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Return to an Integrated Self: Using Dance/Movement Therapy
with Survivors of Juvenile Human Sex Trafficking, a Literature Review

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Abstract

As Juvenile Sex Trafficking (JST) has gained more attention over the past few decades, more attention has also been given to the treatment of the survivors. While there has been significant research regarding treatment of JST survivors and the subsequent symptoms that come with Post-Traumatic Stress Disorder (PTSD) related to sexual trauma, little attention has been given to the re-integration process of survivors of JST. Reintegration will include an understanding of intrapersonal emotions, processing the dissociative subtype of PTSD, rebuilding trust of self and others, and re-forming interpersonal relationships post-trauma. Through practice, there have been promising results from the use of dance/movement therapy (DMT) with survivors of sexual trauma including those whose trauma is from a history of sexual trafficking as a minor. Because of the body-based nature of this trauma it is important to include the body in the healing and recovery process. Not only is this approach important for the survivors' own individual reintegration, it is also essential for the rebuilding of trust in interpersonal relations outside of the trafficking community. Through a review of literature and the author's experience with this population, the author will provide evidence for the use of DMT as a body-based therapeutic approach for the body-based trauma sustained by female survivors of JST. Additionally, the author will seek to highlight the potential for further research regarding the use of DMT for the rebuilding of trust and integration between the survivor and others.

Return to an Integrated Self: Using Dance/Movement Therapy
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Introduction

According to the U.S. Department of Justice (DOJ), JST is referred to as “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a minor for the purpose of a commercial sex act” (U.S. DOJ, 2017). It is estimated that at any given time 1.8 million juveniles may be exploited for sex trafficking globally (Reid, et al., 2018) and approximately 50,000 women and children are trafficked into the United States every year (U.S. Department of State, 2000). When a female under the age of 18 is trafficked for commercial sex acts, a bond is formed with her trafficker, resulting in loyalty that opens doors for these young women to be coerced into harmful behavior as instructed by traffickers (U.S. DOJ, 2017). Because of this loyalty, as well as the resulting trauma from repeated sexual exploitation, these survivors can develop a disconnection with their own bodies and severe distrust of others (Bernstein, 1995; Kometiani & Farmer, 2020; Krantz, 1999; Mills & Daniluk, 2002; van der Kolk, 2014).

When one of these young women experiences the exploitation of her body for sexual acts, she often retains significant psychological and physiological trauma (Bernstein, 1995; Ho, 2015; Kometiani & Farmer, 2020; Mills & Daniluk, 2002; Reid, et al., 2018). Bonnie Bernstein (1995) states:

When a young girl or woman is sexually violated, she often experiences a trauma to every aspect of her being. As her body has been invaded, all normal physical and emotional boundaries have been disregarded. The combined psychological and physical impact of her experience may leave her with scars that alter her relationship to her body and to her world forever (p. 41).

Seeing this trauma through the lens of PTSD it can be understood that these symptoms last beyond the survivor’s exit from the life of trafficking and will therefore interfere with her recovery and reintegration into society.

The American Dance Therapy Association (ADTA) defines DMT as “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (ADTA,

2009). Through DMT, survivors are given the opportunity to reconnect with their bodies as a source of strength and impetus for forward movement in the healing journey. One particular lens through which this thesis will view and consider the process of integration after trauma is through the work of Blanche Evan. “Evan’s therapy model emphasizes action, health, and life change. The focus is on the body and expressivity from the first session, working with what the client brings” (Krantz, 1999, p. 88). By integrating the body immediately into the therapeutic process, a foundation can be created from which to address the psychological and emotional trauma in a body-based approach. In this way, the female survivors can find empowerment not only in theory, but also in practice through embodiment of their new found freedom and strength (Bernstein, 1995 and 2019; van der Kolk, 2014). Van der Kolk (2014) reports that the consideration of the “bidirectional communication between body and mind...is transforming our understanding of trauma and recovery” (p. 76). As the survivors’ ability to connect with their bodies increases, the author believes they will be able to move past severe dissociation as a symptom of their PTSD from the sexual abuse and trafficking.

Taking this body-mind connection further into consideration as this literature review looks specifically at recovery in the form of integration after trauma, dissociation as a symptom of PTSD will serve as a point of reference for what the ideal, fully recovered self could look like for these survivors. According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V) (2013), PTSD with dissociative symptoms is diagnosed when “the individual’s symptoms meet the criteria for post-traumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either” (p. 272) depersonalization or derealization. The author has witnessed both depersonalization and derealization commonly expressed by the survivors she has encountered. Reports of recurring flashbacks and nightmares related to the trauma have been reported, as have “persistent or recurrent experiences of unreality of surroundings” (DSM-V, 2013, p. 272). These reports give the author reason to believe that the experience of dissociation after trauma can inhibit survivors from not only reaching a place of understanding all aspects of the self, but also in establishing trusted relationships with others (Ho, 2015).

Why is it important to include interpersonal relationship building as part of the healing process for survivors of JST? When traffickers create the bond and loyalty between themselves and those being trafficked these, now survivors, can end up feeling isolated from relationships they perceive to be trusted including friends, family, and other social relationships (Adelson, 2008; Bryant-Davis & Gobin, 2019; U.S. DOJ, 2017). It is also important to note the normal developmental tendencies for adolescents to experience feelings of misunderstanding and the desire for approval, so when combined with the symptoms of PTSD from trafficking, the sense of disconnection and mistrust of others can be compounded (Adelson, 2008; Duberg et al., 2016; Reid, et al., 2019). If an individual is disconnected from herself, not aware of her own emotions or feelings, she will be inhibited from building empathetic, emotional connections with others (Duberg et al., 2016; Kometiani & Farmer, 2020; Mills & Daniluk, 2002), and she may be more likely to fall back into abusive relationships or sex trafficking in the future.

