

ABSTRACT

CREATIVE ART AND MINDFULNESS THERAPY FOR HUMAN TRAFFICKING SURVIVORS: A GRANT PROPOSAL

By

Monique L. Siswoyo

May 2015

This thesis project was written to seek funding for mental health care for human trafficking survivors who are served by the Salvation Army's Anti-Trafficking Services Program. Mental health care is an essential part of victims' services in order to assist the survivors to gain self-sufficiency and to integrate into society. This project proposes two evidenced-based treatments: art therapy and mindfulness therapy. Both art therapy and mindfulness therapy strengthen survivors' resiliency and sense of coherence as well as transform posttraumatic stress to posttraumatic growth. This grant proposal located a potential funding source which is the Sisters of St. Joseph's Health Care Foundation. The actual submission of this grant proposal to the funding agency is not a requirement set by the MSW program.

CREATIVE ART AND MINDFULNESS THERAPY FOR HUMAN
TRAFFICKING SURVIVORS: A GRANT PROPOSAL

A THESIS

Presented to the School of Social Work
California State University, Long Beach

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

Committee Members:

Janaki Santhiveeran, Ph.D. (Chair)
Jo Brocato, Ph.D.
Marilyn K. Potts, Ph.D.

College Designee:

Nancy Meyer-Adams, Ph.D.

By Monique L. Siswoyo

B.S., 2002, Petra Christian University, Indonesia

May 2015

UMI Number: 1589652

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 1589652

Published by ProQuest LLC (2015). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

ACKNOWLEDGEMENTS

I give thanks to God who has guided me through the process of finishing this thesis. I am grateful to the School of Social Work, California State University, Long Beach, for these two important years of studying, specifically to my thesis advisor, Dr. Santhiveeran, and the committee members, Dr. Brocato and Dr. Potts. I am filled with gratitude for the Sisters of St. Joseph of Orange, especially Sr. Rose Marie Redding, C.S.J., who has been my mentor and proofreader of my thesis. I am appreciative to the Salvation Army, especially Jean Watkins, MSW and Priscilla Santos, MA, who gave me opportunities to work with the trafficking survivors as well as provided supervision and training pertaining to human trafficking. Also, I am grateful to Sherri Harris, MA, whom I interviewed for the agency's needs assessment. Foremost, I am honored to walk with the survivors who have inspired me to be an advocate to eliminate human trafficking.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	iii
CHAPTER	
1. INTRODUCTION	1
Purpose of the Proposal	3
Definition of Terms.....	3
Cross-Cultural Relevance	4
Implication for Social Work	5
2. LITERATURE REVIEW	6
Efforts to Combat Human Trafficking.....	6
Effects of Human Trafficking.....	8
Ecological Conceptual Framework.....	9
Complex Post-Traumatic Stress Disorder.....	10
The Psychophysiology of Trauma	11
Window of Tolerance	12
Resiliency.....	12
Sense of Coherence.....	13
Inner Strength.....	14
Understanding Resiliency in a Non-Western Cultural Context.....	15
Evidence-Based Practices	16
Cognitive Behavioral Therapy in Trauma Healing.....	16
A Comparative and Theoretical Study between Cognitive Behavioral Intervention and Art Therapy.....	17
Art, Creativity, and Resilience.....	17
Mindfulness and Trauma Therapy	18
Art Therapy with Stretching and Walking Meditation	19
Focusing-Oriented Art Therapy	20
Body-Oriented Group Psychotherapy.....	22
Outcome Measurement	22

CHAPTER	Page
3. METHODOLOGY	24
The Agency Seeking Funding.....	24
Identification of Potential Funding Sources	25
Target Population.....	26
Needs Assessment.....	26
4. GRANT PROPOSAL	28
Introduction.....	28
Problem Statement.....	28
Purpose Statement.....	30
The Host Agency	31
Assessment of Needs in the Agency.....	32
Creative art and Mindfulness Therapy.....	34
Program Description	34
Program Goals and Objectives.....	36
Timeline	39
Program Evaluation	39
Logbooks.....	40
Post-Intervention Survey	40
Outcome Measurement	41
Program Budget Narrative	42
5. DISCUSSION	44
Lessons Learned.....	44
Analysis of Process	45
Recommendations for Future Research	46
Implications for Social Work and Multicultural Practice	46
APPENDIX: LINE-ITEM BUDGET	48
REFERENCES	50

CHAPTER 1

INTRODUCTION

According to the Trafficking in Persons Report in 2007 VALID, approximately 800,000 victims of modern day slavery are trafficked yearly across international borders worldwide (U.S. Department of State, 2007). Annually, 14,400 to 17,500 people are estimated to be trafficked into the United States (Clawson, Dutch, Solomon, & Goldblatt-Grace, 2009). This includes child prostitution, domestic servitude, and daily forced labor. Because of the hidden nature of human trafficking, complete information on the incidence and prevalence of human trafficking does not exist (Institute of Medicine and National Research Council, 2013).

Some victims of human trafficking unquestionably have been exposed to physical and psychological harm or threats of physical harm, which are repeated and intrusive for a long period of time (Williamson, Dutch, & Clawson, 2008). This traumatic experience includes the process of recruitment, harboring, and transferring that utilizes coercion, force, and fraud in order to achieve victims' compliance to do the intended crimes that the perpetrators have in mind (United Nations Office on Drugs and Crime, 2014). This type of violence often involves sexual assaults to assert power and control over the victims (Asian and Pacific Islander Institute on Domestic Violence, 2012). Additionally, sex trafficking victims could experience multiple threats and physical harm, such as beating, gun-point threat, starvation, and drug inducement to break their mental capacity.

Labor trafficking victims could experience multiple threats and harm, such as confinement, beatings, and loud verbal abuse because of mistakes made *on the job*. They may also have improper living arrangements provided by the traffickers, including poor sanitation, no health services, spoiled food, and poor sleeping facilities (Logan, Walker, & Hunt, 2009).

These multiple and chronic acts of violence create ramifications for the survivors' mental health, causing complex trauma. According to Zepinic (2012), complex trauma is a distinct subset of psychological trauma that is caused by severe, prolonged, and repeated harm. Courtois and Ford (2009) propose that complex trauma's symptoms are more than the hyperarousal and hypervigilance that are caused by external danger, but they also include internal threats (i.e., inability to self-regulate, self-organize, and draw upon relationships to regain self-integrity). Cumulative adversities add to the impact of complex trauma, such as poverty, incarceration, homelessness, repeated sexual abuse, genocide, torture, displacement, and political repression (Vogt, King, & King, 2007).

The double threats (external and internal) of complex trauma can hinder survivors from living a normal life and may cause unemployment and isolation (Courtois & Ford, 2009). Talk-therapy such as Trauma-Focused Cognitive Behavioral Therapy is one of the evidence-based practices in psychotherapy which is utilized to help trafficking survivors (Johnson, 2012). For foreign-born survivors (victims who were trafficked across international borders), language barriers and cultural differences may impact the effectiveness of the therapy (Clawson, Salomon, & Goldblatt-Grace, 2007). Somatic /body work (Langmuir, Kirsh, & Classen, 2012) and a creative and holistic type of

therapy, such as art therapy (Buk, 2009) and mindfulness (Follette, Palm, & Pearson, 2006), as well as creative movement (Leseho & Maxwell, 2010), may offer more promising culturally competent therapy than talk-therapy alone for foreign-born survivors who speak limited English.

Purpose of the Proposal

This grant proposal is an effort to provide a holistic therapy program through the Salvation Army to the foreign-born human trafficking survivors who have experienced complex trauma. In conjuncture with the social services and counseling provided to them (Clawson, Dutch, Solomon, & Grace, 2009), the program will utilize creative art and mindfulness therapy to increase coping skills in self-regulation. The art therapy and mindfulness therapy are strength-based and client-centered: they address the obstacle of talk-therapy for survivors who speak little English and they increase social support during group meditation. The objective of the project is to locate funding sources for the development and implementation of the program.

Definition of Terms

Human trafficking: According to Victims of Trafficking and Violence Protection Act of 2000, a severe form of trafficking in persons or human trafficking includes two categories. First is the sex trafficking in which the victims are induced by force, fraud, or coercion to perform the commercial sex acts, or sex trafficking of children under 18 years of age. Second is the labor trafficking that involves recruitment, harboring, transportation, provision or obtaining a person for involuntary servitude, peonage, debt

bondage, or slavery, by means of force, fraud, or coercion. The crime does not necessarily involve physical transportation of a victim from one place to another.

Victim: Law enforcement uses “victim” as a legal term in the criminal justice process to identify an individual who suffered or is suffering harm because of criminal actions (President’s Interagency Task Force to Monitor and Combat Trafficking in Persons, 2013).

Survivor: Survivor is a term that has been used by service providers to honor the effort and strength of the human trafficking victims in their journey toward healing and recovery (President’s Interagency Task Force to Monitor and Combat Trafficking in Persons, 2013).

Complex trauma: It is “a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts” (Courtois, 2008, p. 86). The symptoms of complex traumatic stress disorder are more than hyperarousal and hypervigilance; they also include poor self-identity, poor self-regulation, and poor attachment-security (Courtois & Ford, 2009).

Cross-Cultural Relevance

Much trafficking in persons is transnational, adding to the complexity of providing trauma-informed services. For example, many victims are transported from their various countries of origin to the United States. Their ethnicities, languages, and cultures are different from each other as well as different from the dominant culture/language of the country to which they have been transported, typically causing them to feel isolated and unable to seek help. Additionally, survivors’ gender and sexual

orientation are diverse as well as their ages. A holistic approach is crucial in the survivors' recovery (Williamson, Dutch, & Clawson, 2007).

Implication for Social Work

Clinical social workers help clients holistically in bio-psycho-social and spiritual aspects. As one of the providers in the mental health field, social workers utilize research to find evidence-based practices to use with their clients. Social workers will need to have well-attuned cultural awareness; in return, this program may increase social workers' cultural competence since the clients are diverse. Because the program focuses on clients' unique needs, and utilizes clients' cultural beliefs, it is a client-centered and strength-based program. The program will be administered in a communal setting and is expected to build survivors' self-worth and increase relationships among survivors. Working with human trafficking survivors means working against social injustice on local and global scopes.

