The Freedom to Move: Dance/Movement Therapy and Survivors of Trafficking - an Evolving Practice

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The Freedom to Move: Dance/Movement Therapy and Survivors of Trafficking - an Evolving Practice

A Literature Review

Capstone Thesis

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Abstract

Human/Sex trafficking is the use of force or coercion for the purpose of exploiting humans (mainly women) for sex or labor. Consequences of being trafficked include psychological and physical symptoms that may hinder the survivors for the rest of their life if not treated. Survivors of human trafficking are infrequently researched and have limited evidence-based methods of treatment. Even fewer studies have been conducted involving the use of dance/movement therapy with survivors of trafficking. dance/movement therapy is vital to treatment because of its focus on integrating the body with the mind. In this literature review I discuss the effects of trafficking on survivors, methods of treatment for mental illness due to trafficking, efficacy of dance/movement therapy with survivors of trafficking. Finally, aiming at expanding and improving the use of Dance/Movement therapy with this population, recommendation for specific techniques and approaches are outlined, focusing on use of touch, improvisation, and trauma-informed practice.
Introduction

This capstone thesis is a literature review that investigates the use of dance/movement therapy for survivors of human trafficking. Human trafficking is a form of modern slavery that oppresses people into doing labor or performing sexual acts (What Is Human Trafficking?, 2019). Furthermore, traffickers look for people who are vulnerable because of financial difficulty, displacement, or other circumstances that may cause them to look desperately for a way out (What Is Human Trafficking?, 2019). The majority of trafficking survivors will experience post traumatic symptoms (Palines, et al., 2020). Research has shown that experiencing trauma at a young age, (many survivors of human trafficking are children) is detrimental to mental health and causes repercussions in the brain’s structure and functioning for years (Levine, 2017). Many organizations, such as My Life My Choice in Boston, are working to increase prevention and survivor empowerment in order to end this disgrace on humanity. Most psychologists will treat survivors symptoms as Post-Traumatic Stress Disorder, but recent studies have found that mental health issues of survivors may be more complicated and warrant a new term (Domony, et al., 2015; Levine, 2017; Palines, et al., 2020).

Dance/movement therapy is a form of expressive arts therapy that uses body movement to express emotion and provide healing. Numerous studies have been published regarding using dance/movement therapy with issues such as: trauma, sexual abuse, child abuse (Cristobal, 2018; Harris, 2019; Mills & Daniluk, 2002; Pierce, 2014; Pylvänäinen & Lappalainen, 2018; Tourigny, et al., 2005), but little research has been done regarding using dance/movement therapy with
survivors of human trafficking. Only recently has an article been published that uses
dance/movement therapy as a form of treatment and expression for survivors of human
trafficking (Bernstein, 2019).

Bonnie Bernstein (2019) states that: “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”
(Bernstein, 2019, p.5). This thesis will explore methods of using dance/movement therapy with
survivors of human trafficking and the psychological effects of the trauma human trafficking
causes. This topic is important because our society tends to sweep the fact that trafficking exists
under the rug, and to ignore that so many young women are being forced into labor and sexual
acts under duress (Domony, et al., 2015). Even when survivors are freed and being cared for, we
do not know the best methods to use because, so few studies have been conducted on how to
treat survivors of trafficking (Palines et al., 2020).

I chose this topic because I am passionate about supporting women who have been taken
advantage of and are regarded as “less than” by other people. I am striving to build awareness of
human/sex trafficking and bring more support to those who have survived its cruelty. Though
we have some information as to how to treat the mental health issues brought on by this
experience (Bryant-Davis and Gobin, 2019; Countryman-Roswurm & DiLollo, 2017; Domony et
al., 2015; Kometiani & Farmer, 2020; Márquez & Dovi, 2019), clinical trials reports by the
government, state that there are only two currently active clinical trials in human/sex trafficking
(clinicaltrials.gov). Therefore, there is an obvious lack of research extant with this population
and more information is needed if we are to truly support and provide healing for survivors. In
this thesis I will develop an outline of mental health issues that face survivors of trafficking and how dance/movement therapy has been used as a treatment option as well as other ways to utilize dance/movement therapy to facilitate the healing of survivors. Although often occurring in broad daylight, human trafficking is a phenomenon that rarely is brought to the attention of the public. My hope is that this thesis will bring more awareness to a population that often gets forgotten.

