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# Moving THRU: Dance/Movement Therapy Based Program for Direct Caregivers of Childhood Survivors of Human Trafficking and Commercial Sexual Exploitation in Belize

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**MOVING THRU: DANCE/MOVEMENT THERAPY BASED PROGRAM FOR DIRECT  
CAREGIVERS OF CHILDHOOD SURVIVORS OF HUMAN TRAFFICKING AND  
COMMERCIAL SEXUAL EXPLOITATION IN BELIZE**

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Thesis submitted to the faculty of Columbia College Chicago

in partial fulfillment of the requirements for

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in

Dance/Movement Therapy & Counseling

Department of Creative Arts Therapies

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## Abstract

The purpose of this project was to; identify the biopsychosocial needs of child survivors of human trafficking and commercial sexual exploitation in Belize and to develop a dance/movement therapy based program that Belizean caregivers can utilize to better serve the children they work with. The Moving THRU (Trauma Healing, Recovery + Understanding) program was developed based on current literature regarding post-trafficking mental health care and information provided in interviews by Belizean direct caregivers currently working with youth who have been trafficked and exploited in the Cayo District of central Belize. The curriculum is designed to help direct caregivers utilize techniques and concepts from dance/movement therapy, child neuropathology, therapeutic art making, trauma-informed counseling techniques and pro-social skill development techniques to address challenges most commonly experienced by youth in post-trafficking mental health care. The Moving THRU program was designed to be implemented in San Ignacio, Belize in partnership with *Barzakh Falah* but is easily adaptable for any Belizean organization working with survivors of trafficking or the commercial sexual exploitation of a child. The thesis concludes with discussion regarding development, implementation, ethical considerations and evaluation.

## **Acknowledgements**

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Secondly, I would like to thank Citizen Bridges International (formerly known as Heartland International) for selecting me to be a part of their Emerging Grassroots Leadership Program for Women in Belize, Nicaragua and the United States. It was through this program that I was introduced to so many incredible women who share my passion of spreading awareness about the horrors of human trafficking. Together, we were able to utilize our skill sets as a vehicle change. I would particularly like to thank the women of Uncovering Voices for partnering with me to explore and understand the nature of human trafficking in Belize.

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Belize, I thank you for your compassion, honesty and bravery in sharing what you know about the nature of trafficking in Belize. Without your words, this program would not be possible.

An enormous thank you to Ellen Stone Belic. Your incredible scholarship made Moving THRU possible. Thank you so much for your generosity. It was because of this scholarship that I was able to travel to Belize to experience the culture and engage with direct care providers. Thank you to the Creative Arts Therapy Department at Columbia College Chicago for selecting me and believing in me. Special thanks to my reader, Andrea, for her amazing feedback and support for this project. I am grateful for everything I have learned as a student.

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I would like to dedicate this thesis to all of the children in the world affected by human trafficking and commercial sexual exploitation. All two billion. Your lives are important and your story should be heard. Your struggle will not go unnoticed. I hope for your freedom, healing and peace. I commit to fighting for you.

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## **Chapter One: Introduction**

For the past few years, I have worked extensively in understanding and promoting awareness of human trafficking and the commercial sexual exploitation of children (CSEC). Most of my experience has been through work as a community outreach assistant with the Salvation Army's PROMISE (Partnership to Rescue our Minors from Sexual Exploitation) Program. PROMISE is a program in Chicago, Illinois that works to fight trafficking in four different ways: awareness, prevention, intervention and direct services. During my time as a community outreach assistant I worked in communities in the Chicago area that were experiencing high volumes of CSEC and human trafficking. Through community meetings, I helped educate the public on how to identify signs of trafficking and report them safely to PROMISE and the Chicago Police Department. In addition, PROMISE also provided an in depth certificate program for caregivers that work with those affected by CSEC and human trafficking. Through completion of this training program, I learned about the negative biopsychosocial effects of CSEC along with how to execute appropriate interventions and practice informed interviewing skills with this sensitive population. It was through this work that I garnered a deep understanding of and a passion to help youth affected by CSEC.

In September of 2011, I traveled to Nicaragua and Belize as part of Citizen Bridges International's (formerly Heartland International) grassroots leadership exchange program for women in the United States, Nicaragua, and Belize. As a group, we implemented a human trafficking awareness project entitled Uncovering Voices in Nicaragua and Belize. One of the initiatives of the project involved interviews with survivors of human trafficking and service providers such as counselors, police, lawyers, governmental leaders and social workers. We learned what services were available to survivors and, most importantly, the experience of



human trafficking survivors. Through this work, I gained a deep understanding of the nature of trafficking in Belize and Nicaragua (Uncovering Voices, 2012).

In October of 2011, I was invited by Mrs. Nefretery Nancy Marin to come to Belize and offer support to her foster care organization, *Barzakh Falah*, as a DMT trained volunteer. I have a strong connection with Belizean culture and the area of post-trafficking mental health care. I knew I had to return to Belize and, with the help of Barzakh and its affiliates, develop a program that would help survivors of CSEC and human trafficking

Currently, Belizeans have little access to mental health services-especially DMT. *Barzakh Falah* works with at-risk youth in a variety of different ways. Originally, *Barzakh Falah* was founded as a transitional housing program for children who have been abandoned or orphaned. *Barzakh Falah* now runs an after school drop-in center and a series of holiday skill-building camps. *Barzakh Falah* provides services to about 150 children a year. A majority of the children whom *Barzakh Falah* serves have been sexually and physically abused and a small number of them have been trafficked or are survivors of the Commercial Sexual Exploitation of a Child (CSEC). Exact statistics about the number of children receiving services from *Barzakh Falah* and have been trafficked are protected by the agency and were not available to me as a volunteer. The organization hopes that by learning to utilize creative arts, they will be able to better help the survivors of CSEC and trafficking who have not benefitted from verbal therapy. If these children do not receive help and do not show improvement, they are relinquished to the government and transferred to a weakened governmental foster care system. This can cause additional trauma and the chance for them to truly heal is lessened with each time they are relocated

CSEC was first officially defined by the first World Congress against Commercial Sexual Exploitation of Children (1996) as “sexual abuse of a child (under 18) by the adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object. The commercial sexual exploitation of children constitutes a form of coercion and violence against children, amounts to forced labor and a contemporary form of slavery.” Acts of CSEC can include the prostitution of a child, child pornography, child sex tourism, arranged marriages or any type of coerced sexual act in which the person exploiting the youth (commonly known as a trafficker) profits (U.S. Department of State, 2014).

Statistics on trafficking rates have been notoriously difficult to acquire. According to the United Nations Children Fund (2001), around 2 million children are sexually exploited around the world every year. Belize has been identified by the United Nations in the Trafficking in Persons Report (2014) as a source, destination and transit country for men, women, and children to be sexually exploited and trafficked. Belize, has been cited by the United Nations for not providing statistics on how many children are victims of trafficking but the number is believed to be very high. Sex tourism is especially prevalent in Belize (United Nations, 2014). The need for services for those who survive these atrocities is very high (United Nations, 2014)

### **Questions for Exploration**

When deciding on the focus of my exploration, many questions came to mind. The first question I had was, “What are the mental health needs and cultural considerations when working with survivors of trafficking and CSEC?” I knew that this question would be answered through an intensive literature review. Therefore, my initial search started in 2011. My second question was: “What are the specific needs and considerations of the child survivors of CSEC and human

trafficking in Belize?” This question brought me deeper into the current literature. Because there are almost no research or official reports coming out of Belize, this question would lead me directly to the source. I knew I would need to have a strong understanding of Human Trafficking and CSEC in order to ask the right questions. The literature lead me to the questions, “How can mental health workers better assist survivors? Specifically, how can a DMT program successfully enhance the services currently being provided to these youth in Belize?” This thesis is a response to these questions. They fueled me to create Moving THRU.

### **Purpose of the Project**

The purpose of this thesis was to develop a dance/movement therapy (DMT) based program based on previous research in the field and the words of care providers in Belize. The developed program will support Belizean caregivers deepen their understanding of trafficking and CSEC and utilize DMT inspired activities in working with child survivors of human trafficking. For the purpose of this thesis, human trafficking is defined as the forced sexual exploitation of a minor or adult including forced labor, forced prostitution, slavery (or practices similar to slavery), involuntary domestic servitude and sex trafficking (United Nations, 2000). This may or may not involve the transport of a trafficked person to another location or country (United Nations, 2000). Because of the lack of knowledge regarding the mental health needs of human trafficking survivors, the current literature on appropriate interventions was lacking. Therefore, with this thesis, I hoped to gather knowledge and provide further information on the mental health needs of survivors. I sought to discover useful interventions to facilitate positive change and improve the quality of life for individuals without therapy or social work training to use with survivors. The Moving THRU program was designed to be an easy to follow curriculum

that caregivers, like those at *Barzakh Falah*, could use to better help survivors of CSEC and trafficking heal and thrive.

### **Clinical Theoretical Approach**

I am trained as a dance/movement therapist and counselor at Columbia College Chicago. My background and primary passion is in trauma informed care. I am inspired to bring body-based work to survivors of trauma due to the deep healing capabilities and the possibility of survivors reclaiming of the body as a safe place. I have utilized dance/movement therapy techniques with domestic violence survivors and women & children who have survived sexual, physical, and emotional abuse. Additionally, I minored in Women's Studies in my undergraduate work. It is because of this that I use a feminist approach. In my work, I purposely chose to use the empowerment focused term survivor instead of the word victim.

My approach to clinical work is always through a trauma informed lens (Clawson, Salomon & Grace, 2008) with a specialized focus on how to facilitate healing through body-based activities. *Moving THRU* is written based on this clinical theoretical approach. There are four core components of trauma informed care according to researchers Clawson, Salomon & Grace (2008). The first is the understanding that trauma is an event that can profoundly affect a survivor's life, self-concept and way they interact with others. The second component is the understanding that a survivor's symptomology and behaviors are often used as coping mechanisms to deal with the initial trauma(s). Third, the main goals for trauma informed treatment are empowerment and recovery (Clawson et al, 2008). Fourth, the work between the clinician and the survivor is always collaborative. The survivor should be in partnership with the caregiver to form goals and express needs. I believe that these core components are always at the forefront of my clinical work.

I use an eclectic approach as a therapist. As a trauma-informed counselor I utilize techniques from cognitive behavioral therapy (Beck, 2011), dialectical behavioral therapy (Linehan, 2014) and humanistic therapies (Rogers, 1961). I have found that these approaches allow the client to build coping skills to combat the lasting effects of complex trauma. Studies have shown that cognitive behavioral therapy has been one of the most effective approaches of verbal therapy for survivors of CSEC and human trafficking (Clawson et al, 2014).

As a dance/movement therapist, I have been most influenced by the mother of American DMT, Marian Chace. When Chace first began to develop DMT, she believed that every patient she worked with had a desire to communicate and connect with others (Chaiklin & Schmais, 1979). Chace believed that communication filled an inherent human need (Chaiklin & Schmais, 1979) and began to use dance as a vehicle to help her patients communicate. I believe that many trafficking and CSEC survivors struggle with this same basic need-to communicate and be understood. I, too, believe that movement can provide survivors with a vehicle to express themselves.

Chace also found that rhythmic activity and body part warm-ups were an essential part of group work because it encouraged patients to connect with their own bodies (Chaiklin & Schmais, 1979). I use rhythmic activity and body part warm-ups for this very same reason- especially for survivors of trauma. Through connection with their own bodies, survivors are able to begin to feel their own internal sensations and emotions. It is in this sacred space that they learn re-claim their bodies as a safe-space. I believe this reconnection is crucial in recovery with survivors of human trafficking and CSEC. It is the reason that Moving THRU is a body-based program.

Additionally, Marion Chace always started and ended group work in a circle (Chaiklin & Schmais, 1979). The circle provided Chace a way to empathically connect with her patients and help them feel heard. Empathy is a core component of Moving THRU and my work as a therapist. The circle structure is particularly important to me and serves as a base for my work as a dance/movement therapist. I believe the circle provides clients with a structure that helps each group member feel connected to the care provider and others in the group, as well. The circle provides a container for processing at the end of group, another important aspect of Chacian DMT (Chaiklin & Schmais, 1979). Finally, the circle provides safety and organization. Everyone is able to be seen and accounted for in a circle. This is particularly helpful in working with children.

I am also greatly influenced by the work of Bonnie Bernstein. Bernstein utilizes creative dance techniques, similar to those of Blanche Evans (Bernstein, 1995). Creative dance, particularly creating dance sequences that can be repeated and expressed, is a passion of mine. Bernstein also uses scarves and other props to externalize the trauma and eventually empower the people that she works with (Bernstein, 2011). I find this technique to be extremely helpful in my work with trauma survivors. I have found that using props in group helps engage clients who were initially hesitant to move.

Bernstein helped create a DMT program for an organization in India, called *Kolkata Sanved* (Bernstein, 2011). Bernstein partnered with an Indian dance/movement therapist, Sohini Chakraborty, to bring empowerment focused DMT to young survivors of sex trafficking and CSEC. By providing opportunities for survivors to be expressive, they were able to move forward through the trauma, find strength and become independent (Bernstein, 2011).

Empowerment focused DMT is also at the core of my clinical approach. Empowerment is a key

part of trauma-informed care and I am influenced by the way Bernstein has used this particular form of DMT to help survivors in India.

Additionally, I believe that when working internationally, DMT interventions need to be culturally sensitive and appropriate. When working with *Kolkata Sanved*, Bernstein (2011) used expressive movement and dance, and the existing culture of dance in India, to help survivors foster healing and connection. In my work, I seek to discover how culture can be incorporated to make interventions more meaningful and beneficial for each client.

### **Development of Moving THRU**

In May 2012, I was awarded the Ellen Stone Belic Research Award from the DMT and counseling department at Columbia College Chicago to travel to Belize to interview caregivers and professionals who work with trafficked children and use the information given to develop an effective DMT based curriculum. During my month long stay, I traveled throughout the Cayo District of Belize and interviewed social workers, police officers, government officials working in the trafficking unit, lawyers, doctors and domestic violence shelter workers that have worked with youth affected by CSEC. For the purpose of this program, I refer to all of these providers as direct caregivers. Through interviews, I gained insight on what services are currently available and helpful for CSEC and trafficking survivors. Additionally, I sought knowledge regarding the mental health needs and symptomology most commonly seen by the direct caregivers. Through these interactions and interactions with the children on site during volunteer art and dance activities, I began to cultivate the knowledge needed to accurately design an effective DMT based program.

Through fifteen informative interviews, I found common themes and areas that the direct caregivers felt that DMT would benefit the youth that they work with. The common themes have

been used as theme chapters for what I am calling the Moving THRU (Trauma Healing, Recovery + Understanding) program. One of the things that I heard consistently through my interviews is that the direct caregivers felt that they lacked the basic counseling and listening skills to help them respond effectively to youth who have been trafficked. In almost every interview I was asked, “How do I respond to these kids?”, “How can I help them?” and “Can you give me some basic counseling tips that I can use right now?” Many interviewed did not understand how pervasive trafficking symptomology was and could only respond to questions about behavior. They noticed how the youth “acted out” but did understand why.

Originally, I imagined that this program would be developed for youth who have been trafficked but I discovered through my time in Belize that the program needed to be developed in a way that would help the direct caregivers better respond to their clients. I realized the curriculum needed to be developed as a training module for direct caregivers. This resulted in a shift from a DMT program offered by a credentialed dance/movement therapist to a DMT based program that can be taught to and delivered by any direct caregiver. Therefore, the first three chapters of the program are dedicated to understanding trafficking and trauma, caregiver listening skills and building relationship with clients. My hope is that this program will help direct caregivers utilize basic counseling skills along with body-based and creative art making techniques to enhance the work they are already doing. The exercises are meant to help survivors improve the quality of life and encourage interaction between the direct caregiver and child survivor to further connect with others and to themselves. Once caregivers feel more confident in their own abilities to connect with survivors, they are better able to help the youths build skills. The choice to include each of the skill building chapters was based on answers provided by direct caregivers when asked the following interview questions:



1. What kind of behaviors do you typically see from children who have been exploited?
2. In your opinion, what are the mental health needs of the kids that you work with?
3. What kind of programming has been beneficial to survivors so far?
4. Do you have any advice for a creating a non-verbal creative therapy program for children who have been sexually exploited in Belize?
5. How can direct care providers better assist survivors?

For a complete list of interview questions please see Appendix A: List of Belizean Direct Caregiver Interview Questions.

After concluding my interviews, I went through all of my written personal notes and looked for common themes in answers provided by the direct caregivers. After careful consideration, the second part of this program was designed to help youth develop skills in the areas of: Relaxation Skills & Focusing, Socialization & Peer skills, Emotional Regulation & Anger Management Coping Skills, Increasing Self Confidence & Self Esteem and Decreasing Self Blame & Empowerment. The program has been developed for its pilot launch at *Barzakh Falah's* afterschool drop-in program in 2015. However, the program is designed in a way that will be easily adaptable for any direct caregiver who would like to make use of it in Belize.

Cultural considerations must be noted. It is important to know that the literacy rate in Belize, is often reported to be 76%. However, The Cornerstone Foundation in San Ignacio, Cayo District Belize, recently performed a local study (Cornerstone Foundation, 2014) and found that the functional literacy rate among Belizeans was closer to 40%. During my time in Belize, I found that the official language in Belize is English, however English is a second language in Belize. In the home, most Belizeans speak Spanish, Creole or Mayan Dialects. Many of Belizean

residents have emigrated from the surrounding Central American countries including Mexico, Honduras and Guatemala. Because of this, language has been simplified in the Moving THRU program and it is only offered in English at this time. The program should be accessible to most caregivers. Additionally, the Moving THRU program utilizes culturally relevant words, terms and formal names. In Belize, the words Youth or Youths are often used instead of the terms kids or children. The word group is also used throughout this workbook. The word group is used to describe a group of people coming together for a common purpose, unlike the therapeutic version of group used in the United States of America. Group therapy is non-existent in Belize. Language in Moving THRU workbook has been sensitively considered.

### **Contribution to the Field**

This project will inevitably contribute not only to the field of dance/movement therapy but also to the field mental health and the sociology/study of human trafficking. Much of the current research is general. There is little information on the details of most post-trafficking mental health programs. Interventions have not been clearly outlined. This development of Moving THRU will contribute to this gap in the literature.

During my time in Belize, I strived to understand the experience of the survivor and mental health caregiver in a non-biased, humanistic way. Through interviews with direct caregivers working with trafficking and CSEC survivors, I gained knowledge on what key areas survivors (specifically ages 5-13) struggle with the most. This information will not only help service providers provide better care to clients who have been trafficked, but will also serve as a study to support the greater body of work on the mental health needs in post-trafficking mental health care. The development of Moving THRU and this thesis work will not only be helpful for

the future care of trafficking survivors in Belize but also offers in-depth information about the way trafficking and CSEC affects survivors on a biopsychosocial level.

This thesis work has inspired a conversation about DMT in Belize. Belize had never had dance/movement therapist or programming of this nature. As the program was developed, caregivers in Belize began to ask questions about what DMT is and how it could be utilized to help those in need. This conversation could open a new avenue for intervention and care in the future. The field of dance/movement therapy and creative arts therapies could be expanded to Belize with new caregivers developing interest in learning this clinical approach.

For the very first time, Moving THRU provides caregivers in Belize with a clearly defined creative, body-based curriculum and structure that could be applied in a variety of settings. Specifically, Moving THRU is a culturally sensitive program that has been developed to fill a need expressed by Belizean caregivers. Language, reading comprehension level, physical environment, culture and terminology included in Moving THRU was thoroughly considered. Moving THRU will provide a culturally sensitive model to serve as a reference for the creation of future body-based, creative or post-trafficking programs and interventions. Researchers will be able to replicate and evaluate this program in the future.

Finally, the literature on human trafficking and CSEC in Belize was lacking. There are very few articles available about the issue in Belize. Much of the research available is general and has been performed from afar by governmental agencies like the U.S. State Department and the United Nations. This thesis will add to the gaps in current literature regarding human trafficking and CSEC in Belize.

## **Chapter Two: Introduction**

The emerging need for work in the field of post-trafficking mental health care has drawn international attention. Though researchers and advocates fight for psychological support services for trafficked persons, women and girls especially (Lloyd, 2011), there has been little research conducted on the specific mental health needs of the population. Survivors of human trafficking largely experience severe mental health consequences from the trauma they endure while under control of the trafficker (International Office of Migration, 2007). Studies show that women and girls who have experienced sexual violence during trafficking show significantly higher levels of post-traumatic stress syndrome (PTSD), depression and anxiety than those who have experienced trauma of any other type with the exception of torture (Hossain, Zimmerman, Abas, Light & Watts, 2010). The focus of this paper is to outline the current literature on the nature of human trafficking, the biopsychosocial needs of children who have been trafficked for the use of commercial sexual exploitation (CSEC), post-trafficking mental health care and, finally, to explore how dance movement therapy (DMT) may be used as an intervention and treatment tool in post-trafficking mental health care. Because of the lack of literature on post-trafficking mental health care, the purpose of this literature was to find effective ways of understanding the effect of trafficking on persons and appropriate counseling interventions to promote the healing and reintegration of trafficking survivors.

### **Human Trafficking**

Statistics on trafficking have been notoriously difficult to attain, though the International Labor Organization estimated that approximately 12.3 million people are in situations of forced labor; half of which were believed to be women and girls (United Nations Office of Drugs and Crime, 2009). The United Nations Population Fund suggested that between 700,000 and

2,000,000 girls and women are trafficked across borders worldwide. Equally important, women are disproportionately trafficked; not only as victims but also serving as traffickers. Experts at the United Nations Office of Drugs and Crime (2009) suggested that many female traffickers have at one time been victims of human trafficking. Furthermore, it is estimated that about 70-90% of all female victims of trafficking have been sexually abused before they were trafficked (Lloyd, 2011). Sexual exploitation has been identified as the most common form of trafficking (79%) followed by forced labor (18%) (Lloyd, 2011). The average reported age of a minor's initial trafficked entry into commercial sexual exploitation is between the ages of 10-14. (Lloyd, 2011) The United Nations (2000) defined trafficking in persons as:

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. (Article 3, paragraph a)

For the purpose of this section, it is important to not only understand the definition of human trafficking but also the populations it affects. Every year the United States Department of State (2014) produces a trafficking in person report that highlights trafficking in every country worldwide, including Belize. It provides facts and statistics regarding how many people are trafficked in each country and ranks them on tiers. Tiers are based on not only the amount of trafficking in any given country but also the level of intervention that the governments invests in

stopping trafficking, punishing traffickers, promoting awareness and providing services. On this scale, a tier one country is rated having the trafficking level being the most severe with little to no intervention and a tier three country having the least amount of trafficking and/or the most interventions enacted (see Table 1). In the Trafficking in Person’s Report, one is able to look at any given country and read culturally specific information about trafficking including the most prevalent types of trafficking. Moreover, the report includes suggestions made by the United Nations to reduce trafficking by implementing country specific interventions. This information is important to care providers because it provides specific information on what kind of trafficking is happening in the country and what level the government is willing to intervene. This can be helpful in working with survivors of human trafficking because it provides insight on what survivors may have experienced during their trauma and information regarding potential threats to their safety.

**Table 1: Trafficking in Persons Report (Uncovering Voices, 2012)**

<b>Tier 1</b>	Countries whose governments fully comply with the Trafficking Victims Protection Act’s (TVPA) minimum standards.
<b>Tier 2</b>	Countries that do not fully comply with the TVPA’s minimum standards, but are making significant efforts to do so.
<b>Tier 2 Watch List</b>	Countries whose governments do not fully comply; although are making significant efforts to do so, numbers of victims are significant or increasing or there is failure to provide evidence of increasing efforts from the previous year significant efforts to bring themselves into compliance with those standards, and: a) the absolute number of victims of severe forms of trafficking is very significant or is significantly increasing; b) there is a failure to provide evidence of increasing efforts to combat severe forms of trafficking in persons from the previous year; or, c) the determination that a country is making significant efforts to bring themselves into compliance with minimum standards was based on commitments by the country to take additional future steps over the next year.
<b>Tier 3</b>	Countries whose governments do not fully comply with the minimum standards and are not making any significant efforts to comply with TVPA.

