Creating Culturally Contextualized Therapeutic Interventions for Sexual Trauma Aftercare

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Abstract

Research about somatic trauma experiences provided ample evidence that the mind and body are intrinsically connected. Regarding my dissertation topic, this evidence also shows the Mind Body connection in sexual trauma which causes not only disease and injury but also dissociation, stress, shame, and the decreased ability to regulate emotionally or to retain a positive sense of self. This study endeavored to discover principles and practices that can lead to contextualized and democratized approaches to therapeutic interventions in cultural sexual trauma aftercare settings. Uniquely, this study proposed "movement arts therapy" as examples of such therapeutic intervention; the movement arts therapy took place in the Philippines in an aftercare facility with Filipino sexual trauma survivors. The goal in this intervention case study was to provide a framework of principles and practices that might also aid other helping professional fields and other cultural contexts, including community development and relief work.

In November 2013, my movement arts workshops took place in a Filipino aftercare shelter in partnership with the Seattle-based nonprofit, Arts Aftercare. Starting at Samaritana Transformation Ministries in Manila, my team leaders and I introduced the first phase which involved training five aftercare staff members. The second phase allowed for the newly trained staff to replicate the workshop with fifteen female sexual trauma survivors ranging from ages eighteen to forty, all of whom were in a moderately stable condition.

Keywords: trauma, sexual trauma, sex trafficking, sex trafficking aftercare, prostitution, art therapy, dance movement therapy, movement, social justice.

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The place God calls you to is the place where your deep gladness and the world's deep hunger meet. -Frederick Buechner

My passion for both the arts and for healing led to my strong sense of calling to heal through the arts. I believe that the divine leading of God has provided me with the encouragement, contacts, methods, resources, and more, to contribute to a growing body of literature on sexual trauma aftercare.

I therefore dedicate this research to Brittany Walker, one of my research assistants, who before her death contributed sacrificially and who profoundly influenced others through her contagious joy, resilience, and courage.

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Chapter One

Elena, a 19 year old Filipino native, told herself that working at the bar as a prostitute was a temporary solution to her family's financial crisis. Her mother worked at a store across town, but Elena's dad and brother, drunk and disappointed since their motorcycle taxi business had ended with their broken motorcycle, provided no help. She promised herself she would do it only until she saved enough to buy her dad and brother a new motorcycle. Several months later Elena gave them enough money to fix the original motorcycle, but they gambled it away and demanded Elena bring home more money. Learning marketable skills such sewing and design would never pay much, so Elena felt forced to remain a prostitute.

As with other South Eastern Asian countries, the Philippines has a chronic and generational problem in its systemic disempowerment and abuse of women and their bodies. It comes at the cost not only to families now, but also in generations to come. This norm of exploitation needs redirected, positive social change that allows healing for its victims who suffer a range of emotional, psychological and physical detriments.

Elena's case represents that of millions, and her experiences in forced prostitution and sex trafficking pose a strong case arguing the need for effective sexual trauma aftercare. And, while each story is unique to the survivor who tells it, all bear common threads of deception, abuse, psychological breakdown, poverty, and disease.

Aftercare is the intentional process of holistic healing – emotionally, physically, and mentally – for survivors after they leave the sex industry (Grant & Hudlin, 2007). It is particularly relevant to psychologists, aftercare workers, and others who seek to restore rescued victims to a sound physical and psychological state. In fact, the restorative process has proven just as critical as the rescue mission itself. However, current

programs are not sufficiently equipped–in either quality or quantity–to successfully mediate the needs of this growing population. In short, only a limited number of aftercare shelters exist, most of them significantly under resourced, in different parts of the world. However, millions of survivors need their services.

Solutions necessitate cultural collaboration of both Western and non-Western humanitarian professionals, particularly psychologists, doctors, and aftercare workers who investigate and remedy a wide variety of abuse and its aftermath. For Elena, this collaboration meant that a medical exam revealed her broken hips and her broken teeth, screened her for Human Immunodeficiency Virus (HIV) and more. But, at least one question still remained: who would attend to the inner reality of her mind and soul? While she may no longer live in imminent and continued trauma, the realities of PTSD could potentially lock her in a cycle of psychologically reliving the experiences until she gets help. Sadly, however, most aftercare shelters do not have the resources and training to handle the severity and complexity of these issues.