My thesis includes the following sections: I will start with a literature review, which will incorporate an overview of studies depicting mental health issues of survivors of trafficking, therapeutic methods for survivors of trafficking, use of dance/movement therapy for survivors of trauma and sexual abuse, and the use of dance/movement therapy for survivors of trafficking. Afterwards I will move on to discuss appropriate dance/movement therapy methods that may contribute to treatment for survivors of trafficking as well as cultural considerations. I will conclude with a brief overview of limitations and gaps in research as well as provide my recommendations for expanding the use of DMT with this population.

**Literature Review**

**Introduction**

The following literature review discusses the psychological effects of trafficking and how to effectively use dance/movement therapy with survivors. This paper reviews literature regarding the survivors of human trafficking population and the use of dance/movement therapy as a form of treatment. I will demonstrate how this knowledge can be used in a community setting for healing, as well as for individual interventions. Though little research has been done using dance/movement therapy with survivors of trafficking, many studies have been conducted
on using dance/movement therapy with survivors of childhood sexual abuse which has close ties to survivors of sex trafficking and are able to provide relevant information to this topic. My aim for this literature review is to gather information on the facts of mental health treatment for survivors of trafficking, and methods of dance/movement therapy that fit with this population as well as outlining the lack of research that remains in this field.

**History and Definition of dance/movement therapy**

The American Dance Therapy Association describes dance/movement therapy as “the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, physical, and social integration of the individual” (ADTA, 2018). Dance/movement therapy is a unique form of therapy because it places the integration of the body into psychotherapy at the forefront (Cristobal, 2018). In fact, Mary Whitehouse, a pioneer of dance/movement therapy, developed the principle of putting feelings into movement as the basis of dance/movement therapy, rather than creating movement that was merely pleasing to the eye (Cristobal, 2018; Levy, 2005).

The pioneers of dance/movement therapy wanted to create an environment in which clients and patients could feel free to express themselves in the most ancient way of art that exists, basic human movement (Levy, 2005; Hopkins, 2016). Dance has existed since the dawn of time and has always been a way of building community and telling stories (Levy, 2005). Only in the past century has dance become a way of providing psychological healing as well as physical healing (Hopkins, 2016). Dance/movement therapy can be used with numerous populations including those with physical disabilities, mental disabilities, mental illness, trauma, children, adults, women, and men (Hopkins, 2016). Dance/movement therapists train for many
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years to learn how to become attuned to their client’s emotion and reactions and use their insight into the human body to help the client heal via dance (Levy, 2005). Though dance/movement therapists have struggled for many years to be taken seriously and recognized as professionals, they continue to work hard to destigmatize mental illness as well as dance (Hopkins, 2016).

Dance/movement therapy, as well as other forms of humanistic psychotherapy, is one of the few forms of therapy that allow touch between a client and a therapist, though there is no clear definition on what methods are acceptable (Cristobal, 2018). Many dance/movement therapists use touch when working with survivors of sexual trauma to help them regain control and confidence over their bodies (Cristobal, 2018, Levy, 2005, Mills & Daniluk, 2002). Perhaps these methods are effective because touch is a vital part of being a human - it is the first way humans learn to communicate - dance/movement therapists possess unique abilities to meet the clients where they are at in a somatic sense (Cristobal, 2018; Levy, 2005). Touch may be used with the client gradually, to build body confidence and self-awareness, as well as connecting between themselves and the therapist or group members (Cristobal, 2018, Levy, 2005, Mills & Daniluk, 2002).

History and Definition of Sex/Human Trafficking

Human trafficking is defined as using force, fraud, or coercion to acquire some type of labor or profit-oriented sex act (Homeland Security, 2018) as well as the recruitment and movement of people through abuse of vulnerability (Domony et al., 2015). Though sex trafficking is a subset of human trafficking, the American Psychological Association (2015) recognizes sex trafficking as a form of abuse and exploitation perpetrated primarily against women and girls specifically through sexual means. For the purposes of this thesis and to
promote a feminist, person-centered, and strengths-based approach to this issue, those who are
still enslaved by human/sex trafficking or those who have died while being trafficked will be
referred to as victims. Those who have exited trafficking will be referred to as survivors and will
be the primary focus of this paper (Countryman-Roswurm & DiLollo, 2017).

Human/sex trafficking has permeated throughout America as a major operation, in every
state in the United states, even rural areas (Kometiani & Farmer, 2020). Traffickers will target
those who are at risk or are disadvantaged: those with little education, living in poverty or
isolation, and suffering from mental health issues (Countryman-Roswurm & DiLollo, 2017;
Kometiani & Farmer, 2020). Research has shown that exposure to neglect, physical abuse,
sexual abuse, and an unstable household are risk factors for human/sex trafficking
(Countryman-Roswurm & DiLollo, 2017). Traffickers present themselves as the only solution
and method of survival, providing their victims with shelter and trust before abusing them with
manipulation, threats, and abandonment. The traffickers will continuously dominate and exploit
victims through abuse, rape, forced addiction to drugs, and violence (Kometiani & Farmer,
2020).