## **Human Trafficking and Exploitation in Belize**

Trafficking is a significant problem for Belize. The Trafficking in Persons Report for Belize (U.S. Department of State, 2014) stated that Belize is a source, destination, and transit country for men, women, and children that are subjected to sex trafficking and forced labor. Additionally, the U.S. Department of State identified the primary source type of trafficking in Belize as the forced prostitution of children and child sex tourism. The coerced prostitution of children occurs particularly in situations where poverty-stricken parents push their school-aged children to provide sexual favors to wealthy older men in exchange for school fees, money, and gifts. This is commonly referred to as “The Sugar Daddy Syndrome” in Belize (Uncovering Voices, 2012, p.3). It is important to note that education is not free in Belize and many families can only afford to send one child from the family to school. It is common for parents in Belize to make agreements with taxi drivers who have connections with the cruise ships in the areas. In exchange for groceries, clothes and school fees, girls and boys must report to the taxi drivers (even if they are in school) when the cruise ships come in. From there, the taxi drivers act as pimps and set up appointments to exploit and sell the children for sex. This also happens with government officials and wealthy business men (Uncovering Voices, 2012). In addition, trafficking in Belize also commonly occurs in bars, nightclubs and brothels where immigrant girls and women from other parts of Central America (most commonly Guatemala) are enslaved and forced into prostitution under false job offers (U.S. State Department, 2014).

In 2013, at the time of initial interviews and program development in San Ignacio, Belize was rated Tier 2 in the annual Trafficking in Persons report. In 2014, the US Department of State placed Belize on the Tier 2 Watch List because of the Belizean government’s lack of interventions to reduce trafficking, identify victims and provide comprehensive services to

survivors. This means that efforts to combat trafficking have decreased in 2014. Belize only identified three of the thousands trafficking victims in the past year and only one case resulted in a conviction. The trafficker faced no persecution or punishment for his crimes. The US Department of State (2014) stated that Belize did not provide proper protection, shelter, reintegration efforts or specialized treatment programs for identified victims and needs to do so to be removed from the watch list. The Trafficking in Persons Report provides suggestions for improvement. One of the largest areas that Belize needs to improve is in the area of specialized victim care (US Department of State, 2014). I believe this is an area that Moving THRU could have the potential to make a difference.

### **Trafficking Symptomology**

Trafficking survivors face a myriad of complications after exiting the trafficking situation. The literature review was designed to highlight how pervasive trafficking symptomology can be. The following sections contain information on how trafficking can biologically, psychologically and socially effect survivors.

#### **Biological Trauma**

Once a survivor exits a trafficking situation, a process called rehabilitation and reintegration into the world begins (Crawford and Kaufman, 2008). Survivors often struggle with debilitated physical health because of the severe abuse endured during trafficking (Ayala, 2011). The Salvation Army PROMISE (2007) Commercial Sexual Exploitation of a Child (CSEC) training program highlighted several biologically body-based symptoms that trafficking victim's experience including: digestive problems, headache, chronic pain, heart and lung symptoms, malnourishment, auto-immune disorders and bodily injuries from excessive physical assaults. Additionally, many trafficking victims experience various sexual health problems including



STDs, HIV/AIDS, and complications from multiple sexual assaults, pregnancy, ectopic-pregnancy, infertility and abortion (Salvation Army, 2007). Other somatic symptoms include lower abdominal pain, skin disease, body itching and fatigue (Crawford and Kaufman, 2008). In addition, survivors of human trafficking are prone to both infectious and non-infectious diseases, chemical intoxication, illness as a result of living in unsanitary conditions, heat stroke, exhaustion, cancer, musculoskeletal trauma and parasites (Palmer, 2010). In this exhaustive list of biological and physical implications it is clear that safety, shelter, food, water and access to health care are of utmost importance in the rehabilitation and reintegration phases of treatment. Lack of these key biological needs can be a strong indicator that mental health services will not yet be beneficial (Ayala, 2011).

### **Psychological Trauma**

Trauma is the root cause of mental health issues that survivors of human trafficking face. Ayala (2011), a human trafficking expert, described trauma as a force that overwhelms the victim's psychological and biological coping mechanisms. Furthermore, this occurs when internal and external resources are inadequate to cope with the external threat. However, in many cases, abuse and trauma-inducing events have started long before the trafficking process.

Survivors of human trafficking experience initial trauma during the travel and transit stage of trafficking (Ayala, 2011). According to Ayala (2011), the initial trauma occurs when victims first realize they are in mortal danger; this stage is often accompanied by a violent act such as rape. After initial trauma (which is typically acute) victims often experience intense fear, sadness, and anxiety (Ayala, 2011). Those who are trafficked often disassociate which can inhibit memory and recall. Hossain, Zimmerman, Abas, Light and Watts (2010) found that higher levels of injury and sexual violence during trafficking resulted in higher levels of Post-

Traumatic Stress Disorder (PTSD) for girls and women (n=204). In seven post-trafficking settings According to the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition for a child aged six or older to be diagnosed with PTSD they must meet the following criteria (adapted from American Psychiatric Association, 2013):

- A. One has exposure to death or the threat of death, serious physical injury or sexual violence (either by directly experiencing the traumatic event or witnessing it occurring to others)
- B. The presence of intrusive symptoms associated with the traumatic events, beginning after the traumatic events occurred (in the form of distressing memories, repetitive play in children where traumatic events are expressed or re-enacted, distressing dreams, flashbacks, intense or prolonged psychological distress, physiological reactions to internal or external cues that resemble the traumatic event)
- C. Persistent avoiding stimuli associated with the traumatic events beginning after the traumatic events occurred (effort to avoid all distressing memories, thoughts of feelings associated with event or effort to avoid all people, places, conversations, activities, objects of situations that remind them of traumatic events.)
- D. Negative changes in cognition and mood associated with traumatic events
- E. Changes in arousal or reactivity such as angry outbursts, self-destructive behavior, hypervigilance, exaggerated startle response, problems with concentration or sleep disturbance
- F. Duration of symptoms lasts more than one month

G. The disturbance cause clinically significant distress or impairment in important areas of functioning.

Research shows the because of the repeated exposure to trauma, many trafficking survivors meet the diagnostic criteria for PTSD (Clawson, Salamon & Grace, 2008).

While some survivors of trafficking do not suffer extraordinary levels of abuse, most will commonly experience: assault, coercion, threats of harm to themselves and their families and severely restricted freedom (Gozdziak, 2006). Tactics used to control, manipulate and abuse CSEC victims are largely comparable to menacing techniques used in torture. Hossain et al (2010) stated that trafficked persons have little to no control over their own health and safety and are often unable to make any decisions regarding food intake, where and when they work, how many clients they accept or safe sex options. This can be predictive to more severe psychological reactions to abuse (Hossain et al, 2010). Additionally, Hossain et al found the longer that the victim was in the trafficking situation, the more likely individuals were to have high levels of anxiety and depression. Furthermore, more time since trafficking was associated with lower levels of depression and anxiety but not PTSD (Hossain et al, 2010).

Survivors of human trafficking and CSEC often experience complex trauma (Hardy, Compton & McPhatter, 2013). This is caused by repeated and prolonged exposure to traumatic events (Hardy et al, 2013). Because much of the survivor's traumatic experiences happen while in captivity, a deeper more painful form of trauma often consumes the survivor and changes not only their psychological wellbeing but also their worldview (Hardy et al, 2013). Some of the causes of complex trauma that trafficking survivors experience include entrapment, forced relocation, exposure to the abuse of others (including peers and family members), and extensive physical, sexual and psychological abuse (Courtois, 2008). Courtois (2008) stated that children

and adolescents are at a more severe risk for complex trauma because they are not psychologically, physically or emotionally capable to react to repeated traumatic events.

Clawson et al (2008) stated victims of human trafficking most commonly suffer from depression, anxiety, panic disorders, substance abuse, eating disorders or a combination of these and oftentimes “the emotional effects of trauma can be persistent and devastating.” Gozdzia et al (2006) found only a relatively small amount of children met the criteria for post-traumatic stress syndrome. Gozdzia et al (2006) proposed that the probability of a child experiencing PTSD could be related to the child’s own perception of victimhood. In some cases of trafficking, the girls in the study chose to migrate whereas others were forced by family members, friends or a trafficker disguised as a person looking out for a child’s best interest. In many cases, children and adults are trafficked with the promise of a better life, education and money to support themselves and their families (Godziak, 2006). According to Gozdzia et al (2006) the perception of victimhood could also be significantly influenced by the child’s treatment in trafficking situations, the type of trafficking involved and their relationship to their traffickers.

Survivors of human trafficking endure extremely difficult circumstances. The Salvation Army (2007) CSEC training program outlined several additional psychological problems survivors may incur including depression, anxiety and PTSD. Survivors may frequently experience fear, paranoia and flashbacks of trafficking experiences. Trust issues, lack of eye contact, somatization, hyper-sexualization, impulse control issues, uncontrollable anger, withdrawal, sexual avoidance, suicidal ideation, self-mutilation, substance abuse and inability to attend school/work were listed as accessory psychological symptoms (Salvation Army, 2008). Likewise, Hossain et al (2010) found that there was a great need for trauma based treatment for anxiety, depression and PTSD. Ayala (2008) found that addictions and self-mutilation were

major areas of concern, as well. However, most sources identify PTSD and depression as the most prevalent diagnoses of survivors of human trafficking.

### **Sociological Trauma**

When survivors of human trafficking escape or are rescued from their captors, they are not relieved of most of their symptoms nor are they free. In many cultures, survivors face stigma that can prevent them from returning home (Chung, 2008). They may be labeled prostitutes or be perceived as bringing dishonor to their families (Chung, 2008). In some cultures, girls may even be seen as property or collateral, an item used for sale, trade and bargaining (Chung, 2009). It is important to remember that in Belize, family members are often the original traffickers (Uncovering Voices, 2012) and a safe home is often not an option. What is more, trafficking survivors often feel compelled to protect the person (otherwise known as trafficker or pimp) responsible for their initial trauma (Palmer, 2010). Survivors are faced with breaking the created trauma bond, also known as Stockholm Syndrome (Hardy, 2013). Traffickers often recognize and use their victim's human need for love, protection and family as a tactic for manipulation (Lloyd, 2011). Oftentimes, a trafficker will provide small kindnesses in a captive environment that are perceived as acts of love. The trafficker makes the captive feel that he or she is the only one who cares about the person being exploited that they are acting in the survivor's best interest (Lloyd, 2011). The inability to escape during trafficking often forces CSEC victims rely on or obey the trafficker because of the traffickers very real threat to their survival (Hardy et al, 2013). The trafficker is often in control of whether or not the survivor has shelter, eats or drinks, uses the bathroom, is physically abused/tortured or how many times they are exploited (Hardy et al, 2013). This explains why many survivors choose not to press charges. Survivors may feel love or

connection to the trafficker or are still fearful of their traffickers immediate threat to their lives or the lives of their family (Salvation Army, 2007)

Chung (2008) highlighted the fact that for some survivors of human trafficking, commercial sexual exploitation has been the only way to financially contribute to the household. In order to not disappoint, girls/boys often refuse to return home until gaining the income necessary to support their families financially. This was especially true for survivors in Belize who have emigrated from surrounding countries such as Guatemala, Mexico and Honduras (Uncovering Voices, 2012). This is important to know and consider in post-trafficking mental health care - as many children in treatment try to acquire jobs immediately, even if they are legally not allowed to work because of their age (Chung, 2008). This could cause a massive social stressor for survivors in therapy, as they may not see reintegration to their home as an option (Chung, 2008). Hossain et al (2009) found that “women and girls face a myriad of decisions and stressors, including possible participation in criminal proceeding, immigration and asylum procedures.” Plausible factors such as the lack of social support and additional life stress have been shown to increase symptom severity (Chung, 2008).

Cultural differences in trauma must be noted. Traffickers often abuse their power by exploiting those who live in poverty, while also manipulating the victim to make her feel that she is not wanted now by her family because of her lack of income and diminished piety that rape and prostitution culturally brings upon a family (Chung, 2009). According to Brown (2008), the culture of the homeland community can increase the severity of the symptoms for the victim if it is one that is not accepting. It is so important to understand the cultural background of each trafficking survivor.

## **Treatment**

Currently, there is a lack of specific therapy interventions to use with survivors of trafficking and CSEC. However, there is significant research on specific cultural therapeutic considerations for trafficking survivors. For example, Gozdzia et al (2006) found that the children reported the initial migration was the most traumatic and stressful part of being trafficked. Unfortunately, in treatment, caseworkers were asked to avoid questioning the children about their migration stories for fear that they may be subpoenaed in court and the information leaked to their traffickers (Gozdzia, 2006). In this case, individual treatment plans are weakened with little to no information about the child's history or initial engagement with their trafficker. Which brings the question, how efficient is treatment when clients are asked not to disclose their own personal narrative? Gozdzia et al (2006) also explored consideration of the role of the child's social, historical and cultural contexts in therapy and stated it was crucial for mental health workers to understand how these factors could affect emotional response and affect.

Chung (2009) suggested using a multi-level model of psychotherapy (MLM) - which incorporates human rights and social justice. This model consists of the following five levels: (a) level one: mental health education; (b) level two: western psychotherapy and counseling; (c) level three: cultural empowerment; (d) level four: indigenous healing methods; and (e) level five: social justice and human rights. As one can see from the model, MLM includes both cultural considerations in therapy and empowerment through social justice. Similarly, Palmer (2009) argued that social work may provide the answer through not only through the use of culturally competent therapy but also through advocacy and therapeutic justice. Both of these sources emphasize that is the therapists job to not only understand the cultural context for each survivor, but also act as expert and advocate for justice for trafficking victims (Chung, 2009; Palmer,

2009). Care providers must not only be able to support clients in judiciary proceedings but also play a role in educating the community and police force about what human trafficking is. In short, the demands on a therapist in these models are high and somewhat exhaustive in the field of post trafficking mental health care (Chung, 2009; Palmer 2009)

Research shows that the language care providers use for CSEC and trafficking survivors should be taken into consideration (Palmer, 2010). Phrases like former prostitute, child prostitute and throwaways are often used as negative labeling and can have devastating effects on a survivor's success in therapy (Hardy, 2013). Lloyd (2009) stated that caregivers should always use the accurate terminology of commercially sexually exploited children. Additionally, empowerment and feminist based theories suggest using the word survivor versus victim when referring to clients (Chung, 2010).

In 2006, The United States Department of Health and Human Services funded a study to evaluate how agencies are currently working with survivors of human trafficking (Clawson et al, 2008). This study identified barriers to treatment and promising practices for treating survivors of trafficking. Some of the barriers identified in this study included: limited access to appropriate mental health services, difficult establishing trusting relationships with survivors, mandated treatment efforts were sometimes counterproductive, secrecy, victims did not always define their experience abusive, attempt to escape and foreign-born experience significant barriers to language and culture. Many other researchers have listed these barriers as well (Hardy et al, 2013, Palmer, 2010, Chung, 2008 & Hossain et al, 2009).

Survivors are commonly very distrustful of service providers because of the deception and lies they experienced during trafficking (Salvation Army, 2007). Service providers must recognize the direct impact that the trafficking experience has on survivors' perception of others



(International Organization for Migration, 2007). The CSEC & Labor Trafficking of Domestic Minors Training Program (Salvation Army, 2007) noted that many survivors find they are unable to trust others or may encounter extreme confusion about who to trust. Gozdzia et al (2008) stated that case workers found it to be a difficult and lengthy process to gain the trust of the children they were working with. In addition, Godziak et al (2008) it took a long time for therapists to bond with their clients. This created a barrier to treatment options for Gozdzia et al though many were provided including: individual therapy, group therapy, counseling by a torture treatment specialist, art therapy and dance/movement therapy. Though initially the children were resistant to therapy, case managers encouraged and convinced clients to willingly participate in one or more types of therapies (Godziak et al, 2008)

Universally, researchers seem to agree that trauma-informed services are most beneficial to CSEC survivors. Clawson et al (2008) identified core components of trauma informed services. This included: the understanding that trauma is a defining life event, an understanding that a survivor complaints, behaviors and symptoms are often coping mechanisms, the primary goal of services are empowerment and recovery and that the service relationship is collaborative between survivor and care giver. Concurrently, the United States Department of State (2014) recommended that services should be victim centered and should promote empowerment, safety and community. Like Palmer (2009), the Department of State (2014) recommended that services should be comprehensive and include education, vocational and life skills.

These models provide good guidelines for treatment plans; however, they lack specific interventions and counseling techniques. This is true of all the before mentioned articles reflecting on programs in post trafficking care. There is currently no best practice model for helping survivors, though cultural considerations and trauma informed services are suggested for

involvement nearly every article. There is a deficiency in literature that actually contains plausible, tangible interventions in the care of trafficking survivors.

### **Dance Movement Therapy Interventions**

There is little research available on working with survivors of human trafficking using DMT-though previous research suggested it could be very helpful in incorporating indigenous healing methods, creative arts, movement & nonverbal trauma therapy (Clawson et al, 2008, Palmer, 2009). In this section, treatment methods for sexual abuse (Bernstein, 1995, Mills & Daniluk, 2002, Ben-Asher, Koren, Tropea, & Fraenkel, 2002) domestic violence (Chang & Leventhal, 1995) and work with child soldiers/ survivors of labor trafficking (Harris, 2007) will be described.

### **Sexual Abuse and DMT**

Bernstein (1995) used the Evan approach to DMT in her work with women who have been sexually abused. Bernstein stressed the importance of effective verbal therapy for the survivor in order to improve self-concept and work through painful memories. Bernstein used DMT to help survivors overcome the trauma of sexual abuse by helping them have positive physical movement experiences. She called this helping survivors re-connect with their bodies. Through functional and expressive movement the therapist gained knowledge on how the client

“...uses, abuses or inhibits her body. In dance therapy the body becomes at once the vehicle for change and the focus of change, so that the client can begin to reclaim her body as an ally in her struggle toward health” (Bernstein, 1995. pp.46)

Bernstein (1995) helped the survivors overcome guilt by developing movement interventions that free the survivor from the physical restrictions that represent guilt and shame. She used Evan’s functional technique to mobilize the client through loosening and strengthening the

muscles. Bernstein used the creative dance experience to help clients develop their own “letting go” dance stating “Change in movement can bring about a change in attitude that in turn liberate the survivor (Bernstein, 1995. pp.47)” This technique could be especially helpful in moving through guilt, shame and social stigma surrounding trafficking. This technique could empower and give choice to survivors who previously had none before.

Mills and Daniluk (2002), looked at the six most prevalent and helpful themes when working with a dance/movement therapist regarding sexual abuse. The study outlined the fact that attention is rarely focused on the client’s relationship with and experiences of living and being in their bodies. Mills and Daniluk found that the most psychologically healing aspects of dance/movement therapy were reconnection to their bodies, permission to play, sense of struggle (dealing with uncomfortable emotions), sense of intimate connection and sense of freedom. All of these themes could be extremely beneficial for survivors of human trafficking.

Ben-Asher, Koren, Tropea, and Fraenkel (2002) conducted a case study of a five-year old Israeli girl who had experienced severe sexual trauma. It was revealed to the dance/movement therapist through exploring the counter transference the dance/movement therapist felt after conducting dance/movement therapy sessions. The dance/movement therapist grew nauseous and vomited after sessions and began to notice the movement patterns of the five-year old girl was very suggestive of sexual abuse. After spending more time (research was conducted over a period of two years) working with the five-year old, she realized the girl was re-enacting the sexual trauma she had experienced. The case discussion suggested that a stronger form of assessment be used to analyze and code movement such as the Kestenberg Movement Profile in the future. Ben-Asher et al (2002) also suggested working in the future with dynamic movement qualities such as rhythm, flow and effort life to work to build a relationship with the client. A

connection could also be nurtured earlier on through mirroring and attunement. Other suggestions in the article include utilizing Evan's Functional Technique, Espenak's Restructuring, Schoop's educational alignment approach through miming, posture and choreography, and expansion of movement repertoire through the LivingDance technique.

### **Domestic Violence and DMT**

Chang and Leventhal (1995) worked with survivors of domestic violence by broadening their movement patterns as a way of introducing new behaviors. They found that survivors of domestic violence and human trafficking tend to have rigid movement patterns due to their restriction of choices in life by their partners or traffickers. Because domestic violence often leaves survivors in a pattern of disempowerment and abuse, Chang and Leventhal worked with resistance (pushing back against a partner) and asserting oneself through movement. Mirroring was used to establish trust and promote the therapeutic alliance. Counter transference also became a primary method for acquiring information on previous trauma experiences while moving with survivors. Chang and Leventhal did not assume or direct but instead left the choices for movement up to the group. They also encouraged the group to title the activities themselves. This empowered the participants and reminded them that they have freedom of choice.

When implementing DMT interventions, Baum (1995) emphasized setting clear and supportive boundaries when working with those who disassociate. Once these boundaries had been established, the environment was open for feedback and clients began to learn new skills and manage strong emotions and rage. Human trafficking survivors have been cut off from being able/allowed to express their feelings. Baum encourages the therapist's support by letting clients know that "all parts of the mind are welcome here."

Baum (1995) used the BASK model. BASK is an acronym that stands for behavior, affect, sensation and knowledge. Disassociation occurs in one or more of BASK dimensions. Baum encouraged the reintegration of self through group movement interaction. Movement encouraged the integration of feeling, thought and action. Through group movement interaction, images emerged that the group followed with kinesthetic sensation which ultimately lead to memory connections. Clients experienced a gradual sense of integration through this technique. The BASK model could allow survivors of CSEC to link images to sensations to memories, this could help recall memories lost during trauma. It also helps create a bond between group members who have experienced similar traumas.

### **Trafficking and DMT**

Harris (2007) worked with a group of 12 adolescent males who were trafficked in Africa by rogue armies. All participants had symptoms of PTSD and were not involved in any wartime activity during the time of therapy. Harris focused on using kinesthetic empathy to encourage the support between the boys. He engaged them in a typical Chacian style movement group. It started with a warm-up that included names and gestures for each person. This was repeated in each session; eventually Harris had the group using symbolic gestures to represent how the survivors felt that day. The group then moved into rhythmic activity and body action, themes emerged and were verbally processed at the end of each group. The group titled these activities “Circle Dance” and “The Big Pot” (Harris, 2007. pp. 209). Touch was eventually introduced through an activity called hovering hands.

Harris had the group assume statues of their families and later develop skits of their own wartime traumas. It was here that empathy emerged between the group members through the sharing of stories and identifying common experiences. Through developing these skits, the

participants decided that they wanted to perform them for the community. They wanted to show that they were not just menaces but were victims of a terrible crime. The performance served as an empowerment platform. At the end of the sessions, the young adults left the sessions with a newfound sense of connection between each other and the community, two things vital for survivors of human trafficking.

### **Conclusion**

Survivors enter rehabilitation with a variety of biological, psychological and culturally sensitive needs that must be met in order for them to re-enter society as fully functioning beings. Consequently, treatment for survivors is often long and requires many resources. From the current literature regarding human trafficking, I have sourced important information regarding: the nature of human trafficking in Belize, trafficking symptomology and treatment options. This information will be used primarily to inform and affirm caregivers using Moving THRU. Caregivers utilizing Moving THRU could provide crucial support to individuals struggling with symptoms of PTSD, anxiety, depression and the many other mental health needs survivors of trafficking present with.

Literature highlighting the needs and symptoms of trafficking survivors is vast. I made a commitment to strongly consider the knowledge of previous researchers, as well as the words of the Belizean caregivers I interviewed, in the development of Moving THRU. The connection was clear. The literature regarding the mental health needs of survivors coincided with what the caregivers expressed about survivors they worked with. The literature provided me the scholarly support to inform interventions in Moving THRU. I have created Moving THRU, to help Belizean caregivers better understand human trafficking. From this understanding, they can

explore specific, workable, dance/movement therapy based techniques. This could provide a richer sense of how DMT could be used in post trafficking mental health care.