Sexual Trauma and Aftercare

My case study focused on female sexual trauma – victims of sex trafficking and forced prostitution – and means for their recovery from such trauma via movement arts; it did not study other forms of sexual trauma such as rape and child sexual abuse. The U.S. Department of State defines sex trafficking as the "recruitment, harboring, transportation, provision, or obtaining of a person for labor or services in which a commercial sex act is induced by force, fraud, or coercion" (as cited in Hu, 2011, p.11). Estimates from 2008 argue that nearly 12.3 million people are trafficked yearly, 1.39 million of whom are trafficked as sex slaves. Specifically, 600,000 – 800,000 people are bought and sold

across international borders each year; 98% of these are women and children (U.S. Department of State, 2004; Nelson, 2009).

Moreover, since 2000, the sex trafficking industry has grown more lucrative. In fact, sex trafficking expert, Siddharth Kara, explained that "trafficked sex slaves are the single most profitable type of slave, costing on average $1,895 each but generating $29,210 annually, lead[ing] to stark predictions about the likely growth in commercial sex slavery in the future" (2009, p. 19). Current trafficking, then, is far reaching both in the numbers of people in bondage and also in public health policies, economic growth and sustainability, plus, ironically, tourism. The commercial sex industries exchange sex for money or goods, including pornography and prostitution (Thompson, n.d.) generally defined as "street work, ship work, parlor work, escort work, working independently, mistressing, peep show work, stripping, telephone work and topless dancing" (Burnes, et al., 2012, p. 137). According to the Swedish Ministry of Industry, Employment and Communications, prostitution fuels this modern day slave trade: "international trafficking in human beings could not flourish but for the existence of local prostitution markets for men who are willing and able to buy and sell women and children for sexual exploitation" (Nelson, 2009, p. 68).

In my first conversation with Jonathan Nambu, director of Samaritana Shelter located near Manila, Philippines, Nambu shared the common notion related to sex trafficking: particularly in the Western world, people associate sex trafficking with images of Pierre Morel's 2008 action thriller film, *Taken*. Thus, many perceive sex trafficking as women being kidnapped, locked away, and drugged. According to Nambu, the term sex trafficking should also include forced prostitution. With over forty million

prostitutes world-wide, including twenty-two countries that legalize and regulate the practice, prostitution fuels the world of sex trafficking. In the United States alone, 80,000 American citizens are arrested each year for soliciting sex. This demand and supply unfortunately spurs the fifty-eight billion dollar sex trafficking industry (Dye, 2012).

Prostitution is inherently a systemic issue, and poverty was part of its original "breeding ground" (Monroe, 2005, p. 70). Impoverishment in developing countries with weak child protection policies and lax law enforcement has fostered child prostitution (Becoming Sweetie, n.d.). At times, poverty has forced desperate parents to give up their children to prostitution to supplement their low income. Once separated from their parents and homes, these children have been particularly vulnerable to kidnapping and sex trafficking (Becoming sweetie, n.d.). To better understand the human behavior of prostitution, a 2007 qualitative study researched twenty women selling sex in Lahore, Pakistan, and the overwhelming "poverty of opportunity forcing women into prostitution" (Khan, et al., 2010, p. 370) showed the desperate facts of their lives: they had little access to education and no adequate way of making a living wage (Khan, et al., 2010; Monroe, 2005). Inadequate prospects, destitution, and economic burdens drove girls and married woman in Lahore into sex work (Khan et al., 2010). Women, then, sold sex simply to survive, a fact which counters commonly held myths that women choose prostitution as a desirable, profitable occupation, or that women first enter prostitution during their adult life (Monroe, 2005; Pilisuk, 1998). The systemic nature of both sex trafficking and prostitution found in the literature later contributed to the underlying principle of Systemic Understanding in this study's methodology.

Prostitution by nature is as equally exploitative and devaluing as sex trafficking. A similar "push and pull" (Pilisuk, 1998, p. 204) dynamic drive both the commercial value and the sexual exploitation of prostitution and trafficking. Economic factors such as poverty, lack of education, unequal job opportunities, and unfair gender factors can powerfully push women and children into vulnerability for prostitution and sex trafficking. Meanwhile, sex tourism, procurers, pimps, and those involved in global organized crime and pornography (Thompson, n.d.) fuel the demand for sex work.

Indeed, commercial prostitution and trafficking are complicated and complex organizations. Although research literature documents the history of several classes of sex work, most research studies pertained to different classes of street work. This hierarchy classified sex workers by location and number of clients in a given time period. For example, Exner, Wylie, Leura, and Parrill (1977) identified five classes of female sex workers: Class I, the upper class of the profession, consisted of call girls; Class II as the middle class, consisted of in-house girls who typically worked in an establishment on a commission basis; Class III, the lower middle class, were street-walkers whose fees and places of work fluctuated considerably. Class IV sex workers were commuter housewives, who typically engaged in sex work to supplement family income; Class V consisted of street-walker addicts or drugs-for-sex street walkers (Surratt, Kurtz, Weaver, & Inciardi, 2005) and were considered the lowest class of the profession. While high-end sex work is a potential profession and career, these studies suggested that street-based sex work is a form of survival (Burnes, 2012; Murphy & Venkatesh, 2006; Whelehan, 2001).