Many symptoms that present themselves in survivors of human/sex trafficking include
low self-esteem, self-blame, guilt, and low self-worth (Enlow, 2013). Being the object of
trafficking may become a major theme of the survivor’s identity and role in society, resulting in
psychological susceptibility to further human/sex trafficking, causing a cycle of abuse and pain
(Countryman-Roswurm & DiLollo, 2017). A typical psychological condition of surviving
human/sex trafficking is Post-Traumatic Stress Disorder (PTSD), though many argue a separate
diagnoses is required for survivors of trafficking because their symptoms are measured as a
developmental adaptation rather than emotional and behavioral (Enlow, 2013; Domony et al., 2015).

Survivors of human/sex trafficking live in a persistent state of feeling no control over their lives, and constantly struggle to feel safe or secure (Kometiani & Farmer, 2020). Many authors have indicated that even though survivors undergo so much suffering and hopelessness, there are few sufficient methods in place to help them recover and heal (Bernstein, 2019; Bryant-Davis & Gobin, 2019; Countryman-Roswurm & DiLollo, 2017; Kometiani & Farmer, 2020). Unfortunately, there are very few evidence-based treatment programs that are effective, grounded in research, and replicable (U.S. Department of Justice, 2012). There is also a substantial lack of funding for research programs and not enough assistance and focus is made towards survivors of trafficking due to lack of awareness. Subsequently, survivors are constantly being overlooked as a worthwhile investment and suffer the same abandonment they felt while being trafficked, even after their physical release (Countryman-Roswurm & DiLollo, 2017).

Sex trafficking is a form of human trafficking, which traffickers are most likely to target minors, females, people living in poverty, abuse survivors, persons who are involved in gangs, those living in high crime areas, adolescents, children, those identifying as part of the LGBTQ+ community, and ethnically marginalized people (Bryant-Davis, 2019). The exact number of people being trafficked for the purpose of sexual exploitation is not accurately known because it is only a criminal act in roughly 80% of the countries, therefore the overall information on instances around the world is poor (Levine, 2017).

**Trafficking and Mental Health**

Most survivors of trafficking report mental health distress with the most common
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Diagnoses being PTSD and Depression (Bryant-Davis, 2019). Those who come from families with a high prevalence of mental illness, including depression, schizophrenia, alcoholism and/or substance/drug abuse, are at a higher risk of being trafficked (Levine, 2017). The social ecology of being in an abusive and stressful environment is interlaced with other considerations such as drug abuse, poverty, and crime. It turns into a circle of violence that is extremely difficult to escape from (Levine, 2017; Palines et al., 2020).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes complex trauma as a subset of PTSD, which some feel is a more accurate diagnoses for survivors of trafficking (Domony et al., 2015; Enlow, 2013; Kometiani & Farmer, 2020). The American Psychiatric Association (2013) lists several behavioral symptoms of complex trauma in PTSD; re-experiencing memories through nightmares and flashbacks, dissociation, avoiding reminders of the event, abrupt mood swings, negative mood, self-blame, avoidance behavior, diminished interest, inability to remember the event, attraction to danger, and arousal through self-destructive behavior (American Psychiatric Association, 2013; Kometiani & Farmer, 2020; Levine, 2017).

Survivors of trafficking endure many side effects of the abuse they suffered while being trafficked, in addition to possible symptoms of complex trauma or PTSD (Kometiani & Farmer, 2020). Common feelings that arise are anxiety, guilt, shame, lack of self-worth, being trapped, addictive behaviors, anger, inability to love others, irritability, self-mutilation, and loss of faith and religious beliefs (Kometiani & Farmer, 2020; Levine, 2017). The former are triggered by the methods abusers use to control their victims such as manipulation by taking advantage of the victim’s need for acceptance, love, and safety, shame, humiliation, seduction, deception,
betrayal, pressure for loyalty, and fear (Levine, 2017). Extreme methods also include beating the victim or forcing them to become dependent on drugs (Bryant-Davis, 2019).

The majority of those who are targeted and trafficked are children or adolescents, mainly young girls (Levine, 2017). High levels of psychological stress are associated with neurochemical and structural changes in the brain. This is highly alarming as evidence suggests that young children are extremely vulnerable and susceptible to severe and continuous stress responses and may suffer developmentally because of the trauma to their still growing brain (Domony et al., 2015; Enlow, 2013; Levine, 2017; Palines et al., 2020). This may lead to unresolved issues of trauma and underdevelopment of the brain in the future (Domony et al., 2015; Levine, 2017). The fight for survival as a young child often results in developmental gaps at the stages of development the trauma occurred (Enlow, 2013).

