Trauma-Informed Programming: Occupation-based Groups for Adolescent Sex Trafficking Survivors

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Following occupational therapy evaluation, a need was identified to apply a theoretical foundation and group structure for artists. Using the Person-Environment-Occupation Model (Law et al., 1996) and Trauma-Informed approach (SAMHSA, 2014), groups were created to improve emotional regulation and executive functioning skills.

Groups were designed and implemented with trafficked youth in a transitional home. A program manual was provided for future artist training. Program director reported positive participant feedback to inform development of the project.

Adequate, trauma-informed support and training for direct service providers may improve participant engagement in occupation over time. Further longitudinal research is necessary to address outcomes of arts-based intervention strategies.

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Trauma-Informed Programming:

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Human trafficking is a global epidemic that causes an array of psychosocial disorders that severely impact occupational performance (Hossain, Zimmerman, Abas, Light, & Watts, 2010). Trauma can change the fundamental way an individual engages with their environment and occupation (Perry, Pollard, Blaicley, Baker, & Vigilante, 1995).

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Key words: human trafficking, trauma, PTSD, occupational therapy, group intervention, arts, program development
Trauma is a complex experience that has many unique causes and effects, both short-term and long-term. An adverse experience can be perceived as a threat that triggers the physiological cascade of the sympathetic nervous system and the fight or flight response (Perry et al., 1998). The effects of a brief response can include eye dilation, vasoconstriction, heart rate acceleration, increased hepatic glycogenolysis, and glucose release (Low, 2013). Trauma can impair the person’s ability to use cognitive processing and working memory as the emotional center of the brain becomes overwhelmed by the response (Morey et al., 2009). This psychosomatic response is typical when someone encounters an environmental threat. For some this physiological reaction may be triggered more often by a perceived threat in their environment. This can have long-term effects and has been correlated to leading causes of death in adults. Adverse childhood experiences (ACEs) such as abuse (psychological, physical, sexual) and dysfunction (substance abuse, mental illness, mother treated violently, or criminal activity) have been correlated to increased risk of diabetes, heart disease, cancer, stroke, and chronic bronchitis or emphysema (Felitti et al., 1998).

One of the unique markers of trauma is the subjective psychological experience of the individual. Because of individual values, perceptions, and worldview, one event can impact two people in different ways. The typical reaction to a threat can develop into a syndrome for some and a mental illness, such as Post-Traumatic Stress Disorder (PTSD) or other trauma- and stressor-related disorders, in others (APA, 2013). If left untreated, the individual may not be able to carry out everyday tasks like self-care, work, home establishment and management, or social participation (AOTA, 2014; Champagne, 2012). One pervasive symptom of PTSD is that a person may be triggered by something in her or his environment, which can cause a response to begin. The fight or flight response may be activated by seemingly benign sounds, smells,
People that have experienced trauma may live in a state of heightened sensitivity to their environment. At any moment they can be triggered and respond in a way that appears as if they are subdued and challenging to arouse or hypervigilant and anxious. Once the traumatic response has been engaged, individuals may find it hard to regulate their emotions and engage with the world around them (Toglia & Berg, 2013). When we remember an event that happened, our emotions and sensory system can become so overwhelmed that we re-experience the event, such as with PTSD (APA, 2013).

**Human Trafficking**

Human trafficking is a complex and global industry that thrives due to its underground nature. There are “approximately 800,000 people trafficked across international borders annually and, of these, 80% are women or girls and 50% are minors” (Deshpande & Nour, 2013). The Victims of Trafficking and Violence Protection Act (TVPA) defines sex trafficking as the “recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” (Muftic & Finn, 2013, p. 1860). Anti-trafficking policies have largely focused on survivors of sex trafficking, and those who have been part of the forced labor industry have been largely underrepresented (Zimmerman, Hossain, & Watts, 2011). The impact of sex trafficking on health has severe implications for short- and long-term trauma. Zimmerman, Hossain, and Watts (2011) propose a conceptual model on the stages of the human trafficking process that has been integrated into the below occupational therapy program. The stages of trafficking can include recruitment, travel and transit, exploitation, integration or re-integration (Zimmerman, Hossain, & Watts, 2011). Recruitment is defined as the “initial period
in the trafficking process,” travel and transit are the period when the youth is moved from one location to another, and exploitation is when individuals are in the “service circumstance in which their work and/or body are exploited or abused” (Zimmerman, Hossain, & Watts, 2011, p. 328). Integration and re-integration stages can include integration into a host country, re-integration into home country, but after the youth “becomes an active member of the economic, cultural, civil and political life … and perceives that he or she has oriented and is accepted” (Zimmerman, Hossain, & Watts, 2011, p. 330). The program’s focus is to provide service provision for youth primarily in the exploitation, integration, and re-integration stages.