Considering the natural course of development of the adolescent brain, coping with emotional regulation and critical thinking is challenging to begin with. According to Broderick and Blewitt (2014):

In adolescence, pruning occurs primarily in the areas of the brain that are related to higher-order functions. Current evidence implicates the frontal lobes, which play a role in organization, planning, self-control, judgment, and the regulation of emotion; the parietal lobes, which are involved in integrating information; the temporal lobes, serving language functions and contributing to emotion regulation; and the corpus callosum...aiding in information integration and other higher functions, such as consciousness (p. 329).

Communication and emotional regulation are two processes that are learned and refined in adolescence when an individual goes through this phase of life with few interruptions. For survivors of JST, this “normal” course of adolescent development is interrupted. Rather than developing emotionally healthy and stable relationships, when they are removed from the culture of JST and re-enter the “real world”, they are left with scars from the trafficking culture that can stunt or cause regression when it comes to building interpersonal relationships. They have built walls and are often unable to build trust with others as they have taken their learned sense of the world and relationships from the old culture to the new. The

author will address how building kinesthetic empathy through the use of DMT may lead to increased emotional intelligence and provide the safety and support necessary for rebuilding healthy relationships and trust for survivors (Bernstein, 1995, 2019; D'Andrea et al., 2012; Ho, 2015; Kometiani & Farmer, 2020; Mills & Daniluk, 2002; Pierce, 2014; Zvika, 1997).

Literature Review

The intention of this literature review is to define and explore profiles of JST with the intention of providing evidence for further research to be done on how to provide care to these survivors. In this literature review, the author will utilize the term “survivor” when referring to young women who have been recruited at some time into JST. The author will also utilize previous research for the purpose of understanding symptoms of PTSD as it relates to survivors of JST and why DMT is an appropriate intervention for those who have survived body-based trauma such as JST. An exploration of the emotional impact of JST on the recovery process for survivors will increase understanding around the emotional trauma survivors experience. This information may then serve as a guide for therapeutic work as survivors relearn to trust themselves and gain intrapersonal intelligence. Additionally, the author will offer cultural considerations to be aware of when working with JST survivors. Finally, this literature review will seek to integrate the body-based work of DMT and the body-based trauma that comes from JST to provide evidence for DMT as a means of rebuilding a healthy, thriving relationship for the survivors with self and others.

Juvenile Sex Trafficking

JST occurs on a global scale and, tragically, is more commonplace than most might imagine (Rani & Manglam, 2016). According to Rani and Manglam (2016), a child under the age of 18, most often a female, goes missing every eight minutes. The U.S. Department of State Trafficking Persons Report (2019), reports 24.9 million people are being trafficked worldwide, and it is estimated that 1.8 million are juveniles being sexually exploited (Reid, et al., 2019). Sex trafficking is defined as, “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a minor for the purpose of a commercial sex act” (U.S. DOJ, 2017). It is worth noting that within the last decade, the

number of identified victims and traffickers has increased (U.S. DOS, 2019), but this is still an extremely pervasive problem that deserves significant attention. Bauer, et al. (2019) state that, “approximately 18,000 people are brought into the United States each year and forced or coerced into labor or sex work” (p. 347) and the most common areas for sex trafficking to occur include Asia and Pacific regions of the world. While we can certainly recognize and fight the occurrences of trafficking survivors and victims being transported across national borders, it is essential to pay attention to what is happening here in the United States to increase awareness about local trafficking (Bryant-Davis & Gobin, 2019; US DOS, 2019). Bauer et al. (2019) report that approximately 44,000 trafficked individuals were “acknowledged and abetted” (p. 348) in 2014.

It is important to note that the process of documenting and accounting for JST victims has not always provided accurate facts and figures for the sake of future research. However, in recent history, with the implementation of various government policies and regulations relating to JST and other forms of human trafficking, more accurate accounts can be taken. Such policies that are working to combat and collect data for this epidemic both nationally and abroad include the Counter Trafficking Data Collaborative (CTDC), the Victim Case Management System (VCMS), Polaris, the United Nations Office on Drugs and Crime (UNODC) Global Report on Human Trafficking and Human Trafficking Knowledge Portal, and the Southern African Development Community (SADC) Anti-Trafficking in Persons Network (U.S. DOS, 2019). These systems provide ways of collecting data, databases for increasing awareness around the topic of trafficking, and sources for survivors to report and receive help. These systems also assist in creating a more worldwide unified perspective on human trafficking. The author believes it is imperative to take into account cultural considerations surrounding JST. While most pieces of literature and systems would report JST and any other form of human trafficking to be a crime, not all members of every culture consider trafficking the same way. “Cultural norms and practices play an important role in defining a country or society, but human traffickers have also used them to support, hide, or attempt to justify human trafficking” (U.S. DOS, 2019, p. 10). Approaching any form of therapeutic work with this understanding can serve to increase sensitivity to each individual survivor’s course of healing.