CHAPTER 2

LITERATURE REVIEW

Efforts to Combat Human Trafficking

According to Kara (2009), the effort to abolish human trafficking is not well understood; it also lacks funds and coordination. To abolish human trafficking, therefore, the author states that a coalition is needed among Non-governmental Organizations (NGOs), economists, business leaders, lawyers, lobbyists, and law enforcement personnel.

At the community level, grassroots organizations have actively participated in the effort to abolish human trafficking. In 1998, the Coalition to Abolish Slavery and Trafficking (CAST) was established in response to local labor trafficking in Southern California. In 2002, the Polaris Project started its effort to abolish human trafficking and administer the National Human Trafficking Resource Center in 2003 with a 24/7 hotline number to respond to reports of suspected human trafficking (Myles, 2013). Religious organizations, such as Roman Catholic religious orders, also actively participate in the effort (Smith, 2013). One of the activities of Catholic nuns is promoting the End Child Prostitution, Child Pornography, and Trafficking of Children for Sexual Purposes (ECPAT) Code of Conduct to be adapted in daily operations in chain hotels in the United States to protect children from exploitation (Communicators for Women Religious, 2011).

Meanwhile, at the national level, in 2000, President Clinton signed the Trafficking of Victims and Violence Protection Act (TVPA). Since the United States enacted the TVPA, human traffickers have been criminalized and transnational efforts have been coordinated to combat human trafficking (Tiefenburn, 2005). A nationwide survey among local, state, and federal law enforcement officers was conducted to ascertain their understanding of the TVPA and to recognize challenges in helping human trafficking victims. The survey result indicates positive understanding regarding the protection of trafficking victims by law enforcement officers. This finding leads to a promising task force strategy among multi-level law enforcement, prosecutors, NGOs, and community leaders in abolishing human trafficking (Clawson, Dutch, & Megan, 2006).

President Obama signed the Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States, 2013-2017, a collaborative effort involving more than 15 agencies across the Federal Government. He wrote:

Survivors of human trafficking have their lives ripped apart, and they deserve holistic, streamlined, and compassionate assistance as they rebuild their lives and their futures. This Plan's victim-centered approach is necessary to effectively meet the needs of survivors, whether they have been trapped in home as a domestic worker, brought to the United States as a migrant laborer under false pretenses, or forced to engage in commercial sex acts. (President's Interagency Task Force to Monitor and Combat Trafficking in Persons, 2013, p. v)

According to this action plan, federal agencies will provide leadership and direction in the following areas: (1) improving victim services by collaboration, coordination, and

capacity building, (2) expanding human-trafficking related research and data to support best practices in victim services, and (3) providing outreach and training to assist in victim identification.

Effects of Human Trafficking

Williamson et al. (2008) found that human trafficking can affect survivors' physical and mental health. Examples of physical health problems that were reported during post-trafficking social service provision include cardiovascular symptoms, headache, stomach pain, memory problems, back pain, loss of appetite, tooth ache, and fainting (Oram et al., 2012; Zimmerman et al., 2008). Labor-trafficking survivors may suffer occupational injuries; for example, some trafficked farm workers in the United States reported respiratory problems because of the use of pesticides without standardized protection as required by Occupational Safety Health Administration (OSHA; Richards, 2014). Many sex trafficking survivors needed assistance in the area of women's health regarding sexually transmitted infection and abortion treatments (Collins et al., 2013).

Physical and sexual abuses were frequently reported by female trafficking survivors in addition to other types of harm, such as threats to family members and the violation of their personal freedom (Zimmerman et al., 2008). Many female trafficking victims had also experienced child abuse (Abas et al., 2013). Some physical symptoms could be somatic manifestations of prolonged psychological distress (Turner-Moss, Zimmerman, Howard, & Oram, 2014). In recent studies, post-traumatic stress disorder (PTSD), depression, and anxiety were found to be prevalent among human trafficking survivors (Tsutsumi, I zutsu, Poudyal, Kato, & Marui, 2008). Trafficking survivors also

suffered from complex trauma disorder because of ongoing violence by single or multiple perpetrators (Johnson, 2012).

Ecological Conceptual Framework

Some biologists concluded in their research that human behavior and the ecosystem influence each other: human behavior affects the dynamics of the ecosystem; then, the dynamics affect how the ecosystem serves individuals; subsequently, this ecosystem service will influence human behavioral response which, in turn, will impact the original dynamics in the ecosystem (Collins et al., 2011). Ecological theory is a relevant theory that best describes the adversity of human trafficking and the efforts for the survivors to recover. Scaer (2005) proposed that society's problems may cause and perpetuate the traumatization of individuals (i.e., the sex trafficking survivors have to deal with the trauma as they are reminded everyday how sex entertainment is glamorized in the United States, for example, through television commercials, in magazines, and on billboards).

Stokols, Lejano, and Hipp (2013) proposes social ecological theory that involves transactions between people and an environment. According to the same authors, these transactions are bidirectional and reciprocate. Human trafficking survivors, however, do not experience mutual transactions, such as love or work compensation; instead, they experience coercion, force, and fraud (Clawson et al., 2009). In addition to *transaction*, the social environment is one of the key concepts in the ecological framework. The major cause of human trafficking is poverty. Many victims were initially searching for new opportunities, such as working in foreign countries that would bring more earning to

their families. In the new working environment, human trafficking victims have been denied safe housing and dignified work by their traffickers (Tuller, 2005). They have been used as consumer goods rather than respected as human beings. Society's laws have not always protected persons who have been trafficked (Miko, 2000). Many times, sexual trafficking victims have received treatment from law enforcement that placed them in the perpetrators' role rather than the victims' role (Aron, Zweig, & Newmark, 2006; Finklea, 2014).

Interventions for trafficking survivors are rooted in an ecological conceptual framework. The interventions are based on comprehensive assessments of survivors and their environments (Harvey, 2007). Social workers need to deliver trauma-informed care to human trafficking survivors (Johnson, 2012). In this type of service, triggers, such as a shelter's over-controlling rules, need to be revisited because they may re-traumatize the survivors (Macy & Johns, 2011) by causing them to recall past experiences of coercion and/ confinement imposed on them by their traffickers.

Complex Post-Traumatic Stress Disorder

According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013), PTSD has four clusters of symptoms: (1) unexpected intrusion of traumatic event into the conscious or subconscious mind accompanied by extreme fear and horror, (2) avoidance of anything that is related to or a reminder of the trauma, (3) negative alteration in cognition and mood, and (4) hyperarousal and hypervigilance. Additionally, Maercker et al. (2013) proposed a new classification of trauma-related disorder which is Complex PTSD. In addition to the

symptoms of PTSD, complex trauma survivors must also display one of the *disturbances in self-organization* (Elklit, Hyland, & Shevlin, 2014) which are: (1) affective dysregulation, (2) negative self-concepts, or (3) interpersonal problems.

Recent studies support the distinction between PTSD and Complex PTSD. Cloitre, Garvert, Brewin, Bryant, and Maercker (2013) conducted a research that resulted in the distinction of PTSD and Complex PTSD: participants who reported exposure to chronic trauma (e.g., child abuse), more likely fell under Complex PTSD and those who experienced single trauma (e.g., the 9/11 bombing) most likely fell into the simple PTSD category. Elklit et al. (2014) concluded that individuals who reported Complex PTSD symptoms demonstrated higher level of functional impairment (i.e., depression, anxiety, dissociation, sleep disturbances, somatisation, interpersonal sensitivity, and aggression) than those who experienced symptoms of PTSD alone.

The Psychophysiology of Trauma

Corrigan, Fisher, and Nutt (2011) stated that threat or trauma affects brain activity, specifically the autonomic nervous system in the human body. Further, the authors explained that the autonomic nervous system regulates defense mechanism in a fight-flight response (sympathetic hyperarousal) or freeze-compliance response (parasympathetic hypoarousal). According to the same authors, survivors of violence often suffer dysregulation of the autonomic nervous system in the wake of the trauma as evidenced by somatic symptoms (heart palpitation, trembling), emotional arousal (anger, fearfulness), hypervigilance, nightmares, flashbacks, racing thoughts, and impulsivity (Mathews, Kaur, & Stein, 2008). On the other hand, the trauma activation may be

manifested in a form of emotional numbing, collapse (fainting), immobilization, depression, and hopelessness (Bovin, Jager-Hyman, Gold, Marx, & Sloan, 2008; Heidt, Marx, & Forsyth, 2005; Moskowitz, 2004). These two different reactions were categorized into hyperarousal and hypoarousal effects of trauma (Corrigan et al., 2011).

Window of Tolerance

Ogden, Minto, and Pain (2006, p. 27) provide an explanatory conceptualization of the window of tolerance that exists between the two extremes of hyperarousal and hypoarousal. In the window of tolerance, the survivors who are experiencing autonomic arousal can tolerate the somatic involuntary response to the triggers. As a result, they are able to control their cognition and affect; therefore, they are able to regulate their thoughts and emotions. Survivors of trauma are taught to be aware of their window of tolerance by observing their bodily sensations (Langmuir et al., 2012). Understanding their window of tolerance may mitigate the use of unhealthy attempts to cope with their problems and symptoms of complex trauma, such as alcohol and substance use, high risk-taking activities, and suicidal ideation (Corrigan et al., 2011).

Resiliency

Resiliency will contribute to the recovery process of trafficking survivors. Resiliency can be seen either as a trait inherent in an individual (Mancini & Bonanno, 2010), as a *muscle* that can be built through exercise (Meichenbaum, 2011), or as a post-traumatic growth (Lepore & Revenson, 2006). *The Oxford English Dictionary* defines resilience as (1) “the ability of a substance or an object to spring back into shape” or “elasticity” and (2)

“the capacity to recover quickly from difficulties” or a positive adaptation in the context of significant adversity (“Resilience,” 2010)

Inzlicht, Aronson, Good, and McKay (2006) suggest that resilient people have self-monitoring skill that will help them to regulate and monitor their behavior.