Salvation Army anti-sex trafficking activist, Lisa L. Thompson, also noted the overlapping similarities between sex trafficking and prostitution. Indeed, a variety of

factors including an inadequate knowledge about HIV/ Acquired Immune Deficiency Syndrome (AIDS) plus risky sexual behavior positioned these woman and girls as particularly vulnerable to any sex trade (Khan et al, 2010, p. 378; Pilisuk, 1998, p. 204). Suzie Rivera Pacheco has argued that natural disasters and economic crises tend to break down law, order, and social networks which brings further vulnerability to at-risk women and girls who often become "a ready supply of potential victims because of the crisis at hand" (Pacheco, n.d., p. 27).

Whether in crisis or in peace, the Philippines remains a microcosm of this greater, global problem of sex trafficking and prostitution. Specifically analyzing the Philippines, Lerderer (2001) painted a bleak picture, noting that Filipino women are trafficked cross-communally by organized crime and prostitution rings in Taiwan, Japan, Malaysia, and South Korea. These rings have transported women on routes to and from the Philippines, Kuwait, and Bahrain. Some traffickers go as far as to smuggle Muslim Filipino women, on their ritual pilgrimage to Mecca, into Saudi Arabia (Lerderer, 2001).

UNICEF estimated that two million children around the world are involved in prostitution and that Filipino child prostitution is particularly widespread, and UNICEF ranks the country fourth among those with the highest number of prostituted children. According to the Department of Social Welfare and Development in the Philippines, between 60,000 and 100,000 Filipino children are involved in prostitution (Becoming sweetie, n.d.). In 2013, 27.9% of the Filipino population was reported to be living below the poverty line, according to data from the Filipino National Statistical Coordination Board (Becoming sweetie, n.d.). For example, the Subic and Clark military bases in the Philippines are served by a massive prostitution industry. Close to 30,000 registered

hospitality girls remained in the Philippines to serve soldiers on training missions and, progressively, to serve tourists and businessmen (Pilisuk, 1998).

The Need for Aftercare

The problem of sex trafficking and forced prostitution promotes the need for aftercare and recovery. In this intentional process of restorative holistic healing for survivors, programs can vary from country to country. Formats may range from Drop-in or Day Centers, Rapid Assessment Centers, Community or Foster Care, Transitory Care, Residential Care, Hospice or Palliative Care (Grant & Hudlin, 2007). The components to consider in aftercare are many and complex: establishing the dignity and respect of and for the survivor, security, adequate facilities, confidential intake procedures, holistic healthcare, counseling and therapy, education and life skills training, vocational training or career guidance, spiritual care, and, of course, maintaining quality staff.

However, because current programs are few and limited in quality and quantity, the vast need for this service is staggering. Even to justice-oriented professionals, the weight of the problem can become immobilizing, for no one organization brings with it all of the answers or resources to facilitate a holistic recovery program.

In this review, I found ample studies on effective interventions with specific types of sexual trauma such as sexual assault, Child Sexual Abuse (CSA), and Intimate Partner Violence (IPV), however the research lacked successful therapies to treat sexual trauma specifically for forced prostitution and sex trafficking survivors. Through my study, I propose to explore the principles and practices that can offer contextualized and democratized approaches to therapeutic interventions in cultural sexual trauma aftercare settings. The intention of this case study where I examined movement arts as a

therapeutic intervention in an aftercare shelter in the Philippines was to provide tangible solutions to promote healing in the lives of recovering survivors. The needs for this type of service greatly outnumber the aftercare locations and workers. For any cooperative planning for global success in aftercare, it is essential that both Western and non-Western humanitarian professionals, particularly psychologists and aftercare workers, collaborate to address this complicated human, cultural, and psychological state of pain and suffering.

Treatment Scope

Because aftercare holistic healing is such a global mission, its support must come from the global community: counseling psychologists need to communicate, to exchange views and theories, to learn the inherent challenges, and in the process, to create a new professional and global consciousness that can advance our field, resolve problems, and restore dignity. Marsella and Pedersen (2004) upheld that multicultural competent work "is within our capability to do so! It is our responsibility to do so" (p. 422)!