There has been a fair amount of research done in trying to identify profiles of those most at risk for being trafficked, and a few common factors have been identified. First, youth who have been in foster care were found to be at an increased risk for being targeted for JST (Bauer, et al., 2019; Reid, et al., 2019; U.S. DOS, 2019). Reid et al. (2019) and Bauer, et al. (2019) also found that girls between the ages of 11-14 made up the largest group of JST survivors. Reid, et al. (2019) utilized a sample of 913 male and female youths, all with either a suspected or verified trafficking report to assess common characteristics and create a more clearly defined profile. The members of the sample were given a Full Community Positive Achievement Change Tool (C-PACT) as a risk/needs assessment prior to participation in the study. In addition, they assessed adverse childhood experience (ACE) to determine the influence these past adverse experiences have on trafficked individuals and found that there was a higher likelihood of the survivors of JST having also experienced some kind of abuse as a younger child. In the work the author has done with survivors of JST, each one has reported at least two of these three factors being a part of her story. When a survivor presents with trauma not only from JST, but also from any previous ACE it can compound the symptoms of her traumatic experiences and must be taken into consideration for the treatment approach.

Symptoms of PTSD in JST Survivors

When reviewing symptoms of PTSD specific to JST survivors, the author emphasizes once again the importance of recognizing the individual experiences of each survivor. The following information is provided as a guide for what a therapist may encounter when working with these young women. The American Psychiatric Association (APA) (2013) provides the following explanation for the diagnosis of PTSD in individuals age 6 and older:

The clinical presentation of PTSD varies. In some individuals, fear-based re-experiencing, emotional, and behavioral symptoms may predominate. In others, anhedonic or dysphoric mood states and negative conditions may be most distressing. In some other individuals, arousal and reactive-externalizing symptoms are prominent, while in others, dissociative symptoms predominate. Finally, some individuals exhibit combinations of these symptom patterns (p. 274).

Rani and Manglam (2016) explain that, “consequences of trafficking report of adverse physical and mental health outcome including high mortality, infectious diseases, depression, suicidal ideation and post-traumatic stress disorder” (p. 687). In their study, Rani and Manglam (2016) focus on a group of adolescent trafficking survivors living in a shelter home in India who have also experienced sexual exploitation earlier in childhood. Their 39 participants ranged in age from 10-17 and reported the average age for abuse starting was 12 years. Each individual was given a Depression Anxiety Stress Scale with which to rate themselves. Their findings indicated that 35 out of the 39 participants scored in the severe range for depression, 38 in the severe range for anxiety and 10 in the severe range for stress. This study was done with a relatively small sample size and therefore cautions against generalizations to the greater population of trafficking survivors, but its findings are consistent with a majority of literature surrounding this topic including the author’s current experience with JST survivors. Through the use of Burn’s Depression and Anxiety Self-Assessments the author has found survivors reporting to be consistently in the high to severe range for both depression and anxiety. Higher reported levels of anxiety and depression may also lead to an increased risk of self-harm and suicidal ideation among these survivors. Reid, et al. (2019) report, “adolescent victims of commercialized sexual exploitation seeking health care services in emergency rooms and pediatric hospitals were diagnosed with mental health disorders (93.6%) including suicidal ideation” (p. 705).

In their longitudinal study, Lanctôt, et al. (2020) administered a questionnaire to adolescent, female survivors of commercial sexual exploitation of children (CSEC) to “assess differences in the level of post-traumatic symptoms reported by those who experienced CSEC during adolescence and those who did not” (p. 1). Lanctôt, et al. (2020) support the findings of increased PTSD symptoms in JST survivors. The results of their method provide further evidence for “elevated levels of intrusive sensory memories, nightmares and flashbacks (intrusive experiences) and of attempts to suppress or avoid thoughts or memories associated with a traumatic event (defensive avoidance)...these results may indicate a difficulty to cope with prior traumatic experiences” (p. 6).

Further consideration for the dissociative subtype of PTSD reports that individuals presenting with any kind of dissociative disorder (DD) “have high levels of comorbid psychiatric conditions including PTSD, depression, personality disorders, substance abuse, eating disorders, self-destructiveness, and suicidality (Brand et al., 2012, p. 302). These findings indicate the importance of understanding DDs and their correlation with PTSD symptomology. According to Lanius et al. (2012), “dissociation is defined by disruptions and fragmentations of the usually integrated functions of consciousness, memory, identity, body awareness, and perception of the self and the environment” (p. 701). These authors also discuss the reasoning for dissociation as a subtype of PTSD supported by the fact that, “the relationship of depersonalization and derealization symptoms to specific core PTSD symptoms that are conceptually related to dissociation, including flashbacks, psychogenic amnesia, and emotional numbing” (Lanius et al., 2012, p. 702). In essence, “not all individuals who meet criteria for PTSD have high levels of dissociation whereas most individuals with high dissociation have PTSD” (Lanius et al., 2012, p. 702). They also found that these high levels of dissociation were related to sexual trauma such as that experienced by JST survivors (Lanius et al., 2012).

Some of the more specific neurobiological indicators for the dissociative subtype of PTSD are discussed by Lanius et al. (2010; 2012; 2015). Lanius et al. (2012) found that a close look at the corticolimbic arousal levels in individuals who had been diagnosed with PTSD and various dissociative disorders including dissociative identity disorder (DID) and dissociative disorder not otherwise specified (DDNOS) provided evidence for either failure of the corticolimbic system to inhibit emotional undermodulation or excessive inhibition. While this article was written prior to the update from the DSM-IV to the DSM-V, the findings of the neurobiological indicators for the dissociative subtype of PTSD are consistent with those found in Lanius, et al.’s (2015) later article which includes adjustments for the lack of the DDNOS diagnosis in the DSM-V. In the case of emotional undermodulation, or those exhibiting a failure of corticolimbic inhibition, the authors found evidence for “low activation in the medial prefrontal and the anterior cingulate cortex” (Lanius et al., 2012, p. 704). This emotional undermodulation was evidenced by “masked fearful faces” (Lanius et al., 2012, p. 704) when exposed to reminders of their

traumatic experience and most commonly associated with the reexperiencing/hyperarousal subtype of PTSD. On the contrary, for individuals whose fMRI scans showed “abnormally high activation in the anterior cingulate cortex and the medial prefrontal cortex...can therefore be conceptualized as experiencing emotional overmodulation in response to recalling traumatic memories” (Lanius et al. 2012, pp. 704-705). In this particular group of PTSD diagnosed patients, the authors point out an emotionally overmodulated response can result in “subjective disengagement from the emotional content of the traumatic memory through depersonalization and derealization responses, mediated by midline prefrontal inhibition of the limbic regions” (Lanius et al., 2010, p. 641) as well as “dissociative amnesia and memory suppression” (Lanius et al., 2012, p. 705).

