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Empowering Victims of sex Trafficking: Developing a Practice of Self-care

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Running head: EMPOWERING VICTIMS OF SEXTRAFFICKING

EMPOWERING VICTIMS OF SEX TRAFFICKING: DEVELOPING A PRACTICE
OF SELF-CARE

SAMANTHA FOSTER

Submitted in partial fulfillment of
the requirement for the degree of
Master of Arts in Nursing

AUGSBURG UNIVERSITY
MINNEAPOLIS, MINNESOTA

2018

**Augsburg University
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form**

This is to certify that **Samantha Foster** has successfully defended the Graduate Project entitled **“Empowering Victims of Sex Trafficking: Developing a Practice of Self-Care”** and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral Defense April 23, 2018.

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Table of Contents

FIGURES	iv
DEDICATION	v
ACKNOWLEDGEMNT.....	vi
ABSTRACT.....	vii
CHAPTER ONE: INTRODUCTION.....	1
Background.....	2
Significance of the Project.....	4
Nursing Theoretical Foundation	8
CHAPTER TWO: LETERATURE SUPPORT.....	13
Impacts of sex trafficking	13
Trauma Informed Care.....	18
Self-care and Wellness.....	25
CHAPTER THREE: DEVELOPMENT OF PRACTICE PROJECT	30
Assumptions.....	30
Project influences of CPs	33
Project implementation	39
Model for practice.....	45
CHAPTER FOUR: EVALUATION AND PERSONAL REFLECTION.....	50
The evaluation process.....	50
Critical reflection	52
CHAPTER FIVE: FUTURE PLANS, IMPLICATIONS, AND CONCLUSION	57
Future plans.....	57
Implications.....	59
Conclusion	60
REFERENCES	62
APPENDICES	
Appendix A: General Wellness Information and Model	68
Appendix B: Physical Health.....	70
Appendix C: Mental Health	75
Appendix D: Emotional Health	79
Appendix E: Spiritual Health.....	83
Appendix F: Post Group Session Likert Scale.....	88

Figures

FIGURES

Figure 1: Self-Care Empowerment Model.....42

Dedication

The work contained herein is dedicated to every woman before me who began as a girl with a struggle. Some struggles are far greater than I ever imagined or endured as a child, young lady, or woman. For those who have been trafficked, victimized, and left behind: you are not alone, you are not forgotten, and you are not broken. I see you. For the women at Brittany's Place who do the work of mending broken spirits every day, I applaud you. You are all warriors.

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I would not have had the opportunity to advance my education if it weren't for the support, love, and encouragement from my husband. Thank you, Rob for always believing in me even when I sometimes struggle to believe in myself. My mother and father who never stop cheering for me, and reminding me how proud they are. My sister Erika, thank you for your creative expertise and designing my model. Finally, my daughters Bella and Gabby: My goal is to always learn, always grow, and always be the best mother I can be for you. I want to show you that women can be successful at home, at work, and anywhere they want to be.

Abstract

Sex trafficking (ST) is on the rise globally, nationally, and locally. This modern day form of slavery most often victimizes women and children, stripping them of their personal power. The traumatizing crime that is sex trafficking affects its victims physically, mentally, emotionally, and spiritually and has many negative ramifications on communities. Minnesota is leading the Nation in addressing this human rights violation by implementing and enforcing the Safe Harbor Law. Guided by concepts of Jean Watson's Theory of Human Caring, trauma-informed care (TIC) practices, current literature support, and in cooperation with shelters like Brittany's Place in Minnesota, nurses may utilize self-care practice tools in a self-care support group (SCSG) setting, to empower and encourage wellness development in female juvenile survivors of sex trafficking. Through nurse lead trauma-informed SCSG sessions, survivors of ST at Brittany's Place are empowered to develop their own wellbeing by selecting individual, transcultural, holistic self-care practice technique tools from a tool box designed to support the healing process.

Keywords: sex trafficking, trauma-informed care, self-care, self-care support group, wellbeing.

Empowering Victims of Sex Trafficking: Developing a Self-Care Practice

Chapter One: Introduction

Sex crimes, including rape and prostitution, are not only crimes of a sexual nature but also an all-encompassing crime of power over another person. Every day domestically and globally, human beings (most commonly young girls) are stripped of their personal power and sold like merchandise with no regard for their humanity, dignity, or basic human rights. The trafficking of human beings for sex is an explicit violation of health as a human right (Williams et al., 2010). The Federal Victims Protection Act defines sex trafficking (ST) as,

the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where such an act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. (Hickle & Roe-Sepowitz, 2014, p. 24)

With its roots in social injustice, trafficking often victimizes the most marginalized and vulnerable populations in the world (Duger, 2015). Brittany's Place, a shelter for girls ages 10-18 in St. Paul, Minnesota, aims to help get young female victims out of the trafficking life. Helping victims harness their own personal power through programs like Brittany's Place supports victims in overcoming the challenges in their lives caused by their trafficking experiences. This chapter will introduce and define the problem of ST, discuss federal and local laws surrounding ST, describe its connections to transcultural nursing and society, and explain how Jean Watson's Theory of Human Caring serves as a guidepost in developing a self-care practice toolbox for victims of trafficking at Brittany's Place.

Background

Brittany's Place is a 12 bed shelter for sexually exploited girls named in memory of Brittany Chairse Claridy, who on February 11, 2013, was violently raped and murdered. A 19- year-old victim, she was lured into the world of sexual exploitation by a predator. Brittany's bright future was cut short before it had a chance to be fully realized. Yet Brittany's name lives on in the hope it brings to countless other victims who come through the doors of Brittany's Place seeking refuge and a way out of an abusive life (M. Hall, personal communication, March 7, 2017).

Brittany's Place operates under Minnesota's Safe Harbor Law. The Safe Harbor Law went into effect in 2014. The law "identifies that youth who engage in prostitution are no longer criminals, but rather victims of sexual exploitation and in need of services" (The Advocates for Human Rights, 2017, p. 1). At Brittany's Place, the girls are treated as victims and not juvenile delinquents; they are protected not prosecuted. To implement the Safe Harbor Law through communities, Minnesota utilizes the "no wrong door" model, which is "a comprehensive, multidisciplinary, and multi-state agency approach to responding to commercially sexually exploited minors" (The Advocates for Human Rights, 2017, p. 1). Minnesota law and the Federal government define ST differently. Minnesota state law defines ST as, "receiving, recruiting, enticing, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual or receiving profit or anything of value, knowing or having reason to know it is derived from sex trafficking" whereas the federal law defines ST as "the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which

the person induced to perform such an act has not attained 18 years of age” (The Advocates for Human Rights, 2017, p. 1). Assistance at Brittany’s Place function according to Minnesota law and are available because of the protections provided by the law.

Brittany’s Place offers holistic therapeutic services, shelter, community support, and education to girls who have been sexually exploited and trafficked. According to its flyer, “180 Degrees”, all services at Brittany’s Place are “provided from a trauma informed lens that involves understanding, recognizing and responding to the effects of all types of trauma. Trauma-informed care (TIC) recognizes the impacts that trauma has on an individual’s physical, psychological and emotional well-being”. Michelle Hall (the volunteer coordinator at Brittany’s Place), along with Brittany’s mother graciously described the functions of the shelter and the programs offered to the girls residing there. Michelle described the protections and precautions the shelter takes in order to keep the girls safe from harm by using a harm reduction model. There are specific communication styles and methods of providing TIC that intentionally provide victims with choices. This aims to move them from the inequity standpoint of powerlessness to a place where choices and options begin to allow the girls to feel a sense of power over their lives return. Powerlessness is a commanding inequity that victims of sexual exploitation and trafficking face (M. Hall, personal communication, March 7, 2017). Returning power to these victims can come in many forms. According to Michelle and Brittany’s mother, giving the girls choices in their lives is one major way of helping them harness their power. Introducing topics like wellness and self-care is another channel that can provide choices for the girls to learn to care for and love themselves, holistically (M. Hall,

personal communication, March 7, 2017). Self-care practice choices can also foster the development of caring relationships and caring environments among nurses and ST survivors. Watson's (2008) Theory of Human Caring describes how the environment in which care is provided can be affected by both the nurse providing care and the patient being cared for. Through the development of a wellness toolbox, holistic self-care practice techniques such as mindfulness, meditations, and journaling will be used to empower victims of ST at Brittany's Place.

Significance of the Project

ST negatively impacts society on a global level. The International Labour Union (ILU) reported that of the 4.5 million global victims of ST, 98% are women and children (Orme & Ross-Sheriff, 2015). ST is not limited to local or domestic boundaries; it is a global crisis that transcends borders, cultures and religions. By some estimates, on an annual basis between 500,000 and 600,000 new victims are trafficked each year (Kara, 2010). According to Kara, "One woman or child is trafficked for the purpose of sexual exploitation every sixty seconds" (p. 17).

The financial implications of this human rights atrocity are significant. Globally and in combination with labor enslavement, trafficking is a \$151 billion industry according to the ILU's 2014 report. Unlike the drug and weapons trade, trafficking of bodies for sex is "a high profit, low risk business where the commodity, a human body can be sold repeatedly" (Hickle & Roe-Sepowitz, 2014, p. 23). Although many multidisciplinary frameworks to aide in the recovery from ST are being developed to help victims get out of their enslavement, there is a gap in the research available to address decreasing the demand for the sex trade. ST, like much of the business world, is driven

by the laws of supply and demand. Just like the legal business world, as the demand for the sex trade increases, recruitment and enslavement of millions of women and children increases.

In the United States (US), pop culture romanticizes the sexualization of women. In addition, there is a “normalization and promotion of commercial sex across America” (Kotrla, 2010, p. 183). This culture of tolerance supports the growing market for the sex trade. An environment of cultural acceptance and the glamorization of pimping and prostitution leads to increased ST risks for the already marginalized populations that traffickers prey on, to entice and force into the life of sexual slavery (Kotrla).

There are many social injustices that lead to increased risk of becoming trafficked. Farmer (2005) discussed the role social factors play “in rendering individuals and groups vulnerable to extreme human suffering” (p. 42). Factors such as gender, ethnicity, and socio-economic status are all implicated in increased risk for the preying upon by traffickers recruiting individuals into the sex trade (Duger, 2015). Farmer (2005) related these same factors to extreme human suffering. ST is a form of extreme human suffering, causing a multitude of mental, emotional and physical traumas. Farmer also discussed structural violence in relation to its

host of offensives against human dignity: extreme and relative poverty, social inequalities ranging from racism to gender inequality, and more spectacular forms of violence that are unconstestedly human rights abuses, some of them punishment for efforts to escape structural violence. (p. 8)

As such, many ST victims come into the sex trade in attempt to escape such structural violence and social injustices. Many are fleeing extreme poverty or abusive home

situations (Duger, 2015). They may be promised work or a way out of the abusive environments that they live in, in other cities or homes, where they are eventually exploited and forced into sex work (Williams et al., 2010).

In the US, those most vulnerable to becoming victims of sex trafficking are those experiencing “poverty, childhood abuse, family disruption, school related problems, runaways and homelessness, child welfare involvement, low self-esteem, and community factors” (Duger, 2015, p. 117). The health inequities victims of ST face are horrendous. Due to the nature of the crimes, victims are often not given medical treatment when necessary. Victims are forced to take multiple clients a night, subjected to any number of abuses both physically and mentally, have unwanted pregnancies and resulting unsafe abortions to contend with, and are exposed to a host of sexually transmitted diseases (Williams et al., 2010). As a result, victims of ST do not have the ability to attain their full health potential. They are often held in tightly controlled abusive relationships. Often they do not have access to healthcare and the traumas they have experienced undermine their ability to get help or get out. It is common for victims to see themselves as criminals committing crimes, so they are reluctant to seek medical and/or legal help. Many may also fear deportation. In some cases, the victims faced such extreme poverty or abuse at home before being trafficked that they feel they have nowhere else to go (Williams et al., 2010).

There are many nursing implications for practice in the context of caring transculturally for trafficking victims. The first and most fundamental step is to identify risk and prevent people from becoming victims. Because cultural acceptance of women as sex symbols and the demand for the sex trade abound in the US and foreign countries,

this is no easy undertaking. Nurses can assess community needs to aid in policy developments that drive poverty relief, and work to eliminate the most documented risk factor for ST, poverty. Nurses may participate in education and promotion of health in all policies, as in Minnesota. Through education, nurses can help create awareness of the dangers of recruitment and the grooming of young girls and women that are typical of traffickers and recruiters. School nurses may be in a good position to implement such education to girls in schools, in addition to teaching boys about ramifications of purchased sex. On a clinical level, nurses need more training and education to recognize signs of trafficking and abuse. According to Hickle and Ross-Sepowitz (2014), “With increased knowledge about the topic, and new screening tools and intervention strategies, you can begin to ask the right questions and help your clients avoid further exploitation and abuse” (p. 24). There are many parallels between victims of ST and victims of domestic abuse. Nurses can “apply their knowledge about domestic violence, trauma, and sexual abuse to better understand a trafficking victim’s fear and reluctance to leave a relationship” (Hickle & Roe-Sepowitz, p. 25).

ST is a multicultural, international epidemic. It intersects the cultures of religion, ethnicity, poverty, crime, and abuse (Avila, 2016; Kara, 2010; Kotrla, 2010; Orme & Ross-Sheriff, 2015). As such, a transcultural holistic practice toolbox to promote self-care and wellness needs to reflect the same diversity and flexibility. Utilizing a wellness toolbox for developing a self-care practice, a transcultural nurse will be able to teach victims of ST to better care for themselves and empower them to make choices that positively impact their own health and well-being.

This project will contribute to current nursing knowledge and practice by establishing a path for wellness development in victims of ST by utilizing knowledge gained about self-care tools in nurse led self-care support group sessions (SCSG). These self-care tools can be applied across cultures and in various nursing settings. Using TIC techniques, knowledge gained through literature reviews, and in guidance with federal and state law, nurses can better identify potential trafficking victims, assist them in getting the help they need, and guide them toward holistic self-care practices thus empowering them on their wellness journeys.