The emerging field of post trafficking mental health care lacks clear programming, protocols and treatments thus far. It is my hope that the Moving THRU program will provide a written example of how a creative, movement based program could be a solution to the question “How can caregivers in Belize better care for survivors of human trafficking utilizing dance/movement techniques?”

### **Chapter 3: Moving THRU**

The Moving THRU program was designed to for direct caregivers who work with youth in Belize aged 5-12 who are survivors of sexual abuse, human trafficking, or the commercial sexual exploitation of children. The program can be used in two ways, as a curriculum or as supplemental workbook. If used as a curriculum, Moving THRU is a six week repeatable treatment program that caregivers can use with survivors. In addition to the curriculum, there are two chapters focused on meeting the needs of Belizean caregivers. The first chapter provides information on the nature of human trafficking, CSEC and sexual abuse. The second chapter includes information on listening skills and relationship building in responses to requests from the caregivers interviewed in January 2013. Each subsequent chapter includes activities inspired by DMT, therapeutic art making and trauma informed child psychology. Belizean caregivers may chose activities from the workbook to supplement their own work or utilize the entire curriculum.



# Moving THRU

**(Trauma Healing, Recovery & Understanding)**

**A Post-Trafficking Body-Based, Creative Program & Curriculum**

Designed for direct caregivers in Cayo, Belize through partnership with Barzakh Falah

Amy VanBecelaere

This Master's Thesis was partially funded by the Ellen Stone Belic International Research Award at Columbia College Chicago, 2012.

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## **Introduction**

### **ABOUT THE AUTHOR**

Hello, my name is Amy VanBecelaere and I am a masters level dance/movement therapist and counselor currently residing in Chicago, IL, USA. I have worked extensively in understanding and promoting awareness of human trafficking and the commercial sexual exploitation of children (CSEC) through an advanced certificate program through the Salvation Army PROMISE (Partnership to Rescue our Minors from Sexual Exploitation) Program. During my training, I learned about negative biopsychosocial effects of CSEC along with how to use appropriate interventions and practice informed interviewing skills with this sensitive population. It was through this work that I gained a deep understanding of and a passion to help youth affected by CSEC.

I also have a strong connection to Belize. In 2012, I was chosen to represent the USA in Heartland International's grassroots leadership exchange for women in the USA, Belize, and Nicaragua. Through partnership with WIN Belize, we helped implement a human trafficking awareness project in a school entitled Uncovering Voices. Additionally, we interviewed over 100 people in Belize City about their knowledge and experience with human trafficking, CSEC and the sugar daddy syndrome in the community. Uncovering Voices interviewed caregivers who worked at WIN Belize, YES, and the U.S. Embassy. They helped us understand more about the nature of trafficking in Belize. With my background in dance/movement therapy, trauma informed therapy, and extensive work with women and children who have been abused, I was fortunate enough to be invited by Barzakh Falah to return to Belize to develop this program.

### **WHO IS MOVING THRU FOR?**

The Moving THRU program is designed for direct caregivers working with youth (aged 5-13) survivors of sexual abuse, human trafficking, or the commercial sexual exploitation of children. A direct caregiver is any person who provides care, guidance, support or services to a youth survivor of sexual abuse, human trafficking or CSEC. Some examples of caregivers are: case managers, social workers, shelter workers, child advocates, counselors, court advocates, teachers, police officers, foster care workers, first responders, or hospital workers.

This curriculum is written in a way to supplement the work you already do. As I see it, you are the expert, and I am offering you some creative ideas to strengthen the skills you already have.

### **WHY WAS MOVING THRU DEVELOPED?**

Moving THRU was developed to fulfill a need expressed by a direct caregiver, Ms. Nefretery Nancy Nefretery Marin, founder of Barzakh Falah children's home and camp in San Ignacio, Belize. She came to me after meeting me through a women's grassroots leadership exchange program through an organization called Heartland International. She sought me out because of my experience working with human trafficking and CSEC in Chicago, IL and my experience in dance/movement therapy. She asked me to come to Belize to help create a curriculum for caregivers using creativity. Ms. Marin shared with me that traditional therapies were not working with survivors of extreme trauma and she was hoping that a program that engaged them creatively would give caregivers a new avenue to help these children progress and work through their trauma.

### **HOW WAS MOVING THRU DEVELOPED?**

In May 2012, I was awarded the Ellen Stone Belic International Research Award by Columbia College Chicago to travel to Belize in January 2013 to interview caregivers and professionals who work with trafficked children. The information provided in interviews was used to develop an effective body-based, creative curriculum that could be accessed by any type of caregiver working with youth affected by commercial sexual exploitation. During my month long stay, I traveled throughout the Cayo District of Belize and interviewed 15 case workers, social workers, police officers, government officials working in the trafficking unit, lawyers, doctors, and domestic violence shelter workers that have worked with youth affected by CSEC. For the purpose of this program, I refer to all of these providers as direct caregivers. Through interviews, I gained insight on what services are currently available and helpful for CSEC and trafficking survivors. Additionally, I learned about the mental health needs and symptomology most commonly seen by the direct caregivers. Through these interactions and interactions with the children on-site during volunteer art and dance activities, I began to understand what I needed to accurately design an appropriate creative, movement based program.

Through fifteen informative interviews, I found common themes and areas that the direct caregivers felt that DMT would benefit the youth that they work with. The common themes have been used as theme chapters for what I am calling the Moving THRU (Trauma Healing, Recovery & Understanding) program.

## **WHAT ARE THE GOALS OF MOVING THRU?**

The goals of the Moving THRU program are to:

1. Help direct caregivers in Belize deepen their understanding of the nature of human trafficking and the commercial sexual exploitation of children and how it affects the youth survivors they currently work with.
2. Help direct caregivers in Belize develop strong listening skills and build strong, trusting, relationships with the youth they work with.
3. Provide clear creative and body-based activities that caregivers can use to help survivors of sexual abuse, human trafficking, and CSEC heal and build skills in the areas of: Relaxation & Focusing, Emotional Regulation & Anger Management, Communication, Self-Confidence & Self-Esteem, and Empowerment & Reduction of Self-Blame.
4. Support caregivers in helping survivors better thrive in recovery.

## **WHAT SKILLS WILL I DEVELOP WITH THE USE OF MOVING THRU?**

The first chapter of the program is designed to help you deepen your understanding about the nature of human trafficking and the commercial sexual exploitation of children in Belize and how it affects the youths biologically, socially, emotionally and spiritually. You will also learn (or strengthen) some basic listening skills to help you better connect with the youth.

The next five chapters will provide information on helping youths in the following areas: Relaxation & Focusing Skills, Emotional Regulation & Anger Management, Communication & Peer Skills, Self-Confidence & Self-Esteem and Empowerment & Reducing Self-Blame. Each chapter will feature 3-4 dance/movement therapy based or creative arts activities that you can use in your work.

## **DO I HAVE TO BE A GOOD DANCER OR ARTIST TO USE MOVING THRU?**

Nope! However, I do believe that everyone is a skilled mover and has an inner artist inside. I prefer the term “mover” vs “dancer.” You will notice that the curriculum uses the word mover a lot! As long as you’re moving, you are growing and changing. There is no special dance technique or rigid form to follow. Whatever way you move or dance is appreciated and welcomed! Moving is about expressing yourself non-verbally with your physical body. The intention of the Moving THRU program is to create a safe space for kids to express themselves with no judgment. All you need is the willingness to move your body and the courage to engage in the creative process. Your openness to trying new activities is crucial to the program’s success. Confidence is the key!

### **WILL I LEARN TO BE A DANCE/MOVEMENT THERAPIST OR COUNSELOR?**

In short, no. Instead you will learn to utilize creative, body-based activities and concepts to help survivors of human trafficking and commercial sexual exploitation. You will also learn to sharpen your empathic listening and reflection skills. Counselors use these techniques to help better connect with and understand the people they work with. Many of the activities in this workbook have been inspired by dance/movement therapy and counseling skills. However, there are many different techniques and skills outside of this workbook that are required to become a counselor. Certification to become a dance/movement therapist or counselor would require a degree. Moving THRU is a specific curriculum and workbook for caregivers looking to help survivors of human trafficking and CSEC- not a dance/movement therapy training program.

### **HOW MUCH TIME DO I NEED TO DO THE MOVING THRU CURRICULUM?**

Based on feedback from care providers in Belize, the program is designed to be executed in two 1.5 hour weekly sessions for optimal success. So ideally, you would need 3-4 hours a week for six weeks. However, the program is designed to enhance the way you are already working with the youth. Therefore, you may select activities to add into the work you are already doing with survivors.

## **Chapter One: Understanding Trafficking & Commercial Sexual Exploitation of Children**

If you are looking to use the Moving THRU program in your work as a direct caregiver, you most likely have worked with youth who are survivors of child sexual abuse, human trafficking or the commercial sexual exploitation of a child (CSEC). If you are unsure of the differences, for clarity I would like to provide you with the most common definitions of child sexual abuses, human trafficking and CSEC.

- ✚ **Child Sexual Abuse** – sexual contacts between a child and an adult, a person significantly older (adolescent) or someone in a position of power or control over the child, where the child is being used for sexual stimulation or gratification. The abuser can often be a parent, caregiver, or someone who has responsibility for the child (American Psychological Association, 2014).
- ✚ **Human Trafficking** –the forced sexual exploitation of a minor or adult including forced labor, forced prostitution, slavery (or practices similar to slavery), involuntary domestic servitude and sex trafficking. This may or may not involve the transport of a trafficked person to another location or country (United Nations, 2000).
- ✚ **Commercial Sexual Exploitation of a Child (CSEC)** –“a youth (aged 17-years-old and younger) is engaged, solicited or forced to engage in sexual conduct or performance of sexual acts in return for a fee, food, drugs, shelter, clothing, gifts or other goods” (Williams & Frederick, 2009).

### **LOOKING BEYOND THE LABEL OF SEXUAL ABUSE**

Oftentimes, youth who are being sexually abused are also being commercially sexually exploited. Studies have shown that between 70-90% of female victims of trafficking were sexually abused before they were exploited (Lloyd, 2011). Additionally, the average age for entry into sexual exploitation is only 10-14 years old. Caregivers should determine if the abuse happening only from a caregiver/adult or if the youth is being forced by a caregiver or trafficker to engage in sexual activities with other adults. Sexual activities can include penetration, rape, incest, sodomy, indecent exposure of private parts, fondling, pornography, nude dancing or stripping. A trafficker can be male or female who profits by receiving cash or other forms of payment (example: gifts or groceries) in exchange for the sexual use of a minor by another person (Hardy et al, 2013). Also, a trafficker can be a parent, family member, friend, peer, or business person. This can be surprising because traffickers are often thought of as pimps, kidnappers, or persons involved in gangs or organized crime.



## **HUMAN TRAFFICKING AND CSEC: A COMMON PROBLEM**

Unfortunately, human trafficking and CSEC is very common today. The International Labor Organization estimated that approximately 12.3 million people were in situations of forced labor; half of which were believed to be women and girls (United Nations Office of Drugs and Crime 2000). The United Nations Population Fund (2009) suggested that between 700,000 and 2,000,000 girls and women are trafficked across borders annually worldwide. The United Nations Children’s Fund estimated that approximately 2 million children are exploited globally. Furthermore, The United Nations Office of Drugs and Crime (2009) found that women and children are trafficked more than any other group of people, and sexual exploitation has been identified as the most common form of trafficking (79%)—followed by forced labor (18%).

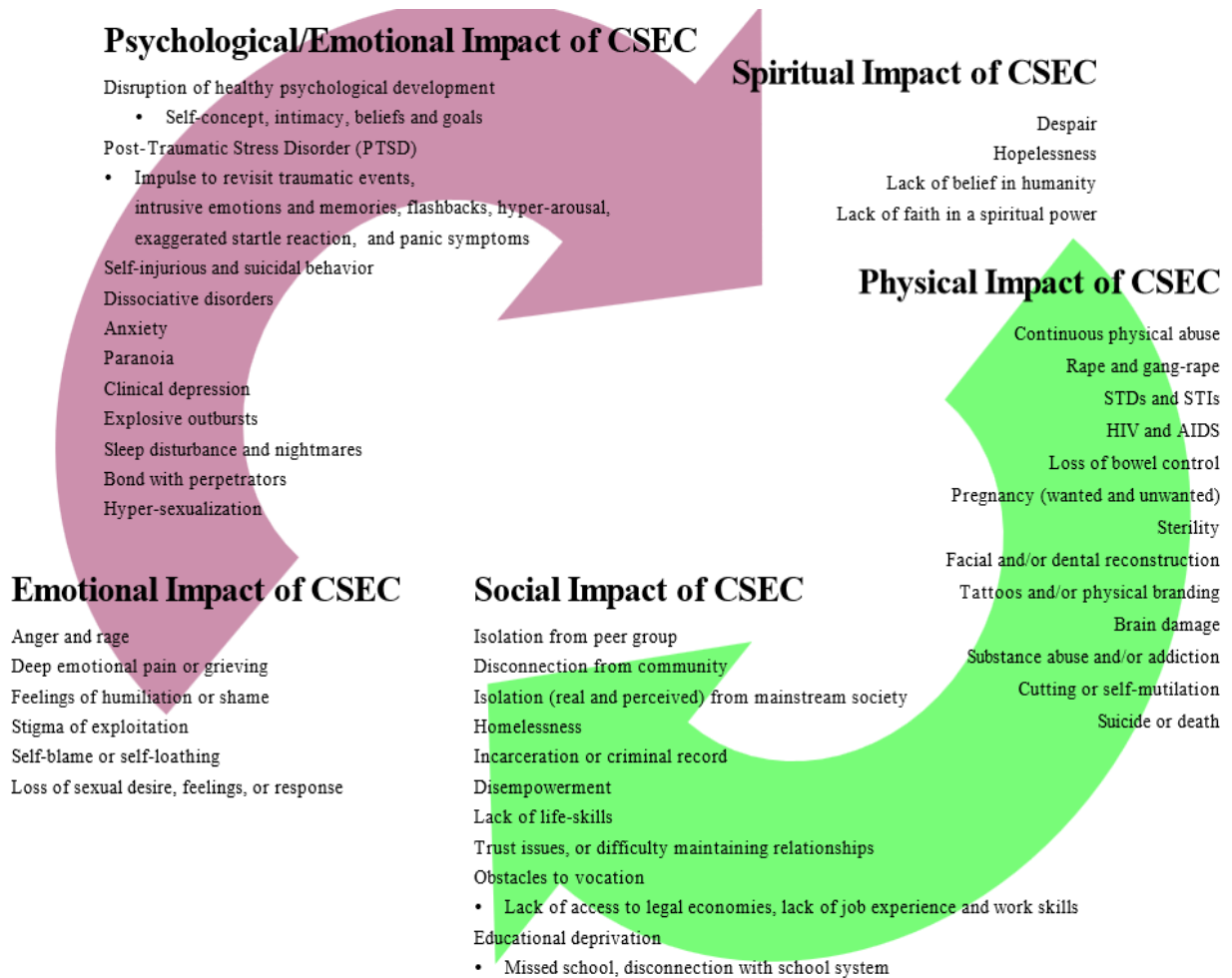
## **HUMAN TRAFFICKING AND CSEC IN BELIZE**

Trafficking has been a significant problem for Belize. Every year, the United States Department of State produces The Trafficking in Persons Report. The report provides information on the trafficking situation for every country in the United Nations including Belize. The 2014 Trafficking in Persons Report for Belize (U.S. Department of State, 2014) stated that Belize is a source, destination, and transit country for men, women, and children that are subjected to sex trafficking and forced labor.

Additionally, the U.S. Department of State identified the primary source type of trafficking in Belize is the forced prostitution of children and child sex tourism. The coerced prostitution of children occurs particularly in situations where poverty-stricken parents push their school-aged children to provide sexual favors to wealthy older men in exchange for school fees, money, and gifts. This is commonly referred to as “The Sugar Daddy Syndrome” in Belize (Uncovering Voices, 2012). Because education is not free in Belize, and many families can only afford to send one child from the family to school it is common for parents in Belize to make agreements with taxi drivers who have connections with local cruise ships. In exchange for groceries, clothes and school fees, girls and boys are forced report to the taxi drivers (even if they are in school) when the cruise ships come in. From there, the taxi drivers act as pimps and set up appointments to exploit and sell the children for sex. This also happens with government officials and wealthy business men (Uncovering Voices, 2012). In addition, trafficking in Belize commonly occurs in bars, nightclubs and brothels where immigrant girls and women from other parts of Central America (most commonly Guatemala, Mexico, and Honduras) are enslaved and forced into prostitution under false job offers (U.S. State Department, 2014). All of this information was backed up by the words of the Belizean caregivers I interviewed.

## HUMAN TRAFFICKING AND CSEC's EFFECTS ON YOUTH TODAY

The following infographic provides information on how CSEC affects the youth psychologically, emotionally, spiritually, physically and socially. Consider the struggles the youth you work with face on a daily basis. Try and reflect on your experiences and when you may have noticed one of the youths you work struggling in one of these areas.



(Graphic used by permission of Salvation Army Promise CSEC Training Program, 2007)

## SURVIVORS' EXPERIENCE OF TRAFFICKING AND CSEC

Survivors of trafficking and CSEC typically experience terrorizing physical and sexual violence while under the control of the trafficker. Although some survivors of trafficking do not suffer extraordinary levels of abuse, most will commonly experience: physical and sexual assault, coercion, emotional abuse, threats of harm to themselves and their families, and severely restricted freedom (Clawson, Solomon & Grace, 2007; Gozdzik, 2006). Tactics used to control, brainwash manipulate and abuse CSEC victims are comparable to techniques used in torture.

Youth who are trafficked have little to no control over their own health and safety and are often unable to make any decisions regarding what they eat or drink, where and when they will be forced to have sex, how many adults they will be forced to serve, or safe sex options. Additionally, they often experience psychological damage from being held captive with threats to their lives (or their families' lives) should they escape.

### **TRAUMA AND TRAUMA INFORMED CARE**

Trauma is typically defined as a deeply distressing or disturbing experience (Clawson et al, 2007). After reviewing the info-graphic above, it may come as no surprise that trauma affects wellbeing in every possible way. Trauma is a defining life event that shapes the way survivors experience their lives, senses of self, and relationships with others. It is important that we recognize their complaints, behaviors, actions, habits, challenges, and symptoms are actually result of the extreme trauma they have experienced. By doing this, we exercise trauma informed care. Without this lens, it is easy to label the children as difficult or angry.

There are four core components of trauma informed care according to researchers Clawson, Salomon & Grace (2008).

1. Understanding that trauma is an event that can strongly affect a survivors life, self-esteem and way they communicate with others
2. Understanding that the way a survivor acts is often because of trauma they experienced. These actions are called coping mechanisms
3. The main goals are empowerment and recovery
4. The survivor and care provider will collaborate to develop goals and meet needs

Research shows that trauma informed care seems to be one of the most beneficial forms of treatment for survivors of CSEC and trafficking. Caregivers cannot just treat the symptoms of trafficking; they have to be aware of the trauma itself. Survivors often come to us with many different difficulties (Example: one survivor could be diagnosed with depression, PTSD, anxiety, and may have self-harm and anger management issues.) and it is our job to keep their trauma experience in mind as a root cause for all of this. In order to be effective, we must treat each child not as a victim but instead as a survivor! In trauma informed care, the primary goals of services are empowerment and recovery. Therefore, the Moving THRU program uses the word "survivor" instead of "victim." The program should be collaborative. Through this program, we work side by side with the youths instead of working above them.

## **COMMON CHALLENGES IN WORKING WITH SURVIVORS OF CSEC:**

During my time in Belize, caregivers repeatedly shared with me that they felt that survivors of CSEC and trafficking were especially “difficult.” With a trauma-informed lens, we know that this is because of their experiences. However, it can sometimes be frustrating when you feel that you are not getting through to the youths you work with. It is my hope that the Moving THRU program will help you find ways to better connect with the survivors that you work with. I also want you to know that there are challenges that are commonly experienced among caregivers who work with CSEC and trafficking survivors.

In an in-depth study on trauma treatment for survivors of human trafficking funded by the U.S. Department of Health (Clawson et al, 2007), researchers identified four common challenges that caregivers faced when trying to assist CSEC and trafficking survivors:

1. **Survivors had little access to appropriate mental health services.** This was typically because they were afraid that if they sought treatment, their traffickers (who were often family members) would find them and harm them again.
2. **Caregivers found it very difficult to build trusting relationships with survivors.** Many programs safe houses, shelters, and programs offered to trafficking survivors were time limited. They did not provide enough time for survivors to feel safe and secure. How can we expect the youth to trust us if we can't ensure their safety?
3. **Mandatory treatments were rejected by survivors.** Survivors have no choice while in the trafficking experience, when they are forced into treatment facilities or locked in shelters, it mirrors the trafficking experience. This can re-traumatize the youth and cause them to want to run away.
4. **Survivors are often secretive.** Shame and guilt are at the center of the trafficking experience. Many survivors are embarrassed and ashamed by what they have been through and may even blame themselves. Beyond safety, this was one of the primary things survivors reported as reason for being secretive. As caregivers we can help reduce this shame and guilt by affirming that it is not their fault.
5. **Trafficking survivors from other countries faced language and culture barriers.** Many survivors were especially scared because the country they were receiving services in was unfamiliar to them and they did not speak the same language. As caregivers, we must try our best to ease this transition through interpreters and non-verbal communication. In Belize, many trafficking survivors are not identified because they are immigrants from surrounding border countries such as Mexico, Guatemala and Honduras. In an investigative study by the United Nations (2013), many foreign survivors who had been trafficked were locked up in jail for illegal immigration. They had been trafficked in as children and were arrested around age 17. Many of them stated that

they had not been interviewed in their native language and instead had been treated like criminals.

These findings were consistent with what Belizean caregivers shared with me in initial interviews for the development of Moving THRU.

### **HOW CREATIVITY CAN HELP**

The Moving THRU program uses movement, dance, journaling, and art activities to help facilitate healing. As you can see, there are a lot of barriers to traditional counseling. By engaging survivors creatively, we create a new road to connection. This connection is made possible by communicating with the youths non-verbally. In dance/movement therapy, we use the body as a tool for self-expression. So if CSEC and trafficking survivors struggle with sharing verbally, we can help guide them to express themselves in a new way. On top of that, it is fun! The program is meant to be playful and engage survivors in activities that don't feel like work. Even though the activities don't feel like work, there is still a whole lot of potential for healing jam-packed into every activity in this workbook.

### **HOW TO USE THE MOVING THRU CURRICULUM**

Moving THRU can be used in two different ways. The first, and my preferred method, is by using Moving THRU as a curriculum. It is designed to be a six week non-verbal movement based curriculum that you can easily follow and use with survivors of human trafficking and CSEC. Each chapter has a different theme identified as important by caregivers working with CSEC and trafficking in Belize. Every chapter has at least three or four activities that are laid out step by step. If using Moving THRU as a formal curriculum, each session should last about an hour to an hour and a half. Each week there will be a different theme to work on. There are suggestions for taking activities further in each chapter so that the program can be repeated and youths can continue Moving THRU and deepen their own trauma healing, recovery, and understanding.

I encourage you to use this curriculum to supplement the work you are already doing. Therefore, if the chapter is on building self-esteem and you have a really awesome activity or way of teaching this subject, please do! Then use an activity from Moving THRU to engage the youth creatively. I think the program is most beneficial when used as a curriculum that moves from one chapter to the next in order. By the end of six weeks, youths will have begun to build coping skills and worked towards healing in five different areas.

Regardless of which approach you decide to take, it is important to read the first two chapters of the workbook. These chapters are designed to help you strengthen your skills as a care provider and learn some introductory creative activities.

## **CHALLENGE LEVELS**

Each activity is rated either Challenge Level I or Challenge Level II. Challenge Level I activities should be used for anyone who is trying a Moving THRU curriculum activity for the first time or may be new to the healing process. However, even Challenge Level I activities are intended to help youth who may be more advanced further their own trauma healing, recovery, and understanding.