According to Langmuir et al. (2012), self-regulation can be taught and cultivated; therefore, it could serve as coping skills during hyperarousal or hypoarousal. According to Wingo et al. (2010), resiliency can be considered as a protective factor that can be utilized in the treatment of complex trauma.

Some researchers state that there are connections among complex trauma, depression, and anxiety disorder (Suliman et al., 2009). Scholars hypothesize that human beings have a decrease in resistance if they have an increase in the number of adversities in life; in other words multiple trauma can damage one’s ability to recover and to be resilient (Fossion et al., 2014).

Sense of Coherence

In addition to resiliency, a sense of coherence appears to be a major concept in adaptation to stress and trauma (Fossion et al., 2014). A sense of coherence acknowledges that disease and stress are part of natural occurrence in life and yet there are internal and external powers that enable some people to rise from their negative life experiences rather than being disabled by them (Hart, Wilson, & Hittner, 2006). By utilizing *salutogenic* philosophy, the sense of coherence emphasizes one’s quest for health rather than focusing on the illness (i.e., how to be healthy instead of what causes a disease; Lindström & Eriksson, 2006). A sense of coherence develops over a life span

and grows through life experiences when individuals interact with their environment in meaningful actions (Feldt, Metsäpelto, Kinnunen, & Pulkkinen, 2007; Nilsson, Leppert, Simonsson, & Starrin, 2010).

In a comparison study between rural and urban citizens, Braun-Lewensohn and Sagy (2014) indicate that a strong community support could increase resiliency, but it is less likely to enhance the sense of coherence; thus, a sense of coherence has a more individualistic component than resiliency. However, Fossion et al. (2014) maintain that resiliency and a sense of coherence are similar because they each can be seen as an aptitude and a personal trait. As an aptitude, a sense of coherence can be altered by negative life events, whereas as a personal trait, it cannot be influenced by life events.

Inner Strength

Lundman et al. (2010) state that inner strength is a component of a sense of coherence and it can be developed to increase resiliency. The authors propose four core dimensions of inner strength: firmness, connectedness, flexibility, and creativity. The authors further suggest that through the interaction of these four dimensions, inner strength is formed: individuals grow in the ability to stand firmly grounded during stressful events, with the connection to family, relatives, friends, nature, and spirituality/transcendence. Creativity and flexibility will help individuals to bend, but not to break, during adversity and find meaning from their difficulties.

Nygren, Norberg, and Lundman (2007) state that in addition to enabling individuals to live firmly in a connected environment, inner strength also involves connections between present, past, and future. The authors add that inner strength

enables individuals to struggle to adjust to new circumstances. Without inner strength, persons can sink into passivity, depression, and low self-esteem. Lundman et al. (2010) state that inner strength enables trauma survivors to refuse to be passive and to drift into avoidance, but instead to be willing to look at life changes as a tool to aid growth. This ability to adapt to the new environment is called plasticity, another synonym for resiliency, meaning that the individuals are able to recover from adversities and find a new way of living.

Nygren et al. (2007) add that even though firmness and flexibility seem to be contradictory to each other, they actually provide a choice that utilizes creativity. Lundman et al. (2010) support this idea by extending the concept of inner strength as solidarity in community, with survivors enduring difficulties together.

Understanding Resiliency in a Non-Western Cultural Context

A study among sex trafficking survivors in Cambodia (Gray, 2012) reveals a different construct of resiliency between Western and Eastern cultures. Instead of dwelling on their negative experiences, the participants of the study did not allow emotional disturbance to interfere with their current lives. They used humor and buoyancy in order to cope with their trauma. In Western culture, this behavior would be interpreted as avoidance or denial of their past experiences. Further, the study also reveals that a sense of loyalty to their families would increase individuals' emotional strength, albeit it was their family who sold them into prostitution. Internalization of emotions by survivors within Eastern culture is in contrast with survivors in Western culture, for whom it is seen as dissociation and avoidance. This study reveals that

internalization increases survivors' emotional strength as well as their level of mastery in managing everyday affairs. The competency of self-efficacy is not individualistic but developed in a community connection.

Evidence-Based Practices

Cognitive Behavioral Therapy in Trauma Healing

Skills Training in Affective and Interpersonal Regulation (STAIR) followed by Narrative Story Telling (NST) is a cognitive behavioral treatment that was originally used to treat children suffering from childhood abuse trauma (Cloitre, Cohen, & Koenen, 2006). According to the authors, STAIR followed by NST targets deregulation of emotions, relationship disturbance, and PTSD symptoms such as dissociation, hyperarousal, hypervigilance, anger, depression, and anxiety. The authors add that STAIR followed by NST has two components which are (1) skills training to cope with day-to-day challenges and (2) exposure therapy. Further, the authors suggest that the duration of the treatment should be 16 hours (total) divided into 60-minute segments for each separate session, which can be conducted in a clinician's office in an individual or a group setting. However, according to Landes, Garovoy, and Burkman (2013), STAIR followed by NST could be very expensive in an individual setting.

Cloitre, Petkova, Wang, and Lu Lassell (2012) conducted research among 104 participants with PTSD to evaluate the effectiveness of STAIR followed by NST compared to two other treatment modalities: (1) STAIR followed by Social Counseling and (2) NST followed by Social Counseling. The research showed that among the three modalities of treatment, the greatest improvement in PTSD symptoms were obtained with

the combined use of STAIR and NST; in other words, it was extremely helpful for trauma survivors to have learned to regulate their emotions and interpersonal relationships (STAIR), and these skills were enhanced by a safe environment where the survivors could tell their stories (NST).

A Comparative and Theoretical Study between Cognitive Behavioral Intervention and Art Therapy

According to Pifalo (2009), art therapy can provide a viable alternative to talk-therapy for persons having difficulties expressing themselves verbally. Sarid and Huss (2010) conducted a comparative and theoretical study between cognitive behavior intervention and art therapy during PTSD prevention (between 0 to 3 months after symptoms are observed). The authors juxtaposed case studies to outline the commonality between cognitive behavior intervention and art therapy as therapeutic modalities. The comparison showed that both therapies utilize sensory triggers such as smells, sounds, sights, textures, and situations; and both can modify psychophysiological responses and provide desensitization regarding trauma symptoms. Sarid and Huss (2010) explained that in the case of cognitive behavior interventions, imaginal exposure utilized sensory triggers through guided imagination. In other words, the process occurred in the mind and imagination (p. 10). On the other hand, the art therapy used real sensory triggers such as shapes, colors, and textures of the art materials.

Art, Creativity, and Resilience

Ziadel (2005) explained that neuropsychological evidence suggests that even though the frontal lobe functioning, such as linguistic ability, is damaged, the artistic skills are minimally affected or not affected at all. Talwar (2007) claims that during

therapy the survivors of trauma will utilize the nonverbal aspect of creative art-making in order to awaken their forgotten emotions and feelings. Creativity as a component of art making is also known to be one of the factors in enhancing resiliency. Corley (2010), in her study among three Holocaust survivors, concluded that creative art helped make meaning of the past adversity and fostered healing and resilience among trauma survivors. She further explained that the creative art expressions actually increased the well-being of the entire Jewish community because the art made by the survivors enhanced the narrative coherence of what happened during the holocaust (Corley, 2010, p. 550). She also suggested that art expression can induce personal and communal transformation because art triggers inspirations within the self and others (Corley, 2010, p. 543).

Mindfulness and Trauma Therapy

The practice of mindfulness can range from meditation to an awareness of daily activities. Goodman and Calderon (2012) stated that mindfulness focuses on awareness of bodily sensation in the here-and-now experience, and this experience is not to be judged as good or bad, but simply as experience of the presence moment. The authors further explained that this practice will help trauma survivors to distinguish the experience in the past from the present moment. Some methods of meditation may include body scan from head to toe or vice versa, increasing sensory experience while eating meals, or breathing exercises along with short phrases or sentences (mantras) during the meditation to create calm and tranquility. In one case-study of a trafficking survivor, Goodman and Calderon (2012) used mindfulness meditation skills to help a

survivor to feel grounded during trauma processing. The body scan and breathing exercise helped the survivor to feel calm when she started to experience hyperarousal. Also, intense feelings such as fear and anger toward the perpetrator were accepted as appropriate feelings and no longer took over her well-being because of her increased self-control. The survivor gained a mastery over her reaction to the feelings because of the mindfulness teaching: to let the feelings arise without judgment and accept them as normal.

Art Therapy with Stretching and Walking Meditation

Gantt and Tinnin (2009) proposed that alexithymia, which is a cognitive-affective disorder characterized by persons' inability to express their emotions properly, is linked to posttraumatic dissociation that appears in avoidance behavior. Kim and Ki (2014) conducted a single case study with a third-year female high school student in South Korea. She suffered from alexithymia and somatisation symptoms because of multiple stressors that she had experienced. During a summer break, she participated in an intensive art therapy that was combined with stretching and walking meditation. The therapy was 3 or 4 times a week with a total of 21 sessions. Each session lasted from 40 to 90 minutes. The sessions were conducted at an art therapy lab, a school sports field, and a park close by the lab. At the beginning of every session, her therapist would accompany her to walk in a natural environment for 10 minutes and do meditative stretching and walking. After that, the creative art therapy would begin by drawing and expressive movements.

At the beginning phase, the participant was showing flat affect and had many symptoms of somatization such as weakness and pain in her body. In one of her art pieces during the beginning sessions, she drew a dark blue color around a figure of a person symbolizing her depression. During the last sessions, she drew a pink aura around a figure of a person and said that she felt warm. She was also able to draw a beautiful flower that symbolized her, and said that actually after she completed some sessions of the art therapy combined with stretching and walking meditation, she gained the ability to express emotion. She acknowledged that what happened to her was that she was overwhelmed by family's and society's expectations to be successful, specifically to enter a university.