Nursing Theoretical Foundation

A project that develops a self-care practice to empower victims of ST on their path to healing will be guided largely by Watson's Theory of Human Caring. Watson's theory is so universal that it can be applied to any area of nursing, under any circumstance, for any type of patient independent of gender, culture, or diagnosis. Her Theory of Human Caring truly speaks the language of nursing (caring) and provides the foundation for this project. Major conceptual elements within the theory that will guide the project include five of the original 10 Caring Factors (CFs) and their evolution to *Caritas Processes* (CPs), transpersonal caring relationships, and caring occasion/caring moment (Watson Caring Science Institute, 2010). These core concepts have been foundational for the project and will be explored in detail within the context of their relationship to this project's development.

According to the Watson Caring Science Institute (2010), Watson's theory was originally developed during her time teaching at University of Colorado from 1975-1979. Today, the Theory of Human Caring continues to evolve. Watson (2010) stated that at

the time of its development, her “theory of human caring sought to balance the cure orientation of medicine, giving nursing its unique disciplinary, scientific, and professional standing with itself and its public” (p. 1). At the center of the theory is the assertion that the greatest “source of healing is love” (Watson, 2008, p. 10). Using relational ontology that assumes everyone is connected to both each other throughout humanity- and to the source from which we came (God, Universal Energy, Source, etc.), caring science, “moves humanity closer to a moral community, closer to peaceful relationships with self-other communities- nations, states, other worlds, and time” (Watson, p. 17). In supporting victims of sex trafficking, this theoretical foundation from a nursing perspective goes beyond assisting victims to get help, but moves to heal communities in which these atrocities occur, and end demand for the trade.

Behind the formation of Watson’s Theory of Human Caring are assumptions. Of the 10 basic assumptions of caring science Watson (2008) addressed, four assumptions were applied to the development of this project. Those assumptions are based on applicability to the subject of self-care development for victims of sex trafficking at Brittany’s Place. The four assumptions are:

- Caring consists of Carative Factors/ that Caritas Processes facilitate healing, honor wholeness, and contribute to the evolution of humanity.
- Effective Caring promote healing, health, individual/family growth and a sense of wholeness, forgiveness, evolved consciousness, and inner peace that transcends the crisis and fear of disease, diagnosis, illness, traumas, life changes, and so on.

- Caring responses accept a person not only as he or she is now but as what he or she may become/ is becoming
- A Caring relationship is one that invites emergence of human spirit, opening to authentic potential, being authentically present, allowing the person to explore options- choosing the best action for self for “being-in-right relation at any given point in time (p. 17)

Each of the four assumptions will be used in the development of the project to promote wellness and utilization of self-care tools for girls living at Brittany’s place. They are carefully considered to be threads woven within the project’s development. Self-care practice examples are given to meet the girls where they are, in a non-judgmental fashion. The girls will be given choices that require little to no outside resources for practice, to be able to develop their own personalized self-care tools to support their wellness journeys.

Watson (2008) described her original 10 CFs as the core of her theory. However, over time her CFs have evolved to what she called her Caritas Processes (CPs). Utilizing four of Watson’s 10 evolved CPs to guide this project, this writer has engaged in personal practice of meditation and self-reflection through journaling to become more self-aware which then, according to Watson’s theory, allows this writer’s nursing practice, and more specifically this project, to be guided by Caritas Consciousness. In developing Caritas Consciousness, Watson said, “It is mandatory to cultivate personal practices so we are prepared to carry out the work in ways that are biogenetically meaningful- that is, that are life giving and life receiving (p. 49). Care will also be given in the development of the project, to not use clinical words in presentations with the girls at Brittany’s Place.

Watson encouraged use of non-clinical language because clinical words are sterile and

vibrate at a lower level than their non-clinical counter parts. The notion of loving-kindness (for self and for others) was the catalyst of evolution from CFs to CPs within Watson's theory, and is also reflected in each CP. Chapter Three of this project will speak more specifically to Watson's evolved CPs and how four intentionally chosen CPs were woven into the self-care tool development.

Watson's concept of transpersonal caring relationships speaks to the relationship between a nurse and a person that nurse is working with, such as ST survivors. With intentionality and loving care at the forefront of the nurses consciousness, this concept states that a nurse is better able to connect with a ST survivor he or she are in relationship with (Wagner, 2010). To be able to enter into this type of healing relationship, a nurse must continue on the path of personal, professional, and spiritual development. When operating from the caring relationship as Watson (2008) described it, "the nurse helps another through this process to access the healer within" (p. 8). Allowing this type of healing to unfold, a nurse can begin to empower survivors of sex trafficking realize their own potential in caring for and in loving themselves.

The caring moment/caring occasion unfolds through the entering of this caring relationship. This concept of the theory looks at the coming together of both a nurse and a ST survivor being cared for. They uniquely bring their two stories and experiences to a moment, what Watson (2010) called a "human to human moment" (p. 9). This caring moment affects both a nurse and a person (survivor) being cared for. Both are changed by this caring moment and it becomes part of their own life-stories. Watson described how this caring moment affects the larger pattern of life. She described the power these moments have to allow a nurse and a person being cared for to recognize themselves in

the other. This connection, Watson said, opens up opportunities for healing and connection on levels deeper than just the physical.

The girls residing at Brittany's Place have been victims of sex crimes and many have had their sense of personal power stripped from them. Attending to the physical, mental, emotional, and spiritual needs created by this perceived power loss, and using themes from Watson's (2008) Human Caring Theory, a self-care practice toolbox can add to the current body of transcultural nursing knowledge by empowering survivors on their wellness journeys.

Understanding the impacts of ST on society and to individuals is imperative to grasping the effects of this crime. Knowledge of federal and state laws is also significant in defining nursing implications for practice around this topic. Watson's (2008) Theory on Human Caring assists in providing a pathway for which potential nursing interventions can be implemented through a trauma-informed lens.

Guided by primary scholarly work, the literature review discussed in the next chapter will provide needed support to demonstrate how the concepts sex trafficking, trauma-informed care, and self-care are intricately woven and involved in the development for this project. Jean Watson's (2008) Theory of Human Caring will also be discussed as it relates to these concepts in the development of a self-care practice toolbox.

Chapter Two: Literature Support

From understanding red flag warnings of ST incidences to providing holistic trauma-informed care in addressing the immediate and long term medical and emotional needs of victims, nurses have many opportunities to assist survivors of ST. Oftentimes, emergency room nurses are the front lines for identifying ST victims (Egyud, Stephens, Swanson-Bierman, DiCuccio, & Whiteman, 2017; Miller, 2013). Nurses can be “the survivor’s only hope of escape and help” (Miller, 2013, p. 478). But care of these complex victimized patients does not stop at one encounter; survivors of ST experience a multitude of traumas that lead to both physical and mental health issues (Miller). This chapter reviews pertinent literature about the impacts of ST, TIC for survivors, self-care practices to promote wellness, and how Watson’s Theory of Human Caring relates to implementing TIC and developing self-care practices.

Impacts of Sex Trafficking

ST is a multi-billion dollar, extremely lucrative criminal business. By some accounts it is the second largest criminal enterprise, and one of the fastest growing industries in the world (Sabella, 2011). Often termed “modern-day slavery”, ST happens all across the globe, including the US, with women and children the most likely victims (Hardy, Compton, & McPhatter, 2013, p. 8). Because of the underground nature of the sex trade, it is difficult to accurately understand how many people are sold annually and what those sales amount to financially. Understanding the financial and societal consequences of ST in addition to understanding its effects on the survivor’s health and wellness is imperative to knowing the reaches of this atrocity.

The statistics on numbers of ST victims and financial implications are staggering. According to Arvila's (2016) study, as many as 200,000 children in the US are involved in ST each year, making up a large portion of the estimated \$5 billion global market. Kara (2010) approximated that each year upwards of 500,000 new victims are trafficked worldwide and that the profit one victim generates a trafficker annually is estimated to be \$29,210. Additionally, victims of ST are sold repeatedly, unlike the one time sale of drugs or guns, making victims a significant source of income for their traffickers. The US is second only to Germany as the largest market for sex trafficking with an estimated 14,500 to 17,500 women and children trafficked into the US annually (Sabella, 2011).

Trafficking victims may be lured into the life by traffickers with promises of a better life, a fast income, feeding drug and alcohol addictions, or tricked into a false romantic relationship. According to Kotrla (2010), the average age at which a girl is trafficked in the US is between 11-14 years old, and 70% of prostitutes surveyed in two studies Kotrla noted reported having become involved in the commercial sex industry prior to becoming 18 years old. Risk factors for ST and the commercial sexual exploitation of children (CSEC) include poverty, any form of childhood abuse, family disruption (single parents, divorced parents, marital fighting, and substance abuse), school problems, runaways, homelessness, and low self-esteem (Duger, 2015). In the US, trafficking takes place on many stages. Victims of CSEC and ST can be enticed into the life via the internet and social media. Websites like Craigslist, Backpage, Facebook, and Myspace have all been implicated in recruitment and advertisement of children for sexual purposes (Kotrla, 2010). Brittany Claridy of Brittany's Place was recruited and entrapped through Backpage (M. Hall, personal communication, March, 7, 2017).

Recruitment may also occur at schools, transit stations, homeless shelters, malls, after school programs, foster homes, bus stations, and arcades in addition to common places, such as strip clubs, dance halls, and pornography shops (Avila, 2016; Hickle & Roe-Sepowitz, 2014; Kotrla, 2010). It is common for victims to be tricked into being trafficked through various grooming processes (Hickle & Roe-Sepowitz, 2014).

Traffickers or pimps may shower victims with love and affection, buy them gifts, offer them shelter, and provide affections to manipulate them and ultimately sexually exploit them. Often a trauma bond is formed between trafficker and victim through the trafficker's use of "psychological manipulation, physical violence, and rape" that "can make the victim feel trapped and powerless" (p. 24).

Societal considerations regarding ST also includes both prevention and prosecution of traffickers. It is well supported in the literature that poverty plays a key role in domestic and global sex trafficking (Duger, 2015; Kotrla, 2010; Orme & Ross-Sheriff, 2015). Policy development to ease poverty may contribute to declining rates in risk factors such as extreme poverty, physical abuse, substance abuse, and family dysfunction. More research is needed in this area to determine outcomes on poverty's influence in decreasing ST.

The US is a part of a global legally binding instrument, the Palermo Protocol, developed by the United Nations (UN). This protocol was created to "prevent and combat trafficking in persons, paying particular attention to women and children" (Duger, 2015, p. 177). Duger argued that although the international protocol addresses risk to CSEC development, it does not do enough to address social determinants such as inequality, socio-economic status, and discrimination that work against victims,

increasing recruitment risk. While understanding and identifying risks for CSEC and ST are significant in prevention, fundamental societal deprivations are noted by the UN Special Reporter on ST: “Trafficking and sexual exploitation are symptoms of a social problem, namely the vulnerability in which too many people are trapped, lacking the material and educational tools to live in dignity” (Duger, p. 118).

Policy development and law implementation such as the Safe Harbor Law in Minnesota decrease the likelihood of re-victimization of children and eliminate the potential for prosecution of CSEC victims as criminals (the Advocates for Human Rights, 2017). The Safe Harbor Law also increases penalties for those who would purchase children for sexual exploitation and those who traffic or pimp them. According to the Ramsey County Attorney’s Office (RCAO) and the Sexual Violence Justice Institute (SVJI), the No Wrong Door response model was a state wide, multidisciplinary collaborative process in Minnesota to respond to CSEC by creating a “statewide infrastructure for service delivery, specialized housing and shelter, training for systems professionals, and the development of community specific protocols across the state” it also “affirms that youth are capable of making decisions about their own recovery” (RCAO & SVJI, 2017, p. 9). Providing victims with choices and allowing independence in decision making helps to create and foster a sense of power returning in the lives of victims (RCAO & SVJI).

Another societal concern is the culture of tolerance for the mistreatment and sexualization of women and girls in the U.S. and abroad. Kotrla (2010) discussed this culture of tolerance describing it as “fueled by the glamorization of pimping, and is embodied in multiple venues of daily life, including clothing, songs, television, video

games, and other forms of entertainment” (p. 183). As ST is driven by the laws of supply and demand, an obvious place to start to decrease its occurrence is to decrease the demand by teaching men and boys to respect women and their bodies, shifting culture from tolerance of sexualization of females to one of equality and respect. This paradigm shift of cultural tolerance is another area for further study.

Survivors of ST experience a host of complex traumas impacting their mental, emotional, and physical health. Common physical health issues victims present with in clinical settings include sexually transmitted infections (STIs), vaginal and rectal trauma, unwanted pregnancies, unsafe abortions, urinary tract infections, infertility, bruises, cuts, bite marks, fatigue, pain, burn marks, fractures, branding or tattoos, malnutrition and dehydration, dental health issues, mandible joint problems from oral sex, stab or gunshot wounds, head and/or neck trauma and more (Avila, 2016; Hickle & Roe-Sepowitz, 2014; Orme & Ross-Sheriff, 2015; Sabella, 2011; Twigg, 2017). The list continues for mental and emotional health concerns including depression, anxiety, post-traumatic stress disorder (PTSD), addiction, suicidal ideation, mood disorders, dissociative disorders, attachment disorders, fear, loss of self-confidence, low self-esteem, hopelessness, mistrust of adults and authority, language and cognitive disorders, and panic attacks (Hickle & Roe-Sepowitz, 2014; Orme & Ross-Sheriff, 2015; Sabella, 2011; Twigg, 2017). According to Hickle and Roe-Sepowitz (2014), “Victims may feel shame, self-blame, and feelings of unworthiness” when they present in a clinical setting (p. 25). Nurses providing care to victims of ST need to carefully consider these terrible symptomologies in a transcultural context.