All who participate in this mission should clearly understand what they can bring to the table. As a student of Western psychology, I asserted the critical value of empirical research plus financial backing and contact influence often lacking in other parts of the world. In the United States specifically, empirical research on countless topics is common, yet treating sex trafficking and forced prostitution is still a relatively new research topic; however, the Western world's rigorous and structured research stands to offer quality study on the subject. Western psychology has also held great global influence, both setting precedence and also providing leadership through venues such as the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM 5) (APA,

2013), as well as through journalism, media, and entertainment. As with any abundant resourcing, though, the resulting responsibility is significant, and each case is different. In this study, I used an active, practical approach plus a wealth of research resources, to create new ways to help remedy the horrendous personal trauma caused by forced prostitution and sex trafficking. Likewise, I recognized the complexities of applying Western traditions to the Southeast Asian context. Successful treatment required great intimacy with the cultural context, experience with the local nature of sexual trafficking, and a sensitive understanding of the Filipino participants' experiences.

In the past, Western interventions often have not translated well across cultural contexts. Add the socio economics of poverty and inadequate education, and many aftercare programs have lacked resources for the training required to administer psychological interventions, or the money to pay experts to implement innovative treatment such as Dance Movement Therapy (DMT). However, in my Filipino aftercare experience, DMT did illuminate a new venue that aftercare workers who lack specialty training or graduate level education can provide. These aftercare workers were also likely intimate with the cultural context of the survivors, often coming from the same ethnic background and speaking the same language; that connection alone offered a stronger likelihood of recovery. That said, aftercare shelters were small in relation to the number of survivors they served. Regardless, we Western psychologists will have an ample opportunity to use our own resources to collaborate with these care workers and learn from them as well as provide assistance.

The focus of this research was twofold. First, this project researched principles and practices that could lead to culturally contextualized and democratized approaches to

therapeutic interventions in sexual trauma aftercare settings; second, it sought ways I could model these principles in a case study employing movement arts therapy in the Philippines. This study further offered an example for other humanitarian professionals and fields, perhaps revealing the potential benefits of DMT healing for other situations. The Philippines provided me the introductory case and framework to answer my research questions. Additionally, because this dissertation research is qualitative in nature, it provided the perfect platform to investigate further the general benefits of such a program for other locations.

Definition of Terms

The following terms, in denotative and connotative value, are key to the explanation and implementation of this research.

Aftercare: The assistance and recovery given to survivors of sexual exploitation based on their needs. This assistance can range from and include shelter, counseling, medical care, substance treatment, supportive care, or supervision (Merriam-Webster, 2013; Office of the Law Revision Counsel, 2012).

Aftercare worker: A person who is staffed on-site at a sexual trauma aftercare shelter or facility working directly with survivors of sex trafficking and forced prostitution.

Bartenieff Fundamentals: A type of Laban Movement Study (studies and other methodologies derived from the work of Rudolf Laban, a European dancer and theorist) that was created and extended by a physiotherapist, Irmgard Bartenieff. The Bartenieff Fundamentals leverage exercise to promote the total integration of the body and of personal expression (Hackney, 2000).

Child Sexual Abuse: The physical sexual violence of a person in their childhood including rape, molestation, and assault. This abuse can cause mental illness in adulthood or subsequent somatic dysfunction (Scaer, 2007).

Choice: The act of voluntarily engaging in the study's movement art workshops, based on individual free will.

Contextualization: The process of tailoring interventions and work to accommodate the unique aspects of a particular culture including language localization and consideration of systemic conditions of the culture (Merriam-Webster, 2013).

Commercial Sex Act: Any sexual act performed by any person in exchange for monetary or value-based compensation (Grant & Hudlin, 2007).

Commercial Sexual Exploitation: The exploitation and abuse of a position of vulnerability, power, or trust of a person in a sexual manner often for monetary gain by another (United Nations Protection from Sexual Exploitation and Abuse, 2013).

Cultural: The act of dealing within a specific culture (Merriam-Webster, 2013).

Culture: A series of values, beliefs, habits, ideas, and behaviors shared by a group of individuals such as age, gender, ethnicity, race, religion, sexual orientation, physical and mental ability, and socioeconomic status (Hiscox & Calisch, 1998; Patton, 2001).

Dance: A systematic art form that creatively directs human bodies as a vehicle of expression in time and space (Chang, 2002).

Dance/movement therapy (DMT): A school of therapy that specifically uses rhythmic bodily action as a tool to rehabilitate patients. It combines verbal and non-verbal communication as a trained dance therapist enables a patient to achieve several

therapeutic goals such as expressing feelings, participating in human relationships, increasing personal self-esteem, and developing a healthy body image (Dayton, 2010).

Democratization: The process of change that makes something available and accessible to a broader group of the people (Merriam-Webster, 2013).