Challenge Level II activities should be introduced to groups repeating the curriculum or who have had significant experience with therapeutic activities. If the group has had done work before or if they have been working with a social worker, they may be ready for Challenge Level II. I would suggest that Level II activities always be directed with the help of a social worker or someone with skills in counseling.

## **CIRCLE TIME/QUESTIONS**

At the end of each activity, I recommend having “circle time.” This is the time for the youth to put into words their experiences, thoughts and feelings related to the group activities. In Moving THRU, there is a provided list of circle questions for each activity in the curriculum. These questions have been designed to help the group further discuss and understand the content or Move THRU. Please feel free to add any additional questions that you think will be beneficial to the youth as related to the activities.

It is so important that each group conclude with circle time. I don't recommend doing a group activity without providing circle time at the end. I believe that circle time is where a lot of the healing takes place because the youth are able to take their creative experience (movement or art) and talk about it in a concrete way. This helps them integrate or deepen their understanding and healing process. Circle time provides the youth with a safe space to express themselves and have their peers and caregivers listen to them. As caregivers, we can learn a lot about the children we work with during circle time. It can provide us with information about their needs. From this, we can respond with either additional support or referrals for outside support (such as from a teacher or social worker) as appropriate.

Circle time also provides the group with structure. When the youth know they will have time to express their feelings and thoughts at the end of group, it is easier for them to focus on the present moment or activity. They may need gentle encouragement or reminders to wait for circle time to talk about these things. The exception to this rule is if a group member is feeling unsafe (his or her emotion or physical space is being compromised) or is too uncomfortable. In this case, the youth may tell the caregiver immediately. You can help the youth identify these times in the first meeting and when going over the rules in the beginning of group.

## **WHAT YOU NEED FOR MOVING THRU (continued on next page)**

In order to do the Moving THRU program, you need a private space where you will not be interrupted. The space should be open and ready for movement. Think of a gym or a classroom/group room with the tables pushed to the sides. It can even be outside in a private environment.

### **Other materials needed for curriculum:**

Shoe/cereal/cracker boxes (soft boxes)

Construction paper

Pens

Handouts from Appendices A-C

Crayons/colored pencils/ markers

Glue

A pair of scissors

Any addition art supplies available (glitter, buttons, stamps, sticker, decorations, paint, etc.)

Scarves (or pieces of sheer fabric)

Ball of yarn or string

Notecards/index cards

Post-its or small pieces of paper

Access to music player or a drummer

## **HOW TO START AND END**

Moving THRU groups always start out in a circle and end in a circle. This allows all group members to see each other and helps you keep track of all the group members as well. Starting and ending group in a circle provides structure. Structure is good for CSEC and trafficking survivors because it gives them something familiar to expect. This can help them feel safe.

Safety is a priority in the Moving THRU program. Therefore, during the first meeting, the group can collaborate on a list of rules that will keep everyone safe. Try to get the participants to

make up most of the rules. However, the following can be used as a base for further brainstorming.

Rules:

- Keep safe physical boundaries by respecting every group member's personal space.
- No touching any group member (unless you have permission from them and the activity calls for it)
- No physical fighting: no hitting, kicking, punching, pulling hair, scratching, pinching, or hurting any group members
- No name calling, teasing, bullying, put-downs, or yelling
- If you feel unsafe for any reason, you can sit down and talk with a caregiver after group.
- No judging each other (no laughing or making fun of group members' answers, movements, art, etc.)
- Art supplies must stay in group room after activity is done
- Talking about feelings and thoughts will happen at the end of group (unless feeling unsafe).
- Try your best!
- Be creative
- Have fun 😊

### **USING MOVING THRU WITH INDIVIDUALS**

Although Moving THRU works best in a group setting. Most of the activities can be used individually as well. I suggest still having a modified circle time at the beginning and end of groups. This gives you and the youth time to process the content and go through the discussion questions. For convenience, I have added a ★ symbol to identify activities that are easily adaptable for individual work. In individual work, I suggest both you and the youth complete the activities together. Also, please note that some activities will take significantly less time. This space will leave more room for discussion between the two of you. You may find it helpful to use two activities from one chapter to complete a meeting.

### **SAFETY NOTE**

#### ***Physical Safety***

Moving THRU is intended to be used by direct caregivers in Belize who currently work with survivors of CSEC and human trafficking. It is designed to be a six-week repeatable after-care program. Moving THRU is best utilized through working in a group of no more than 12 youths. More than 12 youths in a group can cause chaos and the group can become unmanageable. Ideally, the program would take place after school hours in a confidential and safe location to ensure privacy for CSEC and trafficking survivors.



Safety is a huge priority in implementing the Moving THRU program. Survivors have a very hard time trusting caregivers because they are concerned for their own safety. The possibility for being re-abducted and forced into trafficking is a very real concern. Caregivers should take extra precaution to make sure that survivors have a safe way to get to and from group. This most likely will mean having a staff member able to walk them from the bus stop, school, shelter or place of residency to wherever the group is being held and then walking or driving them home at the end of group. The location where groups are performed must be secure. Ideally, there will be other staff members on site (not in the room) able to assist or intervene should there be any internal or external threats to the group members. If a caregiver cannot provide a safe environment for group, it is best to wait to do the program until they can.

Temperature should be considered when choosing a time for groups to take place. In the dry season, temperatures are the highest between 1pm and 3pm. It may be best to wait until after 3:30 so that no one in group overheats. Additionally, if it is the wet season, please make sure that the area designated for groups will not be flooded and the commute to group location be easily reached should there be flooding.

Finally, in order to keep group participants safe, please collect all journals at the end of group (if used). This will ensure that the youth's thoughts, feelings and experiences are kept private and no person could use this information to harm them. This is called confidentiality. Confidentiality is extremely important when working with CSEC and human trafficking.

### ***Group Room***

The room used for groups should be safe for children to move around freely. This may mean the caregiver will need to go to the group room ahead of time and to move desks, tables and chairs to the sides of the room. Sessions always start out in a big circle either on the floor or standing. The floor should be free of debris, clutter and should be clean if the group needs to sit down on it. If a somewhat clean floor is not available, activities should be adjusted to standing in the beginning of group and sitting down in chairs for circle questions. Many activities involve art making; it may not be necessary to move the tables completely out of the way on this day but maintaining the circle is important.

Group meetings will typically last an hour to an hour and a half. This time frame was recommended by direct caregivers in Belize. It gives the group plenty of time to check-in, discuss the topic of the day, warm-up (if needed for a movement session), execute one of the Moving THRU activities and complete the circle processing questions that follow each and every activity in the curriculum. Time should also be allotted by the caregivers for group members to speak with the caregiver privately if they need extra support after session.

## ***Emotional Safety***

It is important that we address emotional safety as well. As mentioned earlier in this chapter, survivors of trafficking and CSEC often experience unpleasant physical sensations and flashbacks because of the trauma they have endured. A flashback is when a person has an intrusive or bad reoccurring memory that disturbs their ability to be present (or as counselors say “in the here and now”). When introducing the safety rules, I suggest that caregivers address the idea of flashbacks or bad thoughts when introducing safe emotional boundaries. By suggesting that group members let a caregiver know if they are having bad thoughts or flashbacks during a session, it creates a feeling of support for the survivor. This is another reason why having two caregivers in the room can be beneficial. One is able to sit with the child and bring them back to the present. Some ways to do this are having the youth wiggle their toes, feel their feet on the floor, stomp their feet, take a drink of water, smell a flower or candle or wash their hands. Simple activities like this can bring them back to the current moment. It is important to explain flashbacks to children. This normalizes it and helps them identify the experience. When they are able to identify the experience, as caregivers we can provide support through talking to them and bringing them back into the present moment.

However, it must be noted that flashbacks are often an indicator for post-traumatic stress disorder (PTSD). If youths are experiencing repeated flashbacks, it is important to refer them to a trained social worker or counselor who can help. Repeated flashbacks also can indicate that survivors are not ready for the Moving THRU program. If you think a youth is struggling with emotional safety or flashbacks, it is best to refer them to someone who can help and temporarily stop their involvement with Moving THRU while they heal. It is up to the caregiver to set limits for survivors to ensure their physical and emotional safety. Please refer to local resource section at the end of the handbook.

## **STRUCTURE**

The Moving THRU program has seven chapters. The first chapter is imperative for direct caregivers to read. It provides information on trafficking symptomology and introduces trauma informed therapy. The first chapter is used as a reference for the rest of the Moving THRU curriculum. For caregivers looking to use Moving THRU as a supplemental reference, it is absolutely necessary that they read this chapter as well. The second chapter, caregiver listening skills, should also be read by anyone looking to use the curriculum. It provides valuable information on empathy, and basic listening skills. The second chapter also provides three warm-up activities that are repeated throughout the curriculum.

During the first week of sessions, I recommend using two of the warm-up activities in Chapter Two. The first week of sessions can be an introduction to the Moving THRU program. On the

first session, the caregiver should collaborate with the group members to establish group rules. After the group rules are created, the caregiver should provide information about what Moving THRU is and answer any questions the group has. This will help establish rapport and can alleviate anxiety by giving survivors a sense of what will be happening in group. Then, the caregiver should choose one of the Chapter Two warm-up activities to introduce survivors to the program. The next session should start with a review of the rules, an activity that the survivors are familiar with or enjoy and one more warm-up activity from Chapter Two.

In the following five weeks, the caregiver should follow the curriculum chapters and use one activity per group. The layout for sessions, as written in the Moving THRU curriculum:

1. Sit down in circle (or stand if floor is not conducive to sitting)
2. Review of established group rules
3. Group check-in (verbal or non-verbal)
4. A discussion of the week's topic (the caregiver should include his/her methods of teaching this topic)
5. An activity from the Moving THRU curriculum
6. Circle Questions and Discussion
7. Journaling or art making time in response to the group activity
8. Check-in with members who need extra support after group

This format continues until the very last group where a graduation ceremony takes place. Caregivers should try and make this a special experience for the group participants. If possible (through donation or purchase) try and consider providing a snack or meal for the final meeting.

The Moving THRU curriculum is designed to be repeated. Therefore, when group members graduate to Level II, the caregiver should use one Level I activity and one Level II activity from each chapter. If most of the group is repeating the program, all warm-up activities in Chapter Two can be used during the first week. Additionally, it may be helpful for the caregivers to help the group members to set a list of goals for themselves for Level II.

It is important to note that caregivers should not begin using the Moving THRU curriculum if they cannot commit to spending at least six weeks with the group. Instead, pick and choose activities to support the activities you are currently doing. It is important that caregivers follow up with group members after completion of the program as members may need additional support. Ideally, the caregivers will still see group members individually to check on their progress and ensure they are using the skills they learned in sessions. If an agency plans to use an intern or volunteer to implement the program, they must be able to commit to the full six weeks and should also have a full time caregiver present for most of the sessions to ensure continuity after the program. The group members should leave the program with a system of

support available to them. If the program is run by an intern from outside of Belize, it could be potentially devastating for group members who have built trust with him/her during the time. Therefore, the program should not be implemented without another trusted staff member present and available for continued support.

**FINAL NOTE**

Have fun! Thank you for being brave and exploring new ways of helping survivors of sexual abuse, CSEC and human trafficking. Although change can take time, the smallest amount of encouragement or positive experience can change the lives of the youth you work with. It takes a special caregiver to step outside of their comfort zone and get creative. That special caregiver is you.

## **Chapter Two: Listening & Relationship Building Skills**

One of the most common things I heard from direct caregivers while developing this program was “I don’t know what to say to these kids. I get so nervous that I freeze! I feel like I can’t connect with them.” Many direct caregivers working with CSEC survivors find themselves working outside of the realm of their original job description. They may have not had any training on how to counsel or respond therapeutically to survivors. The good news is that you do not have to be a counselor or therapist to learn how to listen and respond effectively! There are simple ways that we can help survivors feel heard and comforted.

In Chapter Two, basic listening and relationship building skills will be presented that may help you to better connect with the youth. It all starts with becoming a better listener. In the first part of Chapter Two, we will explore active and empathic listening techniques that are intended to enhance the quality of contact you have with the youth you work with. Finally, the chapter will conclude with a few movement based warm-up activities that encourage connection and can help you build strong relationships with survivors.

### **SKILLS YOU WILL STRENGTHEN IN CHAPTER TWO:**

- ✚ Caregiver Listening Skills ★
- ✚ Empathic Listening ★

### **ACTIVITIES YOU WILL LEARN IN CHAPTER TWO**

- ✚ *Movement Check-in* ★ - Learn to facilitate a non-verbal check-in for beginning of groups.
- ✚ *Body Part Warm-up* ★ - Through moving all body parts, verbal and non-verbal self-expression becomes more fluid.
- ✚ *Web of Connection* - Use a ball of yarn to create a visual representation of the connection between group members.

*Note: ★ symbol indicates activities appropriate for individual meetings*

### **CAREGIVER LISTENING SKILLS**

As a direct caregiver for survivors of sexual abuse, trafficking and CSEC, you most likely already possess many listening skills! In this section, you may learn some helpful tips or enhance what you already know. For the purpose of learning, I would like you to invite you to think about the things that make you a good listener and list them below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Now, I would like you to think about things that keep you from being a good listener or things that challenge you regarding listening and list them below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Sometimes there are barriers or challenges when it comes to listening. However, there are things we can do to overcome those challenges to become stronger in the work we do. Together, we will now address these challenges and strengthen the skills we already have.

### **THE LISTENING ENVIRONMENT**

The first thing we need to address when it comes to listening is the environment. Oftentimes, caregivers work in spaces that can be distracting, cluttered, or busy. It is important to have an area where you work that will help you concentrate and hear what the youth is saying. For example, it may be hard to concentrate on what the youth is saying if you are in a police station where officers and people are coming in and out. If possible, work with youths in area that allows for privacy and quiet. This helps the youths feel more comfortable and ensures that confidential information is not being shared with others. A quiet, clean, relaxing space can be very beneficial. However, if this space is not available try and find a space which is somewhat private. It could help acknowledge to the youth that you understand that this space is not ideal and that you will work to try to make them feel as comfortable as possible. This may be created by moving to a different room or asking co-workers to allow for some privacy for a short period.

The listening environment is especially important when working with trafficking and CSEC survivors. Because so much of the information regarding their cases is so sensitive, the listening environment must be safe, confidential, and comfortable. Many survivors are very

nervous that they will be recaptured by their traffickers or that they (or their families) will be in physical danger should they share details about their experiences. That being said, it takes a lot for survivors to share information, so, as caregivers, we want to take extra consideration in creating a safe listening environment. If you feel that the space is not private enough, it might be best to reschedule the meeting for a time when you are able to ensure some safety for the survivor to speak.

## **PRESENCE**

Presence is the ability to be in the present moment. Some counselors call this the “here and now,” which means not living in the past or future but instead paying attention to what is happening now. In day to day life, there are many distractions. As caregivers, we may work with many children and most likely have numerous cases on our minds at any given time. Not to mention everything that happens in our personal lives, as well. However, it is imperative that we try and be mindful and present when working with CSEC and trafficking survivors. Ideally, we want give our full and undivided attention to survivors. Some things that can help you be present include:

- ✚ Practicing your own self-care (taking care of yourself)
- ✚ Writing down distracting thoughts
- ✚ Concentrating on the present moment by using your five senses (sight, touch, taste, hear, smell)
- ✚ Lighting a candle
- ✚ Going for a walk before sessions

What are some other things that help you feel present?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **KEY SKILLS IN LISTENING** (Adapted from Health Care Associates, Community Caregivers, 2013)

Now that we are present and aware, in the here and now, here are some basic guidelines to help practice effective listening skills.

1. *Eye contact.* Maintaining good eye contact is the first step to good listening. When we look survivors in the eyes, it helps let them know that we are concentrated on them and not anything else. Although this can be uncomfortable at first, eye contact is a sign of

good communication and connection. Think of the saying, “The eyes are the window to the soul.” Let them see you.

2. *Maintain an open and relaxed posture.* It is important that our body communicates that we are open, non-judgmental and supportive. This is achieved by uncrossing arms and legs, breathing normally, facing the youth, and leaning in slightly to show engagement.
3. *Use mirroring to deepen the connection.* Mirroring is a technique where we try and use some of the body language of the person we are speaking with. In listening, this is exercised by picking up on the body postures or gestures of the youth we work with. If they are leaning in, you may want to lean in as well. If the youth is leaning back, it may be a sign they need a little more space, lean back as well. Sometimes it can help to pick up a few gestures that the youths use when describing things. The key here is to be subtle and gradual. Once a connection has been made, you may even influence their gestures by placing your feet flat on the floor or breathing more deeply. Unconsciously, the youth may begin to pick up these positive suggestions and they may become more grounded and relaxed.
4. *Nod your head.* When a survivor is speaking, use your head to show the youth that you are engaged and focused. This can also be achieved by saying little things like “Yes,” “Mmhm,” “Go on,” and “I understand.” Again, subtlety and sincerity are important.
5. *Pay attention.* This seems like an obvious part of listening but it can be the most challenging part. This when being present is so important. When the youth is speaking, think of what they are telling you. Try to pick up on important details and especially look for the moments of feeling. It may be as simple as the tone of their voice or a change in posture.
6. *Reflect and clarify.* When a survivor is speaking, repeat back what you hear them saying in your own words. Try to not only reflect the content but also the emotion. When you repeat it back to them, ask questions of clarification such as “Is that right?” or “am I hearing you correctly?” Oftentimes, survivors have disorganized thoughts. It can be challenging to keep things straight. This is why clarifying and reflecting back what they just said can help you get more information, and the survivor will enhance their awareness of the issue and better express themselves.
7. *Ask appropriate questions.* It is important that you ask questions that allow you to explore what the youth is talking about on a deeper level. Questions should be derived from what the youth is already sharing. Make sure not to act only on your own agenda. We have many questions that we need answers to. Questions that we know could help them in a trial, in a housing situation or in healing. However, we must be patient. Trust is built by helping the youth feel heard, understood and safe. This takes time, especially with youths who have been trafficked. Trust and open sharing is a process. Being patient



and present will help you strengthen the foundations for a strong therapeutic relationship.

**Example:** *Rubi, CSEC survivor, age 8, meets with a caregiver at the shelter she currently lives at to discuss some challenges she has been facing.*

*Caregiver: “So Rubi, tell me a little bit about what is going on with you.”*

*Rubi: “I have just had a hard time lately because I keep having bad thoughts. I can’t sleep even when I am tired. I just don’t know what to do anymore. I lie awake every night wishing for sleep but all I can do is think about everything I have been through. I am so tired. I can’t focus at school, and the other day I fell asleep on the bus and missed my stop.”*

*Caregiver: “That is difficult. I am hearing that your thoughts are keeping you from living your life in the way you would like and you are feeling very frustrated. Is that right?”*

✚ Notice how the caregiver reflects back a little what Rubi is saying and asks for clarification.

### **EMPATHIC LISTENING**

Empathy (or being empathic) is the ability to imagine oneself in another’s situation and understand the feelings, thoughts, sensations and ideas that one would experience in that moment. In empathy, we do not put a judgment on what we hear. Instead, we listen with curiosity and intention toward understanding. We seek to develop a deeper understanding of what survivors are trying to tell us and what they are (or were) feeling, thinking, and sensing, as well.

Empathy is often confused with sympathy, which is a quite different thing. Sympathy encourages us to feel sorry for or pity the youth. It separates us from them. Though it is natural to feel these things, it doesn’t always help deepen the relationship. It can make the survivor feel like a victim because there isn’t a focus on empowerment. In the following example, you can see the difference between responding with empathy and responding with sympathy.

Case Study: Rita, age 11, CSEC survivor, shares some of her trauma with her case worker during a meeting about her academic performance.

#### **Empathy:**

Rita: “When I was nine years old, I was raped by my uncle. My mother blamed me for it and threw me out of the house.”

Caregiver: “I imagine must have been very painful for you. Not only did you experience something hurtful and scary with your uncle, but your mother, who was supposed to protect you, threw you out as well. How did you feel?”

Rita: “I felt so sad and scared. I had no idea where to go or what to do.”

Caregiver: “(nods head) So, what happened next?”

### Sympathy:

Rita: “When I was nine years old, I was raped by my uncle. My mother blamed me for it and threw me out of the house.”

Caregiver: “Wow, you poor thing. I am so sorry that happened to you.”

Rita: “Yeah, thanks.”

As you can see in the above example, when the caregiver responded with sympathy, the conversation fell short. It ended quickly because there was not a felt sense of understanding by the caregiver, only a sense of pity. There was no further inquiry about the emotions, feelings, thoughts, or experiences Rita had when this event occurred. When the caregiver responded with empathy, the caregiver was able to pick up that the experience was painful for Rita. The caregiver reflected back what Rita had just shared and then asked how she felt. This encouraged Rita to share her feelings and a little bit more of her story.

### Some of the key components of a skilled empathic listener are:

- ✚ Listens to others without judgment
- ✚ Affirms what the speaker is saying in a way that makes them feel cared about, understood and heard.
- ✚ Provides encouraging responses that invites the speaker to continue to share thoughts, feelings, sensations, and ideas.

### Challenge

1. Pair up with a friend, family member, or co-worker and practice partnered empathic listening.
2. Ask them to tell you a story about a time that they felt a strong emotion (it can be happiness, sadness, anger, etc.) and try to put yourself in their shoes.
3. Listen for feelings, thoughts, sensations, and ideas and reflect them back to your partner. Ask questions for clarity and a deepened level of understanding.
4. After practicing, ask your partner how they felt you did. Did they feel understood, heard and cared about?

## **ACTIVITY ONE: MOVEMENT CHECK-IN ★**

*Challenge Level: 1*

*Materials Needed: None*

When running groups for survivors, it is important to always do a check-in. Check-ins set the tone for the listening environment and are crucial to relationship building because they help show the youth that we are engaged and interested in the present moment. The check-in gives you a feel for what kind of energy the group has and can help inform your decisions on what to work on. Traditionally, a group check-in involves everyone in the group going around and saying how they are feeling. Typical answers involve “good, fine, bad, alright.” Youths sometimes do not have the advanced awareness of complex emotions. It may help to create a list of feeling words together or ahead of time. By having the group express how they are feeling non-verbally through movement or gesture, you may learn more about what they are ACTUALLY feeling. You are moving beyond words! By engaging the youths creatively, it opens up new doors for expression, connection and understanding.

Steps:

1. Start group in a circle with a review of the established group rules.
2. Have everyone stand up.
3. Now, explain that today everyone will state their name and then do a movement to show how they feeling today. Ask them to not share what they are feeling verbally, they have to express it through movement. Remind them that there is no judgment and no wrong way to move. Example: My name is Jaime and I am feeling (movement)
4. After the first person says their name and does their movement check-in, they will repeat the movement one more time. Then, the group will mirror (copy) and repeat the movement with the mover.
5. Repeat steps 3-5 until everyone in the group has had a turn.

Circle Questions:

1. What was it like to describe how you were feeling through movement?
2. Is it ever hard for you to express yourself through words?
3. Could you understand how everyone was feeling based on how they moved?
4. After doing everyone’s movement, do you feel differently than when we first started group?
5. If you were to check-in again, would your movement be the same or different?

### Tips and Tricks:

- ✚ Volunteer to go first to set an example of how to do a movement check-in. Be honest with how you are feeling! It could be beneficial to the group.
- ✚ This activity can also be done by having group members say their name and a movement that represents who they are.
- ✚ Make sure to thank everyone for their participation! It takes a lot of courage to get moving.
- ✚ Make movement check-ins part of your groups in the future to help survivors get comfortable communicating through movement.
- ✚ Take mental notes of the kind of feeling movements that group members do. It can provide insight into what they are experiencing.
- ✚ You do not always need to do circle questions after this activity. You can use this activity to move on into another movement or group activity.