**Core Values of Occupational Therapy and Trauma**

In order to address the issues outlined above, an occupational therapy program was established for youth in the exploitation, integration, and re-integration stages living in transitional housing. The program focus was to address the psychosocial impact of sex trafficking to support recovery and skill building for youth ages 14-21.

Occupational therapy specializes in accurately fitting a person’s physical or psychosocial ability with the demand of occupations, or activities that one wants or needs to do. While trauma-informed intervention approaches have been used for decades, occupational therapy can provide a unique role in adapting the environment or activity to the needs of the individual. The focus of therapy is to then increase the difficulty of these activity-specific interventions as a way to train the individual to perform them safely and independently.

Occupational therapy views client-centered care as a core value to the evaluation, intervention, and outcome of therapy (AOTA, 2014; AOTA, 2010). When addressing trauma, client-centered care is a key factor in understanding the subjective experience of the individual.
By allowing clients to take an active role in their treatment, the effect will help them through the recovery process (Precin, 2011; SAMHSA, 2012; SAMHSA, 2009).

When the client exhibits difficulty in completing occupation, additional support and guidance may be necessary. Supported engagement during daily activities can help the client improve skills and enhance mental health recovery (AOTA, 2007). Supported engagement will also help the client build confidence when trying new ways to complete the same task (AOTA, 2014; AOTA, 2010). Occupational therapy intervention can provide supportive, objective observation to the client to promote self-awareness and confidence. An external source can provide new insights to the client’s abilities and strengths, as well as different ways of thinking about a problem. When an individual is having a hard time working through her or his own problems and is surrounded by others who are having similar issues, it may be hard for her or him to move past a barrier. By providing a new, strengths-based approach the individual may be able to recognize limiting patterns and then move past them by engaging in a new supportive occupation (Ginsberg, 2015).

Occupational therapy is based on a belief that performance skills are a person’s observable ability to complete a task and can be used to complete more than one and very different tasks (AOTA, 2014; Zoltan, 2007). Occupational therapy focuses on skill-building because of its application across occupations, activities, and tasks. “Therapists provide opportunities for the client to generalize his or her problem-solving skills and strengthen a sense of personhood by having the client practice in a variety of social settings that are not adapted” (Crepeau, Cohn, & Boyt-Schell, 2012, location 16766). Social skills are created, improved, and practiced depending on the peer group or therapeutic environment. In group therapy participants practice social skills with one another and the therapist support. For adolescents, peers carry
greater social influence than adults, and implementing a peer support system can positively impact youth development (Ginsberg, 2015; Mulligan, 2003).

Generalization of skills also includes self-awareness and executive function skills. Self-awareness is an individual’s ability to objectively and subjectively understand her or his thoughts and actions. Executive functioning is a variety of skills used during non-routine activities and is responsible for planning, error correction, directing attention, and information processing from the environment around the demand of a task (Zoltan, 2007). Self-awareness and executive function support the development of necessary skills to secure housing, make complex decisions around exiting trafficking, and self-directing progress towards goals (Toglia & Berg, 2013). The below quote exemplifies how executive function development of at-risk youth can be impacted by adverse life events. Encouraging executive functioning skill development will support transition into adulthood.

Toglia & Berg (2013) reported the following:

At-risk youth experience multiple factors as they grow up that may contribute to poorer EF [executive function] development… In addition, heightened cumulative life stress and adverse life experiences such as deprivation and abuse have been associated with enduring abnormalities in brain structure and organization that can affect learning and cognitive performance during development and into adulthood. (p. 516).

Client-centered care, supported engagement in occupation, and generalizing of skills are core values that occupational therapists use in the therapeutic process that also address trauma recovery. Additional areas to address trauma recovery during intervention can include building rapport with individuals or a group by creating a safe environment to explore new tasks. Consistent encouragement and acknowledgement of task completion can improve client
confidence and recognition of strengths and skills (SAMHSA, 2014; AOTA, 2014; Ginsberg, 2015).

**The Impact of Trauma on Occupation**

Trauma can impact occupation in a multitude of ways. The *Occupational Therapy Practice Framework: Domain and Process* (3rd ed.) defines areas of occupation as Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), rest and sleep, education, work, play, and social participation (AOTA, 2014). A trafficked individual that has PTSD may have a difficult time completing basic self-care activities like bathing, dressing, personal hygiene and grooming due to overwhelming anxiety and stress. Social environments and relationships can be challenging to navigate for adolescents from the sex trafficking industry due to the nature of the social restrictions and manipulations inflicted on them. Because the youth are being coerced and forced into sex labor, they have no control over their schedule and their performance patterns (habits, roles, routines, and rituals) have been negatively impacted. For some occupations, the performance pattern is prohibited altogether. Table I provides specific examples of the impact of sex trafficking on occupation.