Implications for nursing practice involving the care of ST victims include recognition, rescue, and treatment. In addition to assessing symptoms of physical, mental, and emotional health, nurses can pay attention to and recognize red flag warnings that may indicate a potential trafficking situation in a clinical setting. For example, patients may present with discrepancies in reported age and apparent age. They may have false identification, be homeless or be unable to give an address of where they are staying. Victims may be disoriented to time or place, obviously intoxicated or test positive for drugs. They may be accompanied by a person who dominates and may or may not be in control of the victim's documents or identification. This person may be much older and presented as an uncle or boyfriend and may or may not refuse to leave the patients alone with professional staff. ST victims may have branding or tattoos of men's names or barcodes on their bodies. The patient/victim may present with inconsistencies in accounts of injury or illness. Victims may also appear frightened and the person they are with may talk for them (Hickle & Roe-Sepowitz, 2014; Miller, 2013; Sabella 2011). These vulnerable patients may also present without insurance or any identification, possibly offering to pay cash for services (Egyud et al., 2017). Culturally appropriate, holistic interventions for the identification, assessment, and treatment of ST victims should be developed in clinical settings to guide nursing practice and inform nursing staff on providing trauma-informed care in the treatment and potential rescue of victims.

Trauma-Informed Care

The needs of ST survivors are great and vary over time. Survivors of ST have physical, emotional, spiritual, and financial health issues that need addressing in addition

to meeting basic necessities like food, clothing, and shelter. Macy and Johns (2011) discussed the fluidity of these needs and divided them into a continuum of immediate, short-term, and long-term. They reported, “Although survivors’ needs change over time, the core services of health care, legal advocacy, mental health care, and housing remain constant” (p. 89). The importance of providing TIC to this population in all areas of health and throughout the continuum cannot be understated. TIC can be thought of as a delivery model through which care at any level on the continuum; immediate, short-term, or long-term, and can be administered for any type of healthcare; physical, mental, or emotional (Macy & Johns, 2011). The first step in understanding TIC is to understand the definition of trauma. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) defined trauma as, “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” and stated that, “trauma can affect people of every race, ethnicity, age, sexual orientation, gender, psychosocial background, and geographic region” (p. 7). ST and the trauma associated with victimization can affect people of any cultural background. Because of the non-discriminate nature of these features of ST and trauma, transcultural nursing must be consciously utilized in treating survivors.

Trauma-informed services were specifically developed for mental health and substance abuse programs, however it is widely recommended in the literature that care for ST survivors should be delivered through this framework as well (Elliot et al., 2005; Hardy, Compton, & MacPhatter, 2013; Macy & Johns, 2011; RCAO & SVJI, 2017;

SAMHSA, 2014; Twigg, 2017). Elliot et al. (2005) defined TIC as “an understanding of the impact of interpersonal violence and victimization on an individual’s life and development (p. 462). SAMHSA (2014) similarly defined TIC as an acknowledgement of the effect that a trauma or series of traumas have had on an individual’s life. The organization discussed the incorporation of TIC into care of ST survivors by using three key elements: realizing the trauma, recognizing how trauma impacts everyone in an organization caring for trauma survivors, and responding by using this knowledge in the care of survivors. Elliot et al. (2005) identified 10 principles that define TIC that “represent high-quality, empowering practice” and when utilized by a trauma-informed service organization, “its services will be more accessible to and effective for survivors” (p. 464). According to Elliot et al. (2005), the 10 principles are as follows:

Principle 1: Trauma-informed service recognizes the impact of violence and victimization on development and coping strategies

Principle 2: Trauma-informed services identify recovery from trauma as a primary goal

Principle 3: Trauma-informed services employ an empowerment model

Principle 4: Trauma-informed services strive to maximize a woman’s choices and control over her recovery

Principle 5: Trauma-informed services are based in a relational collaboration

Principle 6: Trauma-informed services create an atmosphere that is respectful of survivors’ need for safety, respect, and acceptance

Principle 7: Trauma-informed services emphasize women’s strength, highlighting adaptations over symptoms and resilience over pathology

Principle 8: The goal of Trauma-informed services is to minimize the possibilities of re-traumatization

Principle 9: Trauma-informed services strive to be culturally competent and to understand each woman in the context of her life experiences and cultural background

Principle 10: Trauma-informed agencies solicit consumer input and involve consumers in designing and evaluating services. (p. 465-469)

The goal of implementing these principles is to provide a “service setting that is respectful, welcoming, safe, and helpful to survivors, taking into account their unique needs and the obstacles they face as they seek services and aid” (p. 465)

Notably, a number of these principles are congruent with the assumptions from Watson’s Theory of Human Caring identified in Chapter One. Specifically looking at principles three and five, one can relate them in practice to Watson’s assumption regarding caring relationships. Watson’s (2008) assumption regarding caring relationships states, “a caring relationship is one that invites emergence of human spirit, opening to authentic potential, being authentically present, and allowing the person to explore options-choosing the best action for self for being-in-right relation at any given point in time (p. 17). Elliot et. al. (2005) further described the third principle of trauma-informed services as the “partnership between the woman seeking help and the helper in which both participants are valued for the knowledge base they bring to the problem” (p. 466). Elliot et al. also considered the impacts of both the woman seeking help and the helpers’ cultural contexts, and how the “collaboration provides both the woman and the helper with increased knowledge of self and other, increased self-worth, and increased

competence and comfort in taking action on personal goals” (p. 466). Another area of connection is between Watson’s caring relationship assumption and Elliot et al.’s principle five, “trauma-informed services are based in a relational collaboration” (p. 466). Elliot et al. described a therapeutic relationship as “one that offers respect, information, connection, and hope”, and stated that “this type of relationship helps develop safety and trust, the essential building blocks of healing human connections” and further described this relationship as, “the opposite of traumatizing” (p. 466). Additionally, Elliot et al.’s principle two, “trauma-informed services identify recovery from trauma as a primary goal”, (p. 466) and Watson’s (2008) assumption on effective caring, “effective caring promotes healing, health, individual growth and a sense of wholeness, forgiveness, evolved consciousness, and inner peace that transcends the crisis...” (p. 17) also support each other in effectively assisting survivors’ recovery efforts. Application and integration of the 10 principles of providing trauma-informed services and Watson’s Theory of Human Caring, allow for holistic, culturally appropriate nursing care delivery to survivors at Brittany’s place.

RCAO and SVJI and the Minnesota Coalition Against Sexual Assault’s (2017) Safe Harbor Protocol Guidelines stated that “being trauma-informed shifts the approach from ‘what is wrong with you?’ to ‘what has happened to you?’” (p. 40). The protocol guidelines, which offer tips for being trauma informed and victim centered, are used in care delivery by staff at Brittany’s Place, and will also be used in implementation of the project. The guidelines support the literature review definitions of TIC (Elliot et al., 2005; Hardy, Compton, & MacPhatter, 2013; Macy & Johns, 2011; RCAO & SVJI,

2017; SAMHSA, 2014; Twigg, 2017). The guidelines offer “seven simple rules for being Victim-Centered” (RCAO & SVJI, 2017, p. 45), which also supports providing TIC:

1. Consider the victim/survivor first
2. Listen generously
3. Promote victim/survivor self-agency
4. Coordinate/collaborate in the victims’/survivors’ interest
5. Ensure victim/survivor safety
6. Seek just solutions for all
7. Hold self and others accountable (RCAO & SVJI, p. 45)

Additionally, Gundersen Health System’s training presentation on comprehensive TIC defined five concepts for providing professional delivery of TIC, which included “relationships, self-regulation, environment, self-care, and community” (personal communication, 2016). Gundersen Health Systems 2016 presentation offered “tips for establishing a supportive relationship” (p. 25), which included suggestions such as, “be emotionally and physically available, respond, don’t react, be consistent and predictable, be patient, listen, and encourage self-esteem” (p. 25). Self-regulation was discussed in the context of being able to teach and model self-control and behavior. Some tools to help survivors improve self-regulation included wellness and self-care activities that will also be utilized as options in the self-care toolbox. They included, “deep breathing, taking a break, sensory fidget, exercise, music, drawing, and writing” (p. 28). Providing an environment of care that is welcoming and safe was also discussed as a concept of TIC. Watson (2008) also addressed the importance of nurses “cultivating ontological competencies in caring literacy” (p. 26) and thus creating a healing environment in which

the likelihood of experiencing a “transpersonal caring healing moment” (p. 27) is increased because of this competence. Using Watson’s *Caritas* literacy dimensions to create and foster a healing environment supports the presentation’s concept of the environment as significant to providing TIC (Gundersen Health System, personal communication, 2016; Watson, 2008). The fourth concept discussed in the training is that of self-care. Wellness plan development in the training focused on touching all areas of wellness; “physical, intellectual, emotional, social, and spiritual” (Gundersen Health System, personal communication, 2016). Self-care as it relates to TIC and the development of this project will be discussed in detail in the next section. Finally, the concept of community and its importance to providing TIC was discussed in the Gundersen Health System’s training, which included the significance of community in supporting and lifting up survivors, and the importance of community training in TIC.

According to current literature, when an organization as a whole moves to deliver trauma-informed services, everyone working within the organization or agency needs to utilize principles and concepts of TIC in order for the delivery of services to be truly trauma-informed (Elliot et al., 2005; Gundersen Health System, personal communication, 2016; Hardy, Compton, & McPhatter 2013; Macy & Johns, 2011; RCAO & SVJI, 2017). “Trauma-informed services can serve as a treatment framework within which many treatments and interventions strategies can be used” (Macy & Johns, 2011, p. 92). Culturally appropriate holistic care can be delivered to ST survivors through this very framework. TIC ultimately decreases the chances of retraumatization for a survivor and when integrated throughout an agencies care delivery model can provide consistency and support in the survivors’ recovery process (Hardy et al., 2013). Self-care and wellness

are important parts of this recovery (Macy & Jones, 2011). Supporting survivors in the development of their own self-care and wellness practices for this project will be conducted through a trauma-informed lens, and supported by evidence based practice throughout the literature.

Self-Care and Wellness

Self-care and wellness are terms that need be understood by definition to appreciate how trauma victims such as ST survivors can benefit from their practice implementation. One description of wellness is:

wellness focuses on the individual and his or her basic needs, recognizes that the locus of control for a healthy lifestyle lies within each individual, and provides strategies that assist an individual in gaining control over his or her life. (Sterling, von Essenwein, Tucker, Fricks, & Druss, 2010, p. 131)

Dossey, Keegan, and Guzzeta (2005) define wellness as an, “integrated, congruent functioning aimed toward reaching one’s highest potential (p. 58). Used as a means to attain wellness, “self-care refers to activities and practices that we can engage in on a regular basis to reduce stress and maintain and enhance our short- and longer-term health and well-being” (University at Buffalo, 2017, para 2). Self-care focuses on individuals being in control of their own health optimization. It includes choices that lead to healthy lifestyles, which support social, emotional, physical and psychological needs being met to achieve health and prevent illness (Pumar-Mndez et al., 2017). This section aims to identify practices for self-care and wellness and describe how Watson’s (2008) Theory of Human Caring supports these practices.

Mind-body-medicine is an approach to providing TIC. A leading expert in the field of self-care through mind-body medicine and trauma, Dr. James Gordon discusses the concept of trauma as being “universal” in that both nurses and ST victims bring to the relationship their own unique traumas and that “all of us are traumatized in one way or another” (as cited in Gustafson, 2016, p. 59). His approach to providing care to traumatized people is to recognize that care providers and care receivers are more alike than they may realize in their shared but individual experiences of traumas. He stated that “we have to create a foundation of self-awareness and self-care” so that care can be delivered as effectively as possible to trauma victims (as cited in Gustafson, 2016, p. 59). Watson (2008) supported this notion in her assumptions of caring science stating, “The inter-subjective human-to-human processes and connections keep alive a common sense of humanity; they teach us how to be human by identifying ourselves with others, whereby the humanity of one is reflected in the other” (p. 17). The underlying theme of both experts in the area of care is that to teach and support self-care for patients, one must first cultivate self-care practices for themselves (Gustafson, 2016; Watson, 2008).

Although more research needs to be done in the area of utilizing self-care to attain wellness for victims of trauma, one study found that as graduate social work students learned about preventing vicarious trauma through developing and practicing self-care techniques, they were more likely to seek out support of professionals when needed, and were more likely to engage in social activism (Shannon, Simmelink-McCleary, Im, Becher, & Crook-Lyon, 2014). Another study working with people with serious mental illness maintained that wellness fulfillment makes “empowerment a priority” by “encouraging everyone to live life at their fullest despite any disease, illness, or other

health concerns” (Sterling et al., 2010, p. 134). Watson’s (2008) assumption “caring responses accept a person not only as he or she is now but as what he or she may be becoming” (p. 17) echoes this idea of empowerment to live life and be in caring relationships regardless of past traumas.

Because of the integration of self-care for nurses and self-care teaching for patients, self-care practice development can also be thought of as a universal necessity to both. In using self-care techniques as a means to attain personal wellness for self and for others, nurses should consider various areas of wellness (physical, mental, emotional, and spiritual) in order to develop holistic self-care practices. The School of Social Work at the University of Buffalo (2017) in New York offered various ideas and tips for the development of self-care practices. The school also explained how the meaning of self-care within individual and cultural contexts must be considered in the development of unique self-care practices. The University at Buffalo School of Social Work declared some areas of focus for self-care as taking care of physical and psychological health, managing and reducing stress, honoring emotional and spiritual needs, fostering and sustaining relationships, and achieving an equilibrium across one's personal, school, and work lives. Mental Health America (2017), a 100 year old non-profit dedicated to promoting mental health, offered 10 recommendations or key elements of a self-care practice and they are as follows: connect with others; stay positive; get physically active; help others; get enough sleep; create joy and satisfaction; eat well; take care of your spirit; deal better with hard times; and getting professional help if you need it.