Focusing-Oriented Art Therapy

Rappaport (2010) provided a single case study that proposed Focusing-Oriented Art Therapy (FOAT). In this therapy modality, theoretically body sensation is connected to feelings, specifically the feelings that are related to the trauma experience, such as fear, anger, and shame. There are three phases in FOAT: (1) establishing safety, (2) remembering and mourning, and (3) reconnecting to ordinary life. In the first phase, Rappaport (2010) explained that trauma survivors increase their window of tolerance to the traumatic memory by creating a distance from the harmful memory. The survivors create a comfortable distance between this disturbance and their bodies, for example by imagining putting the disturbance on a boat and allowing the boat to drift away, making the place where the survivors stand a safe place. By creating this safe feeling, the survivors enhance their capability to self-regulate. Furthermore, through art, the

survivors will express this safe place in symbols, for example by drawing a safe house or making a paper container with the word safe on it. In this phase, the therapist also creates a trust relationship with the survivors by using a non-judgmental approach. The goal of this phase is to enable the survivor to feel safe with his/her body sensations.

In the second phase, remembering and mourning, the survivors realize that they are safe, so they can work through their traumatic experience (Rappaport, 2010). The therapist utilizes focusing methods to access the survivors' initial felt sense, i.e., fear, shame, and anger, and then describe it in words, colors, symbols, and movements. The therapist then utilizes Gestalt methods, such as asking the survivors to have a dialogue with the art piece that they created. The therapist may ask such question as, "What is needed to feel safe?" At the end, the survivors will be asked to receive any feelings that appear from that dialogue. The goal of this phase is to release stressing emotions and to receive comforting feelings.

The last phase is reconnecting with present day ordinary life. After receiving a comforting feeling, the survivors have a moment of focusing to connect this new feeling to the here and now. They are asked to draw a symbol to express themselves with the new feeling, for example, a tree with big roots and leaves to symbolize an emerging life. According to Rappaport (2010), FOAT empowers the survivors to be their creator of healing. This modality also incorporates resiliency by initiating the body's wisdom to move forward toward growth, healing, and integration into society.

Body-Oriented Group Psychotherapy

Langmuir et al. (2012) conducted a pilot study of body-oriented group psychotherapy among 10 female trauma survivors. This intervention aimed toward the reconnection between the trauma survivors and their bodies, so that they could use their bodies as a source of information about thoughts and feelings. This awareness was taught through mindfulness activities.

In this therapy, the therapist made statements that were intended to awaken the participants' somatic symptoms and to ask them to be aware of the felt sense. Within a window of tolerance, the survivors were encouraged to complete actions or movements to counteract their beliefs or thoughts, such as a perceived harm that caused their somatic experience. This is called self-soothing skill. They were also encouraged to share their experience with other group members in order to gain peer support.

The study showed that by improving body awareness, participants had greater control over the antecedent of the flashback (hyperarousal) and had fewer dissociation symptoms (hypoarousal). Also, the study revealed that a trauma-informed group work is beneficial to survivors of interpersonal trauma because the group provides a safe place to tell their stories and a safe container in which to be intimate with each other.

Outcome Measurement

There are many measurement tools for resiliency. One of them is Trauma Resilience Scale (Madsen & Abell, 2010). The scale has been used to assess resilience among different types of victims of violence, including domestic violence, sexual abuse/rape, physical abuse/battery, and assault/other life-threatening events. The scale

identifies protective factors associated with overcoming negative effects of violence: (1) the ability to generate and maintain supportive relationships, (2) a positive outlook for the future that reflects hopefulness and expectations about life, (3) the ability to creatively find solutions to life problems, and (4) deep personal beliefs and practices that transcend regular activities of this world. The four factors reflect a holistic approach regarding social, emotional, cognitive-behavioral, and spiritual aspects of an individual. The scale has been tested as valid and reliable with a Cronbach's Alpha of .93. The scale has promising utilization for assessing clients' strengths, especially those clients who are trying to manage the consequences of violence that they experienced. The proposed program of creative art and mindfulness therapy will improve the trafficking survivors' resiliency through creativity, connection to transcendence, and support from others.

CHAPTER 3

METHODOLOGY

The Agency Seeking Funding

The Salvation Army was founded in 1865 in a poor area of London, England, where a married couple (William and Catherine Booth) assisted the poor through material, emotional, and spiritual sustenance; it was known as the Christian Mission (Garipey, 2009). In 1878, the Christian Mission was renamed the Salvation Army, which followed a quasi-military pattern in its leadership: the founder became the General and other ministers were labeled as lesser officers.

Currently, in the United States, the Salvation Army has 40 divisions that are divided into four major territories: Central, Eastern, Southern, and Western (Salvation Army, 2010). The Salvation Army's ministries in Orange County include drug and alcohol recovery, thrift stores, disaster services, spiritual outreach, pre-school, emergency shelter, and family services (Salvation Army Orange County, n.d.). In the area of human trafficking, the Salvation Army's Anti-Trafficking Services Program (formerly Network of Emergency Trafficking Services-Orange County; NETS-OC) has provided services to foreign-born human trafficking survivors since 2004 (Orange County Human Trafficking Task Force, 2014). The Salvation Army's Anti Trafficking Service Program is one of the core leaders in the Orange County Human Trafficking Task Force that involves law

enforcement, District Attorney Officers, Public Law Center, other non-profit organizations, and individual community service providers.

Identification of Potential Funding Sources

Using search engines, the following key phrases were used: “funding for human trafficking,” “funding for trauma treatment,” “funding for mental health treatment,” “funding for sexual abuse victims,” “violence compensation,” “funding for trafficking survivor rehabilitation,” and “trauma informed care/service.” The research generated a list of funders of private foundations, non-profit foundations, and government sources.

The Sisters of St. Joseph Health Care Foundation was identified as a potential funder for this project. The foundation is a non-profit organization and a public benefit corporation. It has served Southern California, the San Francisco Bay Area, Humboldt County, and Fresno County. The foundation has a particular interest in supporting agencies that provide direct health-related services: support and transform individuals and communities in social, economic, and cultural aspects; ignite change within larger societal systems to benefit people at risk; and develop the capacity for self-determination of the people they serve. The foundation has specific four areas of interest: mental health services, health services, homeless services, and violence prevention. In general, the Salvation Army’s Anti-Trafficking Services Program includes those four areas in the comprehensive case management for each survivor through referrals and direct services. Particularly, the proposed program is to provide direct service in mental health treatment for trafficking survivors. It is a good match between the funding resource’s interests and the agency’s services. The organization has been a committed partner in the abolishment

of human trafficking and has established a steadfast partnership with the Salvation Army's Anti-Trafficking Services Program in many human trafficking awareness events in Orange County. The proposed funding is \$50,000 maximum for the duration of 1 year of mental health service provision.

Target Population

The host agency's population demography is non U.S. citizens trafficking survivors, including male, female, and trans-gender adults and minors. The population includes victims of sex trafficking, labor trafficking, sex and labor trafficking, and servile marriage. Since 2009, the agency has provided long-term intensive case management to 83 foreign-born survivors plus 66 of their family members. In 2014, the agency served 72 foreign-born survivors, including 31 labor trafficking, 32 sex trafficking, 4 labor and sex trafficking, and 5 others. The countries of origin are global, the Middle East, Asia, Europe, and Africa.

Needs Assessment

Interviews with former program coordinator were conducted by the writer. The former program coordinator identified that hyperarousal, hypervigilance, and Stockholm's syndrome (i.e., hate-loving relationship between the survivors and the traffickers) are common issues among the survivors. When survivors experienced hyperarousal, they were debilitated by overwhelming emotions and they needed interventions from others to orient them back to reality. In one event conducted by the agency, one client was emotionally triggered and it had ripple effects on others; the event was re-scheduled. It has not been identified that survivors who are moderately to

severely affected by PTSD exhibited skills for self-regulation. The interviews included a discussion of a holistic approach that utilizes an art therapy modality.

The new program coordinator, indicated that talk-therapy (psychotherapy) referrals have helped clients; however, because of the limitation of funding, specifically when public benefits were exhausted, the therapies sometimes were stopped, and clients who had been stabilized re-experienced psychological crisis. When the new program coordinator was asked if she thought that the proposed art therapy would be helpful to clients, she responded that it would be very helpful to most of the clients.

CHAPTER 4
GRANT PROPOSAL

Introduction

This proposal is to seek funding to provide mental health treatment for trafficking survivors served by the Salvation Army's Anti-Trafficking Services Program. The proposed mental health treatment will be a part of direct services provided by the agency. Evidence-based practices are identified in this program proposal to help the survivors coping with their trauma symptoms.

Problem Statement

Human trafficking is a multi-billion dollar industry that has affected many individuals including males, females, trans-gender persons, adults, and children from many countries including the United States. It is a global crime that is rooted in poverty, greed, lust, and immigration issues. Many individuals migrate from their countries of origin for better economic opportunities and to seek safety from their war-torn countries. Unfortunately, the migration law, globally and in the United States, has failed to protect these vulnerable populations from labor and sexual exploitation. Nationally, run away children have become victims of organized commercial sexual exploitation. The sex trafficking organizations also kidnap children and transport them across borders and countries to meet prostitution demands that often involve high-end consumers and tourism. In the United States, these crimes happen in common places and venues such as

nail salons, massage parlors, restaurants, hotels, garment factories, individual homes, and sporting events.

The traffickers consider the victims as expendable assets used to produce goods and provide services. The trafficking victims experience long-term and severe abuse, including physical and verbal/emotional abuse. They live without human dignity because most of their basic rights and needs are not met. During the recovery process, the victims usually show symptoms of complex trauma (Courtois, 2008; Williamson et al., 2008). Complex trauma affects their emotional ability to maintain jobs and relationships; it hinders their effectiveness to become active community members (Courtois, 2008). In the wake of their trauma, many times bodily reactions such as hyperarousal or hypoarousal will negatively affect their interactions with others (Williamson et al., 2008). Nightmares also become regular patterns of sleep disturbance and will affect cognitive functioning in decision-making especially due to the lack of sleep and clarity of thinking. Low self-esteem and lack of trust are significant factors in prohibiting survivors from thriving in their social lives, and this may cause isolation (Courtois & Ford, 2009). Additionally, hopelessness may create suicidal ideation in seeking a fast relief from the pain that they are enduring (Corrigan et al., 2011).