Holistic Accessibility: The degree of cathartic release or therapeutic relief from the consequences of sexual trauma, both emotionally and physically.

Human Trafficking: The act of using threats or other forms of coercion such as kidnapping, trickery, or fraud, etc. to maintain control over another person for the purpose of exploitation (Hu, 2011).

Inclusion: The act of treating everyone equally and ensuring the study's movement art workshops accommodate everyone who wanted to participate.

Incremental Change: The intrinsic, fundamental value of the small, progressive changes that can bring enormous improvement in anyone's life, even if it does not, in this study, address all the systemic issues fueling sexual exploitation.

Mind: The organized totality of both the mental and psychic processes of a person. Specifically, this references the cognitive aspects of a human including perceptions, sensations, memory, intelligence creativity and affection, that encompasses emotions such as fear, anger, hatred, boredom, fatigue and motivation such as needs, wants, desires, goals, and ambition (Corsini, 2002).

Mind Body: The connective relationship between experiences, emotions, behaviors, and physical health (Hass-Cohen & Carr, 2008).

Movement Arts: The conscious use of acquired skill and creative imagination to move rhythmically to music, or to follow a set sequence of steps (Merriam-Webster, 2013).

Participant: The sexual trauma survivor who partook in the case study for this dissertation research.

Post-traumatic stress disorder (PTSD): A constellation of seventeen different symptoms that make up a severe psychobiological reaction to a traumatic event. These symptoms disrupt normal functioning in cognition and affect behavior and physiology (APA, 2013; Armsworth & Holaday, 1993; Black, 2007).

Poverty: The economic state of a person whose income is lower than the poverty threshold and who thus has insufficient resources. Poverty may cover a range from extreme want of necessities to an absence of material comforts (Merriam-Webster, 2014).

Prostitution: The exchange of sexual activities for money or for other material gain such as meeting subsistence needs such as food, shelter, and protection (Weber, et al., 2004, p. 584-585).

Safety: Freedom from danger both in the participants' physical well-being and emotional stability.

Sexual Abuse: Any illegal sexual contact forced upon a person without consent, or inflicted on a person who is incapable of giving consent because of his or her age, physical or mental incapacity, or subordinate relationship to the assailant (Merriam-Webster, 2013).

Sex Work: One or several services in which sex is exchanged for money or goods. Specifically, some have conceptualized sex work as specific jobs of "street work, ship work, parlor work, escort work, working independently, mistressing, peep show work, stripping, telephone work, and topless dancing" (Burnes, et al., 2012).

Sexual Trauma: A person's short and long term physical, physiological and/or emotional impacts and tragedy caused by a sexual violation, inflicted or witnessed by another (Allendar, 1995; Van der Kolk, et al., 2005).

Sex Industry: All workers, managers, owners, agencies, clubs, trade associations, and marketing involved in sexual commerce, both of the legal and illegal varieties (Weitzer, 2010).

Sex Trafficking: The engagement, transportation, distribution, harboring and receipt of persons by means of intimidation or the expenditure of power, abduction, deception, susceptibility, or the providing or receiving of payments or benefits (particularly exploiting sexual acts by force) to gain the consent of a person having control over another person, for the purpose of abuse (Hu, 2011).

Sex Trafficking survivor: A person who has been rescued from the life of being trafficked or exploited sexually (United Nations Office on Drugs and Crime, 2014).

Simplicity: The state of the movement intervention basic enough to promote understanding and ease in learning for any participant.

Somatic psychology: The study of the mind that centers on the role of the body as a significant lever (Aposhyan, 2004).

Sustainability: The ability to make the movement arts intervention accessible and available to all including aftercare workers who may not have a high level of education or training in professional therapy. True sustainability equals the ability of the aftercare workers and participants to maintain and practice on their own after the workshop.

Tagalog: The national language spoken and written in the Philippines.

Trauma: An autonomic, physiological, neurological response instigated by a disturbing experience such as hunger, war, or sexual abuse (Malchiodi, 2012).

Trainee: The aftercare shelter staff members who were trained in the case study workshop to then teach the participants.

Literature Review

As there is still much more to study on how the sexual trauma of forced prostitution and sex trafficking affects survivors and base case interventions, it was important to reference the vast body of literature surrounding sexual trauma and known treatments as a whole.