Yoga is a practice of wellness that can support physical, mental, and emotional well-being (Crews, Stoltz-Newton, & Grant, 2016). Another study supported the use of

yoga to build self-compassion among survivors of sexual violence. Crews et al. (2016) found that using the concepts of self-compassion, self-kindness, and mindfulness through yoga practice aided in the healing process of victims of sexual violence and that group yoga practice for self-care assisted in dissolving feelings of isolation often experienced by victims of sexual trauma and cultivated feelings of self-compassion, self-kindness, and mindfulness. Crews et al. also stated, “Being part of a common humanity allows people to use social support networks in order to gain safety, security, support and acceptance. For survivors of sexual violence, often their sense of safety in community is threatened” (p. 142-143). The idea of victims being part of a common humanity as Crews et al. described correlates to Watson’s (2008) assumptions on caring, especially the assumption that “caring consists of CF/CPs that facilitate healing, honor wholeness, and contribute to the evolution of humanity” (p. 17). Crews et al. (2016) declared, “Healing cannot take place in isolation” (p. 143). Because communities and support systems play a vital role in potentiating healing, the study hoped to facilitate using the notion of common humanity to develop a sense of community through a yoga program from victims of sexual trauma wherein the victims perceived sense of imperfection was used to connect to other victims, build relationships, and cultivate self-compassion. This example of a group yoga self-care practice encourages wellness development for body, mind, and spirit.

There are many tips, options, and opinions available for the development of a self-care practice. The literature supports a holistic approach to self-care that encompasses mind, body, and spirit and represents the cultural context of the person practicing (Dossey, Keegan, & Guzzetta, 2005; Gustafson, 2016; Shannon et al., 2016;

Sterling et al., 2010; Watson, 2008). More research is needed in the area of evidence based practice for self-care development among ST survivors. Because of the individualized nature of self-care practices, there is no one right model of practice.

Chapter Three will describe the development of a self-care practice toolbox that can assist victims of sex trafficking in utilizing specific, individualized, and culturally appropriate tools to work towards wellness attainment as independently defined by the victims. The self-care tools in the toolbox will be universal in nature, allowing survivors to pick and choose what works best for their own definitions of health and wellness within their personal cultural contexts. These choices serve to intentionally provide options thus empowering survivors to be the drivers in their own wellness journey.

Chapter Three: Development of an Empowering Self-Care Practice

My interest in supporting survivors of ST evolved from my exposure to Brittany's Place and the stories of girls sheltered there, including that of the shelter's namesake Brittany Claridy. Upon learning more about ST and its relevance both in Minnesota and in the profession of nursing, I felt inspired to support the recovery of survivors. Cultivating awareness of the significance of ST to society and nursing from moral, financial, and public health stand points was instrumental in the development of the idea to support survivors through empowering them on their own personal wellness journeys. Watson's (2008) Theory of Human Caring was a natural foundation to support the genesis of a self-care support group (SCSG) aimed at creating individualized, transcultural self-care tools to empower survivors on their paths to wellness. This chapter will discuss the processes involved in developing the practice project, including the influences of Watson's Theory of Human Caring and transcultural nursing; describe the model used to promote empowerment through self-care practice choices selected from a wellness toolbox; and explain how this practice project idea could be implemented through the creation of a SCSG at Britany's Place.

Assumptions

The goal of this project is ultimately to empower survivors of ST at Brittany's Place to utilize self-care practice tools to promote their own, individualized wellness journeys. In creating this project, I met at length with Michelle Hall (the volunteer coordinator at Brittany's Place) to determine some of the needs of the girls residing there. Upon continued conversation with both Michelle Hall and Brittany's mother, and considering some areas that I felt passionately about, together we determined the girls

could benefit from a nurse lead support group. Considering my passion for self-care and the holistic approach to providing TIC that guides survivor treatment at Brittany's Place, I decided on the creation of a project that developed a self-care practice toolbox from which survivors could be empowered to make their own choices in self-care practices, thus supporting their personal wellness development. Delivery of the project will come in the form of a self-care support group (SCSG) taking place at Brittany's Place. Some concepts that I considered to be essential in the project development were as follows: TIC will guide the project both in development and implementation, self-care practice options will be free, convenient, easily re-created, applicable to any cultural background, and will encompass the four areas of wellness: physical, emotional, mental, and spiritual health. Care will be given to the environment in which self-care support group sessions are held, and Watson's Theory of Human Caring will provide the foundational framework through which the group sessions and toolbox practice options will be delivered. Prior to proceeding with development, consideration was given to what assumptions I had about the girls at Brittany's Place and how I, the nurse group leader could be as Watson (2008) describes it, the caring environment.

Some assumptions I identified were that the girls wanted to learn about self-care and wellness. I also assumed these would not be completely foreign topics (self-care and wellness) to the girls. Another area of assumption was that the girls would appreciate the acknowledgment of their own personal knowing as they develop their self-care practices. Personal knowing as Chinn and Kramer (2015) define it "concerns the inner experience of becoming a whole, aware, genuine self. Personal knowing encompasses knowing one's own self as well as the self in relation to others" (p. 8). In this regard I assumed the

girls would utilize their personal knowing in choosing self-care practices that resonate with them emotionally, physically, mentally, and/or spiritually and also share some of their stories and knowing with the group. Additionally, assumptions in Watson's Theory of Human Caring as well as specific concepts and evolved CPs were explored in the advancement of the project. Chapter One discussed the four assumptions from Watson's (2008) Theory of Human Caring. In review the assumptions included the following:

- Caring consists of *Carative Factors/Caritas Processes* facilitate healing, honor wholeness, and contribute to the evolution of humanity.
- Effective Caring promotes healing, health, individual/family growth and a sense of wholeness, forgiveness, evolved consciousness, and inner peace that transcends the crisis and fear of disease, diagnosis, illness, traumas, life changes, and so on.
- Caring responses accepts a person not only as he or she is now but as what he or she may become/ is becoming
- A Caring relationship is one that invites emergence of human spirit, opening to authentic potential, being authentically present, allowing the person to explore options- choosing the best action for self for "being-in-right relation at any given point in time.
- (p. 17)

Chapter Two then tied these assumptions to the 10 principles of TIC described by Elliot et al. (2005). These four assumptions of Watson's Theory speak to how caring considerations can foster self-compassion, relationship development, and wellness. The first caring assumption applies to this projects development in that I want to meet the

survivors at Brittany's Place where they are, at that moment in their life, evolving. I want to consider each girl in her entirety and not just see their victimization. The assumption of effective caring flows into providing holistic self-care practices that fluctuate with how the survivors are feeling at any particular time. Self-forgiveness and self-compassion will be concepts of further exploration with the girls to support wellness and personal evolution. The assumption of caring responses correlates to providing TIC and non-judgmental active listening and responding in the moments where the survivors may share their personal knowing through story telling.

Lastly the fourth assumption was reflected on in developing group sessions that are light in academic content but heavy in compassion. I considered this assumption when thinking about the kind of environment I wanted to create to foster this type of caring relationship, even if it was only for a single session as these survivors come and go and may not always be able to continue from session one to session four. The fourth assumption was also considered in the creation of presentation material and self-care practice tool choices to be available in the toolbox. Choices help survivors feel empowered and care was taken to provide adequate options for choices of self-care tools available in the wellness toolbox at each group session. Further guidance in project development came from five of Watson's 10 Carative Factors (CFs) and their evolved Caritas Processes (CPs) and some of the guidelines Watson (2010) provided for the putting these CPs into action.

Project Influence of CPs

Of Watson's (2008) 10 CFs/CPs, five were utilized in the project as a theoretical foundation for the design of each group session. The topics covered at each group

session will touch on an aspect of health: physical, emotional, mental, and spiritual. Self-care techniques that support wellness in those areas of health will be explored within each session, thus creating tools for use from within the toolbox. The options for self-care techniques/tools will be grounded in concepts from Watson's theory which include the five CPs and four assumptions. Five of Watson's 10 CPs were intentionally selected because of their applicability to ST survivors and their congruence with providing TIC. They will be explained individually in the context of their influence to the project.

Watson (2008) discussed how important it is for the nurse to care for her/himself first before being able to enter authentically, into caring relationships. I considered this very significant to the development of my project. Although this significant self-care process is Watson's (2008) third CP, "Cultivation of one's own spiritual practices and transpersonal self, going beyond ego-self" (p. 67), I considered it first in the project's development. I realized immediately that I needed to care for myself if I was to teach self-care techniques to traumatized girls who have been sex trafficked at Brittany's Place. Watson (2008) said it best, "without attending to and cultivating one's own spiritual growth, insight, mindfulness, and spiritual dimension of life, it is very difficult to be sensitive to self and other" (p. 67). As such, I developed my own self-care practice which includes journaling, meditation, prayer, gratitude, yoga, breath work, and exercise. Watson describes this as a "lifelong process and journey" (p. 67). This process is something I want to convey to the girls. I want them to know self-care for wellness is not a quick fix with perfect results as American culture may often request. This process is so significant that Watson calls it "the core of professional human-to-human relationships and caring healing practices" (p. 69). As I continue on my own wellness journey, I

consider its significance to the authentic development of the self-care toolbox. The five CPs that guide my project I've considered to be directional arrows that guide a collective journey and influence every interaction with the girls at Brittany's Place. My goal is to share with the girls my authentic presence, and to instill hope from within themselves. Watson's third CP was considered the foundation of the project's development, leading to the integration of other selected CPs.

Watson's second evolved CP is imperative to every interaction I will have with the girls. Watson (2008) started this CF with naming it the "instillation of faith-hope" (p. 62). These girls, according to Michelle Hall (personal communication, December, 1, 2017), have often times lost all hope. This CF evolved to Watson's (2010) second CP, "Being authentically present and enabling and sustaining the deep belief system of self and one being cared for" (p. 3). Watson (2008) said something about hope, faith, and presence that struck me deeply when considering interjecting this CP into my project. She said,

By being sensitive to our own presence and caritas consciousness, not only are we able to offer and enable another to access his or her own belief system of faith-hope for the person's healing, but we may be the one who makes the difference between hope and despair in a given moment. (p. 62)

As discussed in chapter two, ST survivors often suffer from anxiety and depression. Offering hope to survivors, I feel would be imperative to their recovery. My intention is to show the girls at Brittany's Place (through specific self-care techniques) that they have the power within themselves to find hope in their situation. Watson (2010) offers suggestions for putting this CP into practice. Some of these include calling others by

their preferred name, incorporating those being care for values into plan of care, creating opportunities for silence, reflection, pause, utilizing meaningful eye contact and touch, and promoting intentional human connections. These suggestions will all be incorporated into the production of self-care practice tools and group session topics. Making intentional human connections in this way, will involve my establishing trust with the girls I am hoping to help.

Trust is a virtue that healthy relationships are built on. This brings me to Watson's (2008) fourth CP, "Developing and sustaining a helping-trusting caring relationship" (p. 71). Watson discusses the establishment of this type of relationship through first cultivating self-awareness and then through authentic presence, listening, and compassion for the whole person being cared for. Watson says these types of caring relationships, "can be considered an intervention in and of itself" (p. 73). According to Watson, these types of relationships breed caring moments, which can become for the survivors, "existential turning points...honoring the unity of the whole person: body-mind-spirit" (p. 72). In developing the content of group sessions and self-care techniques relevant to each session, I will use this CP in every aspect of verbal and non-verbal communication with the girls. Cultivating my own mindfulness practice will be instrumental in my ability to be authentically present and to hold a healing space with the girls at Brittany's Place. Prior to my group sessions I will take a few moments to myself, to bring awareness to my feelings in that moment, create an open heart, and set an intention for loving-kindness to permeate my interactions with the girls. This act of intention will, as Watson (2008) describes it, help to create an environment that is "biogenic- that is life giving and life receiving for self and other and thereby more likely

to engage in and experience a transpersonal caring-healing moment” (p. 27). Suggestions from Watson (2010) to incorporate this CP into my care for the girls at Brittany’s place includes holding the girls with unconditional love and regard, keeping a non-judgmental attitude, practicing authentic presence, and promoting direct respectful communication. In terms of being authentically present with the girls, Watson clarifies how this may be done. She proposes bringing my full, genuine, honest self to the relationships, demonstrating sensitivity and openness to the other person I am working with or speaking with, and acknowledging the other person’s message by active listening and asking reflective questions. Using these Watson’s techniques, I hope to create an environment that is conducive to both healing and learning.

Within the development of caring-trusting relationships, I hope to empower the girls in their self-care journeys and to prepare the girls to make informed choices for themselves with regard to their wellness in the areas of physical, mental, emotional, and spiritual health. Guided by Watson’s (2008) seventh CP, “Engaging in teaching-learning experiences within the context of caring relationship- attend to the whole person and subjective meaning; attempt to stay within another’s frame of reference (evolve toward coaching role vs. conventional imparting of information)” (p. 31), my goal is to share in this learning with girls. I hope to facilitate the recognition of their own personal knowing as it relates to their wellness journeys. A goal I have with regard to mindfulness is helping the girls cultivate self-awareness to determine what they as individuals need in a given moment. I want to engage the girls in conversations that explore options to promote wellness through self-care. I do not want to be perceived as an authority figure, but rather a messenger to share tools of self-care development that honor their inner

wisdom and life stories. Being able to genuinely stay within the girls' frame of reference may be virtually impossible because of working with multiple girls at once. I intend to operate by using TIC to guide a collective frame of reference as the girls all share the experience of trauma. Watson described this type of teaching-learning as "caritas coaching" (p. 127). This coaching she described as helping another "face his or her shadow side of negative habits and ways of thinking and find inner strengths and gifts" (p. 127). My intention is to be a resource to the girls through this caring relationship.