Necessary developmental steps that help humans build self-confidence and trust in their competence are grossly hindered by trauma, and cause uncertainty about survivor’s abilities and insecure self-image, that will persevere throughout adulthood (Bernstein, 2019). According to Bryant-Davis, factors that increase a person's vulnerability to being trafficked are insecure attachments, a lack of resources, and a community-wide desensitization to the sexualization of young girls (2019). Children or adolescents who are in unstable home situations (homelessness, runaways, victims of kidnapping, or living in foster care) are also more likely to be trafficked and sexually exploited (Bryant-Davis, 2019, Domony et al., 2015).

After exiting trafficking, survivors may still feel as though they are not being heard and are, in fact, being purposefully silenced by their abuser, family, community, and society (Palines et al., 2020). Often, survivors feel a sense of being re-victimized even after they have returned
home due to their community's inadequate responses. Survivors report instances such as feeling socially stigmatized, looked down upon, and being viewed as sex workers, inhibiting their ability to return safely to their communities (Bryant-Davis, 2019; Levine, 2017). Survivors of sexual abuse will often experience feelings of secretiveness, anger, betrayal of trust, fear, and shame (Domony, et al., 2015; Enlow, et al., 2013). These feelings may last through adulthood (Cristobal, 2018). Survivors may also be fearful for the safety of themselves and their families and some may worry about deportation (Enlow, et al., 2013). The traumatic experiences can also affect their memory and ability to recall the details or chronology of events after they are rescued (Domony et al, 2015). This dissociation of the mind affects the mind-body relationship, causing survivors to be unable to describe physical sensations and lead to severe psychological disorders (Cristobal, 2018).

Treatment

Treatment for survivors of sex trafficking are generally aimed at treating their PTSD symptoms (Palines et al., 2020). One common treatment method for survivors of trafficking, as recommended by the diagnoses of PTSD, is cognitive behavioral therapy. This method helps teach clients coping skills, and uses trauma narration, trauma processing, and treatment consolidation (Levine, 2017). Treatment methods for survivors given diagnoses of disorders of extreme stress or complex PTSD include expressive therapies, narrative exposure therapy, and eye movement desensitization and reprocessing (Countryman-Roswurm & DiLollo, 2017; Levine, 2017; Kometiani & Farmer, 2020; Marquez and Dovi, 2019).

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is the leading intervention for childhood trauma survivors and has recently been applied to young survivors of trafficking.
TF-CBT uses cognitive behavioral principles and integrates concepts from attachment theory, developmental neurobiology, and family systems, as well as empowerment and humanistic approaches (Marquez and Dovi, 2019). Marquez and Dovi (2019) studied the effect of TF-CBT treatment on young Congolese girls who had experienced sexual exploitation, rape, and/or additional traumas, in group format (Marquez & Dovi, 2019). The study found that the participants experienced a significant decrease in trauma symptoms, depression and anxiety as measured three post study (Marquez & Dovi, 2019). One vital part of TF-CBT is Cognitive Coping Skills, which help the client examine their thoughts and challenge the accuracy of their thoughts with new information acquired in the context of treatment (Marquez and Dovi, 2019). Marquez and Dovi (2019) found that by using the aforementioned coping skills, helped the client in coping with pessimistic thoughts and feelings of frustration (Marquez & Dovi, 2019).

Treatment focuses for survivors of trafficking are empowerment, providing a sense of safety, developing a sense of belonging, and providing services that address education, vocation, mental health, addiction, and medical services (Bryant-Davis, 2019; Palines et al., 2020). The therapist should maintain awareness that the survivor’s entire worldview has been altered and shaped by the abuser to make them think that hope and escape was not a possibility, and that their self-worth was limited to sexual acts. It is important to consider that the beliefs held by the survivor may have been altered while being trafficked, and that distrust created by the perpetrator(s) may remain with them even after undergoing treatment (Bryant-Davis, 2019).

Group therapy has been shown to cause a decrease in PTSD symptoms, particularly in adolescents who have recently survived sexual abuse and are seeking support from their peers (Tourigny al., 2005). One study was conducted using a quasi-experimental design with two
waves of measurement (pre-test and post-test) consisting of 27 teenage girls who had experienced sexual abuse and received weekly two-hour sessions for 20 weeks (Tourigny, et al., 2005). The researchers embraced a psychoeducational approach, which combines different therapeutic activities such as group discussions, personal testimonies and stories, individual and collective exercises and lectures (Tourigny, et al., 2005). The results showed a reduction in post-traumatic stress symptoms, an increase in empowerment, and fewer behavioral symptoms (Tourigny, et al., 2005).