**Table I.**

<table>
<thead>
<tr>
<th>How Sex Trafficking Impacts Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities of Daily Living (ADLs)</strong></td>
</tr>
<tr>
<td>• Bathing/Showering</td>
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<tr>
<td>• Dressing</td>
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<tr>
<td>• Eating</td>
</tr>
<tr>
<td>• Personal Hygiene and Grooming</td>
</tr>
<tr>
<td>• Sexual Activity</td>
</tr>
<tr>
<td>• Individuals live in unsanitary, cramped conditions and given little time to perform adequate self-care.</td>
</tr>
<tr>
<td>• Clothes, food, and clients may be chosen for the individual, allowing them little control over what to wear, what to eat, or who to engage in sexual activity with.</td>
</tr>
<tr>
<td><strong>Instrumental Activities of Daily Living (IADLs)</strong></td>
</tr>
<tr>
<td>• Communication</td>
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<tr>
<td>• The individual’s ability to communicate with the outside world is reduced or removed. Youth may</td>
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<td>Management</td>
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<td>Rest and Sleep</td>
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<td>Education</td>
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<td>Work</td>
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<td>Leisure</td>
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</tbody>
</table>
Social Participation

- Community
- Family
- Peer/Friend

- Restriction of interpersonal contact with community, family, peers/friends can increase feelings of isolation and decrease social skills.
- Desired intimate and sexual relationships can be the most challenging to develop with a profound decrease in trust and safety of the social environment.


After an individual exits sex trafficking, recovery from the traumatic event or events can take time and a great deal of effort. Individuals may require support in the form of education or counseling in order to engage in occupations necessary to integrate back into society.

Theoretical Implications: Person-Environment-Occupation Model of Occupational Performance

The Person-Environment-Occupation Model of Occupational Performance (PEO) frames the transactional relationship of a person with her or his environment while performing activities (Law et al., 1996). The PEO model asserts that all of these elements are simultaneously interacting with one another and dependent on one another. A person’s occupational performance can be increased or decreased depending on the interaction of person, environment, and occupation. Over the course of a lifetime a person may have greater or less occupational performance depending on circumstances surrounding her or his life at any given moment. If an individual is having a hard time performing everyday activities she or he may have a deficit in one or more areas of the person, environment, or occupational domains. The PEO model will be
applied to sex trafficking below paying special consideration to the recruitment, exploitation, and integration stages (Zimmerman, Hossain, & Watts, 2011; Law et al., 1996).

**Person**

Prior to the recruitment stage a child may have experienced a range of childhood traumas that has left them vulnerable to human trafficking recruitment (Zimmerman, Hossain, & Watts, 2011; Perry et al., 1995; Hossain, et al., 2010; Felitti et al., 1998). Youth may run away from a challenging home life to find themselves being recruited (Zimmerman, Hossain, & Watts, 2011). Typical childhood neurological development is disrupted initially by childhood trauma and further delayed by sex trafficking during critical periods of growth in adolescence (Perry et al., 1996; Hossain et al., 2010).

During typical adolescent development there is a greater emphasis on peer social relationships, increasing ability to think abstractly, and as a result, an increased development of executive functioning skills over time (Mulligan, 2003; Toglia & Berg, 2013). Sex trafficking can have a great impact on typical youth development. Because of the nature of coercion, force, and interpersonal violence, peer relationships may be prohibited or severely limited during the exploitation stage (Zimmerman, Hossain, & Watts, 2011). Lack of self-directed activities can slow the development of abstract thinking skills. Perpetrators limit and control youth contact and interaction with the world beyond trafficking, inhibiting executive functioning skills development. The youth’s day may be organized to varying degrees, she or he may not have to make decisions around securing housing or food, or may be prevented from thinking for her or himself. When a youth is integrating or re-integrating back into the community, she or he may have developed poor attachment skills secondary to childhood trauma (Perry et al., 1996). This can greatly impact her or his ability to develop healthy relationships with adults or people in
positions of authority or create challenges when navigating employment or re-entry into education. Decision-making and executive functioning skills may be underdeveloped for the youth’s age or maladaptive in nature. Mental illnesses like anxiety, depression, or PTSD may develop as a result of childhood trauma and/or the trafficking experience (Hossain et al., 2010). Youth may have limited work skills or ability to secure a job. A youth’s individual skills or capacity can be evaluated and improved with the use of age-appropriate, trauma-informed, and occupation-based interventions.

