psychiatrist once a month and you're required to go to therapy sessions weekly. So, working in that environment and working with teenagers, a lot of them were running away. Some of them had boyfriends that were older than them. I did some trainings as far as on running groups related to human trafficking for teams. I think running the group is when I watching the videos about it and then learning so much from the girls about how they had friends in high school who were getting all this money and had this older boyfriend or trying to coerce them into getting into the same route and saying, "Hey, girl. Do you want to come to me with this party? You can make some money tonight just by doing this. It's only this one time."

Marline Francois: So, then they were just going after these other girls too that I worked with. So, I think that's what made me really dive into it because I really thought it was like, "Okay. This is just an international issue. It doesn't really happen in New Jersey," but then I realized it was happening and I was seeing more stories and articles being pulled up about it. Having other friends who were also passionate about it and doing the work I recognized, okay. This is a global issue. It's happening everywhere and it's not being talked about enough in the US. So, that's how I got involved in it.

Marline Francois: Then eventually, it kind of led me to Haiti via interaction on social media with another person who was I believe a occupational therapist in Haiti at the time

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working at an orphanage. She connected me with someone else who was living in Haiti who was opening up their own transitional housing program for girls that were involved in human trafficking in DR and Haiti and were called the Jacks for Health and it was located in Jacmel. So, I got involved with them and went out to Haiti and got to work closely with some of the girls that were in this program. So, they provided safe housing for them, education, food, they had so many different programs they had with the girls.

Marline Francois: Having health educators there, having dance, Zumba, going to church every week. So, the girls really got to just reclaim who they were as a woman and just learning how to heal and just realize like okay. I can own my body back despite what happened. Hearing a lot of their stories really traumatic. Because you're dealing with something very different in Haiti. You're dealing with there's an economic crisis in Haiti. We know that. We know how in Haiti it's really hard for so many people to survive. It was just like a lot of these women felt like they had no choice. It was like my kids need to eat. They need to go to school. I needed this money so this is all I can do in the moment. I didn't want to, but I had to do it.

Marline Francois: Or hearing how them being beaten and raped by different men. Just the stigma with knowing what to call that and not being able to label it as rape. They didn't know how to label it as rape or sexual abuse or saying I was abused by this man. It was just like, "Oh, I had this friend and he would give me money. We would do things." It was like, "Well, did you want to do those things?" No, not really but I had to. Then the more and more I talked about it, the more and more the tears will come down their face and the embarrassment, the shame. It was like this is not your fault. I don't want you to put the blame on yourself. You were forced into this. Someone tried to take advantage of you.

Marline Francois: So, I think a lot of times, they didn't know. I think there's still that stigma I think even in the African American and Caribbean cultures when it comes to sexual assault and trauma. Things of that sort. So, for these girls where they feel like, "Okay. My family needs to survive and I need to do this so I can have \$25 to put my kids in school for the entire month." Where here, public school. You have public school. You can go to school for free. You can buy your kid some clothes, but over there, it's like you have to pay for education. If you don't pay for education, what's going to happen with your kids? Trying to have money for food just the bare minimum they needed. It felt like they had no more option.

Dr. Berry: So, it's a lot of it seems especially it seems to come from a sense of an origin of survival. Whereas and again, obviously we don't want to belittle anyone who may be obviously going through the same things here, but it seems like almost a level of connectedness. There's a lack of connection one way or the other and that's how they get connected to said pimp and that's how they get connected to said home and away from home in a way because there's that lack of it.

Marline Francois: Yep. Yeah. Absolutely. There's no safety. There's no safety. Your basic needs aren't being met so now you're looking for another option.