In order to overcome the adverse effects of Complex PTSD, persons need to grow in resiliency and a sense of coherence. Resiliency is an ability to bounce back from adversity or a positive adaptation in the context of adversity. Most commonly, resilient people are those who have high self-monitoring skills. Unfortunately, trafficking victims have been severely abused and taught to be dependent on their traffickers. They have exhausted their resiliency because they have consistently been violated as human beings

prior to being able to run away or being rescued from their situations. One factor that can help the survivors to gain their resiliency is regaining a sense of coherence. A sense of coherence develops during one's life span and focuses on the quest for health. When the psychosocial development of a human being is interrupted during the experience of being trafficked, the sense of coherence is most likely to be altered, and survivors would have trust and codependency issues. Without emphasizing survivors' skills in restoring their resiliency and enhancing their sense of coherence, survivors are less likely to be successful in their efforts toward self-sufficiency.

Purpose Statement

In response to President Obama's Federal Strategic Action Plan (2013-2014) in combating human trafficking and providing holistic, streamlined, and compassionate services to the survivors, the Creative Art and Mindfulness Therapy (CAMT) is designed to assist trafficking survivors in their journey to recovery. The grant proposal is seeking funding for the application of CAMT in the Salvation Army's Anti-Trafficking Services Program. CAMT will assist trafficking survivors to build a healthy self-image and restore resiliency in their efforts toward self-sufficiency and integration into society. The proposed modality is to provide a culturally competent service through art which is a universal language and gives freedom to the survivors to express their feelings, i.e., anger, sadness, and guilt. The mindfulness approach will provide tools for the survivors to accept their feelings without judgment and to stay grounded in the here-and-now experience. This is a journey of healing from the past trauma to a life where one can thrive again and establish new meaningful roles in the society as family members, friends, students, employees, and advocates.

The Host Agency

The Salvation Army is a faith-based non-profit organization that is rooted in Christianity. It was founded by William and Catherine Booth in 1865 in a poor area in London. The couple served people in need through preaching and meeting basic needs such as food and shelter. Holistically, they provided for the material, emotional, and spiritual needs of the desperate and poor people during that time. The organization expanded and involved more people in their ministry and applied a quasi-military pattern in its leadership, i.e., the founder became the General and other ministers were titled as lesser officers.

Their efforts to combat human trafficking started early in their history. In finding that many desperate women and children were caught in the sex trade or at risk of being coerced into becoming sex workers, the Salvation Army opened rescue homes to help the women and children. The Salvation Army became involved in the investigation of the crime organizations that trapped young girls in prostitution. This work was successful and catalyzed a change in criminal law in 1885, which increased the age of consent for sexual acts from 13 to 16. Now, the Salvation Army in the United States and different countries has been an active advocate in abolishing human trafficking and any form of sexual exploitation.

Currently, in the United States, the Salvation Army has 40 divisions that are divided into four major territories: Central, Eastern, Southern, and Western. Their ministries in Orange County include drug and alcohol recovery, homelessness prevention, thrift stores, disaster services, spiritual outreach, after school program, emergency shelters, family services, and anti-human trafficking services. The Salvation Army's

Anti-Trafficking Services Program in Orange County has provided long-term intensive case management to 83 foreign-born victims, both of labor and sexual trafficking from 22 countries, plus 66 of their family members. The Salvation Army's Anti-Trafficking Services Program was founded in 2004 and is one of the core leaders in Orange County Human Trafficking Task Force (OCHTTF). Other partners of OCHTTF are Community Services Programs, Anaheim Police Department, Huntington Beach Police Department, Orange County District Attorney's Office, California Highway Patrol, Federal Bureau of Investigation, and non-profit and faith-based organizations, as well as independent community providers.

The Anti-Trafficking Services Program provides a wide range of emergency services to the survivors, such as emergency shelter, money, clothing, and food. After the survivors move beyond the critical stage, other services are also available, including immigration and civil legal advice; guidance in applying for public assistance; and medical, dental, and mental health assistance. Additionally, the program will provide court support for trafficking related issues, interpretation services, educational assistance, and job skills training. Reunification with family will be an ultimate goal along with appropriate employment and self-sufficiency. In the community, the agency also provides education and in-service training about the issue of human trafficking.

Assessment of Needs in the Agency

All the services provided by the Salvation Army's Anti-Trafficking Services Program are funded by foundations, government, and individual sources. Community partners also provide services in health treatment (including dental and vision) and mental health treatment (including counseling) for reduced fees. The program has been

providing comprehensive case management and 24-hour crisis response to the foreign-born survivors who were victimized or living in Orange County. Typically, the survivors will be in crisis for 18 to 24 months and will receive assistance from the program for up to 4 years, depending on their life situations and the severity of their trauma. On average, survivors will take up to 2 years for graduation but many have continued in crisis status even after graduation due to many obstacles in life.

One identified obstacle that prevents a rapid recovery after their rescue from trafficking is their prolonged complex trauma necessitating mental health care. Usually, the survivors are referred to a private practice mental health provider or the county mental health clinic to receive treatments such as counseling and pharmacology. Some clients will be eligible for Victims of Crime (VOC) Compensation; however, many survivors are not eligible for that funding. Although, the new Affordable Care Act covers mental health services, these services are usually not available when the survivors are not eligible for Medi-Cal. Additionally, services are interrupted when benefits have been exhausted. It is common that many survivors regress from stability to a crisis status because of discontinuation of benefits and funding.

Mental health treatment is paramount because without an emphasis in this area, most trafficking survivors have great difficulties in establishing self-sufficiency. It is observable that poor mental health status, such as low self-esteem and inability to control emotions, results in unemployment. The counseling service that has been utilized most commonly is talk-therapy and there is no formal holistic therapy available in the program yet. Recognizing that the foreign-born survivors possess a richness in their culture, CAMT attempts to incorporate this richness and their personal strengths in their

therapy. CAMT is an effective means to encourage survivors to creatively express their feelings, and it is supported by evidence-based treatment. CAMT is particularly appropriate for survivors with language differences because it demands only minimal verbal expression.

Creative Art and Mindfulness Therapy

Program Description

CAMT was designed by combining two evidence-based practices, which are creative art and mindfulness. Creative art is an effective tool to help trauma survivors in narrating their stories because it can partially replace verbalization that is sometimes too difficult to be expressed orally. Narrative telling is included to help clients embrace non-avoidance behavior, a practice that is believed in Western culture to start the healing journey. The mindfulness approach is incorporated in this modality to increase coping skills during trauma reactivation and to encourage the survivors to remain in their here-and-now experience instead of dwelling on painful and distressing thoughts related to the trauma. The participants need to be able to understand and speak simple basic English. The program instructions will be given in simple English sentences. The participants will learn about the objectives of the therapy, give feedback through question-and-answer sessions, and establish group norms.

CAMT is proposed to be one of the direct services that the Salvation Army's Anti-Trafficking Services Program provides to their survivor clients. CAMT will be led by an MSW graduate under the supervision of the Director of Social Services Department and the Program Coordinator of the anti-trafficking program. CAMT will involve a licensed social worker to discuss the therapy progress of each client. The MSW graduate

will be a part of the team, working together with the case manager and MSW interns. The locations of the program will be in one of the Salvation Army's offices in Anaheim, California, in which the anti-trafficking program operates. Also, CAMT can be conducted in the survivors' residences. Both settings provide a safe haven for the survivors and will create a supportive and safe ambiance for them.

CAMT can be conducted as an individual therapy or group therapy, depending on the survivors' stability level. The assessment of the survivors' stability level will utilize the Client Assessment/Outcome Matrix from CAST. For clients who are not identified as being stable, individual intervention will be utilized. Through meditation, the clients will be taught to quiet their racing thoughts and to focus on particular objects for sensory observations, as directed by the therapist. Clients will also be encouraged to pay attention to their bodily sensations, so that they can take an appropriate action before they exceed the window of tolerance. The window of tolerance is a mental space in which individuals still have control of their thoughts and feelings. After the mindfulness sessions, the clients will be asked to express their feelings in the form of creative art. Creative art will also encourage clients to awaken their inner strength, and it will assist them in expressing their feelings.

For clients who are identified as stable, CAMT will utilize group therapy, consisting of two to four people. Group therapy has the potential to build social support for its members because of the *camaraderie* that is naturally created. The therapy leader, an MSW graduate, will be an active leader during the process, and through active participation of the group members, will establish group norms. The group norms will be established during the first meeting and will be continually reinforce during the

successive weeks according to the group's needs. After that, the group members will learn how to be grounded in the here-and-now experience during mindfulness meditations and express the experience in the form of creative art. Additionally, individual members will be asked to share their arts' meaning with the other group members. The group will use a respectful gesture after each person has shared. During the group sharing, to create a safe environment for everyone, the only responses that can be provided to each other are affirmations. The MSW will provide a short poem to be read together to support each other as needed.

In moving forwards with CAMT, there may be problems related to the deep-seated trauma connected with the experience of having been enslaved. There could be problems such as trauma survivors' emotional reactions being triggered during trauma processing, group members becoming judgmental with each other, or group members acting out their needs for attention and affection. The MSW will conduct the group therapy with a co-leader, one of the MSW interns, thus providing the group members with more individualized attention. The MSW will also have a clinical consultation with a Licensed Clinical Social Worker who can provide supervision for the therapy. The program will provide training opportunities to the MSW to improve skills. Another anticipated problem is the participants' limited English skill. CAMT will use short sentences in English for instructions, short phrases for meditation, list of feeling words in multiple languages, and collage of pictures explaining different sensory activities.

Program Goals and Objectives

The proposed program will have five main goals: (1) to create a direct provision of holistic mental health care for the agency's clients, (2) to increase survivors' coping

skills in the wake of their trauma, (3) to nurture clients' creativity and inner strength, (4) to improve clients' social skills in daily life, and (5) to empower clients to participate in advocacy to abolish human trafficking.