**Environment**

An initial exposure to a traumatic event can create a range of responses for the youth. Being re-exposed to the environment that reminds the youth of the original event can re-traumatize them. The environment can have a profound impact on youth development and their susceptibility to being trafficked. During the travel-transit stage youth cross international borders in unsafe conditions and traffickers are willing to risk the youth’s life to prevent being discovered by authorities (Zimmerman, Hossain, & Watts, 2011). Youth sometimes end up in a cultural or linguistic environment foreign to them where no one is safe, including the authorities. During the exploitation stage youth may live in sub-standard conditions, often without access to basic needs (food, shelter, or hygiene products). Health risks during exploitation are high and if a youth gets sick, she or he may not have access to proper care for fear of being discovered or retribution from traffickers.

Trafficking permeates all systems (health, government, and law enforcement) and youth can be returned back into the hands of their traffickers at any stage (Zimmerman, Hossain, & Watts, 2011). Typically, sex trafficked youth are prosecuted as prostitutes or sex workers and go through the corrections system as a perpetrator. Youth may move from incarceration to local
government-funded housing to transitional care services in the integration or re-integration stages of trafficking (Zimmerman, Hossain, & Watts, 2011). During the integration stage there is a high risk for youth to return to being exploited. Youth also experience retribution as a punishment for being exposed once returned to traffickers. Youth may also be returned to family members where childhood abuse began. Through the trafficking industry youth may experience a change in many environments. Youth may also not identify as being trafficked or even realize they are being trafficked. Transitional services can include housing, case management, work skills-building, and re-entry into education.

Occupation

Occupations can vary widely depending on recruitment process and trafficking environment. Childhood trauma can create a disruption in the developmental process and subsequently make it hard for youth to make decisions, detect unsafe social situations, and identify dangerous relationships or occupations (Toglia & Berg, 2013).

Typical occupations in the exploitation stage are outlined below. Youth have a decreased ability, time, and knowledge to perform activities of daily living (ADLs) such as hygiene, eating, or sleeping due to sub-standard living conditions, abusive schedules, and constant danger of interpersonal violence. Typically the trafficker or perpetrator uses management of instrumental activities of daily living (IADLs) to control and restrict youth’s mobility or movement through their day (AOTA, 2014). This restriction can limit youth’s ability to independently learn and perform financial management, community mobility, communication management, and/or health management and maintenance (AOTA, 2014). Youth become dependent on their traffickers to fulfill these needs. Youth are primarily coerced into and forced to have sex for money. The youth are not allowed to keep the money for themselves and must give everything earned to their
trafficker. The trafficker may force substances (alcohol or drugs) on the youth, using substance addiction as a way to control them. Once the youth are addicted, they depend on their trafficker to continue to fill their drug/alcohol supply. Substances may also be used by youth as a way to cope with the everyday trafficking experience.

The impact of trafficking on youth may result in decreased social skills, which can create barriers to securing a job or re-entering education. Integration or re-integration can pose high occupational risks or barriers for the youth, particularly when she or he must learn new skills. Transition services can include ADL and IADL skills training as necessary. Youth may require extra support during the transition to build confidence, recognize strengths, further develop cognitive skills, and enhance their abilities to build healthy relationships.

**Trauma-Informed Program Development**

Using the above theoretical framework and models of practice, an arts-based program was developed for local artists to deliver services to commercially and sexually exploited youth ages 14-21. The program was founded on the occupational therapy domain and process (AOTA, 2014).

**Occupational Therapy Assessment**

A needs assessment and SWOT analysis were conducted with the community, organization, and literature in mind. First-person accounts and stories for program development were primarily derived from research, objective observation of youth, and interviews with transitional housing staff. Community programs that provided services for youth from the sex trafficking industry were evaluated to prevent overlap. The program was developed for an art organization who’s vision is to “heal trauma with art by using creative expression to transform suffering” (Martin, 2015). The art organization’s scope is to provide services to vulnerable
populations including survivors of sex trafficking, domestic violence, veterans, and other marginalized groups. A primary focus for program development includes art groups for youth living in transitional housing and survivors of the sex trafficking industry. In order to support funding efforts to expand the organization, an evidence-based program was requested. The findings of the needs assessment suggested a need for leisure and preventative services to support youth transitioning out of trafficking and into sustainable, developmentally appropriate roles.