## **ACTIVITY TWO: BODY PART WARM-UP ★**

*Challenge Level: I / II*

*Materials Needed: None*

Another way to begin group non-verbally is by doing a body part warm-up. A body part warm-up helps youths get in touch with their own bodily sensations. During times of physical and sexual trauma, survivors of sexual abuse, human trafficking, and CSEC often lose connection with their body and have less awareness of what they sense and feel inside. The body was often not a safe place for them because of the constant violations they endured. A body part warm-up provides a potentially fun way for them to re-experience their own bodily sensations in a safe way. In order to discourage flashbacks or triggering trauma memories, try to guide the youths to focus only on the physical body parts rather than their internal sensations and feelings. However, if a group member is triggered too much, make sure you let the group know at the beginning of sessions, they may sit out and journal or talk with a caregiver at the end of group. If you have two caregivers in the room, one person may sit next to this youth and talk with them about how they are feeling (make referrals when appropriate). I suggest introducing the different ways of recovering from a flashback notes in the safety section of Chapter One. If you are the only caregiver, provide journal or some crayons for the youth to express themselves with until the group comes to a close. Invite them to join circle if they are able. Safety is the most important aspect of groups, and no group member should feel forced to participate if they are struggling with emotional safety.

Body part warm-up puts the survivor in control of what part of their body they would like to move. Choice in regards to body movement can be very powerful for survivors because of how little they have had in the past. Through body-part warm-ups, survivors increase their body awareness and open new doors for expression.

Steps:

1. Start group standing in a circle with a review of the established group rules.
2. Explain that today's group will be movement based and that if at any time you feel uncomfortable or badly (unsafe), feel free to sit down and observe.
3. Begin to play music the group may enjoy. It can be helpful to offer three types of music and let the group vote on which to use.
4. Invite the group to notice the way their bodies feel. Ask questions: Are there any areas of pain, stiffness or tension? Are there any parts that feel they need to move?
5. It's time to wake-up our bodies! Choose the first body part you would like to warm-up. Example: "Hmm, I think I need to warm-up my neck. It feels stiff. Let's all warm-up our necks with some gentle head rolls." Then the group all warms that body part up together.

6. Ask “What else needs to be warmed up?” As each group member chooses a body part, collaborate on different ways to move and warm-up that chosen body part. Some examples of ways to move: shaking, rolling, twisting, bouncing, squeezing, doing figure eights, stretching, and leaning. Try to let the person who called out the body part lead or suggest how to warm it up.
7. Continue around the circle until everyone has chosen a body part. If this goes quickly, ask for more suggestions from the group and suggest some yourself as well! The goal is to get the whole body moving.
8. The last part of the warm-up should be suggesting that they move and warm-up all body parts at once!
9. Sit down for circle questions (at least for the first few times you do this) or move into the next activity.

#### Circle Questions:

1. How did it feel warming up all of your body today?
2. What did you like about body part warm-up about it the most?
3. Did anything about the activity make you feel uncomfortable?
4. Did any images, thoughts or feelings come up for you that you didn’t expect?
5. Did you like having a choice in how and what to move?
6. Do you typically feel comfortable/uncomfortable moving your body?
7. Would anyone like to share anything specific about the experience?
8. Would anyone like to share something with me privately after group? If so, please let me know now or after group so I can help you.

#### Tips & Tricks

- ✚ It can be helpful to have someone co-lead movement groups in case a group member decides to sit down. They may be triggered and need to process with an adult. Additionally, you should always check-in with a group member after group if they decide not to participate. They may need to talk.
- ✚ Try and observe how each group member seems to be feeling during this activity. If you sense they are becoming too uncomfortable, are having a flashback, or are becoming upset, make eye contact with them or move next to them in the group. In order to not disturb the group process, you could suggest that the group moves a body part while, at the same time, moving around the room. (Example: If you are warming up hands, say something like “Why don’t we move our hands up in all different parts of the room? Ready, go!” This gives you a moment to check-in with the group member and see if they

are okay. They may want to keep moving or they may want to sit out. Always check-in with them after group as well.

- ✚ Make sure everyone has a chance to suggest a movement.
- ✚ Make it very clear that if a group member feels uncomfortable moving a certain part of their body, they can continue warming up the previous body part (For example: an area of trauma could be the hips or bottom. Some group members may feel triggered by moving these areas.)
- ✚ The goal is not to throw any member into a flashback or bring them into the trauma memories. The goal is for members to reclaim and connect with their bodies! This is another exercise that reaps more rewards when repeated with patience and caution.
- ✚ If you notice that a group member is moving a part of their body that they previously didn't, feel free to acknowledge it and subtly say "I noticed some group members were moving parts of their bodies that they don't usually use. Great Job!" You can let them know through subtle eye contact that you noticed them but don't force the issue.
- ✚ Always thank everyone for participating and acknowledge the courage each of them showed today by Moving THRU!

### **ACTIVITY THREE – WEB OF CONNECTION**

*Challenge Level: I/II*

*Materials Needed: A ball of yarn*

Web of Connection is an ice breaker activity designed to help group members feel less isolated by showing them the connections they share with the group. This activity can be easy and fun the first time you play and can become more advanced if you add in additional themes. Oftentimes, survivors can feel like no one understands them or that no one has been through what they have. They feel isolated and ashamed. Web of Connection provides a visual aid for them to see that they are not alone; they are part of the group. Additionally, it allows us as caregivers to get to know a little bit more about each group member. This activity is great for building relationship and practicing listening skills.

1. Start group seated in a circle with review of the established group rules.
2. Begin with a verbal check-in.
3. Invite the group to begin to think of something that the group does not know about them. It can be an interest, a talent, a strength, a secret, something they would like to share, an experience, a favorite activity, or a feeling. (For younger groups, you may just want to select one of these topics)
4. Introduce the ball of yarn. Tell the group “Today, we will be doing an activity called the Web of Connection. We will use this yarn ball to show all of the different connections we have among group members. I am going to hold the end of the string and tell the group my name and say something that you all don’t know about me. After, I share if you share my same interest (favorite activity, talent, feeling, strength, secret, etc.), raise your hand. I will then toss the yarn ball to you while keeping hold of end of the string. When the ball comes to you, you will stretch it so that it creates a line between me and you. Then it is your turn to say your interest and group members can raise their hands if they share the same interest. If no group member raises their hands, that’s ok! That means you have a unique and special interest. However, you have to choose another interest to share. When the next person shares your interest, keep hold of the string and toss the yarn ball to them. The game continues until I say stop. In the beginning, if multiple people share the same interest pass the yarn ball to someone who has not had it yet. Everyone understand?”
5. Start the game by announcing your interest or other category. Examples of different kinds of statements: “My name is Indira and I like to paint. Does anyone else like to paint?” “My name is James and my strength is that I am good at writing, is anyone else good at writing?” “My name is Tasha and this is the second shelter I have lived in. Has anyone else lived in another shelter?” “My name is Angel and I am from Guatemala. Is anyone else from Guatemala? “



6. The game continues until the group creates a large web which connects everyone to each other at least once, but preferable twice.
7. Once the web is done, invite the group to look at the Web of Connection and all of the things you had in common.

#### Circle Questions:

1. Was it easy or hard to think of something to share with the group today?
2. Were you surprised by anyone's answer?
3. Do you always feel connected to the group or have there been times when you felt alone?
4. How can we use today's activity to connect with each other in the future?

#### Tips and Tricks

- ✚ For more advanced groups, ask them to share feelings, experiences and strengths to foster more meaningful connections.
- ✚ Make sure that yarn is in a ball and not spool to prevent tangling. You may need to unwrap and rewrap it. You can also use string or rope.
- ✚ Make sure that there is no bullying or making fun of whatever is shared in circle. All group members should be supported. By reviewing and enforcing the group rules, this becomes easy. If someone is bullying, they should be given a warning and if they do it again, they should be asked to sit out from the group. After group, sit down with the youth and talk with them about why they were bullying and why it is not okay to bully in group.

#### Note:

It is possible that there may be members of the group that do not offer anything in the group activity. Survivors of trafficking and CSEC often experience high levels of isolation and disconnection. It is important to remain warm and encouraging and not punish these members. Also, it is possible that a group member could offer something in Web of Connection that no one in the group is willing to relate to. Try to affirm whatever the youth has said and use a phrase like "Angel, it sounds like your interest is unique in the group today! Being unique is awesome, because we learn from others who are different than us. Can you think of anything else that the group might have in common with you?" This way, the member does not feel isolated but instead special.

## Chapter Three: Relaxation & Focusing

Many caregivers who work with children who have been trafficked notice that the youths are often distracted, restless, agitated or caught up in their own thoughts. Often times, this leads to poor academic performance, sleeplessness, disconnection with others, isolation, and an inability to be present. As previously stated in Chapter One, when youths experience trafficking and CSEC, the brain creates a patterned response in which the above symptoms become very common responses to the initial trauma. By responding empathically (as learned in Chapter 2) to these challenges, we have the ability to help survivors change this trauma response and develop more healthy behaviors.

An inability to relax or focus is often an indicator that youths are struggling with being in the present moment. One of the most basic ways we can guide youths to being more present is to encourage them to become more aware of their bodily sensations, emotions and thoughts. This process is called mindfulness. Mindfulness can be an especially helpful skill for CSEC survivors because it helps to decrease flashbacks, increase focus, improve mood and strengthen capacity for relaxation.

This chapter includes exercises that are designed to help engage survivors in becoming more mindful, present, focused, and relaxed. The body-based activities in this chapter are geared to educate you on how to promote youths' stability in the body, which in return creates stability in the mind. This is because of the body-mind connection!

### **ACTIVITIES YOU WILL LEARN IN CHAPTER 3**

- ✚ *Squared Breathing* ★ – Help survivors learn to control their breathing and relax
- ✚ *Rena Kornblum's "The 4B's of Self Settling"* ★ – a four step process kids can use to put on the brakes and settle down
- ✚ *Stability Scale* ★ – A pattern of movement often used in Tai-Chi to promote calm and grounding in the present moment

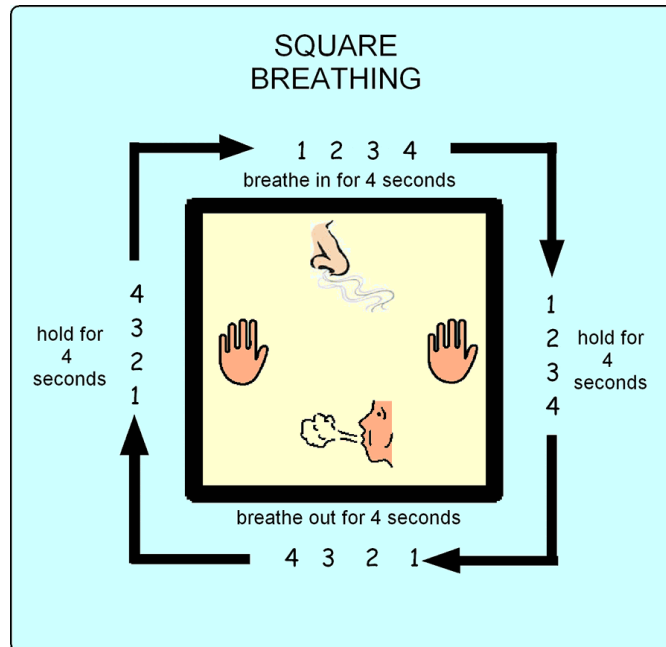
*Note: ★ symbol indicates activities appropriate for individual meetings*

## ACTIVITY ONE-SQUARE BREATHING ★

*Materials Needed: None*

*Challenge Level: 1*

Squared Breathing is a fairly simple technique that you can teach survivors who are struggling with anxiety, restlessness and distractibility. By helping them control their breathing, they are able to calm down. This exercise can be especially helpful if a youth is particularly rigid in their bodies. Breath can invite flow into the body and creates a sense of wellbeing.



Steps:

1. Start group standing in a circle on the floor making sure that everyone has space between them (at least an arm's length). Start a discussion about times where the participants felt anxious, nervous, overly excited, or struggled to focus, relax, breathe or sleep. How did it affect their day? How did they get through it? Explain that today they will learn a breathing exercise to help them in times like these called squared breathing.
2. Begin group with a body part warm-up with the focus on any areas of tension/tightness in the body.
3. After the group is done warming up, take a moment in silence to invite them to focus on the way they are breathing. Is their exhale as big as their inhale? (You may need to explain to them that inhale means breathing in and exhale is breathing out.) Are their breaths fast or slow? Are they taking big deep breaths or shallow little breaths? Can they feel their lungs fill up with air? Can they fill up their tummies with air? Take a few more minutes to let everyone share and experiment.

4. Invite all group members to picture a square inside their heads. How many sides does it have?
5. For this exercise, you will need the square inside of your head. We will be tracing the square in our head. Each side of square will be traced in four counts.
6. Imagine starting at one corner (Show or Draw Image)
  - ✚ Inhale through your nose for 1-2-3-4 (Side one)
  - ✚ Hold breath for 1-2-3-4 (Side two)
  - ✚ Exhale through your mouth for 1-2-3-4 (Side three)
  - ✚ Relax 1-2-3-4 (Side four)
7. Repeat this exercise four times
8. Sit down for processing

### Circle Questions

1. How is square breathing different than regular breathing?
2. How do you feel after doing square breathing?
3. When would square breathing be helpful?
4. How will you incorporate square breathing into your life?
5. Was square breathing difficult? Did you enjoy it? Will you practice?

### Tips and Tricks

- ✚ If youths have journals, invite them to draw their squares in the journal with the breathing exercise.
- ✚ The square in this breathing exercise is focused in the mind in order to prevent uncomfortable feelings in the body. The square can also be drawn and traced with the pointer finger to help encourage understanding.
- ✚ Some group members may want to close their eyes for this exercise. It is not mandatory but can help with the internal focus. However, closing eyes can sometimes trigger flashbacks so keep it optional and refer to Chapter One regarding emotional safety if necessary.
- ✚ Remind the group that they could practice square breathing anywhere. No one will know! Also, try and practice square breathing with the youths during the week or in times of stress.

## **ACTIVITY TWO - RENA KORNBLUM'S 4 B'S OF SELF SETTLING ★**

*Materials Needed: None*

*Challenge Level: I*

Rena Kornblum is an esteemed dance/movement therapist who has developed a revolutionary movement based anti-violence program for schools called "Disarming the Playground: Violence Prevention through Movement and Pro-Social Skills." The program has seen great success in the United States. The following activity is one of the most beneficial from her chapter on Self-Control & Stress Management. It provides CSEC survivors with an easy to remember method to self-settle using positive self-talk, increased body awareness, and breathing. This activity should be used when the energy is high as a way to settle the group down.

Steps:

1. Start group seated in a circle with a basic verbal or movement check in.
2. Announce that today's group will be movement based and that the focus will be on self-settling. What does self-settling mean to them? When do they know they need to settle down? Have they ever felt out of control either from excitement, anger, or nervousness? Have they ever wished that they could find a way to stop and refocus? Ask for examples. This is very common! Everyone experiences these things! Explain that today's group will help them learn a method called "The 4 B's of Self-Settling" to help them calm down when they are over excited, angry or nervous.
3. Invite the group to stand.
4. The first B in the "4 B's" is BRAKES. We put on our brakes by clasp our hands quickly in front of our body near where our heart is. When we put on the brakes, we imagine that we are catching all of our unwanted energy in the palms of our hands.
5. Once we catch the negative energy in our hands, we squeeze our palms together to destroy it. (encourage group to make sounds of destroying it)
6. After we have destroyed the energy, we get ready for the next "B," BREATHING.
7. As we take a deep inhale in we slowly raise our arms straight above our heads, on the exhale, slowly relax your arms and shoulders down. REPEAT TWICE.
8. Repeat steps 4-7 two to three times. Remember practice makes perfect.
9. Now we are ready for the third "B", BRAIN.
10. We return to breathing and take a deep breath with our arms extended like we have practiced. However, this time when we breathe in we will use positive self-talk say aloud "Wake up, Brain!"
11. On the exhale, rest palms on the top of your head with fingers intertwined and tell yourself, "I can calm down".
12. Repeat BRAIN (steps 10-11) once more
13. We are now ready for our final "B", BODY.

14. For BODY, we place both hands on top of each other over our hearts and feel our bodies calm down.
15. Have the group practice the “4 B’s of Self Settling”, BRAKES, BREATHING, BRAIN, BODY, three times. The first two times guide them and make sure they say the words aloud. The final time, have them practice independently as a group without words.

#### Circle Questions:

1. What was it like using “The 4 B’s” today?
2. What are some body cues that signal it might be time to use “The 4 B’s”? Answers could include-clinching fist and jaws, restlessness, pacing, shaking, feeling hot in the face, heart racing, etc.
3. What emotions are connected to these body signals? Example-fist clinching might mean one is angry.
4. What are some situations in our lives where using “The 4 B’s” could be helpful?
5. What does a relaxed, calm, and quiet body look like? Specifically, what’s different in our breathing, thoughts, muscles, face, and heart?

#### Tips & Tricks

- ✚ Use “The 4 B’s” method in any group that needs to calm down or modulate their energy
- ✚ As a challenge to the group, turn on music and invite the group to get wild for the entire length of the song. Play a game where once the music is turned off they have to use “The 4 B’s”. So fun! Reflect to them their success.
- ✚ Have the group record times that they used “The 4 B’s” during the week, at school, home and in public. If possible, come up with a reward system for youths who are utilizing “The 4 B’s” outside of group. Examples of rewards include stickers, extra time outside, their name on the wall and choosing music for future groups. Feel free to make a chart tracking success.
- ✚ If this activity is used when the group energy is low, youth can become lethargic. Please use this activity when energy is high. Energy can be created through first playing a game that the group enjoys or gets really excited for.

### **ACTIVITY THREE - STABILITY SCALE ★**

Materials Needed: None

Challenge Level: II

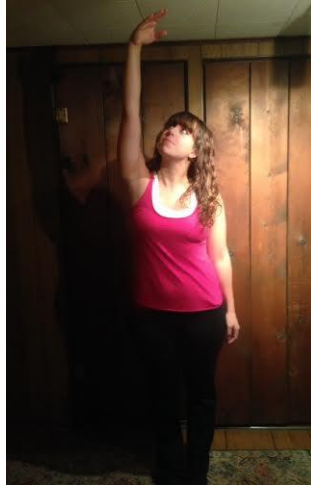
Rudolph Laban designed a way to note and record movement. He published many books and inspired many movement analysts after him to further study the body and movement. Laban developed a movement sequence called the dimensional scale or stability scale. The stability scale is used in Tai-Chi to promote grounding and centering. It can be extremely helpful for traumatized youths because it helps ground them and brings them into the present moment. The stability scale can be used to promote focus, grounding, calm, mindfulness, and relaxation

Steps:

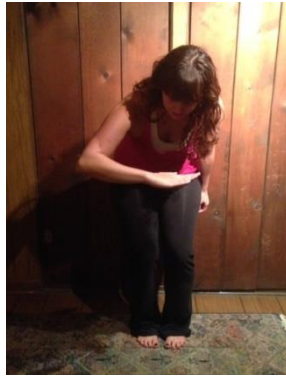
1. Begin the group standing in a circle with a movement check-in
2. Explain to the group that today we will be working on stability and grounding. What does stability mean to the group? What does the word grounded mean to them? What does it feel like to be focused and present? How do you know when you are present? What do you do when you find yourself distracted, scattered or anxious?
3. Today in group, we will learn how to do the stability scale which uses both breathing and movement. As the group leader, you should practice this activity thoroughly so that is easy and natural when you teach it.
4. Make sure everyone in the group has ample space around them to move.
5. Now we are ready to begin. Take three deep breaths in the neutral position. The breaths in this exercise should always go in through the nose and out through the mouth. In the neutral position, our feet are placed right in line with our hips, our shoulders are back, our arms down at our side, and our head forward. The focus of the neutral position is to feel grounded through your feet into the earth. The neutral position is pictured below.



6. As we inhale deeply, we simultaneously let our right arm RISE from the heart up the center line of the body, above the head as pictured below.



7. As we exhale, we use our right hand to push down the energy along the centerline of body. Meanwhile, we FALL over in half as pictured below.

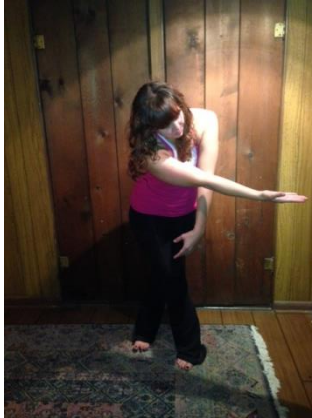


8. We take another deep inhale into the tummy and return to neutral position.

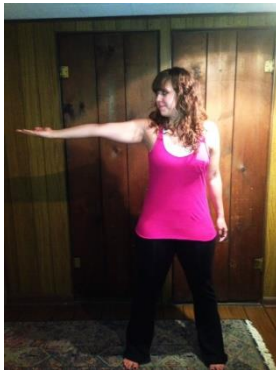


9. On the exhale, we CLOSE the body off by crossing the right arm and leg over left as pictured below





10. Next, deeply inhale and OPEN your body up to the right side as pictured below.



11. In one short exhale, we retreat BACK pull right arm in a fist behind you and retreat with the right foot as well. The left heel may pop-up slightly as pictured below.



12. On the next deep inhale, step FRONT onto right foot and extend right arm forward in a pushing motion as pictured below:



13. On the final, long exhale return to neutral position.



14. Repeat on left side. Repeat both sides twice using the words RISE, FALL, CLOSE, OPEN, BACK, and FRONT to guide the group into each position.

15. Repeat the exercise once more only using the inhales and exhales to cue when it is time to move. Sit down to talk.

#### Circle Questions:

1. Do you feel differently now than when group first started?
2. Do you feel more calm and stable? How do you know?
3. When might the stability scale be helpful to perform?
4. What did you like or dislike about the way we practiced breathing?
5. If you could describe how you feel in one movement or word, what would it be?

#### Tips and Tricks:

- ✚ This type of deep, focused breathing can feel uncomfortable at first but will become more natural with practice. You may notice feeling a little anxious initially.
- ✚ Invite the youths to practice the stability scale when they are especially rowdy or will need to really concentrate for an activity at group. Use the stability scale in individual work as well. Some youths may respond better to this in an individual setting.

## Chapter Four: Identifying & Regulating Emotions

Survivors of sexual abuse, commercial sexual exploitation, and trafficking often lose touch with their emotions during periods of extreme trauma. In order for the youth to live through the extensive physical and emotional abuse, the brain and body begin to shut down the feeling part of the brain to block out the intense negative emotions. Many survivors identify this process as “going numb.” It isn’t safe for them to feel their emotions because their minds are not equipped to process such a high level of abuse. The trauma stunts normal child development.

Additionally, a lot of what we learn about emotions is through social interaction. We are able to read facial expressions and body language. Many survivors are kept captive and have little exposure to the outside world. Most of their communication is with their traffickers and those who abuse them. They may not have had the opportunity to exercise their emotional vocabulary and may have been punished for expressing their feelings.

Once in a place of safety, survivors can gradually begin to feel again. This can be an overwhelming process for them. It may be frightening and overwhelming. Some survivors begin to use their feelings to an extreme level. This is displayed in acts of violence, anger management issues, excessive crying, depression, yelling, or retreating. As caregivers, we can help gently guide them back into awareness and help them start to feel in a healthy way again. First, we need to help survivors recognize what emotions they are feeling. Once they recognize what emotions they are experiencing, they can learn to use coping skills to regulate them. In Chapter Four, you will learn exercises that will help survivors identify and regulate emotions through the body.

### **ACTIVITIES YOU WILL LEARN IN CHAPTER FOUR:**

- ✚ *SIFT* ★ - A technique developed by Dr. Daniel Siegel that teaches survivors to identify sensations, images, feelings and thoughts.
- ✚ *Body Emotion Map* ★ - An activity that helps survivors sense where they experience emotions in their bodies.
- ✚ *Exploring Emotions with Scarves* ★- Learn to use transitional objects to help survivors explore different feelings and emotions.
- ✚ *Worry Boxes* ★- An art activity that helps survivors put away negative emotions that are not benefiting them.