Program Goal One: The CAMT program will create a direct provision of holistic mental health care for the clients of the Anti-Trafficking Services Program. The objectives will be:

1. The program will hire an MSW graduate to lead the therapy program.
2. The program will hire a Licensed Clinical Social Worker consultant.
3. The program will provide workshop training for the MSW graduate hiree.
4. The MSW graduate will participate in Salvation Army's Anti-Trafficking Program's case management meetings.

Program Goal Two: The CAMT program will increase survivors' coping skills in the wake of their trauma. The objectives will be:

1. The program will offer guided meditation to teach clients about a safe place.
2. The program will offer meditation to focus on one object and practice sensory observation.
3. The program will offer meditation on symbols that are meaningful to clients.
4. The program will offer walking meditation to teach clients to practice mindfulness.
5. The program will offer cleansing ritual to clients through pouring water activity.
6. The program will provide and utilize logbooks to monitor clients' times of undisturbed night sleeping.

7. The program will provide and utilize logbooks to monitor clients' hyperarousal or hypoarousal occurrences.

Program Goal Three: The CAMT program will nurture clients' creativity and inner strength. The objectives will be:

1. The program will offer watercolor painting lessons, which will help the survivors to express positive feelings.
2. The program will offer expressive dance and poetry lessons, which will help the survivors to showcase their strengths.
3. The program will offer an art lesson with batik technique to enhance clients' creativity.
4. The program will offer a lesson in image making through the medium of clay.

Program Goal Four: The CAMT program will improve clients' social skills in daily life. The objectives will be:

1. The program will incorporate narrative telling about the clients' art pieces.
2. The program will utilize logbooks to encourage clients to have social events outside the group.

Program Goal Five: The CAMT program will empower clients to participate in advocacy to abolish human trafficking. The objectives will be:

1. The program will educate clients in human rights.
2. The program will assist clients in creating artifacts that can be replicated and disseminated to raise public awareness of human trafficking.

Timeline

CAMT is a 12-month program. For the Program Goal 1: The hiring process will happen during the first month. The training workshops for the MSW will happen throughout the year. During the 12-month period, CAMP will target 30 to 40 survivor-clients to meet the objectives under Program Goal 2 to 5. The ideal composition of the groups is 10 persons in individual therapy and 30 persons in group therapy per year. Each participant will have eight meetings in 8 successive weeks. Each meeting will be conducted for 100 minutes of individual therapy and 130 minutes of group therapy.

CAMT will have 2 cycles, each running for 6 months. Each cycle will be divided into 3 sub-cycles, each running for 2 months. In month 1 to 2, CAMT will ideally serve two groups of three and two individuals on a weekly basis for eight weeks. The total participants for this first sub-cycle are 8 people and the total meetings are 32. In month 3 to 4, CAMT will include the same number of people and meetings in the same settings. In month 4 to 6, CAMT will conduct one group of three and one individual therapy. The total number of the last sub-cycle are 4 participants and 16 meetings. At the end of the first cycle, CAMT would have provided therapies for 20 people in 80 meetings. The pattern will be repeated in the next cycle.

Program Evaluation

During the eighth meeting in each sub-cycle, the CAMT coordinator will administer a post-intervention survey for each participant. The CAMT coordinator will analyze the survey results and will make necessary adjustments to the activities in the subsequent sub-cycles.

Logbooks

Each participant will receive a logbook to record three things each week: (1) the number of undisturbed nights of sleep; (2) the number of hyperarousal occurrences; and (3) the number of social activities outside of school, work, and class meetings. The logbooks will be reviewed each week during the therapy sessions. The goal will be an increased number of nights with undisturbed sleep, a decrease of hyperarousal occurrences, and an increase of social activities.

Post-Interventions Survey

The survey will be in three sections for a total of 13 questions. The first section will utilize a scale with options for the answers, such as “I liked it very much,” “I liked it,” “I didn’t like it,” and “I have no opinion.” The questions may include: (1) What do you think of the meditations that we practiced? (2) What is your opinion of the different creative art experiences (watercolor painting, clay work, batik, expressive dance, etc.)? (3) How was your experience of the water ritual? (4) Overall, what was your experience of the group sharing?

The second section of the survey will ask the clients to rank the aspects of meditation and creative art activities during session two through seven using a scale of 1 to 6, with number 1 reflecting the activity that they preferred most and number 6 being the least preferred activity. For the mindfulness activities, the options will be safe place meditation, raisin meditation (observing a raisin through multiple sensory perceptions), focusing on an object, walking meditation, meditative water ritual, and inner creativity. For creative art, the options will be watercolor painting (safe place), a short poem and poster making, batik and shapes, expressive dance, mixed-media, and clay work.

The last section will both have open-ended and yes/no questions, such as: (1) After completing these sessions, what are identifiable triggers that make you suddenly feel tired, angry, or worried, and incapacitate you from starting or continuing your activities? (2) Where do you experience in your body discomfort or sensations that make you aware of emotional triggers? (3) Do you know how to avoid such triggers before becoming overwhelmed? (4) Are you able to access your safe place within your mind when you need it? (5) Do you feel comfortable to share your condition with the significant people in your life? (6) Do you understand about human rights advocacy specifically regarding human trafficking? (7) Would you recommend this program to other survivors?

Outcome Measurement

The outcome measurement will be conducted twice a year. At the end of each 6-month cycle, the MSW will analyze the summary of the surveys and logbooks from 20 participants. The goals will be:

Sixty percent of the participants will be able to identify their triggers and their bodily reactions to the stimuli, specifically those that negatively affect their functioning in daily life.

Fifty percent of the participants will express the benefits of mindfulness, creative art, and ritual practices in their lives, in order to increase coping skills during trauma reactivation.

Forty percent of the participants will report increased number of nights of undisturbed sleep, a decrease in hyperarousal occurrences, and an increase of social events outside the group.

Thirty percent of the participants will demonstrate understanding of human rights and advocacy to abolish human trafficking.

At the end of the year, the CAMT coordinator will provide annual report to inform the agency about the effectiveness of the program in assisting survivors to transform their posttraumatic stress into posttraumatic growth.

Program Budget Narrative

The total budget for CAMT is \$101,955 (Appendix A). The program will hire an MSW graduate to lead the program with a salary of \$60,000 plus benefits and taxes of 26%. The 26% benefit will be based on 7% Social Security, 5% Workers Compensation, 6% Retirement, 3% Unemployment, and 5% Medical average. Additionally, the program will hire a Licensed Clinical Social Worker (LCSW) consultant at \$140 per hour. The LCSW will provide a 1.5-hour consultation to the MSW graduate twice a month for the annual fee of \$10,080 ($\140×72 hours). The total cost for salaries plus benefits and taxes is \$85,680.

The direct costs include art materials of \$5,600 ($\$140 \times$ targeted 40 program participants); venue's rent of \$3,600 ($\45×80 meetings); transportation (gasoline) of \$896 (1600 miles (80 meetings \times 20 miles round trip to the meeting venue) \times \$0.56); training in mindfulness and art therapy for the MSW graduate of \$2,500; snacks and beverages for 80 meetings of \$800; graduation outings of \$680 (2 programs \times \$340/each); and equipment to play music of \$200. The total for direct costs for the program is \$14,276. The indirect costs include 1.6% of the salaries and direct costs ($\$85,680 + \$14,276$) which is \$1,599 and office supplies of \$400. The total for indirect costs for the program is \$1,999. This brings the total cost of the program to \$101,995.

This budget will be funded through different resources: \$49,728 from the health care foundation, \$48,228 from other sources, and \$4,000 from in kind donations from the Salvation Army and the Orange County Human Trafficking Task Force.

CHAPTER 5

DISCUSSION

Lessons Learned

In this grant writing project, the grant writer learned that in order to assist the survivors to be self-sufficient, the mental health aspect is paramount. The grant writer also learned about the benefits of providing holistic mental health care to the survivors and having the service provision as an integral part of their comprehensive case management. This integration will provide trauma-informed strategies, specifically in assisting and guiding the survivors in the area of personality development and self-sufficiency.

The grant writer learned that it is very important to educate survivors about post-traumatic stress to normalize their experience and to release their guilt. The grant writer learned that education about the *window of tolerance* will benefit the trauma survivors by helping them to gain the insight that they have the power to interrupt the trauma reactivation, i.e., during hyperarousal. The grant writer discovered that with competent help, it is possible for survivors of trafficking to stay grounded and overcome hyperarousal or hypoarousal. The grant writer also discovered that enkindling survivors' passion for human rights will open the door to their inner strengths. Additionally, the grant writer learned that awakening their sense of coherence can improve survivors' resiliency and that art and mindfulness can be healing medium through the creativity

that it can release. The grant writer learned that evidence-based treatments are diverse and to choose one will depend on the survivors' needs, for example, creative art therapy for the clients who speak limited English. Culture is also an important factor to be considered in creating a program especially for a diverse population, i.e., the therapist cannot rely on the conclusion that avoidant behaviors are negative because they can be a protective factor in some cultures.

Analysis of Process

The writer of this grant sees that dedication is essential to creating a well-informed literature review. Literature research skills are to be complemented by patience, specifically with finding information that may be limited. In conducting research for the literature review, the grant writer found that it is challenging to collect statistical data on human trafficking. This is understandable considering that human trafficking is a hidden crime and only recently began receiving attention from the federal government, for example, the President's federal strategic plan for combating human trafficking in 2013. In selecting a treatment modality, the grant writer became aware that there is limited research on this specific population. Some single-case research has been successfully done by utilizing holistic and non-traditional approaches. However, vast data do not exist on different kinds of treatment modalities in individual and group therapy. The grant writer faced challenges in the budgeting section and found some advantages in a budgeting workshop that was conducted by the School of Social Work of the California State University, Long Beach. This workshop helped the grant writer to improve the budgeting section in order to provide more accurate financial information for the program.

Recommendations for Future Research

The grant writer believes that more research is needed to distinguish PTSD and Complex PTSD. In the area of mental health, victims of trafficking are usually treated for PTSD, depression, and anxiety instead of complex trauma because of the similarity of the symptoms. This population is also commonly identified similarly as refugees or victims of sexual or domestic abuse. The grant writer suggests that future grant writers expand their resources category to include current services toward women and children, refugees, and domestic violence victims because of the similarity of their needs. A budgeting workshop is also recommended to gain more skills to complete the grant writing project.