I hope to create an environment of learning at the group sessions that honors the girls as they are, promotes engagement in wellness, to feel safe and calm, and empower self-care development for the girls. Thus, I will incorporate Watson's (2010) eighth CP, "Creating a healing environment at all levels (physical, non-physical, subtle environment of energy and consciousness), whereby wholeness, beauty, comfort, dignity, and peace are potentiated" (p. 6). Watson (2008) expands on this through accounting for comfort, safety, dignity, privacy, and cleanliness of the space. In addition to these concepts, Watson talks about the nurse being the environment as well as being in the environment. My centering exercises and intention setting in addition to my own self-care practice will assist me in creating an environment of love which generates comfort, safety, and dignity. I will consciously support the girls wherever they are on their paths to wellness, without judgement. In addition, I will come early to group sessions and arrange our meeting space in a calming manner providing a clean, warm, calm space. I intend to sit with the girls in a circle to convey a non-verbal message of interconnectedness and level playing field. I intend to have calming soft, music playing and an aromatherapy diffuser using calming blends of oils. At the start of the sessions, I will begin by checking in with the

girls to see if this environment needs any adjustments as each session will bring new girls with new opinions on the environment. We will work together so that the space may be conducive to healing for us all.

Project Implementation

Watson's (2008) Theory of Human Caring has provided the framework for the development of this project and her many concepts are interwoven throughout the tapestry that supports the self-care techniques (tools) being taught to the girls. The project will be implemented over the course of four weeks, in a group session format. Each week, focus will be given to one aspect of wellness: physical, mental, emotional, or spiritual. At the beginning of each session, after establishing our healing environment, we will take a few centering moments to release our expectations and judgements of ourselves, the evening, and of each other. We will then begin by discussing wellness, self-care, and the four areas of health. The girls will be given a handout that includes general wellness information as well as session specific information on the topic of the week, which will include self-care techniques (tools from within the toolbox) applicable to that topic. The general wellness information will stay the same week to week since girls will come and go throughout the four weeks. I want the general wellness information to stay constant so that it is useful to survivors without having to be cumulative. The more specific information about the topic of the evening as well as the holistic, transcultural self-care tools that will be practiced at the session will be added to our collective toolbox. Self-care technique tool selection will be guided by Fontaine's (2015) work *Complementary & Alternative Therapies for Nursing Practice*. Week one

will focus on a selected aspect of physical health, week two; mental health, week three; emotional health, and week four; spiritual health.

General Wellness Information

Keeping the information on general wellness the same from week to week will be important to keep the group sessions non-cumulative. Girls at Brittany's Place may not be present for all four sessions so it is important to share basic knowledge at each session. General wellness information for discussion will include introducing and defining physical, mental, emotional, and spiritual health to the girls as well as exploring what these aspects mean to them individually. Definitions of each area will be included in the handout, which will also feature the model. The general wellness information and model handout can be found on Appendix A. In order to present materials in a non-clinical and age appropriate fashion, information SCSG material for discussion was influenced by and borrowed from *TeensHealth* (2018). *TeensHealth* is a safe, pediatrician approved website where kids can access health information in all areas of health. It is a great resource for health development for youth and will be discussed as a resource and its website available on the general wellness handout. Information about *TeensHealth* including their general information and mission is also included in Appendix A.

Week One: Physical Health

The discussion topic of week one's session will be around physical health. We will talk about what our body's need to be healthy. The discussion will include the need for clean air, clean water (and why drinking plenty of water is important), healthy food, sleep health, and exercise. I will engage the girls in conversation by asking them what these areas mean to them and what they currently do and what they can do to improve

these areas their lives. An emphasis will be placed on the power they have to improve their physical health. Because depression is so common in victims of ST and symptoms of depression often manifest physically, we will discuss the role of sleep in supporting depression recovery. Included in the discussion will be holistic self-care techniques from the toolbox that can be used to promote healthy sleep. The tools will include learning about essential oils and creating pillow spray for sleep support, progressive muscle relaxation, and utilizing the 4-7-8 breathing technique. Information on aromatherapy was referenced from Fontaine (2015). A guided progressive muscle relaxation technique was used from a meditation app, InsightTimer. The 4-7-8 breathing technique is a technique used by Dr. Andrew Weil at the Arizona center for Integrative Medicine (Weil, 2016). The techniques utilized for this week will be made available in both the literal tool box created to stay at Brittany's Place and in Appendix B, the physical health handout the girls receive.

Week Two: Mental Health

The discussion topic of week two will be mental health. Talking points from *TeensHealth* (2018) will be used to introduce mental health and the role it plays in our lives. We will discuss what mental health means to us and what we think we can do to support mental health in our lives. For this week's focus on mental health, we will talk about mindfulness and meditation. The topic will be introduced in a non-clinical way and discussion will continue around how the practice of mindfulness and meditation can cultivate mental health. Interventions for self-care (tools) will include trying out different ways to practice mindfulness and meditation. We will discuss informal meditation, seated meditation, praying as meditation, yoga as a moving meditation, and mindfulness

cultivation. We will then experience the practice guided imagery (using the guided imagery of eating a lemon), loving-kindness meditation (from insight timer), and coloring mandalas. I would like for the girls to experience at least 20-25 minutes of coloring mandalas to enter into a calming a meditative state. Specific handout information on week two's topic and tools can be found on Appendix C: mental health.

Week Three: Emotional Health

The discussion topic of week three will be emotional health. We will explore emotional health and reflect upon the previous week's topic of mindfulness. When we are more mindful of what is coming up emotionally, we can name that emotion and work to begin to separate ourselves from the emotion and see that we are more than what we are feeling in any moment. We will learn about the role emotional health plays in our physical and mental health and start to explore how these aspects of health are all related to each other. Tools from our self-care tool box that we will practice to support cultivation of emotional health will include journaling and gratitude practices.

TeensHealth (2018) offers child appropriate information on emotional intelligence and gratitude. This resource will be used to convey this information to the girls at Brittany's Place in age appropriate terms. At this session each girl will be given a journal to keep. They will be asked to write down five things per day that they are grateful for, five things that happened or did not happen during that day. In addition, the girl will each be given three thank you cards. During our time together, we will each write out thank you cards to someone who has done something positive for us. The girls can decide whether or not they want to give the cards to the recipient. But emphasis will be placed on even just the act of thinking about someone who we are appreciative of, creates gratitude in our lives.

TeensHealth (2018) offers a gratitude worksheet that will be briefly discussed and placed in the toolbox as well. Gratitude, emotional intelligence, and journaling resources will be placed in the self-care toolbox and in the emotional health handout given to the girls during this week's session, which can be found on Appendix D.

Week Four: Spiritual Health

The focus of week four will be on spiritual health. Because of the cultural impacts on spirituality, we will open up the discussion with the disclaimer that this topic is not religious. Although religion may certainly be a part of the girls' cultural backgrounds, it will not be a focus of this week's discussion. As appropriate, we will discuss what spirituality means to each of us. We will discuss the role spiritual connection and practices have in influencing our overall health and lives. This week's topic of spirituality will focus on connection. We will discuss the importance of healthy relationships and human to human connection. We will discuss compassion for self and others and talk about how we can encourage self-compassion, reflecting back upon the loving-kindness meditation we experienced in week two. I will give the girls a chance to close their eyes and thoughtfully consider a time when they may have had a spiritual experience, maybe a moment that took their breath away, or gave them a huge sense of wonder. Our discussion will continue to focus on ways we can foster spiritual health and compassion. We will talk about opportunities to help others and how helping others in need also serves our souls. Tools for our toolbox to cultivate spiritual health include an evaluation of spiritual wellness (provided by University of California Riverside), a brief group yoga practice, and learning about self-compassion cultivation through tools like meditation. The girls will make a spiritual health bracelet for the evening's activity.

They will be able to choose beads and threading to create a bracelet for themselves. They will then be asked to participate in a short 5 minute affirmation practice where they repeat three positive, empowering self-affirmations silently. Each affirmation can be silently repeated and synchronized with the breath as they hold their beaded bracelets in hand and move from bead to bead. Information provided to the girls and resources for spiritual self-care from the tool box can be found in the spiritual health handout on Appendix E.

In summary, each week following welcoming and centering exercises as previously discussed, general wellness information will be presented in a casual and conversational manner. This portion of the handout will stay constant from week to week and offer basic physical, mental, emotional, and spiritual wellness information. The wellness toolbox and medicine wheel guide on the handout will be introduced and its purpose explained. Concluding this general wellness introduction, the group will begin to explore the specific topic of the week (physical, mental, emotional, or spiritual wellness), and then begin to explore different transcultural holistic self-care techniques (tools from the toolbox) to support wellness development. Group sessions will be held at Brittany's Place following dinner, last approximately one hour, and be presented through a trauma-informed lens. Following the group session, the girls will be asked to complete a brief, five question Likert Scale questionnaire, which will be explained further in chapter four. The project's practice model will be included in weekly discussions as it will physically be at Brittany's Place above the actual toolbox of files for self-care practice utilization by the girls. A model for practice was developed to guide this projects implementation and will be described for its influence.

Model for Practice

Figure 1: Self-Care Empowerment Model. This figure represents the theoretical foundation, goals for self-care, and the four areas of health for which the tools can be used for implementation.

The self-care empowerment model was created in collaboration with graphic designer, Erika Bailey. Borrowed from Native American culture, the medicine wheel at the top of the model has four divisions, four colors, a center circle of balancing stones outlined by an eight pointed star, feathers, and six directional arrows off the bottom of the wheel with a toolbox at the bottom of the model. Although different nations of Native American use the medicine wheel symbol, and different nations have different colors and representative meaning to color and configuration, this model and its colors were chosen to coordinate with the tools in the toolbox (Oxendine, 2014). The colored quarters of the wheel in this model represent the four aspects of health: mental, spiritual, emotional, and physical. They are of equal proportions as they are equal in importance for overall health. At the middle of the wheel, within the center circle are balancing stones. The stones represent attainable balance among the four divisions, meaning when we have healthful practices in all four aspects, we may then find balance. The eight pointed star outside of the center circle reflects the interconnectedness of all four aspects of health. If one aspect is out of balance, the other aspects are affected. The brown feathers hanging off the sides represent flight from or a leaving behind of old ways of being. Shedding of the feathers represents new beginning, new potential for flight to new places, places of balance, of health, of peace, and of strength. The arrows to and from the toolbox signify Watson's assumptions and CPs that guide the project's direction and connect the self-care tools of practice to the empowerment of the girls in attaining balance in their own wellbeing in all four aspects of health. Each directional arrow has key words and/or phrases from Watson's CPs and assumptions that were utilized in the project's development, with the center arrow representing the concept of empowerment.

Ultimately, the goal of the project is to empower the girls in developing their self-care practices. At the base of the model is the toolbox. The tools within the toolbox are color coordinated to the four directions of the medicine wheel. The black hammer represent mental health and the holistic, transcultural self-care techniques discussed in the group to promote mental health. The red screwdriver represents spiritual health and the tools utilized by the group to cultivate spiritual wellbeing. The yellow wrench represents emotional health and the techniques learned at group sessions to change perspective of emotional health and support emotional growth and development individually. Finally, the white saw represents physical health and the individual ability of each girl to saw through old ways of being and develop new ways to promote their own physical wellbeing.

For this project, I would also like to create a literal tool box to reflect the figurative toolbox in the model from which self-care tools can be drawn out and used. The literal toolbox based on the model will be available at Brittany's Place. It will contain color coded files corresponding to the medicine wheel's colors, white, yellow, red, and black. Within each colored file, there will be specific self-care practice techniques experienced at group sessions along with additional holistic, transcultural, self-care techniques that can be utilized. The girls at Brittany's place can then determine for themselves what self-care they feel they need at any given time, and draw from the toolbox a technique (tool) that supports their wellness journey. All of these files will be stored electronically and given to Brittany's Place for replenishing supplies as needed at the shelter. The transcultural self-care tools will be easily accessible and usable even if girls were not at a group session.

Concepts of transcultural nursing influenced this project in many ways. There are multiple layers of culture that were considered within this project. Considerations included the cultural contexts of ethnicity, sexual identification, victimization, poverty, mental illness, and drug and alcohol abuse. Other areas of consideration included the culture of today's youth and being cognizant of my own cultural background and what that brings to the project. I consciously approached these cultural perspectives from an etic (outsiders) standpoint. I do not have any knowing of what being trafficked and living in shelter is like, but as an outsider to that cultural perspective, I can learn from the girls and identify needs they may have in self-care development by the stories they share. By honoring the emic (insiders) knowledge and ways of knowing that the girls bring to the group, the girls may feel empowered and connected to each other through their shared experiences and storytelling (Chinn & Kramer, 2015). Lastly, thought was given to the selection of self-care tools for the toolbox to ensure they were applicable to any culture and not at all defined by religion or monetary confines. These tools were selected for their adaptable nature to any cultural circumstance.

Self-care is an important pathway to the development of health. Understanding the connection between the four areas of health (mental, physical, emotional, and spiritual) and how choices made to enhance those areas of connection can facilitate growth and wellness, and can offer feelings of empowerment in the lives of ST victims. Concepts from Watson's (2008) Theory of Human Caring and transcultural nursing were foundational in the development of this practice project. Through SCSGs, a toolbox full of holistic, transcultural, self-care tools will be used to empower victims of ST on their own individualized wellness journeys. As with all new projects, evaluation and reflection

on its development are necessary to improve implementation success rates. A closer look at the evaluation process and reflection of the project as a whole will be critical to the project's realization.

Chapter Four: Evaluation and Personal Reflection

Project evaluation for the utilization of self-care tools from the tool box and a SCSG to promote empowerment in ST victims may prove difficult as the girls at Brittany's Place may be present for one session or multiple sessions. The evaluation and reflection process are very important in this project however, because key to the improvement of the project and its successful implementation will be understanding what tools the girls at Brittany's Place find most useful, what their needs and requests are, and how likely they are to utilize what they've learned. An honest evaluation and critical reflection of the project will pave the way for future SCSG sessions, improve options to encourage self-care and wellness for the girls at Brittany's Place, and thus promotes empowerment.