*Note: ★ symbol indicates activities appropriate for individual meetings*

**SIFT** (Siegel & Bryson, *The Whole Brain Child*, 2012) ★

SIFT is a technique that you can easily use with survivors to help them understand what is going on inside them. As discussed in Chapter One, survivors of trafficking, CSEC, and sexual abuse often have a hard time identifying their own feelings and thoughts. During times of trauma, many children dissociate and separate their feelings and thoughts from what is happening to their bodies. Their bodies and minds are not equipped to deal with the extreme trauma they have experienced. They may begin to block out feelings and thoughts all together. Many describe this as feeling “numb” or may say, “I feel nothing.”

SIFT outlines a technique that can gently guide the youths back into emotional awareness. This can be very scary for them at first so make sure you are able to give plenty of support and start simple. Be prepared for answers to be deeply troubling. SIFT can be used as a check-in for group, as a check-in during a one on one meeting, or really any time that you get the sense that a youth may be struggling with something inside.

SIFT is an acronym. It stands for Sensations, Images, Feelings and Thoughts. During a SIFT check-in, the youth will go through each letter and try to identify what they are experiencing. Let’s take a minute to breakdown each letter of SIFT.

**Sensations:** Awareness of what we experience in our bodies. Examples of sensations commonly experienced by trauma survivors: butterflies in stomach, chills up spine, heavy shoulders, tightening in fists, hunger pangs, sleepiness, and heart beating fast.

**Images:** Memories or flashbacks to scenes that remain from past experiences, worry thoughts, or nightmares. Examples: Images of being locked in room, flashbacks to being raped or abused, images of traffickers, images of abusers or those who exploit them, locations where the youth was abused, and images of being back at home.

**Feelings:** Emotions that are experienced. Try to encourage youths to be specific and not respond with simple words like “good, bad, fine, okay.” Words such as: nervous, hurt, depressed, excited, overwhelmed, scared, ashamed, disappointed, and angry give us more information about what is really going on inside. See Appendix A for a complete list of feelings.

**Thoughts:** These are the words that we tell ourselves. Positive and negative self-talk. By having the youth say thoughts out loud, it gives them the opportunity to argue with or change negative thoughts. Example: I am too stupid to pass this test (No, I am not! I studied hard and can do it!)

You can introduce SIFT in a group as an activity or individually. The next time a youth responds to the question “How are you feeling?” with “I don’t know”, try and use SIFT to help them clarify!

## **ACTIVITY ONE-BODY EMOTION MAP ★**

*Challenge Level: I/II*

*Materials Needed: Appendix A: Body Map, Colored Pencils (if available) or crayons/markers, pens or pencils*

Survivors of trafficking and CSEC often have a very hard time feeling and expressing their emotions. One way to help survivors reconnect with their emotions is through the body. The body can provide information about where we sense our emotions through physical sensations. Use the body outline below to help survivors track where they sense their emotions through their bodies. By tracking emotions, survivors become more aware of what they are feeling. This gives them the opportunity to regulate.



### **Steps:**

1. Start group seated on the floor (or at tables in the floor does not provide a good writing surface) with a review of the group rules.
2. Ask the group to raise their hands if they have ever had a hard time figuring out what they are feeling? This is very normal, even for those who have experienced major trauma. How do we know what emotion we are feeling? What are some of the body signals that let us know we are experiencing an emotion?
3. If you have previously taught SIFT, let the group know that we will be focusing on the S-sensations and the F-feelings. Otherwise, explain in your own way that we will be doing an art activity to identify where we feel emotions in our body.
4. Handout art supplies and body map worksheet (Appendix A)
5. Give the group a few minutes to write down the sensations, feelings, and thoughts they most commonly feel on the back of their body map sheet.
6. Then begin to announce different emotions from the above Chart of Emotions that you feel are relevant to the group.

7. As you announce each emotion, ask the group to try to tune into their body and remember where they have felt and sensed that emotion in the body. Examples: I feel anger in my fists because I clench them or I feel nervous in my heart because it is racing.
8. As the group identifies the first emotion within themselves (they may experience the emotions in different places), give them a few moments to use the art supplies to shade the area on their emotion map that they feel the emotion. They can use words, colors, symbols or images to identify each emotion. Get as creative as they want!
9. Then, announce the next emotion and invite the group to do the same thing.
10. Continue this way until you have announced all the emotions you would like to cover for the day.
11. Give the group members the option to note any other emotions that they commonly feel that you may have missed.
12. Invite the group members to share something about their emotion map if they feel comfortable.

#### Circle Questions:

1. Did you find it easy or hard to identify where you sense and feel emotions in the body?
2. What emotions do you feel the most during the day?
3. What emotions would you like to feel more of?
4. How can you use your map to help inform you of what you may be experiencing?
5. Is anyone feeling unsafe or triggered by feeling emotions in the body?
6. What can you do to help yourself calm down and regain control when you are experiencing strong negative or unwanted emotions?

#### Tips and Tricks:

- ✚ This activity can be very challenging for some trafficking and CSEC survivors because they have shut down or blocked out feeling emotions in the body during times of trauma.
- ✚ Be very patient with each group member and let them know that if they don't feel a certain emotion that it is okay. With time they may find that they begin feeling more emotions in the body. It is ok to skip an emotion if it is not relevant to them. However, if a group member for example has issues with anger (or any other strong emotion) but did not mark down anger anywhere in their emotion map, it might be helpful to have a conversation with them after group about that and ask them why.
- ✚ Invite the group members to move around if they would like to try to explore the way emotions feel in their bodies. Playing some light music in the background can be helpful.

- ✚ This activity has the opportunity to be triggering because there are so many traumas to the body during trafficking and exploitation. Remember to always have on your trauma-informed lens and be available to speak with group members who need it after the activity is finished. If you are not available, make a referral or set another time to talk with the youth.

## **ACTIVITY TWO-EXPLORING EMOTIONS WITH SCARVES ★**

*Challenge Level: 1*

*Materials Needed: Music without lyrics, Scarves or pieces of sheer fabric and Appendix A*



In this activity, you will learn to use props to help survivors engage creatively. Props are wonderful because they can help the group transition, move or explore therapeutic ideas in a fun way. A scarf is a great prop because it can be moved in so many different ways. When children see a pile of colorful scarves, their first impulse typically is to play with them. When children explore the realm of play, they become more open to new suggestions and explorations. In this activity, you will learn how to use scarves to help survivors explore different emotions. In addition, participants will learn to control their impulses and learn to be patient.

Steps:

1. Start group seated in a circle with the scarves in a pile in the middle; review the group rules.
2. Invite each group member to check-in with a gesture that describes how they are feeling today.
3. After the first group member does their check-in, they may choose a scarf from the pile and sit back down.
4. After every group member does their check-in and has a scarf, explain to the group that today they will be exploring different emotions with scarves. They can imagine that the scarf is an extension of them or that the scarf is its own being! The goal is to make the scarf move in a way that represents whatever emotion the group leader is announces.
5. Invite everyone to stand up and begin playing some music without lyrics (please visit resource section of the workbook for suggestions).



6. Let the group members know that they can move anywhere around the room, and remind group members to be respectful of other people's space.
7. Announce different emotions from the above chart (make up a list of your own) for each group member to explore with their scarf.
8. Allow about 2-4 minutes for them to explore each different emotion.
9. After all emotions are expressed, allow for each group member to return to their favorite scarf emotion for a few more minutes.
10. Turn off music and sit down for circle time.

#### Circle Questions:

1. What was it like exploring the different emotions with the scarves?
2. What emotion did you particularly like exploring with the scarf?
3. What (if any) emotion felt unfamiliar to you?
4. How do we express our emotions with our bodies in everyday life?
5. Did you have any images, thoughts, or sensations that came to mind when you were moving your scarf today? What were they? How were they represented by the scarves?

#### Tips and Tricks

- ✚ Feel free to do movement check-in with the scarves if the group has displayed good impulse control. Otherwise, the scarves may become a distraction and may detract from each person's check-in. However, you can use the scarves for movement check-ins in the future!
- ✚ If not causing a distraction, let the group hold on to their scarves during circle time. It may help them remember what they just did or they may even want to show you how they moved their scarf when exploring different sensations, images, feelings, or thoughts.
- ✚ Let the group know that is ok if their mind begins to wander to different memories, images, or thoughts. Encourage them to explore them through the scarf.
- ✚ Because there is a potential for this group to be triggering, it is best to end group by letting everyone know that you are available for additional support if they need it.

## **ACTIVITY THREE-WORRY BOXES ★**

*Challenge Level: I*

*Materials Needed: A recycled box (cereal box, cracker box or shoe box works best, a soft box), construction paper, markers/crayons/colored pencils, pre-cut pieces of paper, glue or tape, pens or pencils*

Survivors often carry many worries and fears around with them. They may be involved in legal cases, be without solid homes or be in fear that their traffickers/abusers will find them and hurt them again. It is important to let them know that these are all very normal concerns. In fact, they probably have a lot of feelings, worries or concerns that they carry with them, and that is normal as well. However, carrying around too many negative emotions and concerns can keep survivors from experiencing the positive things life. In the worry box activity, survivors have the opportunity to write down all of their worries, fears, negative feelings, negative thoughts, or memories that aren't benefiting their lives. The activity gives them the opportunity to stomp out these feelings for good, put them away for a while or give them to an adult to hold on to.

1. Start group with a conversation about worries, fears and negative thoughts. How many group members carry around their worries and fears on a daily basis? How do the worries, fears and negative thoughts interfere in their lives? Would like to take a break from them?
2. Explain that today, each group member will have the opportunity to create their own worry box where they can put their worries, thoughts, fears, memories, or feelings that they don't want to carry around anymore—the ones that are especially harmful or heavy to carry.
3. Hand out a box to each group member. They have the option to cover it in whatever color paper they would like and decorate however they chose as well. (If art supplies are not available, you can skip this step).
4. Hand pre-cut pieces of paper out to each group member (at least 10 per child but if they want more, its best to have extra available)
5. Have each child write down a different worry, thought, fear, memory, or feeling that they want to take a break from or get rid of for a while on each piece of paper (young children or children with literacy issues may need help from a trusted adult with this part of the exercise.)
6. Each child places his/her worries into the box and glues/tapes it shut.
7. They now have the option. They can throw it out, they can give their worry box to someone else to the caregiver to hold on to or they can stomp on the box with all their might. Make sure to properly dispose of boxes after group to ensure safety.

### Circle Questions:

1. What are you going to do with your box and why?
2. How did it feel to put your worries into the box and seal it shut?
3. Was it hard to think of which worries to get rid of?
4. How can you use the worry box or the idea of the worry box when you are experiencing disruptive thoughts?
5. Were there worries that you held onto? Why?

### Tips & Tricks

- ✚ It is good to have extra help when doing this activity to help with the writing part. Please make sure that whomever you chose to help is a trusted adult and familiar with the group members as well.
- ✚ Don't use scissors or any sharp object if you know or suspect any group members self-harm. Count and collect all sharp objects at the end of group.
- ✚ Make sure to offer support to anyone who needs it after group and accept any worry boxes given to you.
- ✚ Do not let survivors take worry boxes home. This could cause a safety concern if the family is/was involved in the trauma.




## Chapter 5: Communication & Peer Skills

Survivors of human trafficking and CSEC often do not have the chance to thoroughly develop their social skills. In situations of exploitation, survivors are often not allowed to communicate with their peers or other supportive adults. Survivors can feel isolated and inability to connect with others. Because of this, many youths do not have the opportunity to properly develop their socialization skills. It is no wonder that many survivors struggle with how to communicate with their peers, caregivers or other adults.

When children experience extreme trauma, they often internalize it because they have not yet developed the verbal skills to express their experiences. “Internalize” means to take in or adopt an idea or thought as a core part of one’s understanding of who they are. Sometimes, the internalization of trauma experiences and thoughts can leave them immobilized and unable to articulate their feelings. This frustration can lead to acting out, becoming angry, feeling misunderstood, staying mute or being unkind to peers. We may see survivors either respond to situations with anger and frustration or they may become withdrawn and silent. As care providers, we can help youths develop better ways of communicating.

Verbal communication is one way we learn to express our feelings but it is not the only way. By helping youths engage in both verbal and non-verbal communication, we can unlock new doors to expression and relation. In this chapter, you will learn some activities that will help children gain awareness to their own communication style. Everyone is different and what seems the norm for one person can be quite different for another. It is important to keep this in mind and approach communication from a non-judgmental perspective.

### **ACTIVITIES YOU WILL LEARN IN CHAPTER 3:**

-  *Space Bubble Explorers*★ - Assist survivors better understand personal space and boundaries
-  *Passive, Aggressive, Assertive Skits* - Practice effective communication through role-play
-  *Communication Shields* ★ - Art activity that encourages effective communication, positive coping skills, and impulse control

**ACTIVITY ONE- SPACE BUBBLE EXPLORERS** ★ (adapted from Kornblum, Disarming the Playground, 2002)

*Challenge Level: 1*

*Materials Needed: Music (if available)*

Many direct caregivers who work with survivors of sexual abuse, CSEC, and human trafficking find that the survivors have little awareness of personal space and boundaries. Youth who struggle with this awareness may invade your or others' personal space, appear clingy or inappropriate, or may panic when you get close to them. During periods of abuse and trafficking, a survivor's personal space is constantly violated through sexual and physical assaults, forced cramped living quarters, and a lack of healthy human contact. It is no surprise that they struggle with this issue. Fortunately, we can guide them into self-awareness regarding personal space and appropriate social cues. Not only will this make social interactions more comfortable and successful for the youth, but also for you as a caregiver. Space Bubble explorers is a movement based activity originally created by dance/movement therapist, Rena Kornblum, to help children improve their spatial awareness or sense of personal space, impulse control, and awareness of others. The activity below is adapted from Kornblum's anti-violence curriculum entitled "Disarming the Playground."

Steps:

1. Group starts seated out in a circle with a name movement check-in.
2. Invite the group to share what the term personal space means to them. Do they need a lot or a little? Today's group will be focused on discovering what kind of space they need and how to be respectful of others' personal space. Remind group members to be safe and respectful of others today as we become Space Bubble Explorers.
3. Ask the group members to stand and find a spot in the room that they can spread out and not be touching anyone else.
4. Begin to play some playful music.
5. Now invite the group to imagine they have a giant bubble around them! In this bubble they can move in any way they would like, as far as they can reach. Encourage the group to use all of their body parts when moving. What kind of movements can be done in a large space bubble? Give them about five minutes to explore the large space bubble (or one song).
6. Next, invite the group to imagine that their space bubble has become a little bit smaller. It is now medium sized bubble all around them. This gives them the space to move no further than an elbow length away. Give them the same amount of time to explore what kind of movements can be done in a medium space bubble.
7. Finally, invite them to imagine that the bubble has shrunk to a small space bubble. In a small space bubble movements happen about a hand length away and very close to the

body. Let the group explore the small space bubble for about five minutes (or a song's length).

8. Now, invite them to return to whatever space bubble they preferred and move inside their space bubble around the room. Remind them to be aware of others' space bubbles and make sure not to collide into anyone else's bubbles. This should be another 5-10 minute exploration.
9. Ask the group to bring their movements to a close and end seated in a circle with their arms showing their preference for their favorite space bubble. Keep the space between bubbles.

#### Circle Questions:

1. What size space bubble did you like most and why?
2. Were any of the space bubbles uncomfortable for you to move in?
3. Was it hard not to intrude on other people's space bubbles? Did anyone intrude on your space bubbles?
4. What does it mean that everyone had different space bubbles? How can we learn to respect other people's space bubbles or sense of personal space in everyday life?
5. Have your space bubbles been intruded before? How can you let someone know that they are making you uncomfortable because they are invading your space bubble?

#### Tips and Tricks:

- ✚ You can take the group a step further by introducing real bubbles. Children of all ages enjoy popping bubbles. However, youths will most likely become over excited about the chance to pop the bubbles. This can cause chaos. It is the perfect opportunity to pro-actively remind the group to use their space bubbles. You can make a rule that you may only pop the bubbles if you are able to remain in your own space bubble. If a group member invades another's space bubble, they must sit out until the next round. Challenge the group to see how long they can maintain their space bubbles by setting a timer. This also keeps everyone safe!
- ✚ Continue to use the language of space bubbles in groups or when interacting. Feel free to let youths know when they are invading your space bubble.
- ✚ Incorporate space bubbles into future group movement warm up for further understanding.

## **ACTIVITY TWO-AGGRESSIVE, PASSIVE, ASSERTIVE SKITS**

*Materials Needed: Skit slips & communication slips (Appendix B)*

*Challenge Level: I*

As discussed in the introduction to this chapter, survivors of human trafficking, CSEC and sexual abuse often lose the ability to communicate effectively. Direct caregivers in Belize repeatedly stated that the youth they work with either communicate through acting out in anger or remaining silent and not talking at all. This is not surprising. Survivors are often not given a voice to speak out about what is going on. Also, they may have had to fight to be heard or escape. Therefore, survivors are most likely responding using passive communication or aggressive communication styles. Our goal as a caregivers is to help youths move towards using assertive communication. Assertive communication is widely accepted as the most effective form of communication because it encourages one to express their needs, feelings and opinions clearly without negatively affect others.

In the following exercise, passive, aggressive and assertive communication styles are explored through skits. In theater, skits are short scenes or scenarios that are acted out in front of the group. Through skits, the youths will get to practice and understand the different types of communication.

Steps:


1. Start group seated in a circle with a verbal check-in.
2. Explain to the group that today they will be learning about three types of communication. Remind them of the group rules, that there is no judgment of peers and that everyone is here to learn.
3. Begin a conversation about passive, aggressive, and assertive communication. See if any group members can define them or provide examples. Many times they confuse the terms; be prepared to gently redefine the meaning of it to them. Refer to your own agency's definitions of passive, aggressive, and assertive communication or utilize the definitions and examples below.
  - Passive – Often avoids sharing opinions, stating feelings, or expressing their needs. They become shy or reserved and let others make the choice for them. Share a tendency to apologize instead of asserting feelings. Body posture can be closed off or slumped, and eye contact is minimal.
  - Aggressive – Often expresses opinions in a way that is hurtful to others. Easily becomes physically or verbally abusive (example: hitting/kicking or using insults or threats). Tendency to talk over, yell, accuse, intimidate, or humiliate others when in conflict. Frequently uses “You” statements (example: You are stupid, this is all your fault, or you better give me that—or else.)

- Assertive – Often expresses feelings and opinions clearly. They are able to stand up for themselves and others when necessary without violating the rights of others. They listen carefully and respond with consideration and respect. Frequently uses “I” statements (example: I feel hurt when you call me names, I would like for you to stop.)
4. Invite the group to think about what kind of communication style they typically use. Ask the group which style of communication seems to be most successful?
  5. Now we are ready to move on the activity! The goal of the activity is to help all participants experience the three types of communication and have a chance to practice them. Ideally, they will learn that assertive communication is the most effective.
  6. Participants will pair up and one partner will draw one skit slip and one partner draws a communication slip.
  7. Give all groups 3-5 minutes to work out a skit they can act out in front of the class. One person will be the instigator and the other person will communicate with them using the style of communication listed on the slip.
  8. When it is their turn to present, they do not share anything about what is on the slips. Instead, they act out the slip and then the group has the opportunity to guess the communication slip.
  9. After all partners guess, redraw a communication slip, and let the second partner respond this time with whatever style is on the slip. They can draw a new communication slip, or challenge them to make up a new scenario!
  10. The second round of groups present and the group guesses the communication styles.
  11. End with a huge round of applause for everyone who acted out a skit today!
  12. Sit down in a circle for processing.

#### Circle Questions:

1. What style of communication is most familiar to you? Would you like to change it?
2. What style of communication felt uncomfortable to you?
3. How was it practicing assertive communication?
4. How could using assertive communication make your life, relationships, and conversations easier?
5. Why is effective communication important?

#### Tips & Tricks:

-  Add additional skits that are relevant to what the participants experience on a daily basis. This will help further their understanding and challenge them to address conflicts.



- ✚ After teaching the types of communication, make sure to challenge the youths to use assertive communication in group and in daily life. Provide plenty of positive praise when you see the changes!
- ✚ For an extra challenge in the skits, if the group members draw “passive” or “aggressive,” challenge them to try the skit again using assertive behavior.

**ACTIVITY THREE-COMMUNICATION SHIELDS ★** (adapted from Thomas, Creative Coping Skills for Children, 2009)

*Materials Needed: Cardboard, scissors, glue, art supplies, scraps of paper foil if available, buttons/washers/gems/construction paper if available*

*Challenge Level: 1*

Although we would like for communication to always be easy and kind, the fact is sometimes it is not. We have to be prepared for the occasional unkind word and general annoyance. We experience this in daily conversations with people at school and on the street. In the worst cases, we experience this from a parent or a bully. In this activity, we will use therapeutic art making to create a shield. The shield represents the way a youth can deflect negative words, thoughts or people they encounter. By creating a communication shield, they are challenged to look at their strengths and the things that they do well. This activity helps provide a visual representation of healthy communication and peer skills.

Steps:

1. To encourage the group to think creatively, invite them to check in today using a color to describe their mood. Give them the opportunity to elaborate on the color and what it means to them.
2. Begin group with discussing how the group members handle unkind words and thoughts. Have they ever encountered a bully? Have they had peers that especially trigger or irritate them? Have they had adults say unkind, demeaning or disrespectful words to them? How do they deal with the stress of it? I encourage you to ask other pointed questions regarding this topic that you feel relevant to group members.
3. Now, invite the group members to focus on how they use their strengths to combat the negativity. What are some of the things that help them cope? Example: practicing the 4B's, going for a walk, playing football, laughing with friends, listening to music, going for a swim, thinking about something they enjoy. Have the group write these strengths on a piece of paper first.
4. Each group member selects a piece of cardboard and draws a shield on it (with the help of an adult if needed).
5. Cut the shield out. Younger children may need help with this part of the activity.
6. Cover the shield in aluminum foil if available.
7. Invite each group member to find a symbol or picture that represents their strengths. These are called symbols of strength. Example: Laughter may be represented as a smiley face, going for a walk could be a pathway, and thinking of soccer could be represented by a ball.

8. Each participant utilizes crayons, markers, pens, and/or papers (whatever is available) to draw out these symbols of strengths on separate paper. I recommend reducing the amount of supplies available for younger children.
9. Cut symbols of strength out and use glue to attach them to the shield.
10. Give creative space for each child to decorate their shields in whatever way they want. This can include utilizing other colors of paper, gluing on gems or buttons, or painting the shield.
11. Invite the group to sit in a circle for a sharing of their communication shields.
12. If possible, hang shields up in group room to remind them of their symbols of strength and how they can deflect negativity.

#### Circle Questions:

1. What are your symbols of strength?
2. What is an example of how you used your symbol of strength to avoid potential conflict?
3. What is an additional symbol of strength that you heard today and would like to try?
4. What situations become the most heated for you?
5. How can you work to utilize your communication shield skills better?

#### Tips and Tricks

- ✚ It is possible that this activity could bring up information about current conflicts between group participants or with staff. Try to remain open and able to discuss these concerns as they arise. You may find that your groups will run more smoothly if you address these issues head on.
- ✚ Steps 4-6 can be performed by an adult before group to save time or if the group does not have the fine motor skills to cut.
- ✚ Do not introduce scissors to a group that struggles with self-harm. Cut the shields out ahead of time. Make sure you collect all sharp objects and art supplies at the end of group. Process this before the start of group as part of the rules.

## Chapter 6: Self-Confidence & Self-Esteem

One of the most important things we can do for youth who have been through intense trauma is help them build self-confidence and self-esteem. During CSEC or trafficking, traffickers often make youths feel unwanted, ashamed, worthless, and undeserving of love. It is our job as care providers to help inspire them to see that this is not the truth. We do this every day by providing positive words of affirmation and kindness. Research shows that when we show praise and affirm positive behaviors instead of constantly correcting negative behaviors, change is more likely to occur. So next time a youth does something well or is trying their hardest at an activity, let them know!

Although words are helpful, sometimes they are not enough. It is important to remember that often times when a trafficker lures in a youth they provide them with many compliments and gifts. This initially makes the child feel special, beautiful, and confident. The youth begins to trust the trafficker and admire them. The trafficker is doing this to try to control the youths thought patterns. Soon after the youth is trafficked and trapped, he/she crushes them with emotional and physical violence. Because of this, many youths who have experienced CSEC have a hard time accepting or trusting positive praise or compliments. They may feel that you are secretly trying to get something from them. Because of this, connecting with them on a non-verbal level can be especially helpful in your practice when you find words to not be enough.