Sexual Trauma

Malciodi (2012) described trauma as an autonomic, physiological, and neurological response to devastating events or experiences that generates a secondary psychological response. In light of this definition, sexual trauma from sex trafficking and forced prostitution was legitimately included as a subset of sexual trauma, especially because this particular kind of trauma included not only the violation and psychological manipulation of sexual abuse but also an amalgamation of substance abuse, disease, violence, and torture. When specifically examining the deleterious health impact of any one form of violence against women, research revealed that the health consequences are incrementally worse for survivors of multiple forms of violence, such as those which happen to trafficked and prostituted women. These forms resulted in poor mental and physical health (Campbell, Greeson, Bybee, & Raja, 2008). According to Dr. Peter A. Levine (1996a), originator and developer of Somatic Experiencing® and the Director of The Somatic Experiencing Trauma Institute, sexual abuse posed a unique problem

because it served as an intrinsic violation and invasion into an individual's sacred space. This breach of emotional and sexual boundaries often resulted in the survivor's belief that she is soiled, dirty, and damaged. Part of that damaged feeling, Levine (1992) noted, resulted when a victim suffered limited ability to respond to and exist in normal (and particularly stressful) interactions and, therefore, had persistent mental, emotional and psychological detriments.

When treating the somatic and psychological damage of sex trafficking and forced prostitution in aftercare, a variety of sexual trauma experts, including Malchiodi (2012), agreed that because the body is the center of violation, integrating the body into therapy was essential to bringing holistic healing to the survivor. Malchiodi (1999) believed that art therapy could help because it allowed the mind to connect to the body and its symptoms or triggers in a way that other traditional forms of therapy may not. The foundational theory was that the body and mind are interrelated and should be treated together. Deriving from his long-term research, Levine concluded that the type of physical violation a person can experience in sexual trauma can have equally harmful impacts on the mind as it does on the body. The damage to the mind, stemming from the violation of the body, according to Levine (1997), can, therefore, have much longer standing effects on a person even after the physical wounds have healed. In fact, Van der Kolk focused his work on the interaction of attachment, neurobiology, and the developmental aspects of trauma's effects on people, and argued that in situations such as these, "[T]he body keeps score" (Wainrib, 2006, p. 105). In other words, for survivors of sexual trauma, the body itself maintained the memory of traumas enacted upon it. Van der Kolk et. al. (2005) also noted in a study of over five hundred participants, that the

majority of those who experienced prolonged sexual trauma as young adults or adolescents have shown substantial long-term problems in the areas of self-regulation, attention, and personality structure. This fact indicates the body's ability to harbor pain and trauma both mentally and psychologically, which in turn necessitates both physical and emotional healing.

I refer to those who have undergone sex trafficking or prostitution trauma as survivors rather than victims. The term survivor indicates someone has successfully overcome an extreme challenge, so defining these women as victims negated their winning status, perpetuated their level of vulnerability, and contributed to a powerful differential. Still, the survivor had suffered physical and emotional trauma, so attending to the survivor's bodily injuries alone was not enough: physical wounds heal much more quickly than emotional ones, and the memory of assault could still hold this survivor in a victimized state. Understandably then, treatment needed to focus also on the survivor's mental health. In DMT, the treatment addresses the body in more than a purely medical fashion; it calls for the survivor to move her body in ways that integrate the nuances of the relationship between the body and the self. Through dance movement, the body unlocks the expression of traumatic emotions in ways that verbal therapy and medical assistance alone cannot. Therefore, coupled with traditional psychotherapeutic methods, creative art therapies such as movement arts are an effective treatment modality; such art integrates the body and offers the survivors a personal language to re-access feelings, memories, and images associated with their trauma (Koch & Fischman, 2011; Leventhal, 2008).

Consequences of Trauma

Somatic consequences. The fields of Interpersonal Neurobiology, Somatic Experiencing, and Neuroscience are pertinent to this discussion as they offer a wealth of knowledge about the constellation of physical symptoms resulting from the body's attempt to process trauma, mild or severe, for which many relative treatments exist. For instance, consider medically treating the person's bodily symptoms, or treating only pathologies such as anxiety and PTSD through mental health interventions, or treating both. In fact, as Levine (2010) claimed, trauma does affect both the physical and the mental health of any victim/survivor because this person's mind and body inform each other whether the person is aware of it or not. Thus, care takers of trauma survivors must use holistic treatment to approach and heal the survivors' trauma induced mind and body illness. Long after a finite, traumatic incident occurs, the victim may still be locked in that trauma, causing the survivors' continual perpetuation and oppression. Brooke (2007) argued that these continual consequences can be particularly long lasting and devastating because of the intimate, violent nature of sexual abuse and body violation, each damaging a core human need for individualism and privacy. Moreover, Dayton (2010) asserted that in such assaults, the body acts as the origin of the pain, so it manifests that trauma in negative, somatic ways. According to this research, recuperative therapy must incorporate the body and the mind to combat and resolve trauma of sexual abuse.