The Evaluation Process

The utilization of a Likert scale may be most appropriate to evaluate the girls' attitude toward a number of items from a particular group session. Likert scales ask surveyors to rate something on a scale of at least 1 to 5 (Emerson, 2017). According to Emerson, "well-constructed Likert scales generally have an odd number of response categories. This arrangement serves the purpose of providing a central neutral response and an equal number of positive and negative responses above and below the neutral middle response" (p. 488). A simple five statement Likert scale is a brief way to capture evaluation data following sessions with the girls. The five question Likert scale developed for this project can be found in appendix F. Questions on the survey will include the following:

1. I understand the importance of balance and wellbeing in my physical, mental, emotional, and spiritual health.
2. I am more informed of the power I have over my own health and wellbeing.
3. I know where I can access free self-care tools to actively participate in my own well-being.
4. I am more confident now in recognizing when I need self-care than I was prior to this group session.
5. I am interested in learning how to better care for myself in body, mind, and spirit.

The scale will be intentionally kept brief and utilize a maximum of five questions and five steps on the scale to prevent the girls from disengaging and rushing through the survey. The five steps on the scale from left to right will be: strongly disagree, disagree, neutral, agree, and strongly agree. According to Essays (2015), the validity of the Likert scale “need not be considered when determining the number of steps in a Likert scale due to no consistent relationship with the number of scale steps utilized. In addition, more finely graded scales do not further improve scales reliability and validity” (para 12). The questions on the scale capture both insight into learning and interest in the topic.

Another process of evaluation will be to conduct discussions with the volunteer coordinator at the shelter to follow up after group sessions. This correspondence will happen via email within seven days of the group session. Information obtained in these electronic conversations will include review of topics covered, review of where the girls could obtain more information on the session’s topic if they desired, review of tools placed in the toolbox, and any feedback from the girls who were present at the group. This feedback will be invaluable to the project’s evolution because of the casual nature of

the feedback. The girls will not feel pressured to answer any certain way and can provide an honest reaction to the SCSG discussion and practice. This follow up dialogue will also offer an opportunity to make slight changes to future group session plans and allow for a more fluid wellbeing offering. For instance, if the volunteer coordinator gets feedback from the girls that they want more information on meditation or another self-care technique, the RN group leader could work toward incorporating these requests either into the next group session, or by simply adding additional self-care tools to the tool box and following up with the volunteer coordinator to let the girls know new tools have been added for their use.

Critical Reflection

The literature reviewed as discussed in chapter two, speaks to the significance that providing victims of ST with choices assists in the return feelings of empowerment to those that have been robbed of their personal power through these horrendous crimes. In the future, it would be ideal to include victims who have been reintegrated into society after surviving such crimes, in the development of specific self-care techniques. Discussion would center on things the survivors wished they'd known as they strived to recover. It would also be helpful to survey leaders in other shelters and recovery centers, including social workers, nurses, and mental health workers on areas of focus for holistic self-care development in this particular patient population. Also, as part of the girls' intake into Brittany's Place, it would be ideal to have the girls fill out a short survey on their personal self-care knowledge base and learning needs so that SCSG topics can be formatted to meet the needs of survivors in real time as they join the group.

As an addition to the current project, it would be beneficial to create a personal toolbox for each individual girl to take with them as they depart Brittany's Place. This outgoing toolbox could be designed by each individual girl, and would allow each girl to look through the SCSG main toolbox and select the self-care tools that resonate with them the most. Again, allowing for choice to promote empowerment along each girl's wellness path.

Development of this project brought many opportunities for learning for the writer. To begin, as cited throughout chapter two, ST has infiltrated every avenue of our American existence. Although the international and domestic reaches of this atrocity are great, the writer was astonished by how large a problem this crime is locally. In Minnesota, the Federal Bureau of Investigation called Minneapolis "one of the thirteen cities with a high concentration of criminal enterprises promoting juvenile commercial sexual exploitation" (The Advocates for Human Rights, 2008, p. 21). In contrast to that fact, the writer was unaware of Minnesota's reaction to this problem through its coordinated community response and implementation of the Safe Harbor Law. In review, in 2005 and 2006 Minnesota passed sex trafficking laws that "supporters hoped to deter human traffickers from operating in the state of Minnesota by criminalizing their conduct" (The Advocates for Human Rights, 2008, p. 31). These laws are set up to prosecute traffickers and those purchasing sex or sex acts from trafficking victims and to protect those victims from prosecution. The writer also was unaware at the start of this project that sex trafficking "does not require transportation or movement across borders" (The Advocates for Human Rights, 2008, p. 35). The writer had equated trafficking with

movement. In addition to facts and statistics of this criminal enterprise, there were concepts within these convoluted crimes that the writer was unacquainted with.

Key areas of learning included the concepts of trauma bond, trauma-informed care, and re-victimization. Orme and Ross-Sheriff (2015) describe this bond as one between the trafficker and the victim that typically develops after the victim has been lured into a romantic relationship with the trafficker, a grooming process. The existence and strength of these relationships was unknown to the writer, and this “dysfunctional attachment that occurs between victim and trafficker may cause the victim to minimize or deny exploitation, impeding service provision and prosecution efforts of legal professionals” (2015, p. 291). In fact the strength of this trauma bond is such that Hickie and Roe-Sepowitz (2014) describe it as “very difficult to break and may require intensive long term treatment and counseling” (p. 24). Trauma-informed care (TIC), both in definition and in implementation was a novel concept to the writer as well. Elliot et al. (2005) discussed the notion of providing TIC and the consequences of not providing TIC in all agencies and at all levels of service delivery to victims of ST. Learning about TIC and consciously incorporating it to SCSG sessions through weekly topic delivery was paramount to the development of each week’s session. Elliot et al. (2005) also stated that institutions’ failures in adopting TIC practices can “create an invalidating environment. As a result, they may fail to reach many women and experience higher dropout rates than necessary” (p. 463). Being consciously aware of the steps to take to incorporate this type of care in SCSG sessions was considered to avoid the pitfalls of re-victimization and drop out of the groups. These key concepts influenced the development of the project as did the understanding of the possible mindset of victims.

Research into places nurses commonly encounter ST victims was insightful in coming to know what their mindset might be. The emergency department is often where nurses encounter victims. As an RN in an emergency department, these insights will assist the writer in identifying and responding to potential trafficking situations. Hickle and Roe-Sepowitz (2014) discuss “understanding the mindset of a victim” (p. 25) and “red flags” (p. 25) to be aware of. These critical comprehensions included notions that the writer had not considered previous to the research conducted in developing this project. One of the most critical to understand was that often times these girls do not see themselves as victims. Because of the power of the trauma bond, many ST victims will have developed this fabricated relationship with “their exploiter and may have deep loyalties and positive feelings about their abuser” (p. 25). These ideas were utilized in the writers planned approach to interaction with the girls at sessions and intentionally creating a safe, healing environment from which the sessions could be held. The knowledge gained about ST in general and the concepts and insights discussed above has altered the writers view about global, domestic, and local sex trafficking and has allowed the writer to develop a more informed emergency department nursing practice.

In researching this topic and designing the project, the writer’s perspective of the world of sex trafficking shifted. Prior to delving into the literature’s contribution to nursing and developing a stronger understanding of the impacts of ST on nursing, the writer had a limited view of the world of ST and its reaches. Moving forward, the writer will be more prepared to recognize ST and see even those victims who do not believe they are victims, in a different light. The writer has a better understanding of the potential dangers of websites like Craigslist, Facebook, Instagram, and Backpage.

Another insight gained is that there is an unprecedented need to change the culture of sexualization of women and girls throughout the world. Along these same lines, there lies a deep need to educate boys about women and girls, and the ramifications of purchased sex. Following the completion of the project, the writer agrees with the current literature that to stop the sex trade, the demand needs to cease. It appears the most appreciable way to do so is through stopping demand by educating boys and men, and by prosecuting those who purchase sex and/or sex acts.

Reflecting on this project's possibilities, its enrichment of the writer's nursing practice, and its ability to be evaluated and changed to meet specific self-care needs of the girls at Brittany's Place, it is the writer's goal to see the project to fruition and bring a self-care support group to Brittany's Place on a volunteer basis. In order to continue to develop a supportive environment that is conducive to learning and self-care development, close professional relationships at Brittany's Place with staff will need to be developed. There is much work to be done on the topic of ST eradication and there are no quick or easy solutions. Self-care tool choices may return a sense of power, even in the smallest amount, to the lives of those most impacted by the atrocity of the sex trade. This may be a stepping stone to the deliverance of wellness to those who have suffered the most.

Chapter Five: Future Plans, Implications, and Conclusion

Providing a healing environment in which survivors of ST at Brittany's Place feel empowered, engaged, and supported on their journey to wellness is imperative to this project's success. Through the process of this project's research and development, there have been many opportunities for growth for the writer both personally and professionally. A critical reflection on this project's evolution and completion has inspired areas of improvement that could be utilized by future projects that aim to empower survivors of ST through the cultivation of their own self-care practices. This final chapter aims to describe plans for the future that could improve self-care practice cultivation and empowerment among ST survivors at Brittany's Place and to discuss the implications for nursing practice in general and specific to the writer.

Future Plans

Self-care choices to promote wellness and empower survivors of sex trafficking in a shelter setting may be improved in addition to the plans described within this project. Survivors who have gone through mental health counseling and other rehabilitation processes, who have been reintegrated into society, would be an invaluable resource to utilize in order to streamline assessing the self-care needs of those entering Brittany's Place. Their inside expertise could help to design and implement an assessment process to identify and expand upon the needs and interests in the area of self-care, for those survivors new to Brittany's place. This self-care assessment could be integrated into the intake process already in place at Brittany's Place. In cooperation with expert recommendations, a survey developed by the nurse SCSG leader and professionals at Brittany's Place, would aim to capture data that could allow for a more fluid and

personalized approach to group topics on self-care and tool development for the self-care tool box. Prior to the survivors leaving Brittany's Place an exit assessment could be performed to gauge the success of the self-care toolbox and would offer another opportunity to adjust SCSG topics based on feedback. Additionally, topics in wellness and health could be expanded upon in weekly SCSG sessions extending beyond four weeks. An RN could run groups instead ongoing on a weekly basis covering a multitude of wellness topics and incorporating a number of different self-care techniques growing the self-care toolbox even further.

Another area to expand on would be the development of a personal tool box that survivors could keep with them at Brittany's Place. This theoretical personal toolbox could be a folder in which individual girls keep the tools that resonate most with them and information presented and provided (handouts) at group sessions. This personal toolbox would also contain the original assessment conducted at the time of admittance to Brittany's Place, as well as goals to work toward with regard to self-care. This would allow for the girls to feel as if they immediate access to the tools of their choice. As such, they can learn to practice and draw upon their own personal tools in their time of need. Prior to exiting Brittany's Place the girls could reflect on their goals achieved while setting new goals for their future.

In addition to the physical toolbox on site at Brittany's Place, a suggestion box may prove helpful in getting requests from the girls as to what self-care techniques they are interested in learning more about, or what health and wellness topics they'd like to learn about that have not been covered. The anonymity provided by the suggestions box would support survivor engagement. The nurse SCSG leader could then check the box

prior to group sessions and incorporate and/or address ideas placed in the box at the next session. Every opportunity for reflection on self-care practices and its influence on feelings of empowerment among ST survivors, enhances the current nursing practice in the treatment of ST survivors in Minnesota at Brittany's Place. Personal insight from the survivors themselves can help nurses learn to create environments conducive to transcultural, holistic care delivery.

Implications

Providing appropriate transcultural nursing care to victims of ST is of critical importance to nursing locally, nationally, and globally. ST has no boundaries. As previously cited, some cultures are at higher risk than others for ST, although ST does affect people of all ages, races, socio-economic backgrounds, addicts and the non-chemically addicted, sexes, sexual identities, and religions. Understanding this projects implication for transcultural nursing practice and its impacts on nursing in general, opens a figurative door into ST that leaves opportunities for others to continue the work of improving the lives of survivors of ST wherever they may be encountered in nursing.

This project will contribute to current nursing knowledge and practice by establishing a path for wellness development in victims of ST by utilizing skills gained in nurse led group sessions focusing on self-care. This project adds to the current body of transcultural nursing knowledge, information about the recognition and appropriate response to possible trafficking situations. It sheds light on the ways in which girls can become victims of sex trafficking, the physical, emotional, mental, and spiritual consequences of being ST, the grooming process that can be involved in manipulating victims into the life, and the trauma bond that often persists between victims and their

captors. It familiarizes readers with these topics and introduces notion of providing trauma-informed care. Understanding the consequences physically to victims and socially to communities allows nurses to be more vigilant in recognizing sex trafficking and interceding in ways that are safe for victims and nurses by providing rescue and rehabilitation efforts through a trauma-informed lens.

The goal of this project is to positively impact the lives of those who have survived sex trafficking at Brittany's Place. The project allows nurses, in guidance with federal and state law, to better identify potential trafficking victims, assist them in getting the help they need, and guide them toward holistic self-care practices thus empowering them on their wellness journeys. Utilizing the self-care toolbox, a transcultural nurse will be able to teach victims of ST at Brittany's Place to better care for themselves and empower them to make choices that positively impact their own well-being.

Conclusion

It is the author's opinion that sex trafficking around the world is a symptom of two co-morbidities of humanity: poverty and greed. As the second largest criminal enterprise in the world, sex trafficking is a \$151 billion industry and its reaches are far and long (Orme & Ross-Sheriff, 2015). Factors such as gender, ethnicity, and socio-economic status and social injustices are all implicated in increased risk of trafficking (Farmer, 2005; Duger, 2015). Those who have been victims of these heinous crimes suffer from a host of physical, mental, emotional, and financial hardships as previously described. As nurses, the ability to recognize and appropriately respond to trafficking cases is of paramount importance. Nurses have the potential to be the lifeline of escape for many of these young girls, but nursing intervention does not stop there. The needs of

ST survivors both immediately and long term after rescue are great. Through trauma-informed care practices and the utilization of a transcultural and holistic based self-care toolbox, nurses can lead self-care support groups that aim to empower survivors of sex trafficking to take control of their health and wellbeing, and cooperatively lead girls in discovery of their individual wellness journeys.