The following group activities are designed to help you engage the youths through movement. They are meant to inspire self-confidence and enhance self-esteem. The activities are listed easiest to most challenging. The last activity should be done with those who are repeating the program or have advanced self-awareness. All activities should end in a circle with discussion of any feelings that came up during the activity. All group members should be encouraged to participate and a reminder of the group rules should be given at the beginning of each session.

### **ACTIVITIES YOU WILL LEARN IN CHAPTER 6**

- ✚ *Embody Your Strengths* - Strengths based movement charades. Help survivors learn to move strengths through mirroring and attunement from peers.
- ✚ *Circle Dance* ★- Learn to do a traditional dance/movement therapy circle by creating a group movement sequence with a koosh or yarn ball.
- ✚ *Step in Step Out* ★- Affirmations through group rhythmic activity

## **ACTIVITY ONE- EMBODY YOUR STRENGTHS**

*Materials Needed: None*

*Challenge Level: I*

Embodiment Your Strengths involves a technique called mirroring. As discussed in Chapter 2, in mirroring we try to take on another person's postures, gestures, and movement. This can be done in partners facing each other so that movements are happening at the same time or can be done in a group setting where we observe and then repeat back movement. Mirroring helps us feel seen by others in an accepting way and it also allows us to see how our movement looks to other people. It can be very powerful or validating to have someone closely observe our movement.

Steps:

1. All group members start out sitting cross-legged in a circle after reviewing the group rules.
2. Do group check-in through movement and state that today's session will be movement based.
3. Explain that the theme of the day is self-confidence and self-esteem building and invite each group member to start thinking about a strength they have.
4. Invite the group to take two minutes in silence to practice taking deep breaths, feeling our body sensations, and noticing any areas of tension.
5. Invite everyone to stand up and do a body part warm-up.
6. Take another minute to do deep breathing and then begin to focus on a strength you have. It can be an activity or a feeling.
7. Explain that the group will now be moving their strengths. Each participant will create a movement that represents their strength. We are to watch each participant's movement without judgment and then we will repeat it back to the mover trying to do exactly what he/she did.
8. Have the first mover repeat the strength movement and the group repeat (mirror) the movement as well.
9. Next, the group members will have an opportunity to guess what each participant's strength is.  
If the strength is not guessed, allow each participant to state their strength verbally. Then have the mover say the strength out loud and then do the movement.
10. The mover says "I am..." and the group repeats the strength back out loud (Example: "Amy's is...") and then joins the mover in repeating the movement one more time.
11. Repeat this sequence until all participants have moved their strength.
12. Invite the group to try and repeat each participant's strength and movement in a circle. This is called the group's strength dance!

### Circle Questions:

1. Was it hard or easy to think of one of your strengths?
2. What was it like to move the strength today?
3. How did it feel to have the group mirror your strength?
4. Did anything surprise you when moving today?
5. What are some of the strengths of this group as a whole?

### Tips & Tricks:

- ✚ Volunteer to go first during this activity. This will help group members feel more comfortable and will provide a model for how the activity should go.
- ✚ Invite your group to journal about their strength or other strengths they have.
- ✚ Try and remember the youths' strengths. There may be a time where it is helpful to encourage them to do their strength movement again.

## **ACTIVITY TWO-CIRCLE DANCE ★**

*Materials Needed: Koosh, Soft Yarn Ball or Beanie Baby*

*Challenge Level: I*

Beginning and ending groups in a circle can help each member of the group feel comfortable seen and equal. It allows for structure and security, which in turn helps children feel safe enough to engage in their creativity. It also helps us as providers see all group members equally and keeps us safe as care providers as well. Circles help us create a container for feelings and thoughts.

For this activity, you will be using a Koosh ball, soft yarn ball or a beanie baby as a prop to help with taking turns. Circle dance is an activity that encourages survivors to communicate non-verbally or without words. It may be helpful to talk with the group about how to express themselves without words. Explain that this is non-verbal communication and you will be using movement to practice non-verbal communication.

Steps:

1. All group members start out sitting cross-legged in a circle after reviewing the group rules.
2. Do group check-in verbally or through movement and state that today's session will be movement based.
3. Proceed with a small discussion on what self-esteem and self-confidence means to the group.
4. Give group a few different choices for music to move to and then put music on.
5. Invite all group participants to stand up and do a body part warm-up to music.
6. Next introduce the prop and explain that it will be used to signal to each member when it is their turn to move to the music
7. Practice lightly tossing and catching the ball while making eye contact only. The goal is to remain non-verbal
8. Once the group masters this part of the activity, explain that the ball will be used to signify whose turn it is to move.
9. When the ball is passed to them, they will create a movement.
10. The group will then mirror (repeat their movement back) and the mover will join them in repeating the movement.
11. They will then pass the ball to the next person to go signaling through eye contact or another non-verbal cue.
12. The next mover creates a movement, the group mirrors it back and the mover joins the group in doing it together.

13. All together the group repeats the first mover's movement and the second mover's movement together.
14. Continue to repeat steps 9-13 until all group members have created a movement for the group dance.
15. Repeat the group dance several times and add one closing movement for everyone to do together (like three deep breaths with arms raising above the head on the inhale) and then invite group to sit down to discuss.

#### Circle Questions:

1. What was it like to create your own movement and have others do it too?
2. How often are you able to express yourself without fear of someone judging you?
3. How does it make you feel to have people look at you and pay attention?
4. What makes you feel good about yourself?
5. What does positive self-esteem mean to you?

#### Tips & Tricks

- ✚ This activity can help you when doing any type of activity regarding non-verbal communication or self-expression.
- ✚ Make sure you make it clear that there will be absolutely no judgment or making fun of any of the group members.
- ✚ This takes courage, so make sure to encourage and affirm all group members who participate.
- ✚ If using this activity with a small group or an individual, have group members and caregiver create several movements. This way, you can still create a repeatable dance together.



### **ACTIVITY THREE – STEP IN, STEP OUT**

*Materials Needed: None*

*Challenge Level: I/II*

Step In, Step Out requires a basic understanding of how to count dance music. You may have heard dancers say “a 5-6-7-8!” That is because dancers typically count in eight counts. For this exercise, it can be very helpful to understand how to count music in this way. It gives us another way to organize our time and structure group activities. It also helps the youths know what to expect when moving. To practice this skill, play music you enjoy listening to and practicing counting music in sets of four like this:

1-2-3-4-5-6-7-8

2-2-3-4-5-6-7-8

3-2-3-4-5-6-7-8

4-2-3-4-5-6-7-8

Soon enough it will become natural. Another great way to practice counting music is to march in place. Try counting to different types of music. You will find that this changes the pace of your counting. Teach survivors how to count music as well. This will help you all move together. This activity utilizes rhythm. Rhythm helps unite the group and helps each member feel connected.

Steps:

1. All group members start out sitting cross-legged in a circle after reviewing the group rules.
2. Do group check-in verbally or through movement and state that today’s session will be movement based.
3. Proceed with a small discussion on what self-esteem and self-confidence means to the group.
4. Give group a few different choices for music to move to and then put music on.
5. Invite all group participants to stand up and do a body part warm-up to music.
6. Begin to count the music out loud with the group.
7. If the music is counted correctly, it should be perfectly timed to the even counts of the words “Step In, Step Out. Step in, Step Out” (1-2-3-4, 5-6-7-8). Practice reciting these words together.
8. Now you are ready to add the movement! As the group says “Step in” they all take a step inside the circle, one foot meeting the other. Then as the group says “Step out”, you step backwards, one foot then the other.
9. The Step In, Step Out movement and verbal sequence is repeated by the group four times. This should create two counts of eight.

10. After the sequence is repeated four times, a mover jumps into the center of the circle and has two counts of eight to move/dance in whatever way they would like.
11. The group then resumes repeating the Step In, Step Out sequence (steps 7-10), and the previous mover elects someone else in the group to go next. This cycle repeats until everyone in the group has had a few turns.
12. When the movement becomes too repetitious or you feel the energy start to dwindle, begin to bring the movement to a close.
13. End by giving everyone a round of applause for participating!

#### Circle Questions:

1. What was your experience with moving “Step In, Step Out” today?
2. What was it like to have the group watch you move? Did you feel nervous, uncomfortable, confident, proud, etc.? Did it bring up any memories from the past?
3. Did you feel supported by the group when you were moving? If yes, how did that feel? If not, what could the group do to help you feel supported?
4. What was different between the first time you moved and the last time you moved?
5. Were there times when you really wanted to move but it wasn’t your turn? How did you deal with that?

#### Tips and Tricks

- ✚ Make sure you affirm group members who are especially shy or withdrawn. Let them know that you appreciate their participation
- ✚ This can be an activity that could bring up trauma so make sure you leave ample times to process with group members and individuals if need be.
- ✚ This is a good activity to repeat and do at the beginning of sessions. It helps group members become more comfortable moving and being seen. The more this activity is practiced, the longer the group is able to continue moving.

## Chapter 7: Empowerment




Many researchers agree that empowerment is a crucial part of the recovery process for trafficking and CSEC survivors (Clawson et al., 2007). In fact, one of the primary goals of trauma informed care is empowerment and recovery. By highlighting survivors' progress, strengths, resiliency, and self-determination through the recovery process, healing and recovery is more likely to happen (Hardy et al., 2008). This is part of the reason why it is crucial to affirm and praise survivors for their participation in the Moving THRU curriculum and in any type of recovery work you do together. The healing process is collaborative.

So again, let the youths know that you see them working hard! Congratulate them on small victories such as warming up a new body part, sharing during circle or asking for help during or after group. These things all take a huge amount of courage and strength. Recovery is a challenging and, often long process. We have to have realistic expectations for the youths. We cannot expect them to finish a few weeks of treatment and to be symptom free. However, we can help them track their growth and recognize the ways that they are Moving THRU in their own process!

This chapter is designed to help survivors recognize their own mini victories and successes. The activities are designed to be done at the end of the six week program. The last activity in this chapter is designed to be performed as a ceremony or celebration of completion of the moving through program.

Empowerment is the last chapter of Moving THRU. I suggest prompting group members at least two weeks before the final meeting. This means letting them know that there are two weeks left until the final ceremony. It helps group members feel closure and not shocked that the group will be ending. Remember, the program is repeatable. So, this doesn't mean that Moving THRU has to end. It just means that this session of the curriculum is over. Individual work and follow up should continue on after the curriculum is finished.

### **ACTIVITIES YOU WILL LEARN IN CHAPTER 6**

-  *Reminder Cards* ★ - A take-home craft with coping skills learned in Moving THRU
-  *Hope and Healing Flags* ★ - Display the youth's hopes for healing
-  *Moving THRU Final Ceremony* - Movement celebration to celebrate completion of curriculum.

## **ACTIVITY ONE-REMINDER CARDS★**

*Challenge Level: I*

*Materials needed: index cards or pieces of thick paper, markers, pens, stickers or any leftover art supplies use to decorate (beads, stickers, stamps, crayons, buttons, washers, glitter), string or yarn, hole punch or scissors*

Reminder cards are designed to help program participants remember and integrate the skills they worked on throughout the Moving THRU program. Participants will take this project home with them so that they will not forget what they learned. Because it is small, they can carry it with them in their backpack or even store it under their pillow. Additionally, it serves as a visual tool to remind them of their success and new found coping skills!

Steps:

1. Start with group seated in a circle on the floor and review established group rules.
2. Perform a verbal or gesture check-in.
3. Announce that this is the last week of the Moving THRU program. Ask the group how they feel about that.
4. Now, ask the group to think about all of the things they have learned over the last five weeks. What do they remember? What activities did they find helpful? What did they learn? Try to encourage every group member to share something. Going around the circle can help facilitate this.
5. Inform the group that today we will be making reminder cards to help us remember what we learned in the Moving THRU program. The cards should reflect the coping skills, strengths, and positive experiences that were the most helpful to them.
6. Provide a list of the activities that the group has performed together as a reminder of all the great things you experienced together. This may change each time you do the program so make sure that you take note of what activities you use from the workbook.
7. Pass out index cards and place art supplies in the center of the circle.
8. Each member of the group must do at least 5 cards but I would encourage them to try and make a card for every skill they learned and strength they found. They can decorate the cards in any way they would like!
9. Remember that some group members might need help writing down the words they would like on their cards.
10. When they are finished decorating the cards, punch or poke a hole in the top corn of them so that they can be tied together. You might have to do this after group of glue or glitter was involved. Then they can collect their projects at the final meeting!
11. Sit down for processing.

### Circle Questions:

1. Which card is your favorite and why?
2. When can you pull these cards out?
3. What is one thing you have improved on during this program?
4. What is one strength you discovered you had?
5. What is one skill you would like to work on?
6. What was your favorite memory of the Moving THRU program?

### Tips and Tricks:

- ✚ Try to encourage group members to not only write down the activities but also things that they have improved on. Examples: being less shy, practicing assertive communication, being calm and moving in group more.
- ✚ Make your own set of cards before starting group and pass them around as an example.
- ✚ Affirm and congratulate everyone on their creative efforts and courage

## **ACTIVITY TWO-HOPE & HEALING FLAGS ★**

*Challenge Level: I/II*

*Materials needed: Construction paper, art supplies (markers, crayons, glitter, stickers, stamps, glue, colored pencils, feathers, gems, whatever you have), yarn or string, hole punch or scissors.*

Hope is often what keeps many survivors of CSEC and human trafficking Moving THRU the painful memories, experiences and reintegration process. Hope could have been what keep them alive during times of trauma and trafficking. As caregivers, we are often filled with hope for survivors. We hope for their recovery and success. We hope for their healing and happiness. Hope serves as a beacon of light in times where it seems there is only darkness. Hope often connects survivors with their spirit, something that often becomes foreign for those who have been abused or trafficked. The following activity is meant to help youths think about their hopes for the future.

Steps:

1. Start group seated in a circle with a discussion of the group rules.
2. Explain that today's group will be about hope. Ask the group to silently think about what hope means to them. What do they hope for?
3. Facilitate a modified movement check-in. Have everyone stand up and check-in with a movement that represents hope to them.
4. Use the format "My name is \_\_\_\_\_ and to me hope means (movement)"
5. After everyone has performed their movement (with the option of the group mirroring each participant during check-in), explain that today they will be creating hope flags. The flags will hang around the room to remind us of our hopes for healing and to inspire hope for future group members as well.
6. Invite all members to choose a hope they have for healing.
7. Each group member gets a piece of construction paper of their choice and access to any art supplies available to create their own flag for hope and healing. Ask the group to please not write their names on the projects to ensure confidentiality.
8. When all group members are finished, return to circle and invite each member to share something about the flag they created.
9. Poke a hole in the top corners of the flags and string the flags all together for display in the group room (or wherever you are).

Circle Questions:

1. Why is hope important? When has hope helped you?
2. What are some other things you hope for?

## Tips & Tricks

- ✚ It might be helpful to also make a hope flag with your hopes for the survivors.
- ✚ Provide support to anyone who indicates that they struggle with hope
- ✚ This activity can be done earlier in the curriculum if you feel it would be beneficial.
- ✚ Ask survivors to leave their names off of their artwork for safety reasons.

### **ACTIVITY THREE - MOVING THRU FINAL CEREMONY**

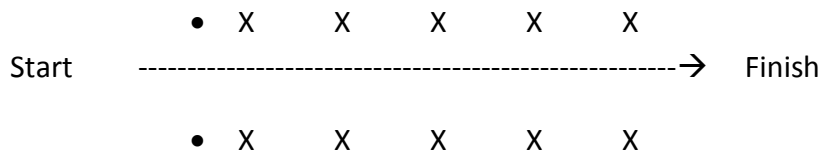
*Challenge Level: I/II*

*Materials Needed: Moving THRU Certificate (Appendix C)*

Congratulations! You have made it to the final Moving THRU activity, the final ceremony. This is meant to be the final event you do together. The final ceremony is movement based and is designed to help integrate some of the movement activities learned earlier in curriculum. This is how you end the program.

Steps:

1. Start the group in a circle, standing, with a review of the established group rules.
2. Announce that this will be the last group of this session of Moving THRU, have everyone give themselves a round of applause for working so hard! Choose some drumming music (if available) for the group.
3. Start the group with a movement check-in (Chapter Two- Activity One).
4. Then facilitate a body-part warm-up (Chapter Two- Activity Two).
5. After everyone is all warmed up, ask them to think back to the first day that they came to group. Invite them to spread out and create a movement that represents who they were and how they felt on the first day of group.
6. After giving them enough time to develop the movement, ask the group to now create a movement that represents who they are and how they feel right now.
7. Once movement is created, invite group members to line up soul train style as pictured below. We will call these the walls of support. The X represents each person. Make sure to leave ample room between the two rows of people.



8. Each group member will have a chance to Move THRU the walls of support.
9. Make sure to keep the drumming music playing for this part of the activity for rhythm. The group will clap together, keeping time with the music.
10. The first person on the right side of the row will be the first mover. With gentle suggestion, guide them to the start position. Invite them to show us their beginning movement.
11. The mover repeats their beginning movement once more.
12. The group will then mirror and join the mover in their beginning movement.
13. The mover then has two-four eight counts (remember from Chapter 6) to Move THRU the walls of support. They can dance and do anything they like.
14. The other group members should cheer them on and clap



15. When the mover reaches the end, they then perform their second ending movement.
16. The mover repeats the ending movement again.
17. The group mirrors and repeats the movement with the mover once more.
18. The mover takes his/her place on the end of the row he/she started.
19. Next the mover from the starting left side begins the Moving THRU process (steps 9-18)
20. This process repeats itself until all group members have had a chance to Move THRU
21. Lower the music and invite the group to take three final deep breaths together using their arms to aid them like they did in "The 4 B's"
22. Sit down for circle time.

#### Circle Questions:

1. What was it like to Move THRU the walls of support today?
2. How was your first movement different from your second movement?
3. How do you feel different from when you first started the program?
4. What is the most important thing you have learned through the Moving THRU curriculum?
5. How will you use what you learned during the Moving THRU program in your life?

#### Tips and Tricks

- ✚ After circle, hand out the certificates! Announce each group member and have everyone clap for each participant. You don't have to use the certificate included. You can also develop your own awards or memento for the group to take away for completion.
- ✚ If possible, provide a light snack or drink after the group to promote the feeling of graduation or celebration.
- ✚ Remember the curriculum is repeatable. So, maybe this is level one graduation and there is a different certificate for level two.

Dear Caregiver,

Please take a moment to pat yourself on the back for being such an incredible facilitator. Congratulations! You dared to step out of the box and tried a new approach to healing. It takes so much bravery, empathy and motivation to try something new. Not only have you potentially helped the youth you work Move THRU but you have moved through the process as well. I hope that this workbook and curriculum has been helpful in figuring out new ways to reach children who have experienced trauma, trafficking or sexual abuse.

Even when things get tough, keep at it. I have had groups where no one wanted to move, they joked and made fun of the activities. However, at the end of groups they thanked me for committing to them and not giving up. I will never forget one group member I worked with. She sat out almost every group and spoke under her breath about it being silly. I initially perceived her as very intimidating with a capability for violence. I knew she had a criminal background but also had been physically and sexually abused as a child. So, I kept at it and invited her to move with me every day that we had group together. A few months later, she was moving more than anyone. On my last day as a facilitator, she broke down and cried. She told me I was the only person in her lifetime (she was now an adult woman) who never gave up on her. I was the only person who was not afraid of her and committed to her every day.

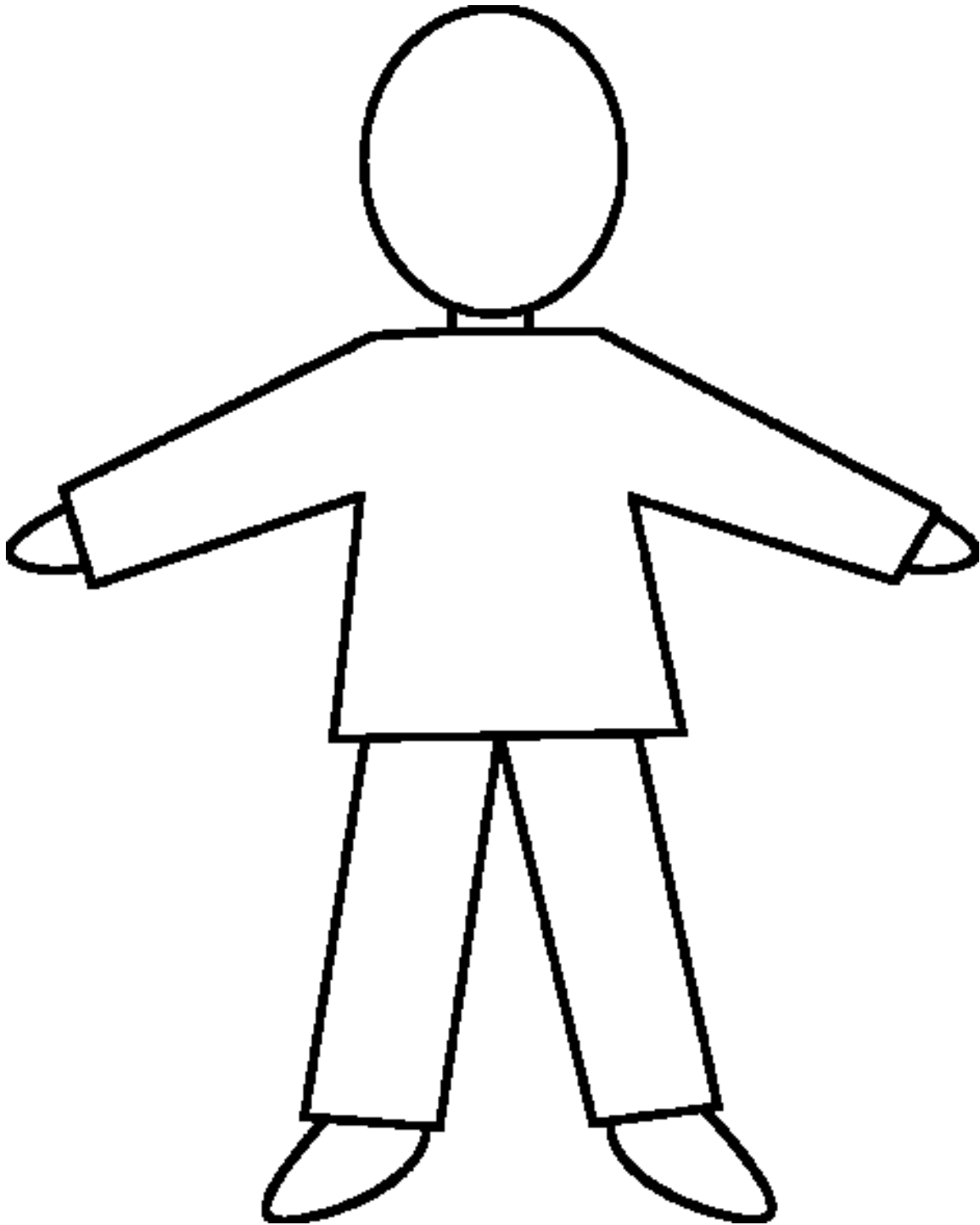
As caregivers, sometimes it feels like we aren't reaching the youths because they aren't sharing all of their thoughts and feelings. In reality, the smallest change or new activity could create a spark for that child. A spark that could push them to Move THRU what they have been through and grow into incredibly smart, successful young adults. We can help guide them in that way. These children are not broken. They have been through immense trauma and they have survived. Fortunately, we try hard to give them our best. When we show them love and support, it may feel foreign to them at first but that is part of the healing process. These youth need our help and guidance. Without it, they can be lost in system that doesn't listen to their cries or stories. You have the strength to help them heal from trauma, the ability to encourage them to recover and the empathy to meet them with understanding. You have the power to help them in Moving THRU to a better life. Thank you for your commitment to the youth of Belize.