As stated by J. A. Levine (2017), knowing where to start when treating a survivor can be a daunting task, particularly when so little data exists on effective methods. Levine (2017) developed a general set of principles that can guide mental health professionals when providing treatment to a survivor of trafficking:

(A) Acknowledge the trauma.

(B) Explore the trauma at an acceptable pace to the survivor.

(C) Explore the person’s self-identity to avoid re-victimized nation and stigmatization.

(D) Participate in the survivor setting new life goals and helping plan to meet these goals.

(E) Set in place continued mental health support and general health surveillance.

(F) Encourage good quality sleep, physical activity and nutrition.

(G) Help the patient reframe experiences to identify positive attributes of the individual and recognize their accomplishments.

(H) Establish support for life skills such as financial intelligence, healthy recreation and maintaining healthy relationships. Once the patient is stabilized medically, legally and socially, a longer-term treatment plan can be defined (Levine, 2017).
Not much is known about how mental health professionals have experienced providing treatment and care for trafficked people. Survey and qualitative research suggest there is a lack of confidence in appropriately responding to survivors, including how to ask about their experiences and how to make referrals to suitable supportive services (Countryman-Roswurm & DiLollo, 2017; Domony et al., 2015). Many mental health professionals report feeling under-supported by their organizations as well as experiencing lack of funding for research on effective treatment options (Domony et al., 2015).

**History and efficacy of using dance/movement therapy with survivors**

The trauma of being sexually abused or assaulted can leave the survivor in a condition of speechlessness, unable to put into words all that they have experienced (Cristobal, 2018). The expressive arts therapies are one way to help facilitate expression of feelings and experiences that do not require the use of language and may be easier for a survivor to participate in (Pierce, 2014). Dance/movement therapy has a unique ability to provide a path to nonverbal expression, helping the survivor move past feelings of numbness into a place of understanding themselves and their creative expression (Cristobal, 2018; Levy, 2005). Schrader and Wendland (2012) found that twenty out of the twenty-three responses to their study at a trafficking recovery center mentioned dancing as their favorite activity. The dancing in their study included scarf movement, repetitive movement, and circle dancing to facilitate self-expression, confidence, comfort with the body, and social connection with the other girls (Schrader & Wendland, 2012). This study's conclusions comply with Levy’s (2005) understanding that dancing itself has a way of bringing the mind back into the body and allowing the self to feel comfortable in its own
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body, even after a trauma, by using movement expression to integrate the mind and body as they work together.

Experiencing sexual violation causes trauma to every aspect of a survivor’s being, as all boundaries have been invaded and disregarded, leaving the survivor with physical and emotional scars that seem like they will never fade (Mills & Daniluk, 2002). This traumatic experience alters the survivor’s relationship to their body and the world around them in seriously impactful ways, potentially causing a negative body image (the term “body image” refers to the lived experience of the body and the psychological significance of the body [Pylvänäinen, P., Lappalainen, R., 2018]). Because dance/movement therapy is very much focused on integrating the psyche and the body, it provides an indispensable form of treatment for survivors of trafficking, guiding the mind back into a comfortable position in the body (Bernstein, 2009; Mills & Daniluk, 2002).

In their work, Pylvainen and Lappalainen (2018) demonstrated that changes in body image and expression due to trafficking have a detrimental effect at a young age. These may be marked by insecurity, depression, and lacking mindful body awareness, meaning the survivor may not be aware of the sensations that occur in their body or may name the sensations with a judgmental and negative attitude. When providing treatment, it is vital to keep in mind that many individuals are trafficked at a young age and taking it into the therapists’ considerations. It is necessary for therapists to note when providing somatic treatment to a survivor that there may be a fine line between examining their body-centered experiences and falling into a somatic re-experiencing of the trauma. It is up to the therapist to remain aware and vigilant that this boundary does not get crossed (Harris, D. A., 2019).
A vital reason dance/movement therapy is an appropriate method of treatment for survivors of trafficking is the theory that all trauma is stored in the body and can be accessed through physical expression (Rothschild, 2017). Mills and Daniluk (2002) believed that unconscious materials including bodily trauma and memories formed during preverbal stages of development are stored in the body - whether we are aware of it or not (Mills & Daniluk, 2002, Rothschild, 2017). The unconscious, emotions, and the body are all interconnected with the processing and experiencing of physical experiences, including trauma (Mills & Daniluk, 2002). These experiences do not simply leave our bodies independently and can affect emotional and cognitive growth, and functioning if not addressed (Mills & Daniluk, 2002, Rothschild, 2017).