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Appendix A: General Wellness Information and Model

WELLNESS IS A JOURNEY, NOT A DESTINATION



Retrieved from: http://www.sccwn.com/wellness_path.html

Teenshealth.org: Much of the information here is borrowed from this great website which is a safe, private place for teens who need honest, accurate information and advice about health, emotions, and life. TeensHealth is accessible 24 hours a day so you can get the doctor-approved information you need to make educated decisions — or help a friend who needs advice.

GENERAL WELLNESS: HEALTH= BALANCE OF BODY, MIND, EMOTIONS, AND

SPIRIT

Physical Health (Body): Taking care of your physical body means eating nutritious food, getting exercise regularly, drinking plenty of clean water, and getting a good night's sleep.

- **Did you know?** Inadequate sleep is associated with a number of chronic diseases and conditions including diabetes, cardio vascular disease and obesity (US department of health and Human Services, 2018). We will learn about tools from the self-care toolbox, to support our physical health

Mental Health (Mind): Taking care of you mental health is very important. It is a normal part of development for teens to experience a wide range of emotions. It is typical, for instance, for teens to feel anxious about school or friendships, or to experience a period of depression following the death of a close friend or family member. Mental health disorders, however, are characterized by persistent symptoms that affect how a young person feels, thinks, and acts. Mental health disorders also can interfere with regular activities and daily functioning, such as relationships, schoolwork, sleeping, and eating (US department of health and Human Services, 2018).

- **Did you know?** There are non-medical, holistic, trans-cultural, free ways to support your own mental health! We will learn about tools from the self-care toolbox to support our mental health.

Emotional Health (Feelings/emotions): Understanding, recognizing, and naming the feelings we experience are important in supporting our own emotional health. Emotional awareness helps us know what we need and want (or don't want!). It helps us build better relationships. That's because being aware of our emotions can help us talk about feelings more clearly, avoid or resolve conflicts better, and move past difficult feelings more easily (TeensHealth, 2018).

- **Did you know?** There are no good or bad emotions, but there are good and bad ways of expressing (or acting on) emotions. Learning how to express emotions in acceptable ways is a separate skill — managing emotions — that is built on a foundation of being able to understand emotions. We will learn about tools from the self-care tools box to support our emotional health.

Spiritual Health (Connectedness): At the core “Spirituality” is “Spirit,” meaning the spark of life that resides within all humans, plants, animals, and all of nature. It is part of any person regardless of culture or religion (iknowmine, 2018). Spiritual health is equally as important as physical, mental, or emotional health when it comes to wellness balance.

- **Did you know?** Spiritual health is one of the three building blocks of a human being along with the mind and the body: Your spirit includes the spark of life, energy body, relationship with a higher power, connection to the world/others and world view.

Appendix B: Physical Health

SLEEP... WHY IS IT SO IMPORTANT??



Retrieved from: <https://www.newscientist.com/round-up/sleep-guide/>

WHAT IT DOES FOR US:

- **Cleans up our brains' daily chemical mess**
- **Works out solutions to our daily problems**
- **Combats depression/anxiety**
- **Build up our immune system**
- **Balances hormones**
- **Supports growth and development**
(Teenshealth, 2018)

HOW MUCH DO WE NEED:

- **10-17 year olds need 9-10 hours a night** (teenshealth, 2018)

WHAT WE CAN DO TO GET MORE/BETTER SLEEP:

1. **Be active during the day.** You've probably noticed how much running around little kids do — and how soundly they sleep. Take a tip from a toddler and get at least 60 minutes of exercise a day. Physical activity can decrease stress and help people feel more relaxed. Just don't work out too close to bedtime because exercise can wake you up before it slows you down.
2. **Avoid alcohol and drugs.** Lots of people think that alcohol or drugs will make them relaxed and drowsy, but that's not the case. Drugs and alcohol disrupt sleep, increasing a person's chance of waking up in the middle of the night.
3. **Say goodnight to electronics.** Experts recommend using the bedroom for sleep only. If you can't make your bedroom a tech-free zone, at least shut everything down an hour or more before lights out. Nothing says, "Wake up, something's going on!" like the buzz of a text or the ping of an IM.
4. **Keep a sleep routine.** Going to bed at the same time every night helps the body expect sleep. Creating a set bedtime routine can enhance this relaxation effect. So unwind every night by reading, listening to music, spending time with a pet, writing in a journal, playing Sudoku, or doing anything else that relaxes you.
5. **Expect a good night's sleep.** Stress can trigger insomnia, so the more you agonize about not sleeping, the greater the risk you'll lie awake staring at the ceiling. Instead of worrying that you won't sleep, remind yourself that you can. Say, "Tonight, I will sleep well" several times during the day. It can also help to practice breathing exercises or gentle yoga poses before bed. (teenshealth, 2018)

TIPS: USE THESE TOOLS FROM THE TOOL BOX

- The **4-7-8** technique of breathing is a three-stage exercise.
- Try your pillow spray!!
- Progressive muscle tension/relaxation

4-7-8:

This breathing exercise is a natural tranquilizer for the nervous system. Unlike tranquilizing drugs, which are often effective when you first take them but then lose their power over time, this exercise is subtle when you first try it, but gains in power with repetition and practice. Do it at least twice a day. You cannot do it too frequently. Do not do more than four breaths at one time for the first month of practice. Later, if you wish, you can extend it to eight breaths. If you feel a little lightheaded when you first breathe this way, do not be concerned; it will pass (Weil, 2016).

- Exhale completely through your mouth, making a whoosh sound.
- Close your mouth and inhale quietly through your nose to a mental count of **four**.
- Hold your breath for a count of **seven**.
- Exhale completely through your mouth, making a whoosh sound to a count of **eight**.
- This is one breath. Now inhale again and repeat the cycle three more times for a total of four breaths

ESSENTIAL OILS



Retrieved from: <https://www.mapleholistics.com/blog/essential-oils-amplifying-a-great-massage/>

WHAT ARE ESSENTIAL OILS?

- Essential oils have been used for thousands of years in various cultures for medicinal and health purposes. Essential oil uses range from aromatherapy, household cleaning products, personal beauty care and natural medicine treatments.

The particles in essential oils come from distilling or extracting the different parts of plants, including the flowers, leaves, bark, roots, resin and peels. In ancient times, Jews and Egyptians made essential oils by soaking the plants in oil and then filtering the oil through a linen bag (Fontaine, 2015).

HOW CAN THEY HELP US SLEEP/RELAX?

- Aromatherapy taps into the healing power of scents from essential oils extracted from plants in order to balance your mind, body, and spirit. Essential oils can be diluted by water and diffused into the air or a few drops can be gently rubbed into acupressure points on the body. Studies have shown that specific essential oils used in aromatherapy can help relieve stress, relax the body, and promote better sleep (Fontaine, 2015).

OILS THAT PROMOTE RELAXATION/SLEEP:

- **Lavender:** This is probably the most popular “calming oil,” and is widely used to relax the mind and body, reduce anxiety and stress, and improve sleep quality
- **Ylang ylang:** It fights depression and relaxes the body, thereby driving away anxiety, sadness, and chronic stress. It also has an uplifting effect on the mood and induces feelings of joy and hope.
- **Bergamot:** This rest-promoting oil is said to impart cheery effects as well as calming the mind/body and lowering anxiety
- **Frankincense:** This oil is praised for its stress-relieving properties and its ability to impart peace and relaxation.
- **Mandarin:** Most all citrus are bright and happy making them great to relieve stress, but they are also still calming and can help blend the deeper notes in together.
- **Sweet Marjoram:** very good at helping to relax and calm the body so that you can sleep.
- **Sweet orange:** Sweet orange essential oil has a range of benefits and the beautiful citrus smell is divine! Use it for better sleep, as a skin moisturizer, to lift your mood and more.
- **Vetiver:** A great calming oil to try... some have even claimed that this oil successfully treated their insomnia naturally. Vetiver also claims grounding and calming effects on emotions, and soothing effects on the body.
- **Roman Chamomile:** The relaxing properties of Roman chamomile promote healthy sleep and calm the mind, relieve digestive issues, treat skin conditions, reduce inflammation and more. (Fontaine, 2015)

PROGRESSIVE MUSCLE RELAXATION (PMR):

Have you ever had an aching back or pain in your neck when you were anxious or stressed? When you have anxiety or stress in your life, one of the ways your body responds is with muscle tension. Progressive muscle relaxation is a method that helps relieve that tension.

- In progressive muscle relaxation, you tense a group of muscles as you breathe in, and you relax them as you breathe out. You work on your muscle groups in a certain order.
- When your body is physically relaxed, you cannot feel anxious. Practicing progressive muscle relaxation for a few weeks will help you get better at this skill, and in time you will be able to use this method to relieve stress.
- If you have trouble falling asleep, this method may also help with your sleep problems.

You can use a guided PMR on YouTube or Insight time, or try this:

Tense your feet by curling your toes. Hold 1-2-3-4. Relax and take a deep breath.

Tense your legs by pulling your toes up and pointing toward your head. Hold 1-2-3-4. Relax and take a deep breath.

Tense your stomach. Hold 1-2-3-4. Relax and take a deep breath.

Tense your hands by squeezing into fists, and tense your arms by making muscles. Hold 1-2-3-4. Relax and take a deep breath.

Tense your shoulders by pulling them up towards your ears. Hold 1-2-3-4. Relax and take a deep breath.

Repeat as needed (Mehlomakulu, 2016)

Appendix C: Mental Health

MENTAL HEALTH



Retrieved from:

https://www.7cups.com/forum/LGBTQMOGIIISupportCommunity_58/Checkinthreads_942/LGBTQMOGIICommunityCheckinThreadTuesdayOctober10_90714/

It is a normal part of development for teens to experience a wide range of emotions. It is typical, for instance, for teens to feel anxious about school or friendships, or to experience a period of depression following the death of a close friend or family member. Mental health disorders, however, are characterized by persistent symptoms that affect how a young person feels, thinks, and acts. Mental health disorders also can interfere with regular activities and daily functioning, such as relationships, schoolwork, sleeping, and eating (U.S. Department of Health & Human Services, 2018).

HOW WE CAN SUPPORT OUR OWN MENTAL HEALTH

- ❖ Adequate sleep
- ❖ Stress management
- ❖ Recognize feelings and emotions
- ❖ Develop healthy relationships
- ❖ Exercise regularly: decreases stress and promotes resilience
- ❖ Coping mechanisms

(U.S. Department of Health & Human Services, 2018)



Retrieved from: <https://twitter.com/namigreaterorl/status/736165592441495552>

COMMON MENTAL HEALTH ISSUES:

Depression: It's natural to feel sad, down, or discouraged at times. We all feel these human emotions, they're reactions to the hassles and hurdles of life. Depression is more than occasionally feeling blue, sad, or down in the dumps, though. Depression is a strong mood involving sadness, discouragement, despair, or hopelessness that lasts for weeks, months, or even longer (teenshealth, 2018).

Anxiety: Anxiety is a natural human reaction that involves mind and body. It serves an important basic survival function: Anxiety is an alarm system that is activated whenever a person perceives danger or threat (teenshealth, 2018).

5 Ways to DEAL with ANXIETY and DEPRESSION:

1. Become a relaxation expert
2. Get enough sleep, nutrition, and exercise
3. Connect with others
4. Connect with nature
5. Pay attention to good thing (teenshealth, 2018)

MINDFULNESS AND MEDITATION



RETRIEVED FROM: [HTTP://MELGIEGERICH.COM/MINDFULNESS-2/](http://MELGIEGERICH.COM/MINDFULNESS-2/)

WHAT IS MINDFULNESS ANYWAY?

- Mindfulness is all about paying attention to the present moment. Mindfulness is about shifting out of autopilot and awakening to the here and now. Mindfulness is about freeing yourself from regrets about the past and worries about the future.
- People in every culture around the world have recognized the wisdom of openhearted, present-moment awareness, whether or not they called it “mindfulness,” for thousands of years. Everyone can be mindful. You have probably already experienced moments of natural mindfulness.
- Living life more mindfully can help you to handle stress when it arises, and also experience life more fully, with more joy and gratitude.
- Sometimes people call mindfulness by other names such as
 - Being present
 - Awareness
 - Awakening
 - Centering
- The foundation of all mindfulness practices is to bring your awareness to your breath. This is also known as “coming back to your breath.”

Your breath is a wonderful gift that brings your mind and body together in the here and now. You can start to bring yourself back to the present moment, and begin to free yourself from stress, with as few as three mindful breaths.

- Mindfulness is NOT a religion. It can be used and practiced by ANYONE at ANYTIME.
- Meditation is a way to practice mindfulness (Fontaine, 2015)

MEDITATION



Retrieved from: <https://www.pinterest.co.uk/pin/517280707184154176/>

- Meditation is a way to get quiet, calm, and focused. It trains your mind to slow down, relax, and stay positive. Meditating for just a few minutes a day can help you feel centered, balanced, and more in control — even during the times when you're not actually meditating.
 - Examples of meditations include:
 - **INFORMAL MINDFULNESS**
 - **SEATED MEDITATION**
 - **GUIDED IMAGERY**
 - **LOVING-KINDNESS MEDITATION**
 - **MANDALAS**
 - **PRAYING**
 - **YOGA**
- (Fontaine, 2015)

Appendix D: Emotional

Gratitude and Emotional Health

Emotional Health:

Emotional health is an important part of overall health. People who are emotionally healthy are in control of their thoughts, feelings, and behaviors. They are able to cope with life's challenges. They can keep problems in perspective and bounce back from setbacks.

Being emotionally healthy does not mean you are happy all the time. It means you are aware of your emotions. You can deal with them, whether they are positive or negative. Emotionally healthy people still feel stress, anger, and sadness. But they know how to manage their negative feelings. They can tell when a problem is more than they can handle on their own (familydoctor.org, 2018).