Sincerely,

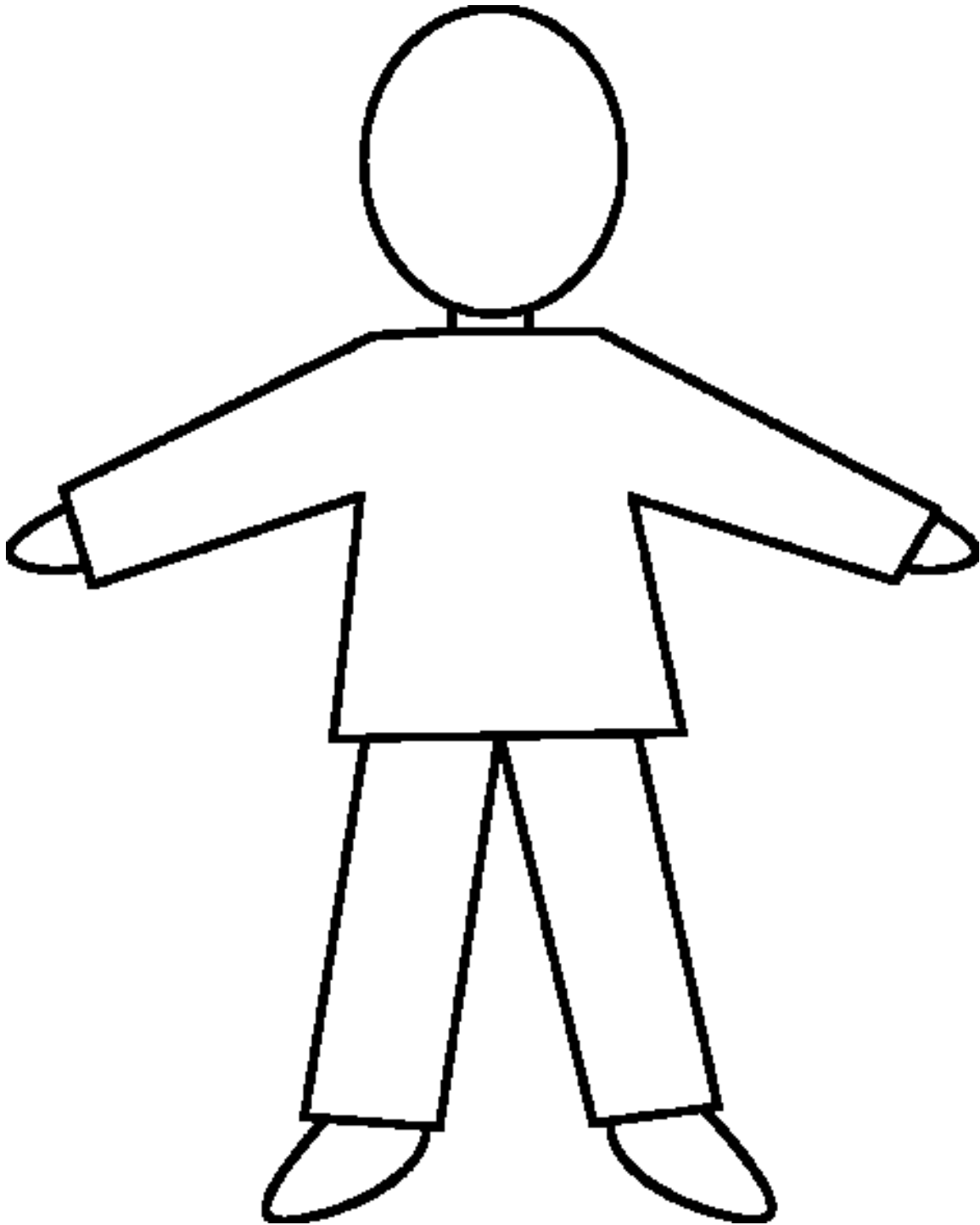
Amy VanBecelaere

# Moving THRU

## Appendix A: Body Map



**FRONT**



**BACK**

# Moving THRU

## Appendix B: Communication Skit Slips

### Passive

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- Often avoids sharing opinion, feelings or expressing their needs. They become shy or reserved and let others make the choice for them. Share a tendency to apologize instead of asserting feelings. Body posture can be closed off, slumped and eye contact is minimal.

### Aggressive

---

– Often expresses opinions in a way that is hurtful to others. Easily becomes physically or verbally abusive (example: hitting/kicking or using insults or threats). Tendency to talk over, yell, accuse, intimidate or humiliate others when in conflict. Frequently uses “You” statements (example: You are stupid, this is all your fault or you better give me that, or else.)

### Assertive

---

– Often expresses feelings and opinions clearly. They are able to stand up for themselves and others when necessary without violating the rights of others. They listen carefully and respond with consideration and respect. Frequently uses “I” statements (example: I feel hurt when you call me names, I would like for you to stop.)

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# SKIT SLIPS

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**You have someone cut in line in front of you at lunch.**

**Someone is using your pencil and you need one.**

**Someone calls your friend a mean name.**

**A teacher gives you a grade that you feel is unfair.**

**Someone steals something from you.**

**You are tired and don't want to play anymore.**

**Someone is in your personal space.**

**You need some time alone.**

**You are hungry.**

**You had a bad day and someone asks you how you are.**

# Moving THRU

## Appendix C: Moving THRU Certificate

# CERTIFICATE OF PARTICIPATION

is thanked for their phenomenal participation in

## Moving THRU



PRESENTED BY: \_\_\_\_\_

ON THIS DAY: \_\_\_\_\_

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## Chapter 4: Discussion

The purpose of this project was to develop a dance/movement therapy based program for Belizean caregivers who work with survivors of human trafficking and CSEC. In order to do this, I needed to first answer my initial research questions, “What are the mental health needs and cultural considerations when working with survivors of human trafficking and CSEC and how can mental health workers better assist survivors?” These questions were answered partly by an extensive review of the current literature regarding human trafficking and CSEC. I was inspired to find trauma-informed researchers (Clawson et al, 2014; Chung, 2008; Godziak et al, 2005; Hardy, 2013 & Hossain et al, 2010 ) wrote in detail about the specific needs and cultural considerations in working with survivors. The work of these researchers and the Salvation Army (2008) greatly influenced me in the development of Moving THRU. Notably, the first two chapters were inspired by not only by these researchers but also by interviewing Belizean direct caregivers. Their answers and the information provided in the Trafficking in Persons report by The United States Department of State (2014), informed the development of this project in every way. Because there were no research articles written by Belizeans regarding the trafficking and sexual exploitation of youths in Belize, I relied heavily on these sources.

By interviewing 15 Belizean direct caregivers in January 2013, I was able to gather information regarding the needs of child survivors of human trafficking. I interviewed social workers, teachers, shelter workers, police, medical staff and government officials. I found that they all experienced working with survivors in a similar way. From the interviews, I deduced common themes. Themes included struggle or inability in the following areas: identifying and regulating emotions, focusing in school, relaxation, communication and poor self-esteem or self-worth. These common themes became the chapters of Moving THRU.

At the forefront of the caregiver's answers, was the notion that they felt ill-equipped to talk to these survivors. Not only did they not understand what the survivors had experienced but they also expressed that they did not know how to talk to them. Most of the caregivers asked me to teach them some basic counseling skills on the spot. This is where I realized that the program needed to encompass basic information regarding trafficking and CSEC in Belize, listening skills and relationship building. It was only from there that they could address the needs of the youth they worked with. Their answers, along with the current literature, helped me discover that an effective program for youth survivors in Belize would encompass skill-building in the areas of: (a) relaxation and focusing, (b) identifying and regulating emotions, (c) communication and peer skills, (d) self-confidence and self-esteem, and (e) empowerment.

From there, I compared the needs identified in the interviews and the current literature regarding post-trafficking mental health care. With a trauma informed lens, I selected activities inspired by various dance/movement therapists that have had success working with youth in areas listed above. As an emerging dance/movement therapist, I was greatly inspired by the work of Marion Chace. Harris (2007), used Chacian techniques when working with child soldiers. His work relied heavily on working within a circle, using group movement activity and processing to foster connection and healing. These Chacian techniques are at the core of who I am as a dance/movement therapist. I believe that working in a circle is important. In a circle, everyone can be seen and heard. This is why the Moving THRU curriculum always starts and ends in a circle. I chose to use these techniques and the work of Bernstein (2011) to guide me in developing Moving THRU. Bernstein's use of creative dance and props, inspired by Blanche Evans, with survivors of trafficking and CSEC in Kolkata, India struck me as particularly helpful. By using props and expressing themselves through movement, I believe children were

able to better communicate their feelings and identify their emotions. Although previous researchers suggested (Ben-Asher et al, 2002) using Living Dance and Evan's Functional Technique, I decided that the combination of Chacian techniques and creative dance with props would be the most helpful to the population in Belize.

When creating Moving THRU I also drew from creative art-making, as I have extensive experience in using art in hospital, shelter, summer camp and childcare settings. I tried to include an art making activity in every chapter. I also drew from child neurobiology theorists that I admire (Siegel, 2012) to extend the workbook beyond DMT based activities. I believe that this mixed approach, combined with culturally sensitive language and an approachable reading level will contribute to the program's success.

## **Implementation**

It is my hope that all direct caregivers working with children who have been commercially sexually exploited or trafficked can utilize the Moving THRU curriculum in some way to enhance the work they are currently doing with survivors. As noted in the curriculum, the workbook can be used in two ways. The first, preferred, way is to follow it like a curriculum. The second way would be using it as a supplemental reference for new ideas to add to the work already being performed at the agency or organization. In this chapter, I will discuss the correct and intended ways to utilize the Moving THRU curriculum and possible challenges that may arise in implementation.

Caregivers who decide to use the Moving THRU curriculum should be trained on how to utilize it beforehand. After the approval of this master's thesis, I plan to develop a half-day training module that would teach caregivers in Belize how to effectively use the workbook. Direct caregivers who work with survivors of trafficking and CSEC and seek to learn creative,



body-based techniques would be eligible for the training. When I worked with PROMISE, one thing I learned through community outreach was that traffickers will sometimes do anything to regain control of their victims, including attending trainings to find out a little bit more about where their victims might be or how they can reach them. An application process with approval to attend by me, or someone trained by me, should eliminate traffickers from attending the workshop. Additionally, it would provide information on what kind of caregivers are (social workers, case workers, teachers, etc.) utilizing the workbook. In a training seminar provided by me, or someone trained by me, caregivers would have the opportunity to deepen their knowledge about CSEC, practice their counseling and listening skills and learn about how to use the activities in the workbook. There would be time in the training for experiential learning and modulated movement groups. This would ensure that the first round of caregivers, who want to utilize the program, can execute it properly. Upon completion of the training, caregivers will receive the Moving THRU workbook and a box filled with materials needed for the curriculum. There will be a disclaimer in the printed workbook that states that caregivers may not utilize the workbook without attending a registered training program led by me.

The Moving THRU program has seven chapters. The first chapter is imperative for direct caregivers to read. It provides information on trafficking symptomology and introduces trauma informed therapy. The first chapter is used as a reference for the rest of the Moving THRU curriculum. For caregivers looking to use Moving THRU as a supplemental reference, it is absolutely necessary that they read this chapter as well. The second chapter, caregiver listening skills, is imperative for anyone looking to use the curriculum. It provides valuable information on empathy, basic counseling and listening skills. The second chapter also provides three warm-up activities that are repeated throughout the curriculum.

## **Challenges for Implementation**

Currently, survivors have limited access to mental health care. Part of the challenge for implementation is identifying survivors. Most survivors do not have access to the court or report to the police, so many organizations struggled with how to identify those who need help (Salvation Army, 2007). Additionally, many survivors face deportation challenges or asylum proceedings when they are identified (Chung, 2009). Survivors may be scared that they will be sent back to their home countries with little to no familial support when they get there. They are also more likely to be trafficked again because the initial trafficker could find them more easily (Chung, 2009). In the worst cases, without any form of identification, teenage survivors could be imprisoned for prostitution or illegal immigration (United States Department of State, 2014). Participants in the Moving THRU program, must be in a secure location with the recommendation of comprehensive services available to them.

Another challenge is misidentification. When I was in Belize, I noticed that many of the children caregivers labeled as sexually abused were actually survivors of CSEC. This is why the first chapter of the Moving THRU is imperative for all caregivers to read because it explains the differences between sexual abuse, human trafficking and CSEC. I have included children who have been sexually abused in the program because I believe that a majority of these kids have experienced some level of CSEC and would benefit greatly from this program. My hope is that this program helps caregivers look deeper into the history of the youths and identify CSEC survivors. It is important to understand the history of the survivors because of the risk for re-abduction, legal complications, multiple victimizations and the increased exposure to complex trauma involved with survivors of CSEC and human trafficking (Salvation Army, 2008).

A potential challenge for implementation is the stigma associated with trafficking and CSEC. I found from my interviews with police, that there were still many people who identify youth survivors as child prostitutes, trash or believe that they chose to be involved in sex work. These beliefs create barriers to treatment (Lloyd, 2011). In Belize, there is no separation between church and state. The church runs a majority of the schools. Trafficking survivors often face ridicule for having been involved in CSEC. During my interviews in Belize, I heard cases of CSEC survivors being identified in school and forced into exorcisms and confession. These can be very traumatizing experiences. For this reason, it may be hard for caregivers to convince survivors to participate in the programming.

Additionally, this program should not be used to impose any type of religious or personal belief system on the children. Many of the programs in Belize are supported by spiritual or religious organizations. It is my hope that the program retains its intended purpose, and survivors are not be forced to follow any set of beliefs outside of the program to gain access to care. Furthermore, no survivor should be turned away from the Moving THRU program because of their gender, race and ethnicity, country of origin or sexual orientation. This will be explicitly discussed in future training seminars. However, I acknowledge that it may not be possible for me to ensure that this does not happen after the training program.

As mentioned previously, safety is a huge challenge in implementing this program. Care providers must find a secure space to perform groups as outlined in the safety section in Chapter One of the Moving THRU curriculum. Due to lack of funding from the government, most shelters and agencies that work with survivors in Belize are cramped spaces. Therefore, care providers will have to look for outside locations for group and most likely will need that space to be donated. When I was volunteering in Belize with children who were living at a domestic

violence shelter, we were able to get space donated to us from a local gym. The San Ignacio Police Department also allowed us to use their conference room. However, a group in a police room can bring its own challenges. Unfortunately, some government officials and police officers play a role in trafficking in Belize and have come under scrutiny in the United States Department of State Trafficking in Persons report (2014). This corruption is common knowledge in Belize.

Which brings me to the next challenge - funding. Ideally, this program would be funded by the government of Belize. However, during my time in Belize it appeared that some key government figures were not interested in investing governmental money into programming for trafficking survivors. My main contact in Belize, Ms. Nefretery Nancy Marin, has been actively fighting for this cause and has gained much support from social workers, teachers and youth centers. Belizeans are very interested in dance/movement therapy and the healing it can provide for survivors. Still, non-profits who work with survivors typically survive on very little funding. Donations to support this program may be necessary for its implementation.

### **Cross-Cultural Implications**

Moving THRU was developed specially for direct care providers who work with survivors of human trafficking and CSEC in Belize. The first two chapters of the program contain specific information regarding survivors in Belize. Specifically, sex tourism, the sugar-daddy syndrome and trafficking from the surrounding borders of Guatemala, Honduras, El Salvador and Mexico. Trafficking looks different in every country, so further research would be needed to adapt the programs for other countries. The term youths, is specific to Belize. Language in the workbook would need to be translated or adapted. In the future, I would also like to translate this workbook into Spanish to reach more caregivers in Belize. However, English is the official language of Belize and the majority of caregivers do speak it. I believe

that the activities in the workbook would be helpful for most youths who have survived CSEC or human trafficking. More research would be needed.

### **Ethical Considerations**

As stated by previous researchers, (Chung, 2008; Chang, 2009 & Clawson et al, 2014), ethical and cultural considerations must be accounted for when working with survivors of human trafficking and CSEC. Making sure that the survivors are physically and psychologically safe during treatment is of upmost importance (Clawson et al, 2014; Lloyd, 2010 & Salvation Army, 2007). It should be consider a prerequisite that survivors participating in Moving THRU are in a safe location. A safe location would be a place that is enclosed or secluded to keep survivor's identity and location secure. As noted in the Moving THRU program, staff members outside off group facilitators should be available to keep location secure. Additionally, caregivers need to ensure that each participant has safe transport to and from sessions. Direct caregivers must be able to ensure this safety in order for the survivors to participate. Otherwise, they could risk the chance of the survivors being re-trafficked, abused or psychologically traumatized (Godziak, 2005). If there is not safe place for groups to take place, caregivers should also not use Moving THRU. Without physical safety, there is little chance that survivors will heal.

Additionally, caregivers should try and ensure survivors are provided comprehensive services outside of the program. Comprehensive services could include legal services, safe housing, medical support, educational support and their basic needs being met (Chung, 2008 & Clawson et al, 2014). Basic needs include access to clean drinking water, food, shelter, sanitary living conditions and clothing. Basic needs are crucial for any survivor in recovery and are absolutely necessary in the healing process.

Research shows that survivors benefit most from long term care (Clawson et al, 2014; Godziak et al, 2005; Hossain et al, 2010 and Salvation Army, 2007). Many survivors take years to heal from the complex trauma they have experienced. Clawson et al (2014) noted that survivors see the most success in treatment when they are able to engage in trauma specific treatment, long term with a care provider. Sustaining and deepening the relationship and building trust are known to be the most important facets of healing for survivors in a post-trafficking mental health care setting (Hardy, 2013). By committing to the six week curriculum in Moving THRU, caregivers are able to foster the relationships with the youths needed for healing.

Therefore, it would not be appropriate ethically for someone who is not a direct care provider to execute the Moving THRU curriculum. It is for this reason that I have noted that interns or volunteers from abroad should not be utilizing the program. With the support of a full-time or long term staff, and if able to commit to six weeks of programming, interns/volunteers may assist the primary caregiver as a co-leader for the program. This allows the youths to build relationship and trust with the caregivers. Although, Moving THRU is not a long term treatment program, it is meant to encourage long term trusting relationships between the caregivers and the youths. Work and support should continue after the program. As outlined in the workbook, this is for the safety of the youths. Because of this, I will not be leading the program without the support of full time staff who are able to provide after-care for the participants.

Additionally, if group members do not speak English. Translators should be available (Hardy et al, 2013). Fortunately, most care providers in Belize speak English, Spanish and Creole. It would be ethically unsound for a facilitator to work with a group who could not understand them

## **DMT vs. DMT Based Activities**

Moving THRU utilizes dance/movement therapy based activities. However, it must be made clear that the program is not designed to teach caregivers to become dance/movement therapists. Instead, the program draws upon DMT theories and techniques. Moving THRU also uses therapeutic art making techniques. However, by no means is Moving THRU a creative arts therapy program. Rather, Moving THRU is a body-based, creative curriculum where concepts are drawn from DMT and art making. Caregivers using Moving THRU should not call themselves dance/movement therapists because of their use of the workbook.

It is important to note that new concepts regarding DMT will be utilized through Moving THRU for the first time in Belize. The DMT based activities have been simplified. To minimize confusion, I have removed the term dance/movement therapy from the most of the workbook. The term is only used in describing my own clinical orientation. Instead, I have chosen to use the words body-based and creative/creativity. These terms should help differentiate that Moving THRU is not teaching caregivers to become therapists or dance/movement therapists. I am simply teaching Belizean caregivers to utilize the body-based and creative activities in the workbook and not how to utilize advanced dance/movement therapy techniques in their everyday work.

## **Future Plans and Evaluation**

It is my hope that I will be able to return to Belize in 2015 to perform the first training with care providers who have expressed interest in utilizing Moving THRU curriculum. This way, I could ensure that the program is properly understood and utilized. I want to make sure that Mrs. Nefretery Nancy Marin has an in depth training on how to work the program, because the program was developed from her initial inquiry to help the children at her agency, Barzakh

Falah. Ideally, I would be able to stay for eight weeks to assist her in launching Moving THRU at the drop-in center she runs in San Ignacio, Belize. I hope to make this a reality with support from donors and access to future grants.

Once implementation occurs, I plan to publish further research on the efficacy of the program. Evaluation would take place in the form of before and after interviews with participants and feedback from the care providers. I seek to discover areas that Moving THRU can be developed and changed to make it most beneficial for caregivers who work to bring trauma healing, recovery and understanding to survivors of CSEC and human trafficking.

## **Conclusion**

Moving THRU has a great capacity for success because the program was developed through extensive research into existing literature, interviews with Belizean direct caregivers and the works of previous dance/movement therapists working in related fields. The need for new, creative interventions for survivors of human trafficking and CSEC is immediate. Each chapter of Moving THRU, provides specific body-based, creative activities aimed to help Belizean caregivers better assist survivors of human trafficking and commercial sexual exploitation of children. I believe that DMT may be the non-verbal approach needed to reach children who are unresponsive to verbal therapy.

Additionally, Moving THRU may provide a working document that Belizean caregivers can utilize to enhance meaningful connections with the survivors they work with. Moving THRU outlines new, creative paths to direct caregiving. Belizean caregivers are able to further develop their knowledge regarding human trafficking and CSEC through Moving THRU. In the workbook, caregivers also have the opportunity to practice their empathic listening skills. I believe Moving THRU provides answers to the questions posed by caregivers around how to talk



to and help survivors. After caregivers feel more confident in connecting and communicating with the youths, they are able to help them skill build in the areas of: (a) relaxation and focusing, (b) identifying and regulating emotions, (c) communication and peer skills, (d) self-confidence and self-esteem, and (e) empowerment. These areas of change have not only been identified by Belizean direct caregivers but also in the current literature regarding post-trafficking mental health care. The emerging field of post trafficking mental health care is paving the road for DMT and Moving THRU may be an avenue for change for survivors of human trafficking and CSEC in Belize.

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## **Appendix A**

### **Definitions of Key Terms**

#### **Commercial Sexual Exploitation of a Child (CSEC)**

A youth (aged 17-years-old and younger) is engaged, solicited, coerced or forced to engage in sexual activities in return for a fee, food, drugs, shelter, clothing, gifts or other goods. (Salvation Army, 2007).

#### **Human trafficking**

The forced sexual exploitation of a minor or adult including forced labor, forced prostitution, slavery (or practices similar to slavery), involuntary domestic servitude and sex trafficking. This may or may not involve the transport of a trafficked person to another location or country (United Nations, 2000).

#### **Post-Trafficking Mental Health Care**

Services provided for survivors of human trafficking after they have escaped or have been rescued from their trafficker (Hossain et al, 2010)

#### **Direct Caregivers**

This umbrella term refers to any person giving direct care services to children in Belize who have experienced CSEC or human trafficking. Direct Caregivers include counselors, lawyers, social workers, police officers, nurses, shelter workers and case managers.

## **Appendix B**

### **List of Belizean Direct Caregiver Interview Questions**

1. What do you do for your organization?
2. In what ways do you work with children who have been commercially sexually exploited/trafficked?
3. What kind of behaviors do you typically see from children who have been exploited?
4. In your opinion, what are the mental health needs of the kids that you work with?
5. What kinds of programs are available for children who have been trafficked now?
6. What kind of programming has been beneficial to survivors so far?
7. Where are the gaps in services or areas that you feel could be improved for CSEC survivors?
8. How can direct care providers better assist survivors?
9. In your opinion, how do people in Belize view survivors of CSEC and trafficking?
10. How do people in Belize view trauma?
11. When thinking of the needs of these children, can you think of any cultural considerations that need to be addressed?
12. Have you ever worked with kids who were predominately non-verbal or were not able to speak about their experiences?
13. Do you think there would be a benefit to a non-verbal, body-based therapy program?
14. Do you have any advice for a creating a non-verbal creative therapy program for children who have been sexually exploited in Belize?
15. Do you have any suggestions for music or cultural dances for this population?
16. Do you see any obstacles in implementing a program like this?
17. Do you have any ideas on getting a program like this funded?
18. Is there anything else you would like to add that I did not ask you or any questions you have for me?