In comparing individuals who had not been diagnosed with PTSD to those who had, Lanius et al. (2015) found “during a working memory task, whereas controls showed significantly stronger connectivity within areas implicated in the central executive network (CEN)...the PTSD group showed stronger connectivity with areas in the default mode network (DMN)” (p. 2). In addition, the research reviewed in this article support the previously proposed higher levels of emotional intensity when a traumatic memory was reviewed in control, non-PTSD individuals than in those diagnosed with PTSD. One can gather, from this research, that individuals who have been diagnosed with PTSD with a dissociative subtype may struggle with emotional connectivity both inter and intrapersonally. The author agrees and has seen evidence for Lanius et al.’s (2015) report that:

Trauma can have lasting effects on the sense of self manifested both cognitively and somatically. This is evidenced by altered core beliefs, disrupted self-referential processing (including poor emotional awareness, alexithymia), and dissociative symptoms including depersonalization and related identity disturbance...in addition to these cognitive alterations in self-referential processing, individuals with PTSD may also exhibit somatically-based alterations in self-referential processing, such as depersonalization and related identity disturbance (p. 5).

D’Andrea et al. (2012) offer a closer look at appropriate treatment approaches for children who have experienced interpersonal childhood trauma. While it is more common for JST to occur in early

adolescence (Bauer et al., 2019; Reid et al., 2019) the author's findings indicate that many of these survivors have a co-occurring history of childhood physical and sexual abuse. D'Andrea et al. (2012) report that, "Children experience many forms of traumatic interpersonal adversity in addition to physical and sexual abuse. Unfortunately, victimization in childhood may take many forms, including assault, abduction, bullying, and neglect" (pp. 187-188). They go on to list several symptoms seen in post-traumatic experience including dysregulation of affect and behavior, disturbances of attention and consciousness, distortions in attributions, and interpersonal difficulties (D'Andrea et al., 2012). If not properly treated, children are at an increased risk for other problems later in life including anxiety and eating disorders, dissociative disorders, increased shame and guilt leading to low self-efficacy, self-harm, interpersonal conflict, aggressive behaviors, and identity confusion. D'Andrea et al. (2012) go on to discuss the implications for trauma-based treatment interventions when used with this population, suggesting that when working with individuals who present with complex trauma, the mental health professional in turn needs to consider a more complex and thoughtful approach. Taking this evidence into consideration with JST survivors, the author proposes introducing DMT in combination with what may be considered more traditional psychotherapeutic methods.

Using DMT for Body-Based Trauma

Overall, the literature specifically addressing integration and recovery for female survivors of JST through the use of DMT is lacking. As defined by the ADTA (2009), DMT is "the psychotherapeutic use of movement as a process which furthers the emotional, physical, and cognitive integration of the individual" (para. 1). Many sources point to the difficulty in retrieving quantitative evidence for the benefits of these kind of expressive arts approaches (Pierce, 2014; van der Kolk, 2014). However, the author has found bodies of work addressing this work from a qualitative and case-by-case perspective from which the assumption of its benefit can be drawn. For example, Pierce (2014) discusses the utilization of DMT as treatment for dissociation and developmental trauma with the goal of "physiological and psychological integration and cohesion" (p. 7). Pierce (2014) explains that dissociation in the case of child abuse and/or neglect can become a coping or self-regulation mechanism describing the

experience specifically as “a dis-integration of right brain regulatory functions that serves to protect against intolerable and dysregulated emotional states” (p. 8).

Pierce (2014) goes on to discuss themes drawn from other bodies of work focusing on the use of DMT with trauma survivors when considering the diagnosis of dissociation. First, establishing safety in relationship both with the therapist and group members in the case of group psychotherapy was “paramount” (p. 8). When this sense of safety is established, Pierce (2014) further discusses how DMT can play a role in “facilitating the reestablishment of trust, intimacy, social skills, and self-esteem that are often destroyed in cases of relational trauma” (p. 9). In addition, it is reported that themes of “body image, embodiment, and the expansion of movement repertoire” (p. 9) were also addressed in DMT sessions. DMT therapists approach work with trauma survivors exhibiting signs of dissociation within their PTSD symptoms through the use of, “mirroring, kinesthetic empathy, and nonverbal reflection” (Pierce, 2014, p. 9). It is also important to note that although there may not be significant “evidence-based support for creative arts interventions in trauma treatment, the creative arts therapists have employed many of the same mechanisms that have received evidence-based support through cognitive-behavioral models” (Pierce, 2014, p. 9).

Further, Pierce (2014) specifically addresses the role DMT plays in the process of integration when working with dissociative clients. Citing Daniel Siegel (2009), Pierce (2014) points to integration being achieved when “affect is shared in the presence of another, causing neural networks to fire and to carry information along the vertical axes that connect sub-cortical, limbic-brainstem, and cortical representations of affective life” (p. 9). Thus, according to the previously discussed methods of a DMT approach to working with trauma survivors which include creating safety in relationships and kinesthetic empathy, it can be said that the integration of the body into the therapeutic process of working with survivors of JST who may exhibit signs of the dissociative subtype of PTSD will be beneficial to their healing process.