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- Dr. Berry: How has especially all this stuff that's kind of been stemming from the fact that now it's popular, right? Now it's popular to have this discussion on sexual assault and sexual abuse and sexual trauma and hopefully soon sexual trafficking. How has that kind of helped spur your field and the clients that you may see now versus maybe a few years ago?
- Marline Francois: I think now, because you have the whole Me Too campaign happening, you're seeing a lot more dialogue and discussion when it relates to women just advocating for each other and stepping up and fighting for their rights. So, you're seeing a lot more of that discussion happening so I think that women are ... Not just women. And men. So, people are becoming a little bit more comfortable with sharing and disclosing their own trauma and things that has happened to them and people are becoming more willing to go and seek help and see a mental health therapist. I also think also too, as therapists, we're putting ourselves out there a little bit more with speaking up more about what does it look like? What does your first appointment seeing a therapist look like? What is anxiety? What is depression? How do I know if I'm sad? What is mental health versus mental illness?
- Marline Francois: So, we're having those discussions and I think it's becoming a little bit more accepting. We'll see someone. Look at Jay Z. He's out there talking about therapy. He put it on his album. He had it on his album and so I think when people are seeing celebrities talking about therapy and having the Me Too hashtag and campaign happening and seeing people all across people talking about it, people are like, "Wow, you too?" So, I think that's what people need. When they can see that, "Okay. I am going through something that you also went through or we share the same pain," it makes it easy for people to feel comfortable to share what they're going through and be more vulnerable.
- Dr. Berry: At the level especially from being open, because I know obviously you work with primarily women and young girls. Do you find the bar much higher for men to want to come out and who may have experienced sexual trauma sexual abuse growing up to even admit it? Even to say me too? Do you find that to be a very stark difference, especially with the movement that we have now that, I don't want to say primarily seems to be women centered, but of course, again, correct me if I'm wrong. I think a lot more women suffer from sexual assault and sexual trauma.
- Marline Francois: Yep. Yeah. Women definitely suffer more from it. I think when it comes to men, there's still this stigma like that didn't happen or people laugh at them. There's still this laughing concept like, "Oh, a man can't get raped." People don't understand it. Men also to themselves if they're put in that position, they don't want to speak out about it because that dialogue is not happening so frequently as far as what does it look like for a man who does not consent to this? It also for the statistics, only one in nine girls will experience sexual abuse before they're 18 compared to 1 in 53 boys under the age of 18.
- Dr. Berry: Wow.

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- Marline Francois: So, the rate is higher for women to experience sexual assault and abuse. For me, maybe I think there's also maybe too lack... it's under reported. It's under reported not just for men, but I also think that in the African American community, it's under reported as far as sexual assault when it comes to the data. For men, if it happens, who do they go to? Because then it's like, "What do I say?" I think the impact also too if they were sexually abused by a male or a female there's a different impact. Because I know recently there was a story of a teacher who got pregnant by one of her students. The family were excited. The family of the young boy was excited about this that our son is having a baby with this-
- Dr. Berry: Oh. Tell it. Talk about it.
- Marline Francois: Yeah.
- Dr. Berry: Talk about it.
- Marline Francois: I had to shut it off. I'm like, "I can't do this. I can not do this right now." Then but you always hear that dialogue. I remember growing up always hearing that dialogue when I was in high school. The boys like, "Oh yes. I can just bang that teacher." It was like something you want to do. I remember growing up watching Dawson's Creek on TV and the boy, he was in high school, forgot his name. He was sleeping with his teacher. It was an okay thing for them. It was the thing that they wanted to do. So, it's still that thing where if a situation like that did occur, you can just only imagine. So, if he's telling his guy friends in the locker room like, "Yeah. Me and so and so." It would be like, "Me and so and so had sex." It wouldn't even be like, "Man, so and so came at me and she raped me." Because if he says that, the other guy's like, "What? I wish she would rape me."
- Dr. Berry: Exactly. Exactly.
- Marline Francois: You would hear ... Yeah. So, then it's like at that point, it's like-
- Dr. Berry: It's so slanted for men to want and accept something that's clearly sexual assault, that's clearly rape, it's clearly sexual trauma, but mentally they're like, "Oh, no no. I'm okay with it."
- Marline Francois: Yeah.
- Dr. Berry: Absolutely. Yeah.
- Marline Francois: Yeah.
- Dr. Berry: How can, especially as a physician and of course I always feel that our therapists are really the front line when it comes to mental health and getting our act together as a community, as a country together. But I think the numbers don't lie. A lot of your patients will come see their primary care first, right? Not necessarily for mental health issues, but for their blood pressure. For their cholesterol. For some random.. but they still have those same characteristics. What are some things that, especially me as a physician, should be really looking out for and

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really keying in on when we're thinking about a history of sexual trauma or the effects of sexual assault when they're young, that I should even incorporate tomorrow in my practice and in my history taking?