Since many families in western society are unwilling to acknowledge the victim’s status as a family member, survivors of sexual abuse often experience a certain level of secrecy surrounding their experience (Levy & Bernstein, 1995). As a result, survivors learn to suppress their feelings and hide their emotions deep within their bodies and minds (Cristobal, 2018). As stated by the authors, this may lead to dissociative responses, such as holding breath, lack of breath, or feeling spacey (Cristobal, 2018). Survivors may also feel symptoms of shame which may include an aversion to certain body parts and feel a need to protect their body (Levy & Bernstein, 1995). Ultimately, survivors may have become dissociated from their body and feel hatred towards their body (Bernstein, 2019). Based on research from Cristobal (2018) and Bernstein (2019), because Dance/Movement Therapists are well trained to notice bodily actions and responses, they will be able to sense what their client is experiencing in their mind/body space and help them build in a safe and empowering environment: a positive relationship with the body (Cristobal, 2018; Bernstein, 2019).
One method of treatment that is used for survivors of sexual abuse is using touch during dance/movement therapy sessions (Cristobal, 2018). During the sessions, the therapists would slowly incorporate touch while dancing in a gentle and non-threatening way by softly placing their hand on the client without moving, or incorporating touch into movement (Cristobal, 2018). Touch is used to communicate, affirm, and connect to the client, while maintaining awareness as to where touch is comfortable for the client. Incorporating touch into sessions can help clients be aware of their boundaries and build safety and personal power (Cristobal, 2018). Touch may also be used as a symbolic form of connection by having the therapist and client touch the same object, rather than making physical contact with each other (Cristobal, 2018). Self-touch is used during sessions to build comfortability with one’s own body and reclaim power over it. This method is useful for survivors of sex trafficking who are experiencing symptoms of low self-image and trauma (Cristobal, 2018).

Prevalent Dance/Movement Therapists (Levy & Bernstein, 1995; Bernstein, 2019) have created several different methods of working with survivors of sexual trauma. One method is improvisation (Levy & Bernstein, 1995), used to develop control and autonomy over the body, something which according to the authors often gets lost after experiencing sexual trauma. Improvisation can also help establish boundaries, both physical and emotional (Levy & Bernstein, 1995; Mills & Daniluk, 2002). Improvisation refers to the technique created by Blanche Evan (a pioneer of dance/movement therapy) characterized by free-association movement guided by feeling and emotion (Levy & Bernstein, 1995). Using this method with survivors, the therapist will offer content-evoking themes or offer to have the client enact scenes from their trauma (Levy & Bernstein, 1995). The advantage of this dance method is that it
facilitates the building of layers of emotional safety while accessing trauma-related memories, feelings, and associations that may serve as triggers for the survivors while the dance/movement therapist providing the care and holds the space for the survivor (Bernstein, 2019; Levy & Bernstein, 1995).

Another method of dance/movement therapy for survivors of sex trafficking is called Empowerment-Focused Dance Movement Therapy, created by Bonnie Bernstein (2019). Bernstein is a pioneer among those few who provide treatment for survivors of sex trafficking using dance/movement therapy. Conducting her research in Kolkata, India, Bernstein demonstrated that this Empowerment-Focused method is a trauma recovery approach that utilizes expressive dance to inform the healing process with the goal of freeing the survivor from the emotional and physical impact the trauma has had on their mind, body, and spirit (Bernstein, 2019). The interventions for this method were carefully fashioned to expand creativity and authentic body movement and to develop a language that will help the survivor make sense of their feelings and safely recover from the trauma (Bernstein, 2019). As emphasized by Bernstein, sexual trauma has a major impact on the body and mind, often disconnecting them from each other (2019). It is vital that the healing process for survivors of trafficking include reconnecting to the body, developing positive feelings towards the body, and learning how to care for the body (Mills & Daniluk, 2002).

Bernstein’s (2019) study in India incorporated activities such as dancing daily life in India (walking to the market, leading cows to pasture, etc.), embodying various animals, and other evocative imagery to facilitate imagination to build safety around insight and feelings. She also used improvisation to help the client build a more self-assured self-image and express their
feelings authentically. Bernstein (2019) kept her sessions with the survivors joyful and playful, never focusing on the negative, and always using dance as a form of empowerment. Bernstein’s method of Empowerment Focused Dance/movement therapy incorporates many tools into its treatment and proves to be a compelling option for treatment of survivors of trafficking (2019).