In their article, Kometiani and Farmer (2020) also discuss the damaged relationship with self and others in survivors of JST. “Regardless of whether the trafficker is a family member or involved in a

larger, complex trafficking ring, survivors are typically isolated from the broader community” (Kometiani & Farmer, 2020, p. 2). They approach this issue of isolation through the lens of art therapy with the intent of not only rebuilding community, but also, a focus on survival through empowerment. Citing the U.S. Department of State Office to Monitor and Combat Trafficking in persons, Kometiani and Farmer (2020) “suggest that survivors of human trafficking participate in an environment with unconditional support for trust, rage, and shame; survivors must reestablish identity and strengthen self-esteem” (p. 3).

While specifically focused on art therapy, Kometiani and Farmer (2020) also credit other forms of expressive arts therapies for trauma processing work done with trafficking survivors. A major component of the benefit of using an expressive arts approach is that the expressive arts “provides a safe outlet for communicating what is difficult to verbalize. Art therapy provides a confidential form of nonverbal communication that abused individuals can experience safety through expression while allowing an opportunity for play and connection to others through shared experience” (p. 3). In their qualitative method, the authors took a group of female trafficking survivors from an agency in Ohio ranging in age from 23 to 43 years old, all presenting with various mental health diagnoses including PTSD and offered five group therapy sessions led by an art therapist. The authors note that each attendee struggled with a variety of stressors including “attempting independence, personal challenges of seeking employment, family illness, combating addiction issues, and discovering motivation to visualize their futures” (Kometiani & Farmer, 2020, p. 4). The sessions each had a different theme around three topics of safety, trauma and loss processing, and transition and connections. Utilizing the fundamentals of trauma-informed art therapy ® to guide the five sessions the findings contained reports from participating survivors. The survivors expressed feeling free for the first time in their lives, finding connection and community with the other participants some of whom had known each other from the life, being able to talk about dreams for the future, and being able to talk about their experiences with attached emotions and feelings (Kometiani & Farmer, 2020).

To expand on the theme of empowerment within the scope of utilizing DMT for survivors of JST, one must closely consider the work of Bonnie Bernstein (1995, 2019). The primary focus of her career

has been working with survivors of trauma and has led to the development of Empowerment-Focused Dance/Movement Therapy. The first important element of Bernstein's work with trauma survivors, particularly those who have experienced sexual trauma and are survivors of human sex trafficking, is the foundation of her work in the approaches of Blanche Evan (Bernstein, 1995; 2019). In her article Bernstein (1995) outlines Evan's approach and how it can benefit survivors of sexual abuse and human trafficking by emphasizing the restoration of "the client to her natural potential for expressive movement and 're-educating the body to a state wherein movement responses function'" (Evan as cited in Bernstein, 1995, p. 42).

As discussed by Bernstein (1995), the author has found Evan's method extremely beneficial given that the primary goal is to integrate the psychological with the physical for individuals who have experienced trauma and the subsequent dissociation of self that can occur. According to Bernstein's (1995) research, Evan refers to this concept as psycho-physical implying that "all human experience including emotional response, memory, and thoughts contain kinesthetic components" and "body movement is a direct outlet for the psyche, thus, through dance, the psycho-physical realm can be fully expressed and explored to stimulate insight and mobilize therapeutic change" (Bernstein, 1995, p. 42). Other essential elements of Evan's method include *mobilizations* which are meant to "open up the client's body without taking away defenses" (Evan as cited in Bernstein, 1995, p. 42) and may involve emphasis on body structure, directives on dance elements, and/or play with movement dynamics over the exploration of content. Additionally, Evan utilized *improvisation* to facilitate "free association in movement...guided by psycho-physical themes" (Bernstein, 1995, p. 43) and explore how the past interacts with the present, and fantasy interacts with reality. *Functional technique* was developed by Evan as a means of addressing "non-functional tensions" (Evan as cited in Bernstein, 1995, p. 43) that may be inhibiting the natural abilities of the body. *Ethnic* and *creative dance* were ways of incorporating multi-cultural dance and music as well as theme development for the sake of stimulating the survivor's imagination in their exploration of movement. Bringing language into the session is encouraged as a way of enhancing emotional connection to movement exploration and, finally, *homework* is highly

recommended to remind the client that most of the work is done outside and the session is meant to be a place for clarification and support (Bernstein, 1995).

Bernstein (1995) goes on to discuss specific sessions in which Evan's methods are utilized and the clients' subsequent response to the prompts. Themes of shame and guilt, establishing safety through group dynamic and client/therapist rapport, dissociation and integration, and reclaiming body and sexuality are all discussed and point to the importance of how DMT can help the survivor of sexual trauma reconnect with her body. In this process of re-establishing power and strength, the survivor learns "from the dance therapist that her power and control do not depend on withholding movement; rather, her power is in which parts of her body she chooses to move and how she moves them (Bernstein, 1995, p. 57). In her own work with survivors of JST, the author has begun incorporating some of these fundamental approaches of Evan's methods and has found increased comfortability in exploring movement and expressing honest emotions by the survivors.

In a more recent article by Bernstein (2019), she explains the development of her own method which she calls, Empowerment-Focused Dance/Movement Therapy. Here, the importance of taking a body-based approach when working with survivors of sex trafficking is addressed from the following perspective:

Healing the negative impacts of trauma begins with discovering the body as an ally for recovery. Many survivors of sex trafficking and other psycho-social trauma have experienced diminished control of their body while victimized...In order to tolerate the emotional and physical experience of violence, many survivors become dissociated from their body, hate their body or have cut off expression and sensation. Building a positive relationship to the body is an important part of trauma recovery. Dance/movement therapy provides unique resources for restoring a positive relationship to the body (pp. 197-198).