Marline Francois: I think it's important to ... Some warning signs I would say look out. So, with the medical profession I would say asking them questions as far as with depression. I think it's called a PQI or PHI scale. There's a questionnaire we can ask them where it can kind of assess for depression or suicidal thoughts. So, looking out for some of those normal things like how's your energy level, your appetite, any sleeping pattern changes. Ask them questions about if they had nightmares or any flashbacks because nightmares and flashbacks are associated to PTSD and trauma. If you're scoping out their body, checking their heart rate and their arms to get their vitals things like that, seeing if you see any unusual cuts or bruises on their body to see is this person being abused or some sort of domestic dispute happening or are they engaging in self harm behavior.

Marline Francois: STDs is another big one. If they have had a history of any STIs or STDs, asking them if they remember how they contracted it as far as their sex life. Ask them questions about that to see what's going on with that because sometimes you may have people where they will tell you that their sex life is no longer the same because of some experience that they had that they weren't comfortable with. Maybe even assessing for drug and alcohol behaviors. Asking them who they reside with, who do they live with. Do they feel safe? So, you always want to assess for safety. I think safety is one of the biggest things and making sure that they feel safe where they reside at. Where they work at, where they live, go to school. Do you feel safe here? Are they in an abusive relationship or not?

Marline Francois: So, look out for those things. If you're working with a adolescent or a child, how are your grades in school? How are things going? Looking for unusual behaviors and asking the parents too. Have you seen any difference? Any significant changes lately in your child? Are they spaced out all day? Do you have a child who is in school now and now they're dealing with enuresis? So, they're bedwetting all day or they're reverting back to that behavior so that's happening too. That's another sign of some sort of sexual abuse so asking about that. Assessing those things as much as possible when you have that child or adult that's in your practice and figuring out, "Okay. What is unusual that's happening? Do you feel safe?" Just seeing how they engage with you in that moment.

Dr. Berry: I think that's important because I would have patients come in for very vague complaints. As a physician, especially if you're not thinking in that mental health aspect first and asking more in depth serious questions, you're running tests, you're ordering, you're sending them to different specialists and I remember specific, I had a patient. She came in. It was probably three times in one month which is totally unusual. Three times in one month came and it was always for something vague. It was always for something that it just didn't make sense when she told the story. I remember just asking one day. I said, "Is everything okay at home?"

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Dr. Berry: That was all I said. Is everything okay at home? She began bawling tears. She began bawling tears because clearly she was coming because she wanted to say something but she didn't know how to say it. All it took was me for to ask that one question and it was almost like the floodgates. She was able to open up and talk about some of the issues that she was facing at home in particular. This particular case was domestic violence and get to the point where she was able to open up because she couldn't do it at home. Her way to get out the house was to have a doctors appointment and to be "sick." So, I definitely agree with just ... It almost sounds bad, but I think some of our doctors, we're just not asking questions. We're just not doing enough of that.

Marline Francois: Yeah. Well, I think also too, I know there was a doctor. I think her name is Dr. Burke. She's a pediatrician out in California. She did a TedX talk on the affects of child abuse and she talked about how when she was in her training and residency working in the ER and children were coming in with various complaints, but no one was really asking the right questions. She realized a lot of what they're going through are because of their trauma. Not the sexual trauma, but other forms of trauma that kids may experience. So, if you witness your parents in a domestic dispute, if you've seen someone get shot. So, a lot of the other trauma that occurs and how that affects a child. So, she started doing a lot of research and study around that and just being able to ask questions related to that. So that way she can better provide service and recommendations and care for the patients that were coming in to see her.