Moods and Mindsets:

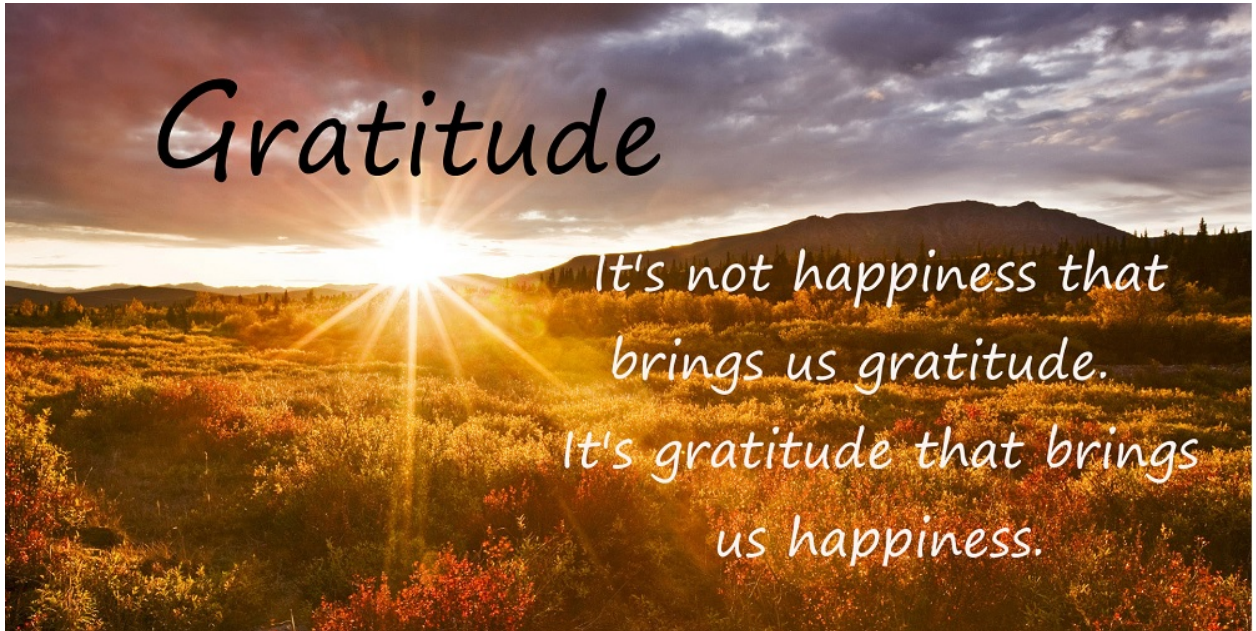
Have you ever been in a bad mood that you just can't shake? Sometimes we feel at the mercy of our moods — but moods aren't things that just happen to us. We can influence and change them. Being able to choose the mood that's best suited to a situation is one of the skills of emotional intelligence. Choosing the right mood can help you control whatever situation you're in.

Moods can influence how well we do in certain situations, but so can something else: our **mindset**. What's the difference between a mood and a mindset? Moods are the *emotions* we feel. A mindset is the *thoughts and ideas* that go along with that mood. Mood and mindset go hand in hand because our thoughts can influence our mood (teenshealth, 2018).

Choose your Mood:

1. **Identify your mood:** stop and think about what you're feeling and why. Put those feelings into words. Name your mood. I am feeling...
2. **Accept what you feel:** After you name your emotion, show yourself some understanding for feeling the way you do. It's perfectly OK to feel bored on a rainy Saturday or annoyed about having to study. All emotions are acceptable and understandable. **But you don't have to hold on to feeling that way.** Notice your mood, then choose to move past it.

3. **Identify the mood that's best for the situation you're in:** Take a minute to think about which emotions will help you accomplish your goal, whatever that may be in your current situation (teenshealth, 2018).



Retrieved from: <http://www.mahindraraj.com/resources/daily-gratitude-and-why-stack-gratitude/>

What does it mean to you?

What Is Gratitude?

Gratitude is one of many positive emotions. It's about focusing on what's good in our lives and being thankful for the things we have.

Gratitude is pausing to notice and appreciate the things that we often take for granted, like having a roof over your head, food, clean water, friends, even access to education. It's taking a moment to reflect on how fortunate we are when something good happens — whether it's a small thing or a big thing.

We can use lots of words to describe feelings of gratitude: We might say we feel thankful, lucky, fortunate, humbled, or blessed (teenshealth, 2018).

The Benefits of Gratitude

Gratitude is an emotion expressing appreciation for what one has—as opposed to, what one wants. Studies show that we can deliberately cultivate or create gratitude, and can increase our well-being and happiness by doing so. In addition, gratefulness—and especially expression of it to others—is associated with increased energy, optimism, and empathy (teenshealth, 2018)

Why gratitude matters: It can change your brain

- **Positive emotions open us up to see more possibilities and take in more information.**
- **Positive emotions balance out negative emotions.**
- **One positive emotion often leads to another.**
- **Gratitude can lead to positive actions.**
- **Gratitude helps us build better relationships (teenshealth,2018).**



Retrieved from: <https://www.pinterest.com/pin/170010954663234928/>

Three ways to practice gratitude:

1. Notice good things, look for them, and appreciate them.
2. Savor, absorb, and really pay attention to those good things.
3. Express your gratitude to yourself, write it down, or thank someone (teenshealth, 2018)

Journaling:

Research has shown that keeping a journal is good for you. Some experts believe it helps strengthen the immune system and decreases stress. Focusing on gratitude helps to reduce stress and increases feelings of happiness, satisfaction and overall well-being. Studies have also shown that people with depression or anxiety disorders are more susceptible to negative thinking. Cultivating gratitude can decrease these negative emotions and thinking (teenshealth, 2018).

Gratitude: A worksheet

Brain research shows that positive emotions, like gratitude, can benefit our bodies and minds. Feeling grateful for what we have (instead of obsessing about what we don't) helps with many different aspects of our lives — like relieving stress and boosting determination to try again when things don't work out the way we want.

This worksheet can help you start thinking about gratitude. Print out the page and write your answers to the questions in the spaces below. The act of writing down feelings of gratitude can reinforce this powerful emotion.

For a daily reminder to practice gratitude, post your answers where you'll see them each day or keep them in a gratitude journal. Then, make it a habit to pause each day to notice and appreciate what's good in your life.

1. Write down a gratitude ritual you do now. For example, giving thanks before a meal or pausing before you go to sleep to think about what went well in your day (and how to find good in the things that didn't!).
2. Write down an everyday blessing you've noticed that you used to take for granted. For example, electricity that keeps the lights on; fresh, clean running water; or powerful arm muscles that help you play your sport.
3. Name someone you're grateful to have in your life and why.
4. Describe something that happened in the past that you didn't feel grateful for at the time, but now think of with gratitude.
5. Describe a moment when you felt gratitude in real time. What other emotions did you feel?
6. Describe a way you've thanked someone or intend to thank someone.

Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

Appendix E: Spiritual Health

Spiritual Health

*Although religion is an aspect of spirituality, you do not have to be religious to improve your spiritual health *



Retrieved from: <https://www.pinterest.com/pin/439593613599764216/>

Spiritual Wellness:

- What does it mean to you?
- Spiritual vs. religious

Spiritual Wellness is a personal matter involving values and beliefs that provide a purpose in our lives and it is generally considered to be the search for meaning and purpose in life (University of California, Riverside, 2018).

Your search will be characterized by the relationship between your personal feelings and emotions and the rough and rugged stretches of your path. While traveling your path, you may experience many feelings of doubt, despair, fear, disappointment and dislocation, as well as feelings of pleasure, joy, happiness and discovery. These are all important experiences in your search and give you the opportunity to apply your values to your life (Hettler, 1976).

Are you engaged in your own *Spiritual Wellness*

Evaluate your own spiritual wellness with this brief quiz.

- Do I make time for relaxation in my day?
- Do I make time for meditation and/or prayer?
- Do my values guide my decisions and actions?
- Am I accepting of the views of others?

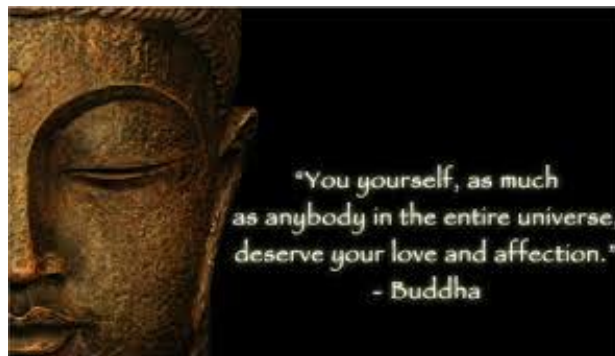
If you answered "No" to any of the questions, it may indicate an area where you need to improve the state of your spiritual wellness (UC Riverside, 2018)

Self-compassion:

It seems that when you take the time to be kind to yourself, you realize that you do deserve this kindness, you are valued and valuable, you have a unique role on this planet, and you deserve to do well. You believe in yourself. For teens, self-compassion appears to have a protective effect against trauma, peer victimization, depression and self-harm, and low self-esteem (Bluth, 2017).

Three components of Self-Compassion:

1. Common Humanity-Connection to others and the natural world, we are not alone in our sufferings and experiences
2. Mindfulness-helps to bring awareness to what is going on inside of us
3. Self-kindness- developing love for self through intention (Bluth, 2017).



Retrieved from: <https://www.flickr.com/photos/limevelyn/6298636834>

SELF-COMPASSION BREAK



Retrieved from: <http://www.seattlecounselingcenter.org/blog/2016/4/6/what-is-self-compassion>

While it may be challenging to do this practice every time you face a stressful situation, an initial goal could be to try it at least once per week (takes 5 minutes).

HOW TO DO IT

1. Think of a situation in your life that is difficult and is causing you stress.
 2. Call the situation to mind and see if you can actually feel the stress and emotional discomfort in your body.
 3. Now say to yourself, "This is a moment of suffering." This acknowledgment is a form of mindfulness—of simply noticing what is going on for you emotionally in the present moment, without judging that experience as good or bad. You can also say to yourself, "This hurts," or, "This is stress." Use whatever statement feels most natural to you.
 4. Next, say to yourself, "Suffering is a part of life." This is a recognition of your common humanity with others—that all people have trying experiences, and these experiences give you something in common with the rest of humanity rather than mark you as abnormal or deficient. Other options for this statement include "Other people feel this way," "I'm not alone," or "We all struggle in our lives."
 5. Now, put your hands over your heart, feel the warmth of your hands and the gentle touch on your chest, and say, "May I be kind to myself." This is a way to express self-kindness. You can also consider whether there is another specific phrase that would speak to you in that particular situation. Some examples: "May I give myself the compassion that I need," "May I accept myself as I am," "May I learn to accept myself as I am," "May I forgive myself," "May I be strong," and "May I be patient."
- This practice can be used any time of day or night. If you practice it in moments of relative calm, it might become easier for you to experience the three parts of self-compassion—mindfulness, common humanity, and self-kindness—when you need them most (UC Berkley, 2018).



Retrieved from: <http://integrallyogasf.org/bringing-yoga-to-life>

Try Yoga:

Yoga is a physical technique that can help improve your spiritual wellness by reducing emotional and physical strains on your mind and body. Yoga is taught at all different levels and can help lower stress, boost the immune system, and lower blood pressure as well as reduce anxiety, depression, fatigue, and insomnia (Fontaine, 2015).

<https://www.youtube.com/watch?v=-yZR0fdUqHM>

Try Positive Affirmations:

The average human has 60,000 thoughts per day, and 80% of them – almost 50,000 of those thoughts – are negative.

Negative self-talk often leads to anxiety and depression through self-fulfilling prophecies, a common issue in which you start believing your own negative propaganda and bring about exactly what you fear.

The good news is that the same self-talk we are using to create negative results can be adjusted to bring about desirable outcomes and generate good feelings (7 mindsets, 2018).

AFFIRMATION EXAMPLES

To increase self-esteem and body image:

1. I embrace my flaws because I know that nobody is perfect
2. I don't want to look like anyone but myself
3. I get better every day in every way
4. My self-worth is not determined by a number on a scale
5. I matter, and what I have to offer this world also matters
6. I love myself deeply and completely

To help deal with adversity:

7. This too shall pass
8. Failure is great feedback
9. I am confident about solving life's problems successfully
10. I learn from my challenges and always find ways to overcome them
11. Everything works out for the best possible good
12. I press on because I believe in my path

To encourage belief in the future:

13. If I can conceive it and believe it, I can achieve it
14. The future is good, and I look toward it with hope and happiness
15. I can do whatever I focus my mind on
16. I follow my dreams no matter what
17. All my problems have solutions
18. I am open to all possibilities

To improve overall attitude:

19. I am perfect and complete just the way I am
20. I control my emotions; they don't control me
21. I am too big a gift to this world to feel self-pity
22. Today is the best day of my life
23. I fill my day with hope and face it with joy
24. I choose to fully participate in this existence
25. The mistakes I made yesterday are creating the person I'll be tomorrow (7 mindsets, 2018).

Whenever you experience emotions like negative self-talk, anxiety, or just feeling overwhelmed you can slip off your bracelet and run the beads one by one through your thumb and forefinger. With each bead, repeat one positive affirmation. This can be anything from 'I am safe' to 'I am confident' or 'I am healthy', 'I am loved', 'I am successful' or from our list above. It depends on whatever you feel worried, anxious or uncomfortable about in that moment. Choose 3 positive affirmations and repeat them, bead by bead.

Appendix F: Post Group Session Likert Scale

Self-Care Tool box and SCSG Wellness Survey

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	-2	-1	0	1	2
I understand the importance of balance and wellbeing in my physical, mental, emotional, and spiritual health					
I am more informed of the power I have over my own health and wellbeing					
I know where I can access free self-care tools to actively participate in my own well-being.					
I am more confident now in recognizing when I need self-care than I was prior to this group session.					
I am interested in learning how to better care for myself in body, mind, and spirit					
Total score					

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