Within her Empowerment-Focused approach, Bernstein (2019) supports the belief that the survivor has an innate capacity to heal and thrive after the trauma by expanding the traumatic experience into one that guides a new perspective on the survivor's body and how she relates to new life experiences.

As previously discussed, the establishment of safety is of utmost importance and can be the determining piece of how engaged survivors will be in a DMT session. Bernstein (2019) emphasizes that when emotional safety is prioritized the survivor can feel freer in her exploration of expression through movement. When a safe environment has been established, the Empowerment-Focused approach emphasizes the expansion of dance vocabulary in order to bring new bodily awareness to the survivor. “Since responses to trauma often cause inhibition and restriction of expression related to fear, dissociation, self-protection or other survival defenses, expanding expressive vocabulary is an essential clinical intervention for freeing the body” (Bernstein, 2019 p. 199). In the author’s experience, when a creative movement approach is taken with survivors of JST, the response tends to be less inhibited.

Once safety is established and survivors demonstrate an increased comfort with their body expression, imagery and symbolism can offer “pathways for safely touching on challenging issues by externalizing feeling states without directly relating them to vulnerable emotional content” (Bernstein, 2019, p. 200). In her work with female sex trafficking survivors in Kolkata, India, Bernstein (2019) utilizes imagery from nature and familiar cultural experiences to “encourage embodiment of feeling states and build gentle bridges to themes that reflect aspects of personality and emotional content” (p. 200). Providing imagery that is familiar allows for the survivor’s control over what and how literally or abstractly she represents the proposed symbolism. When she is given more control to interpret and represent at her own depth and pace, the survivor will most likely experience improved self-image and perceived control in new life experiences. The implication the author takes from this approach is that as the survivor learns to trust her body and reconnect to the expressiveness contained in her body on an intrapersonal level, deeper emotional exploration can take place opening the door to further integration interpersonally as well.

Cultural Considerations for Treatment of JST Survivors

Bryant-Davis and Gobin (2019) call awareness to cultural considerations in the treatment of JST survivors. Overall, the suggested goals are the same, when it comes to treatment approaches that are, “empowering, safe, foster a sense of belonging, and provide wraparound services addressing case

management, educational, vocational, mental health services, addiction services, and medical care” (Bryant-Davis & Gobin, 2019, p. 388). However, they also draw attention to the importance of cultural considerations and how “lack of attention to cultural context can cause further harm for persons who have already experienced exploitation” (p. 394). In this regard, the authors offer the womanist therapeutic approach for its focus and celebration of “the experiences and perspectives of African American women” as well as the way “they internalize and demonstrate respect for the dignity and empowerment of African American girls and women” (Bryant-Davis & Gobin, 2019, p. 394).

In their consideration for treatment of African American survivors of JST, Bryant-Davis and Gobin (2019) also discuss how the womanist framework addresses sociocultural considerations and intersectional oppression that can lead to an increased risk for the trafficking of African American girls and women. Many of the factors can be applied across cultures, including poverty and being victims of previous childhood abuse and neglect, and can be addressed with treatment approaches such as dialectical behavioral therapy (DBT), eye movement desensitization and reprocessing (EMDR), and trauma-focused CBT. However, the authors rightly point out that unless the therapist is aware of diverse cultural traditions there may not be appropriate application of these treatment approaches. The primary suggestion for incorporating these evidenced-based approaches into the therapeutic process is through interventions including “African American poems, quotes, music, dance, spiritual and religious practices, and highlighting testimonials of African American survivors” (Bryant-Davis & Gobin, 2019, p. 395). It is also important to mention that, “because sexual exploitation directly occurs to the body, the body is an integral part of the healing work that is needed...scarf dancing, repetitive movement, and circle dancing was done to facilitate self-expression, confidence, comfort with the body, and social connection with the other girls” (Bryant-Davis & Gobin, 2019, p. 398). The primary goal of empowerment remains, and by incorporating culturally appropriate and expressive arts interventions into the treatment approach the authors propose an increased likelihood for recovery and empowered living.

Emotional Embodiment for Inter and Intrapersonal Integration

Cristobal (2018) discusses the use of touch as an important aspect of working with sexual abuse survivors from a DMT approach stating that:

“through a body-centered lens, the therapist takes a bottom-up approach, whereas they begin with a somatosensory experience such as movement and touch helping to regulate the brain stem portion of the body, and from this regulated place developmental growth within the brain can occur with greater success” (p. 71).

As supported by the previously discussed authors, Cristobal (2018) maintains the importance of “safety, boundaries and stability in one’s body” (p. 76) as primary when working with survivors of sexual abuse. Because of their experiences with touch being used for abusive and controlling purposes, survivors need to feel they can trust the care-provider before they fully engage in the process. The Code of Ethics and Standards of the ADTA and Dance/Movement Therapy Certification Board (DMTCB) (2018) establishes that, “Dance/movement therapists understand touch as fundamentally supportive to human growth and development, and inherently involved in dance and social interactions” (p. 6). In the process of reintegration after sexual abuse, the dance/movement therapist can utilize touch to enhance emotional embodiment understanding that “the role of emotion in touch has also been recently explored, as some studies have shown that emotion can, indeed, be conveyed through tactile communication alone” (Matherly as cited in Cristobal, 2018, p. 75).