Dr. Berry: So, I want to, because I obviously this is such a powerful episode, such a powerful topic, but I do want to end on a more lighter note. I want to kind of segue and kind of talk about your nonprofit, right? I'll say this and I'm on this enough, but I'm a little bias, right? As a founder of a nonprofit organization, I love when I see other young professionals be able to say, "You know what? Yes I'm doing okay, yes I'm doing great in my field, but I want to do more. I want to do more for those in need." So, can we talk just a little bit about Far More Precious, your organization. Your nonprofit or 501C-3 nonprofit organization. For those who listen, that means you can donate money and be a tax write off.

Marline Francois: Yeah.

Dr. Berry: Can we talk a little bit more about that? Because again, I'm excited. I absolutely love the program. I love the theme of it. I always get inspired when I see someone who's like oh ok you have a nonprofit too? okay. I like it.

Marline Francois: Yep. So a lot of it stems from when I was in graduate school. I knew I wanted to give back for girls. Underserved communities and for me, a lot of it had to do with in my profession and in internship experiences working with teenagers and realizing that they were limited on resources when it came to academic roles and professional development and not knowing what opportunities are out there for them. So, this was a way to kind of give back in the community by providing those resources for young girls that were in high school. Being able to provide some academic scholarship. So, it was a way to kind of get into the

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schools and kind of do a lot of talks about self esteem and social media etiquette and goal setting workshop.

Marline Francois: So, that was my way of kind of just doing that for girls. Then also this year, what we're doing is that we're doing a five city tour in New Jersey, Brooklyn, New York, Baltimore, Maryland, DC, and Philadelphia, Pennsylvania. We're doing a five city tour where we're going to target 40 girls per city and we're doing a brunch experience for the girls. So, millennials love to brunch. I love to brunch. I'm obsessed with brunch, but then it seems like for young girls ... Yeah. There's a lot of events. Women are doing a lot of women empowerment events. There are conferences. There's a lot that's happening for young professionals, but for a lot of these young girls, they have conferences and workshops that happen with their school where you go to this workshop and it's like, "Okay. This is good. I sit here and listen to you talk all day. This is great," but being able to have something where they have brunch and you can sit there and chop it up with some girls you don't know just to be like, "Sis, I got you."

Marline Francois: Just to have that engagement and just to be vulnerable. Just have that safe space where we can talk about badder things that happen. So, we can talk about the cyber bullying that's happening in their community. We can talk about the young girls that have been dying from suicide. We can talk about the young girl who some young boys thought that she had their marijuana so they had her strip on Facebook live. Stripped her completely. Took her wig off and called her all types of degrading names. Only to find out that she didn't have the marijuana on her and for her to leave there embarrassed. So, you can just imagine the public humiliation that goes with that.

Marline Francois: So, a lot of these girls are dealing with issues that is not being addressed in their school and some of them don't have the opportunity to leave and go to some sort of community agency that they can go to or have some after school enrichment program. They may not have access to a therapist or maybe they don't know how to go how to seek help. So, then being able to provide a safe space for young girls to come out and eat food because we love to eat. Then they can take selfies but then they can learn something. So, it's me along with another therapist who's located in Philadelphia. We're teaming up together because we love working with teens and we're just going to talk about these issues. So, whether it's self harm, suicide, depression, your self esteem and trying to figure out what do I want to do with my life? So, that's pretty much what we're doing this year with Far More Precious is having this teen tour.

Dr. Berry: Yeah. Lunch and Learn community, y'all see how she kind of humble bragging. Like, "Oh that's all we doing this year. Just a five city tour. Couple coming near you." A little brunch. You know I love it. Again, especially because I'm around a lot of millennials, I'm around a lot of entrepreneurs. I'm around a lot of minority folks really doing big things. So, my interests are always piqued when things like that are happening. So, please definitely Marline, reach out to me whenever it comes time for donation time so I can definitely I would love to put my hat in and sponsor or kind of do something to kind of help those girls out. Because I

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think it definitely starts young. It definitely starts where we need the most help. Like I said, not to say that our older folks don't need help right. Again, I love the fact that I can call myself older now. I'm at the age now where I can say, "Back in my day," and say it with confidence.