The transitional housing program is part of a larger organization that serves at-risk youth in the Portland, Oregon area. Data about youth roles, routines, and values were collected from youth and staff in the program. The maximum occupancy of the house is 8 youth, which was often at capacity with a waiting list of 10 or more. At least two staff members are on duty 24-hours per day. Most youth come from other programs that are highly structured and usually lead to youth behavioral challenges. During exploitation in the trafficking industry youth live in an environment of coercion and control, and therefore reject strict rules provided in typical positive youth development programs (A. Oldani, personal communication, May 16, 2015). The focus of the program for youth is to have minimal structure, increase youth choices, and provide a safe, supportive environment for up to 18 months. In order to remain at the house, youth are required to be working towards securing employment or continuing education at their appropriate level and participate in house tasks such as cooking.

The arts-based organization provides weekly groups for two hours that youth are required to attend, per house rules. During group activities, if youth are sick they are asked to stay in their room for the remainder of the day. Art groups are provided in an adjoining clubhouse that is generally used for staff meetings and a clothes donation center.
Occupational Therapy Intervention

Based on the needs assessment findings, a program for local artists to deliver trauma-informed groups to youth is outlined below. Occupational therapy supports the arts-based organization development by providing training and education for artists to then deliver programming to youth groups. Service delivery models focus on creating and promoting health by providing “enriched and contextual activity experiences that will enhance performance for all people in the natural contexts of life” (AOTA, 2014, p. S33). Intervention implementation uses a program manual as a foundation to educate direct service providers (artists) with information on Trauma-Informed Care for trafficking survivors, occupational therapy, the PEO model, and recommended activities with an activity template to organize art groups (SAMHSA, 2014; AOTA, 2014; Law et al., 1996).

The program is structured into six expressive arts sessions with a focus of improving self-awareness, emotional regulation, cognition, and executive function. Using the metaphor of a stepping stone, youth are guided to imagine the elements of their lives and to build short-term and long-term goals. Activities include creation of a mosaic stepping stone, vision board, dance and movement, spoken word and poetry, and a community fieldtrip. Each activity centers around the metaphor of a stepping stone and is reviewed in each session to provide a context for the youth.

Program outcomes are intended to provide access to leisure and prevent further traumatization through a safe, supportive environment. Because of the nature of trafficking and a high need to build rapport, standardized assessments have not been selected at this time. Standardized assessment is indicated in the future with acute and long-term survivors to address client-identified needs. Standardized assessments that may support this work include the
Canadian Occupational Performance Measure (Law et al., 1994), the Adolescent/Adult Sensory Profile (Brown & Dunn, 2002), or the Adolescent Role Assessment Profile (Black, 1976).

Limitations

Due to the nature of human trafficking and the potential for youth to have less trust in authority figures, building strong rapport in a safe, supportive environment is a top priority. The project unfolded over a period of four months and was limited by weekly, two-hour sessions. It was challenging to obtain client feedback due to the limited sessions. A way to overcome this limitation would be to set up more time with each youth or in the organization. It would be recommended to spend a minimum of 30 hours a week in the setting to gain greater access to daily routines, social norms, organizational culture, and problem-solving procedures. One-on-one, client-centered interviews may have been possible after rapport was more fully developed. The youth also cycled through the housing program and stayed between a few nights and a few months. Allotting for extended time of six or more months in the house would increase likelihood of seeing youth return to continue building rapport. Youth often did not show up for groups when a change in schedule was announced in advance. It was difficult to gather information as to why this happened without adequate rapport with youth or house staff. The role of the program developer was not clearly defined and likely impacted rapport building efforts with youth and house staff. A structured introduction included in activities can be a way to integrate new artists over time.

Due to the lack of evidence on human trafficking, further research is necessary to identify demographics of youth, effective intervention strategies, and outcomes.

Conclusions
Human trafficking severely impacts daily function of survivors causing short- and long-term health conditions. It is apparent that services are necessary to address occupational performance and community engagement of survivors. Findings from this project indicate further development of occupation-based interventions to support adolescent development and client-centered goal achievement. The arts-based organization focuses on a larger community of trauma survivors and therefore this program can be expanded to fit other populations with sensitivity to lifespan development and impact of specific types of trauma. Trauma-informed program development requires unique attention to the environmental factors that may contribute to trauma- and stressor-related disorders (APA, 2013). Occupational therapy interventions can provide education, direct service delivery that addresses leisure, as well as promote cognitive and psychosocial development across the lifespan. Adequate training for direct service providers is vital in working with trafficked youth and other trauma survivors. Trauma-informed care in occupational therapy is vital for multi-sector healing to address the needs of all clients. Further research and program implementation is indicated to improve outcome measurement and quality control.
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