Typically, a survivor's recovery process included a survival mode known as fight, flight, and freeze, a well-known and generally accepted phase of the traumatic experience as it considers what to do *post abuse*. Williams (2006) explained that the body and brain provisionally react to a threat by invoking primitive states which occurs when the

survivor/victim cannot fight or flee from the threat of an attack (Dayton, 2010). Levine (1997) added that even after a direct attack, the body and brain remain in primordial stages of fight, flight, or freeze as protective mechanisms. These defense mechanisms, however, hold the victim/survivor's system in a persistent state of alertness. Levine explained that before the body can relax from this alertness, the survivor will wrestle with a physiological need to complete and conclude any unfinished sensory-motor impulses (Dayton, 2010). In other words, the body may not let go, so it may keep up its "fight, flee, freeze" concepts well after the actual traumatic attack. Dayton asserted that this trauma continuation may cause the survivor negative symptoms such as increased heart rate, respiration, anxiety, and challenges in sleeping. Dayton also emphasized that if this survivor could release this energy by fleeing or defending himself or herself, the threat cycle in the body response would be settled, and continued trauma would not develop.

Another key factor in these reactions is the underlying stress response, which also poses harm. Bremner (2002) claimed that this fight or flight instinct will also awaken cortisol responses with a flood of hormones and neurochemicals. This flood has far reaching impact on the mind, brain, and body, and increased susceptibility to a number of physical ailments including cardiovascular disease and diabetes. Eventually, however, the mechanisms used by the body to protect itself, namely freeze and flight responses, can reverse themselves when the body fights against itself. Across the board, experts in the trauma field upheld that the energy trapped within the body by freezing produces a variety of physiological effects—all natural, but sometimes harmful. In Van der Kolk's view (2007), trauma focuses on the nervous system. In fact, he argued that trauma continues beyond the incident or experience. This energy can damage the nervous

system, cause adverse responses that impair physical, emotional, and mental functioning, and instigate levels of anxiety, disassociation, internalized rage, and sadness (Dayton, 2010; Levine, 1997; Levine & Kline, 2007; Scaer, 2007). In this light, experts agreed that trauma is not a one-time occurrence; it may have a finite beginning, but no finite end with the conclusion of the experience. Both Van der Kolk (2007) and Bremner (2002) noted that during the intense, severe, prolonged stress response, the same, ultra-sensitive body parts affected show increased distress. Therefore, aftercare workers and psychologists must carefully consider both the biological and physiological system of the survivor to understand the complete picture.

Another negative outcome of trauma is hyper-vigilance, which progresses and changes over time. As did Levine, Dayton believed that hyper-vigilance, an increased sense of arousal and responsiveness to stimuli, may develop in an individual as an attempt to protect him or her from future threats or attacks (Dayton, 2010; Levine, 1997). In their work examining hyper-vigilance, Levine and Frederick (1997) found that early presenting symptoms may include intrusive imagery or flashbacks, acute sensitivity to light and sound, hyperactivity, exaggerated emotional responses, hallucinations and night terrors, unexpected mood swings, decreased ability for stress management, and challenges sleeping. They also argued that in the next phase of hyper-vigilance, symptoms tend to develop into panic attacks, anxiety, phobias, mental blankness, overstated frightened response, severe sensitivity to light and sound, hyperactivity, hyperbolic emotional responses, nightmares and night terrors, avoidance behavior, recurrent crying, sudden mood swings, overstated or reduced sexual activity, amnesia, forgetfulness, incapacity to love, nurture, bond, or a dread of dying. Extreme shyness,

muted, reduced emotional response symptoms likely develop last. As noted, then, beyond the inherent physical dangers of sexual trauma, such as sexual disease and hygiene problems, Scaer (2007) reaffirmed that traumatic stress in sexual trauma survivors seems to be epidemiologically linked to depression and behavioral changes, and also affects physical health.

While sexual trauma shows clearly in the survivor's interconnected self, the body and the psyche, survivors find it difficult to resolve the overwhelming sense of disconnection between these two. This struggle seems unique to victims of sexual abuse because their dissociative responses are therapeutic and actually help activate their survival instincts. However, as with fight, flight, and freeze stress responses, if this disconnection continues into the future, it will leave survivors devoid of a holistic sense of the self, and hamper their confidence and ability to operate functionally.