Implications for Social Work and Multicultural Practice

On a micro level, the literature research, as a part of the grant writing process, helps to expand knowledge of mental health treatment for trafficking survivors. This expanded knowledge can inspire and motivate social workers to be creative to find the best practices, especially for multicultural survivors of human trafficking. On the mezzo level, non-profit organizations may integrate the treatment modality as a part of services that they provide for the survivors. On the macro level, this grant writing project can also inform policy makers to improve funding resources and to help survivors in accessing funding for mental health treatment.

For the development of social work field, this grant writing project may inspire more participation of social workers in abolishing human trafficking and providing services to the trafficking survivors. This grant writing project also provides information to the field of social work about the global scope of human trafficking and the hidden

nature of the crime. Advocacy for awareness is much needed as well as the development of more skills for influencing policy in the effort to abolish human trafficking and to provide comprehensive victim services.

Multicultural competence is crucial in working with human trafficking survivors because the clients are from different nationalities and continents. Social workers will gain more insight by working with survivors utilizing clients' strengths and cultural perspectives. The survivors are diverse with a variety of genders: male, female, and trans-gender. They may include children, young adults, and older adults. In summary, the adversity of human trafficking has impacted the society on multiple levels. It calls for social workers to understand the breadth and depth of modern day slavery, to walk hand in hand with the survivors in order to alleviate their trauma, and to affect social change in abolishing human trafficking.

APPENDIX
LINE-ITEM BUDGET

Line-Item Budget

ITEMS DESCRIPTION	TOTAL	HEALTH CARE FOUNDATION	OTHER	IN KIND
SALARIES				
MSW @ FTE 100%	\$60,000	\$30,000	\$30,000	
LCSW consultant @\$140 x 72 hours	\$10,080	\$5,040	\$5,040	
Benefit @ 26% of FTE	\$15,600	\$7,800	\$7,800	
TOTAL SALARIES AND BENEFITS	\$85,680	\$42,840	\$42,840	
DIRECT EXPENSES				
Art supplies @140 x 40 clients	\$5,600	\$2,800	\$2,800	
Room @45 x 80 meetings	\$3,600			\$3,600
Mileage @.56 x 1600 miles	\$896	\$448	\$448	
Training for MSW	\$2,500	\$2,000	\$500	
Food	\$800	\$300	\$300	\$200
Graduation outing	\$680	\$340	\$340	
Music and player	\$200			\$200
TOTAL DIRECT PROGRAM EXPENSES	\$14,276	\$5,888	\$4,388	\$4,000
SALARIES AND DIRECT PROGRAM EXPENSES COMBINED	\$99,956	\$48,728	\$47,228	\$4,000
INDIRECT EXPENSES				
Liabilities insurance @1.6%	\$1,599	\$800	\$800	
Office supplies	\$400	\$200	\$200	
TOTAL INDIRECT EXPENSES	\$1,999	\$1,000	\$1,000	
TOTAL EXPENSES	\$101,955	\$49,728	\$48,228	\$4,000

REFERENCES

REFERENCES

- Abas, M., Ostrovschi, N. V., Prince, M., Gorceag, V. I., Trigub, C., & Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: A historical cohort study. *BioMedic Central Psychiatry, 13*(1), 1–11.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, DC: Author.
- Aron, L. Y., Zweig, J. M., & Newmark, L. C. (2006). *Comprehensive services for survivors of human trafficking: Findings from clients in three communities*. Washington, DC: Urban Institute Justice Policy Center.
- Asian and Pacific Islander Institute on Domestic Violence. (2012). *Human trafficking and sexual assault*. Retrieved from [http://www.apiidv.org/files/ Summit2013.WS1-FNFactsheet.HumanTraffickingandSA_9.2012.pdf](http://www.apiidv.org/files/Summit2013.WS1-FNFactsheet.HumanTraffickingandSA_9.2012.pdf)
- Buk, A. (2009). The mirror neuron system and embodied simulation: Clinical implications for art therapists working with trauma survivors. *The Arts in Psychotherapy, 36*(2), 61–74.
- Braun-Lewensohn, O., & Sagy, S. (2014). Community resilience and sense of coherence as protective factors in explaining stress reactions: Comparing cities and rural communities during missiles attacks. *Community Mental Health Journal, 50*(2), 229–234.
- Bovin, M.J., Jager-Hyman, S., Gold, S.D., Marx, B.P., & Sloan, D.M. (2008). Tonic immobility mediates the influence of peritraumatic fear and perceived inescapability on posttraumatic stress symptom severity among sexual assault survivors. *Journal of Traumatic Stress, 21*, 402–409.
- Clawson, H.J., Dutch, N., & Megan, C. (2006). *Law enforcement response to human trafficking and the implications for victims: Current practices and lessons learned*. Fairfax, VA: ICF International
- Clawson, H.J., Dutch, N., Solomon, A., & Goldblatt-Grace, L. (2009). *Human trafficking into and within the United States: A review of the literature*. Retrieved from <http://aspe.hhs.gov/hsp/07/humantrafficking/litrev>

- Clawson, H. J., Salomon, A., & Goldblatt-Grace, L. (2007). *Treating the hidden wounds: Trauma treatment and mental health recovery for victims of human trafficking*. Retrieved from <http://aspe.hhs.gov/hsp/07/humantrafficking/Treating/ib.htm>
- Cloitre, M., Cohen, L. R., & Koenen, K. C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*. New York, NY: The Guilford Press.
- Cloitre, M., Garvert, D., Brewin, C., Bryant, R., & Maercker, A. (2013). Evidence for proposed ICD-11 PTSD and Complex PTSD: A latent profile analysis. *European Journal of Psychotraumatology*, 4, 1–12.
- Cloitre, M., Petkova, E., Wang, J., & Lu Lassell, F. (2012). An examination of the influence of a sequential treatment on the course and impact of dissociation among women with PTSD related to childhood abuse. *Depression and Anxiety*, 29(8), 709–717.
- Collins, S., Carpenter, S., Swinton, S., Orenstein, D., Childers, D., Gragson, T.L., ... Whitmer, A.C. (2011). An integrated conceptual framework for long-term social-ecological research. *Frontiers in Ecology and the Environment*, 9(6), 351–357.
- Collins, S. P., Goldenberg, S. M., Burke, N. J., Bojorquez-Chapela, I., Silverman, J. G., & Strathdee, S. A. (2013). Situating HIV risk in the lives of formerly trafficked female sex workers on the Mexico-US border. *AIDS Care*, 25(4), 459–465.
- Communicators for Women Religious. (2011). *Sisters of Saint Joseph collaborate with St. Louis hotel and ECPAT to address human trafficking*. Retrieved from http://www.ncnwr.org/images/news/csj_boston_june6.pdf
- Corley, C. (2010). Creative expression and resilience among holocaust survivors. *Journal of Human Behavior in the Social Environment*, 20(4), 542–552.
- Corrigan, F., Fisher, J., & Nutt, D. (2011). Autonomic dysregulation and the window of tolerance model of the effects of complex emotional trauma. *Journal of Psychopharmacology*, 25(1), 17–25.
- Courtois, C. A. (2008). Complex trauma, complex reactions: Assessment and treatment. *Psychological trauma: Theory, research, practice, and policy*, 5(1), 86–100.
- Courtois, C.A. & Ford J.D. (2009). *Defining and understanding complex trauma and complex traumatic stress disorder*. Retrieved from <http://www.giftfromwithin.org/pdf/Understanding-CPTSD.pdf>

- Elklit, A., Hyland, P., & Shevlin, M. (2014). Evidence of symptom profiles consistent with posttraumatic stress disorder and complex posttraumatic stress disorder in different trauma samples. *European Journal of Psychotraumatology*, 5, 1–10.
- Feldt, T., Metsäpelto, R.L., Kinnunen, U., & Pulkkinen, L. (2007). Sense of coherence and five-factor approach to personality: Conceptual relationships. *European Psychology*, 12(3), 165–172.
- Finklea, K. (2014). *Juvenile victims of domestic sex trafficking: Juvenile justice issues*. Retrieved from <http://fas.org/sgp/crs/misc/R43677.pdf>
- Follette, V., Palm, K., & Pearson, A. (2006). Mindfulness and trauma: Implications for treatment. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 24(1), 45–61.
- Fossion, P., Leys, C., Kempnaers, C., Braun, S., Verbanck, P., & Linkowski, P. (2014). Disentangling sense of coherence and resilience in case of multiple traumas. *Journal of Affective Disorders*, 160, 21–26.
- Gantt, L. & Tinnin, L. (2009). Support for a neurobiological view of trauma with implications for art therapy. *The Arts in Psychotherapy*, 36(3), 148–153.
- Gariepy, H. (2009). *Christianity in action: The international history of The Salvation Army*. Grand Rapids, MI: Wm. B. Eerdmans Publishing.
- Goodman, R. D. & Calderon, A. M. (2012). The use of mindfulness in trauma counseling. *Journal of Mental Health Counseling*, 34(3), 254–268.
- Gray, G. (2012). *Resilience in Cambodia: Hearing the voices of trafficking survivors and their helpers*. Retrieved from <http://digitalcommons.georgefox.edu/cgi/viewcontent.cgi?article=1079&context=psyd>
- Hart, K., Wilson, T., & Hittner, J. (2006). A psychosocial resilience model to account for medical well-being in relation to sense of coherence. *Journal of Health Psychology*, 11 (6), 857–862.
- Harvey, M. (2007). Towards an ecological understanding of resilience in trauma survivors. *Journal of Aggression, Maltreatment & Trauma*, 14(1), 9–32.
- Heidt, J.M., Marx, B.P., & Forsyth, J.P. (2005). Tonic immobility and childhood sexual abuse: A preliminary report evaluating the sequela of rape-induced paralysis. *Behaviour Research and Therapy*, 43, 1157–1171.