Dr. Berry: You dropped a Dawson's Creek reference and I'm pretty sure we're going to have some people who are going to be like, "Dawson's Creek? What is"-

Marline Francois: Dawson's Creek. I know! That's what I said too. I was like, "Oh my gosh. They probably don't know what I'm talking about. Dawson's Creek."

Dr. Berry: So, I absolutely love it. Again, please definitely reach out. Of course, I will definitely be putting her information in the show notes for her nonprofit organization. Remember, 501C-3, that means you can donate that money and it will be a tax write off. So, don't lose, Lunch and Learn community. Definitely please reach out. Especially if you're in that northeast area and you can help out in any which way with the financial support, body support, location. Whatever you can do. Please reach out to her and try to make the thing happen for the 40 girls in each of those cities. Hopefully next year she can make it 60 girls and 80 girls. Because that's the direction & trajectory it should go.

Marline Francois: Yeah absolutely.

Dr. Berry: Now, I would be remiss if I didn't have discussion, especially when we talk about mental health. Someone would not like me if they say, "How did you have a therapist of Haitian descent on your show and you did not talk about us Haitians when it comes to the mental health aspect of it?" First of all, I'll preface it with what I face, just in the medical aspect of it. In the medical field, my Haitian community, you know I love y'all. But I face a lot of having to combat a lot of stereotypes. Having to combat a lot of juices and teas and different remedies that may have worked or not worked growing up in place of modern medicine. So, I know if I'm facing that in the medical realm in my community, especially because you're working with the young women in Haiti. How has that been accepted as far as mental health in general would you say?

Marline Francois: It's a trying ... Still learning because I've spent seven years working in a psychiatric hospital. I've worked in two separate psychiatric hospitals in New Jersey and in both of the areas, we have a large Haitian community so we've had Haitians come into the hospital. Some of them were accepting of their diagnosis and understanding that that they have schizophrenia, major depressive disorder, but then there were others who were like, "No. I don't have that. I just need to go to church," but I think it's so hard. It's really hard. It's a matter of just really engaging the community because as a Haitian community, we always go to the church first. The church is usually our stomping ground for a lot of our issues.

Marline Francois: So, you having some issues with your kid, you call the church. You call them to do a prayer at your house. I remember when I was little, I was sick one day. I decided to run around in circles or something and I was dizzy and I was dizzy for two days. How about my dad decided to bring the preacher to the house to pray

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for me? Instead of taking me ... Mind you. We've always had health insurance. Always had really great health insurance from his job. He was like, "Oh, no. We're going to have the leaders come over and pray for her. She'll be fine." I was good the next day. I probably needed to rest. Who knows? I was playing around too much, but it's those things that's like, "Oh. Let's just pray for you or we have this remedy."

Marline Francois: Every Haitian grandma has some sort of special remedy. Some ginger, some slice of orange zest leaves hanging in her house. Some bay leaves-

Dr. Berry: I done drunk plenty of tea.

Marline Francois: Yes.

Dr. Berry: I done drank plenty of tea. I done had to bath in plenty of tea growing up.

Marline Francois: Yeah. The funny thing is that I have started to incorporate some of those into my lifestyle like merenga leaves, but it's just how we tend to go after more holistic approaches with the teas and the herbs or going to the preacher when it comes to something that's happening. Also too, in the Haitian community, people sometimes think maybe this is voodoo that's happening, so then people are going to a voodoo priest. So, it's things like that that are happening. So, I think a lot of the dialogue when it comes to mental health is bringing it to the churches. So, bringing it to the churches and just talking about what does depression look like? What does anxiety look like? What does ADHD look like?

Marline Francois: Maybe your child needs to get tested. How does that testing process work and evaluation when it comes to the school? Who can advocate on your behalf? Do you need to go to a hospital and get assessed by a psychiatrist? Do you need to get screened and evaluated? What would that look like for you? What does it look like to be put on medication? So, being able to just have that dialogue with them to let them know what it entails and how if you have a mother who's grieving the loss of her child or someone who just gave birth and dealing with post partum depression, what can we do to support her in that moment? So, I think sometimes in the Caribbean culture, we have this hush hush mentality. What happens in my home stays in my home. No one needs to know what happened and that's really not as effective when you need help because then you're suffering in silence.