Bernstein’s (2009, 2019) research and work with survivors in India have provided insight into how to properly consider trauma-informed, empowerment-focused treatment methods for survivors of trafficking through dance/movement therapy. To date she is the only dance/movement therapist to have published research on this specific population. Her research using dance/movement therapy with survivors of trafficking can help therapists of all modalities to understand the process of regaining control and understanding over the mind/body connection and utilize body movement to progress and improve the healing process.

Though there have not been many studies involving dance/movement therapy directly with survivors of trafficking, the supporting studies of dance/movement therapy with survivors of sexual abuse and psychotherapy with survivors of trafficking have greatly contributed to the constructions of methods for treatment of trafficking survivors (Cristobal, 2018; Harris, 2019; Mills & Daniluk, 2002; Pierce, 2014; Pylvänäinen & Lappalainen, 2018).

**Understanding the Gap in Trafficking Literature**

There is no doubt that more research about the treatment of trauma from trafficking is required (Levine, 2017). Limitations of this research include a lack of evidence-based research conducted with survivors of trafficking (Bryant-Davis & Gobin, 2019; Levine, 2017) in addition to few interventions that focus on facilitating lasting change for those who are trying to move from being a victim of trafficking to becoming a survivor (Countryman-Roswurm & DiLollo,
Many researchers who study human/sex trafficking agree that in order to make a sustainable impact in the anti-trafficking movement, therapists need to understand the challenges and limitations survivors face so lasting change can be made, including the circumstances that led to their trafficking (Countryman-Roswurm & DiLollo, 2017; Domony et al., 2015; Palines et al., 2020).

Levine (2017) provides six reasons for the limited/absence/lack of lit about survivors of trafficking and their mental health consequences: oversimplification. The concepts of trafficking are oversimplified without acknowledging the many aspects of trafficking such as sexual abuse, physical abuse, kidnapping, drug abuse, and trauma. Survivors face all these issues; however, survivors are placed into a single box that does not allow for proper treatment of all areas. A second limitation is that research is conducted on samples that may be unrepresentative of the actual population; research is only conducted on survivors who live in rescue centers, and often by agencies that aim to gain funding through their research.

A third limitation, according to Levine (2017), is that many survivors do not know their age or family history due to trauma or past livelihood, and they may not speak the language which the study is being conducted in. A fourth limitation she stresses involves difficulty with obtaining consent. Survivors of trafficking have often been severely coerced and may be unwilling to participate in a study that appears to be trying to coerce survivors into handing over their information. The fifth limitation is a concern that research may re-stigmatize survivors by labeling them as “sex trafficked victims” (Levine, 2017, p. 8). The sixth and final limitation is caused by the fact that only two clinical trials in sex trafficking exist, as opposed to the 9,505 in depression (clinicaltrial.gov). Due to these limitations and lack of robust research projects,
knowledge is lost. This gap in knowledge is unlikely to be closed as agencies that are interested in researching trafficking are not being sufficiently funded (Levine, 2017).

One significant gap to note includes the need for further study on how trafficking is different around the globe. Many studies on mental health concerns of survivors came from North America with little reference to how survivors were affected in other countries (Domony, et al., 2015; Levine, 2017; Márquez & Dovi, 2019). Additionally, the only research conducted using dance/movement therapy with survivors of trafficking took place in India (Bernstein, 2019), and there may be cultural differences that would affect this method of treatment if it were conducted in North America, for example.

**Cultural Considerations**

More research is needed to appropriately assess how and to what extent other cultures process traumatic experiences and how they are affected psychologically. Many survivors of trafficking in the U.S. originate from other countries and speak different languages, yet they are treated the same as English speaking Americans (Domony et al, 2015). We do not yet know if reactivity to life-threatening and traumatic experiences affects human physiology the same, regardless of culture, or if there are differences (Harris, 2019). A therapist, for instance, may try to use conscious breath-work as a grounding method, but their client might not be familiar with the concept due to being from a different culture, and regards breathing as natural and fluid (Harris, 2019). A lack of awareness of the differences in culture can cause a rupture in a therapeutic relationship with a trafficking survivor. Considerations must also take into account potential systemic barriers to receiving mental health care such as discrimination, poverty, oppression, or being an illegal immigrant (Bryant-Davis & Gobin, 2017).
Arts based response

As an artistic response to this thesis, I retreated to the forest near my home to express my thoughts and feelings through dance. I recalled a dance I performed in 2018 with the Harrisonburg Dance Collective, which was based on a survivor’s experience in being trafficked and escaping with the aid of other women. It was an emotional piece to perform, and it was what made me decide that this was what I wanted to write about. The movements we performed were sharp and abrupt and made me feel the uncertainty of shock of being captured and forced into labor. As I danced in the forest, I let my body accept the sensations of the wind blowing across my face and the rustle of trees. I imagined that my body was being tossed about and beginning to lose feeling. I danced in the forest for an hour and concluded by feeling myself grounded into the dirt, safe and secure. I am grateful that I was able to participate in the dance piece based on trafficking in 2018 and be able to venture to the woods for a private place of expression. I have recorded my arts-based response and submitted it alongside this written thesis.