- Institute of Medicine and National Research Council. (2013). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*. Washington, DC: The National Academies Press.
- Inzlicht, M., Aronson, J., Good, C., & McKay, L. (2006). A particular resiliency to threatening environments. *Journal of Experimental Social Psychology, 42*(3), 323–336.
- Johnson, B. C. (2012). Aftercare for Survivors of Human Trafficking. *Social Work & Christianity, 39*(4), 370–389.
- Kara, S. (2009). *Sex trafficking: Inside the business of modern slavery*. West Sussex, United Kingdom: Columbia University Press.
- Kim, S. & Ki, J. (2014). A case study on the effects of the creative art therapy with stretching and walking meditation—focusing on the improvement of emotional expression and alleviation of somatisation symptoms in a neurasthenic adolescent. *The Arts in Psychotherapy, 41*(1), 71–78.
- Landes, S. J., Garovoy, N. D., & Burkman, K. M. (2013). Treating complex trauma among veterans: Three stage-based treatment models. *Journal of Clinical Psychology, 69*(5), 523–533.
- Langmuir, J., Kirsh, S., & Classen, C. (2012). A pilot study of body-oriented group psychotherapy: Adapting sensorimotor psychotherapy for the group treatment of trauma. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(2), 214–220.
- Lepore, S. & Revenson, T. (2006). Resilience and Posttraumatic Growth: Recovery, Resistance, and Reconfiguration. In Calhoun, L.G. & Tedeschi, R.G. (Eds.), *Handbook of posttraumatic growth: Research and practice*. Mahwah, NJ: Erlbaum Associates.
- Leseho, J. & Maxwell, L. (2010). Coming alive: Creative movement as a personal coping strategy on the path to healing and growth. *British Journal of Guidance & Counselling, 38*(1), 17–30.
- Lindström, B. & Eriksson, M. (2006). Contextualizing salutogenesis and Antonovsky in public health development. *Health Promotion International, 21*(3), 238–244.
- Logan, T., Walker, R., & Hunt, G. (2009). Understanding human trafficking in the United States. *Trauma, Violence & Abuse, 10*(1), 3–30.

- Lundman, B., Aléx, L., Jonsén, E., Norberg, A., Nygren, B., Fischer, R.S., & Strandberg, G. (2010). Inner strength—a theoretical analysis of salutogenic concepts. *International Journal of Nursing Studies*, 47(2), 251–260.
- Macy, R. & Johns, N. (2011). Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area. *Trauma, Violence & Abuse*, 12(2), 87–98.
- Madsen, M. & Abell, N. (2010). Trauma resilience scale: Validation of protective factors associated with adaptation following violence. *Research on Social Work Practice*, 20(2), 223–233.
- Maercker, A., Brewin, C., Bryant, R., Cloitre, M., Ommeren, M., Jones, L.M...Reed. G.M. (2013). Diagnosis and classification of disorders specifically associated with stress: Proposals for ICD-11. *World Psychiatry*, 12(3), 198–206.
- Mancini, A.D. & Bonanno, G.A. (2010). Resilience to potential trauma: Toward a lifespan approach. In J. Reich, A.J. Zautra, & J.S. Hall (Eds.), *Handbook of adult resilience* (pp. 258–280). New York: Guilford Press.
- Mathews, C.A., Kaur, N., & Stein, M.B. (2008) Childhood trauma and obsessive-compulsive symptoms. *Depression and Anxiety*, 25, 742–751.
- Meichenbaum, D. (2011). Resiliency building as a means to prevent PTSD and related adjustment problems in military personnel. In B. Moore and W. Penk (Eds.) *Handbook for Treating PTSD in Military Personnel* (pp. 325–344). New York: Guilford Press.
- Miko, F. (2000). Trafficking in women and children: The U.S. and International Response. *Congressional Research Services Report*, 98–649c.
- Moskowitz, A.K. (2004). “Scared stiff”: Catatonia as an evolutionary-based fear response. *Psychological Review*, 111, 984–1002.
- Myles, B.W. (2013). *Testimony of Bradley W. Myles*. Retrieved from <http://docs.house.gov/meetings/FA/FA00/20130507/100794/HHRG-113-FA00-Wstate-MylesB-20130507.pdf>
- Nilsson, K.W., Leppert, J., Simonsson, B., & Starrin, B. (2010). Sense of coherence and psychological well-being: Improvement with age. *Journal of Epidemiology and Community Health* 64(4), 347–352.
- Nygren, B., Norberg, A., & Lundman, B. (2007). Inner strength as disclosed in narratives of the oldest old. *Qualitative Health Research*, 17(8), 1060–1073.

- Ogden P, Minton K, & Pain C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York, NY: Norton.
- Oram, S., Ostrovschi, N.V., Gorceag, V.I., Hotineanu, M.A., Gorceag, L., Trigub, C., & Aba, M. (2012). Physical health symptoms reported by trafficked women receiving post-trafficking support in Moldova: Prevalence, severity and associated factors. *BioMed Central Women's Health*, 12(1), 20.
- Orange County Human Trafficking Task Force (2014). *Human trafficking victim report 2014*. Retrieved from http://www.egovlink.com/public_documents300/ochumantrafficking/published_documents/OCHTTF%20Victim%20Report%202014/OCHTTF%20Victim%20Report%202014.pdf
- Pifalo, T. (2009). Mapping the maze: An art therapy intervention following disclosure of sexual abuse. *Journal of the American Art Therapy Association*, 26(1), 12–18.
- President's Interagency Task force to Monitor and Combat Trafficking in Persons. (2013). *Collaboration, coordination, capacity: Federal strategic action plan on services for victims of human trafficking in the United States 2013-2017*. Retrieved from <http://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf>
- Rappaport, L. (2010). Focusing-Oriented Art Therapy: Working with Trauma. *Person-Centered & Experiential Psychotherapies*, 9(2), 128–142.
- Richards, T. (2014). Health implications of human trafficking. *Nursing for Women's Health*, 18(2), 155–162.
- Salvation Army. (2010). *Fact Sheet: Salvation Army organization and structure*. Retrieve from http://salvationarmyatlanta.org/wp-content/uploads/2013/07/Fact_Sheet-_Salvation_Army_Organization_and_Structure.pdf
- Salvation Army Orange County. (n.d.). *Home page*. Retrieved from <http://www.salvationarmyoc.org/programs---services.html>
- Sarid, O. & Huss, E. (2010). Trauma and acute stress disorder: A comparison between cognitive behavioral intervention and art therapy. *Arts in Psychotherapy*, 37(1), 8–12.
- Scaer, R.C. (2005). *The trauma spectrum: Hidden wounds and human resiliency*. New York, NY: W.W. Norton & Company.

- Smith, P.J. (2013). *U.S. bishops bring new weapon to human-trafficking fight*. Retrieved from <http://www.ncregister.com/daily-news/u.s.-bishops-bring-new-weapon-to-human-trafficking-fight/#ixzz3GqJqv9le>
- Stokols, D., Lejano, R., & Hipp, J. (2013). Enhancing the resilience of human-environment systems: A social ecological perspective. *Ecology and Society*, 18(1), 7.
- Suliman, S., Mkabile, S., Fincham, D., Ahmed, R., Stein, D., & Seedat, S. (2009). Cumulative effect of multiple trauma on symptoms of posttraumatic stress disorder, anxiety, and depression in adolescents. *Comprehensive Psychiatry*, 50(2), 121–127.
- Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *Arts In Psychotherapy*, 34(1), 22–35.
- Tiefenbrun, S. (2005). Updating the domestic and international impact of the U.S. Victims of Trafficking Protection Act of 2000: Does law deter crime? *Case Western Reserve Journal of International Law*, 38, 249.
- Tsutsumi, A., I zutsu, T., Poudyal, A. K., Kato, S., & Marui, E. (2008). Mental health of female survivors of human trafficking in Nepal. *Social Science & Medicine*, 66(8), 1841–1847.
- Tuller, D. (2005). *Freedom denied: Forced labor in California*. Retrieved from www.hrcberkeley.org/download/freedomdenied.pdf
- Turner-Moss, E., Zimmerman, C., Howard, L., & Oram, S. (2014). Labour exploitation and health: A case series of men and women seeking post-trafficking services. *Journal of Immigrant & Minority Health*, 16(3), 473–480.
- United Nations Office on Drugs and Crime. (2014). *Definition of trafficking in persons*. Retrieved from <http://www.unodc.org/southeastasiaandpacific/en/topics/illicit-trafficking/human-trafficking-definition.html>
- U.S. Department of State. (2007). *Victims of Trafficking and Violence Protection Act of 2000: Trafficking in persons report*. Washington, DC: U.S. Government Printing Office.
- Victims of Trafficking and Violence Protection Act of 2000, 22. U.S.C. §§ 7102.
- Vogt, King, & King. (2007). Risk pathways of PTSD: Making sense of the literature. In M.J. Friedman, T.M. Keane, P.A. Resick (Eds.), *Handbook of PTSD: Science and practice* (p.p. 99–115). New York, NY: Guilford Press.

- Williamson, E., Dutch, N.M., & Clawson, H.J. (2007). *National symposium of the health needs of human trafficking victims: Post symposium brief*. Retrieved from <http://aspe.hhs.gov/hsp/07/humantrafficking/symposium/ib.pdf>
- Williamson, E., Dutch, N.M., & Clawson, H.J. (2008) *Evidence-based mental health treatment for victims of human trafficking*. Retrieved from <http://aspe.hhs.gov/hsp/07/humantrafficking/mentalhealth/index.pdf>.
- Wingo, A.P., Wrenn, G., Pelletier, T., Gutman, A.R., Bradley, B., & Ressler, K.J. (2010). Moderating effects of resilience on depression in individuals with a history of childhood abuse or trauma exposure. *Journal of Affective Disorder*, 126(3), 411–414.
- Zepinic, V. (2012). *The self and complex trauma*. United Kingdom: Xlibris Corporations.
- Ziadel, D.W. (2005). *Neuropsychology of art: Neurological, cognitive and evolutionary perspectives*. New York: Psychology Press.
- Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M.,... Watts, C. (2008). The health of trafficked women: A survey of women entering posttrafficking services in Europe. *American Journal of Public Health*, 98(1), 55–59.