Considering the compromised state of the nervous system in a survivor of sexual abuse it is essential that the dance/movement therapist incorporate interventions that focus on facilitating emotional embodiment for the survivor. Cristobal (2018) discusses how self-touch can be utilized as a way of rebuilding emotional regulation given the feedback to the nervous system through the skin. Learning to regulate emotions through self-touch, therefore practicing healthy self-soothing methods can encourage the survivor not only to reacquaint with emotions, but also with supportive and comforting touch. With the help and support of the dance/movement therapist, the survivor may begin to feel freer in her expression of emotions. Krantz (1999) discusses how “the interaction between psyche and body is seen as

two-directional, in that movement expresses the inner workings of the psyche and also influences physical, emotional, and mental states” (p. 85). Again, both case studies and qualitative research reports support the use of DMT with sexual abuse and sex trafficking survivors. When dissociation occurs, therapeutic approaches need to consider the “metaphoric detachment of head from body” and that “through somatization, the body and its emotions cry out for recognition” (Krantz, 1999, p. 87).

For young women who survive JST, emotional regulation and embodiment DMT work may serve an even grander purpose given that generally, adolescent females have higher reports of regular mental health problems compared with adolescent males (Duberg, Möller, & Sunvisson, 2016). According to Duberg, Moller, and Sunvisson (2016), “the term ‘embodiment’ refers to the body’s emotional feedback system through which the motor system is linked to the cognitive affective system” (p. 2). These authors stress the impacts of dance on overall mental health and well-being noting that “dance has been suggested to strengthen the bodily connection, increase psychological well-being, and improve poor body image and physical self-perception for adolescents” as well as helping to increase the “awareness of emotional processing and a higher ability to interpret the emotions of others” (p. 2). Considering the disconnection between mind and body that occurs when a young woman has experienced sexual trauma from JST and the literature outlined above, the author finds further support for the use of DMT with adolescent female survivors of JST.

When working with adolescent survivors it is imperative to also consider the developmental implications of emotional intelligence for treatment. According to Bauer, et al. (2019), “immature brain development with limited executive functioning also accounts for adolescents’ propensity to seek immediate gratification and participate in risk-taking behaviors” (p. 348). Combining the inherent developmental issues that occur in adolescence with a complete starting over after leaving or being removed from sex trafficking can leave the adolescent female survivor feeling alone and incapable of surviving and thriving in the future. As previously mentioned, survivors are taught by traffickers to show specific loyalty to the trafficker, isolating them from any form of healthy relationship in their lives (Adelson, 2008; Bryant-Davis & Gobin, 2019; U.S. DOJ, 2017). In consideration for the normal

insecurities adolescent females tend to face without trauma (Duberg, Möller, & Sunvisson, 2016), the effects of the manipulative and dishonest relationships that come with sex trafficking are compounded and can make the process of reintegrating into healthy relationship with others seemingly impossible.

To address the importance of rebuilding healthy intrapersonal relationships, Duberg, Möller, and Sunvisson (2016) further discuss the impact a group dance environment can have for adolescent girls due to a “non-judgmental atmosphere and supportive togetherness...in dancing gave rise to acceptance, trust in ability, and emotional expression” (p. 5). In addition, Mills and Daniluk (2002) discuss how DMT offers “a unique kind of emotional connection with others” (p. 81). In general, an underlying purpose of therapy groups is to offer safe spaces to connect and experience solidarity through trauma recovery. When DMT is introduced and utilized in a group therapy setting, it can enhance this experience as the physical body plays an essential role in recovery (Mills & Daniluk, 2002). While the dance/movement therapist is responsible for facilitating a safe and supportive therapeutic environment when working with survivors of JST, (Bernstein, 1995, 2019; Cristobal, 2018) providing a group therapy setting for DMT allows survivors to experience what healthy and secure intrapersonal relationships should look like for their future (Bernstein, 1995, 2019; Duberg, Möller, & Sunvisson, 2016; Ho, 2015; Mills & Daniluk, 2002).

In their work with sexual trauma survivors, Mills and Daniluk (2002) found six common themes that reflected the benefit of DMT for both inter and intrapersonal growth. Interviews with five women who were all survivors of sexual trauma and had participated in at least six sessions of DMT treatment, no less than one year prior. The first of the six themes that Mills and Daniluk (2002) found was experiencing a reconnection to their bodies. Through the interview process, survivors reported the connection manifesting itself through “an increased sense of acceptance and care of their bodies...ability to use their bodies to anchor themselves in the safety of the present time...a way to bypass defensive reactions to discomfort...discovering bodily truths...getting connected to self...a sense of wholeness and integration” (Mills & Daniluk, 2002, p. 80).

Another theme that developed from these female survivors’ DMT experience was creating a sense of intimate connection with others (Mills & Daniluk, 2002). “They remarked on how this intimacy

was created without words, simply by moving together and at times, physically connecting with each other (Mills & Daniluk, 2002, p. 81). Interpersonal emotional and physical intimacy can be difficult to reestablish after the experience of sexual abuse and trauma. Group DMT allows the survivors' bodies to explore nonverbal connection in a non-threatening environment and they "believed that this connection and intimacy added greatly to their growth and healing...because they felt supported by others and accepted both physically and emotionally within the group" (Mills & Daniluk, 2002, p. 82). In the author's own work with JST survivors, each young woman has expressed the desire for intimate relationship in their day to day lives but are inhibited by fear based on their past relational experiences. When vulnerability is safely supported, the survivors experience a renewal of what healthy, loving relationships look like and may feel more encouraged to engage with others outside of the group setting. Combining these themes from Mills and Daniluk's (2002) research, the findings support the idea that reconnection to self through the incorporation of the body in DMT work allows the survivor a trusted place within herself from which to move outward to safely reconnect with others. When a survivor is supported in discovering a sense of verticality and strength in her own body, she is then more equipped to reach out in a horizontal connection with others. Once connected with self and others, the survivor is further supported in her sagittal or forward movement toward the aforementioned "sense of wholeness and integration" (p. 80) as she rebuilds her life outside of trafficking.