Discussion

My purpose in developing this project was to explore methods of using dance/movement therapy with survivors of human trafficking and the psychological effects of the trauma human trafficking causes. I have provided evidence for dance/movement therapy as a treatment method for trauma caused by human trafficking and highlighted its ability to understand the connection between the mind and body to provide deeper healing. By reviewing research on treatments for survivors of trafficking and using dance/movement therapy as a treatment method, I have provided a summary of current methods of treatment and implications for further research.
The research I reviewed indicates that though the most common form of treatment for survivors of human trafficking is to approach it as PTSD, survivors of human trafficking often have more complicated symptoms and should not be placed in a box that lumps them in with other demographics (Domony et al., 2015; Enlow, 2013). Research on methods of dance/movement therapy indicated that dance has a unique way of using the body to express emotion and reactions, an essential part of reclaiming the body after undergoing bodily trauma (Cristobal, 2018; Levy, 2005). Since survivors of trafficking are frequently forced to do labor or perform sexual acts, integrating the body into treatment is vital to the healing process (Bernstein, 2009; Mills & Daniluk, 2002).

Only a few studies have been conducted involving the use of dance/movement therapy as a form of treatment for survivors of trafficking (Bernstein, 2019; Levy & Bernstein, 1995), therefore further research is needed to assess what other methods of dance/movement therapy would be beneficial for this demographic. My research raised several issues regarding a lack of research in standard approaches for the treatment of survivors of trafficking, such as psychotherapy. A significant lack of funding has prevented research from being conducted on this population resulting in sparse information regarding appropriate treatment options (Domony et al., 2015).

After conducting this research, I have several recommendations for methods of treatment and continued research. Bernstein (2019) offered an empowerment approach to treatment, which provides a good basepoint for goals of treatment. Incorporating other dance/movement therapy methods such as improvisation (Levy & Bernstein, 1995) and use of touch (Cristobal, 2019) in a trauma-informed way would be well placed in a treatment plan because of the freedom and
control over the body it gives the client. Group sessions (Tourigny, et al., 2005) conducted with other survivors would give clients a sense of community and support while undergoing treatment and would allow dance/movement therapists to include activities that require multiple participants.

When creating treatment plans for survivors of trafficking, one must consider basic components of trauma treatment such as creating safety, body boundaries, increased self-esteem, awareness of self and others, and building trust through interpersonal relationships (Márquez & Dovi, 2019). Dance/movement therapists should aim to focus their treatments on self-expression through movement to create a sense of self and using movement to safely express emotions and create goals for a healthy future (Bernstein, 2019). Dance/movement therapists should also consider the importance of creating an opportunity for safe touch, self-touch and shared touch to relearn and experience what a healing touch looks like and how it is used in caring, compassionate ways (Cristobal, 2018).

Based on my findings, I conclude that, although dance/movement therapy appears to have many benefits to the treatment of survivors of trauma, more research is needed to determine appropriate methods. Research is limited, even for basic study of psychotherapy approaches, therefore more dance/movement therapists should consider expanding their range of demographics and become more involved with survivor communities in their area as well as conducting more research. Additionally, dance/movement therapists might consider researching methods conducted by other expressive arts therapists, though there are few of those studies as well, and incorporating their discoveries into dance/movement therapy methods.

Dance/movement therapy has the power to transform a person’s body image, psyche,
creativity, and power of expression. We cannot let survivors suffer their trauma alone, we cannot let them continue to be ignored. Dance/movement therapists must rise, lead the way to bringing down the wall that blinds society to these horrors inflicted on humans, and use their power to heal through dance.
References


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THESIS APPROVAL FORM

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Expressive Therapies Division
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Student’s Name: _______ Rebecca Richardson

Type of Project: Thesis

Title: __ The Freedom to Move: Dance/Movement Therapy and Survivors of Trafficking - an Evolving Practice, a Literature Review

Date of Graduation: _______May 5, 2020__________

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

Thesis Advisor: _______Dr Tamar Hadar, MT-BC______________________________________________________________

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