Marline Francois: So, I think they need to be more vulnerability and them being able to know the resources that are out there. In New Jersey, we have a lot of support services, but it's a matter of getting more ... We need more Haitian therapists who speak Creole that are private practice. I think we can get more of them to go into private practice, that would help to change the game a whole lot. Especially when I'm getting phone calls from people who are like, "I prefer to see someone who's Haitian because I'm more comfortable. You understand the culture." So, being able to have more people for the referral boards because everyone has their specialty. So, I think the more and more we have those dialogues and offering just basic education and training, I think it starts there.

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- Marline Francois: Having that and then knowing where they can go for resources that's going to really help them realize, "Okay. Well, you know what? It's okay if I go get help. It's okay." Having the pastor support that. I think also having churches have some sort of counseling support services. I know the church that I attend, we have a list of directory of Christian therapists or groups. We have a grief share for people that are dealing with someone in their family that has cancer. There's groups of people that are recovering from substance abuse. We have groups for women survivors of sexual abuse, so having those things within the church too also helps because then people are more comfortable.
- Marline Francois: The Haitian community seems like they trust the church. So, having that in the church may be helpful too.
- Dr. Berry: Oh yes. Tell it. Tell it. That's so true because I used to have a lot of patients who would come to see me just for the simple fact that I spoke Creole. They would leave their doctor for years, but they're like, "No, you speak Creole so I'm going to come to you." Because it does make them much more comfortable. I can only imagine. It's like pulling teeth for me to get them to talk about their blood pressure and their weight and their diabetes. So, I can only imagine and I definitely do not envy your position having to get someone to open up about depression. Get someone to open up about bipolar disorder. Get someone to open up about being anxious. Again, I tip my hat because I already know. I already know the battles you're having to face probably trying to do just that.
- Dr. Berry: How can, obviously if they're in the northeast area, maybe you can do virtual, but how can someone reach out and get in contact with you and get in contact with your organization or get your amazing planner like I said. Shameless plug, my wife is a customer of the therapist planner. So, I definitely can attest to the fact that if you're a therapist and you know, you're not as organized as you want to be. Now, I didn't say that you ain't organized, but you're not as organized as you want to be, this is definitely something you need to get in to.
- Marline Francois: Yes. Yes. So, the way they can connect with me is why website. My website is [marlinefrancois.com](http://marlinefrancois.com). I have several sites. Far More Precious website is [farmoreprecious.org](http://farmoreprecious.org). If you'd like to get plugged in as far as with the girls brunch that we're doing, we are looking for sponsors and volunteers. That website is [brunchandbond.com](http://brunchandbond.com). I also have a therapy practice located in Montclair, New Jersey and the website for that is [heartsempowerment.com](http://heartsempowerment.com).
- Dr. Berry: Lunch and learn community, I told you had an amazing guest here doing absolutely big things. You listened to the list of things that she's running off. Again, these are amazing people doing some great things in our community and I'm just thankful that we were able to get her on and share her story and also educate us on what it really means. Like I said, we got a lot of learning to do as a health professional, as a physician. I take an onus in trying to make sure I empower myself so I can kind of help empower you guys as well. So, next week stay tuned for another amazing episode. Marline, thank you again. Like I said, I can't

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say it enough for coming on to the show and really helping to empower and educate us today.

Marline Francois: Thank you. Thank you for having me.

Dr. Berry: Thank you for listening to another episode of the Lunch and Learn with Dr. Berry. Please head over to [lunchlearnpod.com](http://lunchlearnpod.com) where you'll get the most recent episodes as well as today's show notes for your listening and viewing pleasure. Like always, depending on where you're listening this to, please subscribe to the podcast so you can get all the latest episodes sent directly to you. We are at all of your favorite podcast listening stations including Apple Podcasts, Google Play, SoundCloud, IHeartRadio, Spotify, and Stitcher Radio. Again, thank you for taking the time to listen and empower yourself to take control of your health and we'll see you next week.