Discussion

This literature review sought to provide cohesive insight to the benefits of utilizing DMT to aid in the healing and recovery of female JST survivors. Survivors of JST often enter treatment carrying not only the trauma of trafficking, but may hold additional body-based trauma from childhood abuse and neglect. Research shows that the compound nature of this kind of trauma can result in a diagnosis of the dissociative subtype of PTSD leaving the survivor disconnected from self and others as she attempts re-integration. The author's experience in working with this population reveals a longing for healthy relational connection and a reconciliation with their own bodies and emotions. In reviewing the literature, the author has found support for the use of DMT with JST survivors.

As clarified, JST is the exploitation of individuals under the age of 18 for commercial sex acts (U.S. DOJ, 2017). The statistics that have been reviewed indicate that while there has been a global effort to decrease JST, it is still extremely relevant worldwide. According to Reid, et al. (2019) there are still 24.9 million individuals being trafficked worldwide with 1.8 juveniles being sexually exploited. Through an exploration of some higher risk profiles of these survivors, several of the reviewed pieces of literature have offered information to increase cultural sensitivity on the part of the therapist (Bauer et al., 2019; Bryant-Davis & Gobin, 2019; Reid et al., 2019; U.S. DOJ, 2017; U.S. DOS, 2019).

Not only was it necessary for the author to explore profiles of risk of survivors of JST to increase therapeutic awareness when working with these young women, but there was equal necessity to identify cultural considerations within this population. Both the U.S. DOJ and DOS (2017, 2019) as well as other research reviewed by the author point to the conundrum of differing cultural perspectives in regard to JST (Bauer et al., 2019; Bernstein, 1995; 2019; Bryant-Davis & Gobin, 2019; Rani & Manglam, 2016). It has been understood by the author that JST, while generally considered a crime, not all members of every culture share this perspective. According to the literature in review, the therapist must consider the culture of the JST survivor in their work together. The author has identified the unique advantage of DMT and other expressive art therapies when working with survivors of JST because of opportunities to creatively embody and incorporate culturally familiar and relevant themes (Bernstein, 1995; 2019).

The author has also considered symptoms of PTSD as well as PTSD with the dissociative subtype in the exploration of the potential effectiveness of DMT with JST survivors. According to the reviewed literature, the neurobiological implications for PTSD indicate the probable struggle for survivors' inter and intrapersonal emotional intelligence, especially when they fit into the dissociative subtype (Lancot et al., 2020; Lanius et al., 2010; 2012; 2015). The author has seen how this inter and intrapersonal emotional disconnection can lead to increased isolation and disengagement, further inhibiting healing and re-establishment of healthy relationships. By incorporating the body, utilizing kinesthetic empathy and helping to rebuild some of the mirror neuron pathways through DMT, the therapist can aid in the survivors' pursuit of "physiological and psychological integration and cohesion" (Pierce, 2014, p. 7).

As previously stated, the author's work with survivors of JST indicates that the recovery process is often inhibited by increased isolation. Many of these young women have not only experienced childhood sexual abuse, but have also had their entire support system taken away and, upon reentry after leaving the sex trafficking life, lack healthy, supportive connection to facilitate their recovery process. If they were trafficked by a family member, most likely they are taken into foster care and will not see any member of the family after that time (Adelson, 2008; Bryant-Davis & Gobin, 2019; Reid, et al., 2018). It is also common for JST survivors to have gang affiliation, potentially going to juvenile hall, thereby entering a different system that still carries a heavy load, further inhibiting recovery and separation from the trafficking life (Adelson, 2008; Reid, et al., 2018). If substance-use and/or abuse was involved, their cognitive functioning is further disabled, making the re-integration process, once again, significantly more complicated (Brand, et al., 2012). The compound trauma that is often seen in survivors of JST warrants a multi-layered approach.

According to the literature, because of the body-based approach of DMT, the survivors are provided with "unique resources for restoring a positive relationship to the body" (Bernstein, 2019, p. 198). In both group and individual settings survivors are offered a safe place to reconnect with themselves, further preparing them to rediscover healthy relationships with others (Bernstein, 1995; 2019; Bryant-Davis & Gobin, 2019; Cristobal, 2018; Ho, 2015; Mills & Daniluk, 2002; Pierce, 2014). The author's work with JST survivors supports Bernstein's (2019) statement that, "Introducing positive dance exploration transforms the survivor's experience of their body to an ally for discovering creativity, pleasure and for healing...the dance/movement therapy process opens new pathways for personal expression and mind/body integration" (p. 194).

It is important to note that much of the literature available applies to populations similar to the one in discussion for this capstone thesis, but do not meet all of the qualifications. The author is presenting the use of DMT for treatment of survivors of JST who are no longer affiliated or involved in sex trafficking and are attempting to reintegrate both inter and intrapersonally. There is significant research around the use of DMT with survivors of sexual abuse, and some literature addressing the use of

DMT with women who are currently still involved in sex trafficking. In addition, the author has reviewed literature suggesting various evidence-based approaches including CBT and DBT (Bryant-Davis & Gobin, 2019) to address symptoms of trauma post-sexual abuse or surviving JST. However, the gap in literature speaks directly to the population in question. Because of this gap, the author suggests greater efforts within the DMT community to reach out in partnership with local agencies serving JST survivors, increasing awareness and education for all.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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