Physical consequences. This multi-faceted somatic impact also parallels the multi-faceted physical consequences that sex-trafficking and prostitution survivors face. As Scaer (2007) described, some of the physical ramifications include heart disease, infection, smooth muscle spasms, ulceration in the gastrointestinal system, esophageal cardio spasms, gastro esophageal reflux disease (GERD), peptic ulcer disease, ulcerative colitis, regional ileitis, irritable bowel syndrome, and the classic migraine. Survivors of such trauma risk infection and internal tears, untreated sexually transmitted infections including HIV and hepatitis, pelvic inflammatory disease, infertility, possible meningoencephalitis in the infant born of the infected mother, and complications related to forced abortions (Hanley, 2004; Jones, Engstrom, Hilliard, & Diaz, 2007). Physically, survivors also face high risks of malnutrition, untreated wounds, skin infections, other

blood-borne infections, violence, accidents, solvents through drug use that can produce liver, kidney, and brain damage, forced substance abuse, physical abuse, tuberculosis, broken bones, lice, unhealthy weight loss, headaches, vision disturbances, gastrointestinal problems, plus pelvic, abdominal, low back, myofascial pain (Hanley, 2004; Jones, Engstrom, Hilliard, & Diaz, 2007; Scaer, 2007).

Research showed that these physical health problems are prevalent. For instance, lower class street prostitutes are inherently in danger from male violence. Miller's 1993 research study interviewed sixteen street prostitutes and found that 93.8% had experienced some form of sexual assault. Street level prostituted woman were at greater risk of bodily harm and hurt when compared to other sex-workers, and suffered a host of physical and mental health problems such as higher rates of HIV infections and Sexually Transmitted Diseases (STDs). Street prostitutes live in high risk contexts which contribute to a decrease in emotional, mental and physical wellbeing including depression, suicidal ideation, and PTSD (Carter & Dalla, 2006). Further, society tends to exclude sex workers, thus weakening their ability to negotiate for their physical wellbeing and health. Ironically, women who sell sex do not perceive themselves to be susceptible to HIV, AIDS, or other STDs which makes them highly vulnerable to all these infections (Khan, et al., 2010). The horror of sexual abuse and trafficking affects women in many ways; those who have been victimized in prostitution typically have experienced physical violence, sexual violence and incest, sometimes beginning at a very young age (Nelson, 2009).

Psychological consequences. Beyond the physical, prostitution fosters a psychological vulnerability to low self-esteem, feelings of shame, despair, and

powerlessness deriving from ensuing social stigma and isolation from "normal" communities (Burnes, et al., 2012). Sex trafficking and forced prostitution require captivity which may also include psychological brainwashing and emotional abuse that, no doubt, influence the mental health of the survivor in a myriad of ways (Clawson, Salomon, & Goldblatt, 2008). Hu (2011) universally affirmed that the psychological consequences of those raped or battered are shared by those who have survived sex trafficking. In fact, the list of psychological symptoms that arise from this type of trauma is as daunting as the one which documents the somatic symptoms. Black's 2007 study entailed thirty U.S. service providers who answered survey questions about their history of treating sexual human trafficking survivors. Both Black (2007) and Carey (2006) discovered that potential mental illnesses the victims might suffer include anxiety disorder, bipolar disorder, insomnia, attempted suicides, schizophrenia, major unipolar disorder, dual diagnosis, cultural readjustment disorder, acute stress disorder, oppositional defiant disorder, dissociation, guilt, anger, generalized anxiety disorder, and conduct disorder. Disturbed interpersonal relationships and higher risk of suicidal behavior are also common among this population, as are disordered eating behaviors, and clinical eating disorders (Michaelson, 2006; Pretorius & Pfeifer, 2010; Spinazzola, Rhodes, Emerson, Earle, & Monroe, 2011).

When Gertie Pretorius and Natasha Pfeifer (2010) duplicated Michaelson's findings, they also noted this trend of PTSD in sexually abused girls. Spinazzola et al. (2011) replicated similar results when they found patterns of flashbacks, memories, and hyper arousal among traumatized youth in residential treatment. Most scholars then

assumed that similar somatology would exist in sex trafficking and forced prostitution survivors.

Because of a woman's psychological shame posed by prostitution and sex work, a growing body of literature points to the role of religion and spirituality in the recovery process (Bryant-Davis &Wong, 2013). According to Hill and Pargament (2008), spirituality is a search for the sacred. Through religious and spiritual coping, individuals can feel support from a divine being, from other members of a religious congregation, and from making meaning of distressing events, which can lead to resilience, healing, and well-being (Van Dyke, Glenwick, Cecero, & Kim, 2009). Research reveals that individuals rescued from sexual trafficking have tremendous spiritual needs: sexual exploitation can profoundly affect a person's self-perception, interactions with others, and concept of God (Palm, et al., 2007). Often, religious and spiritual forms of coping and/or cognitive frameworks can help relieve and decrease depressive symptoms, plus increase greater self-esteem and an overall greater life satisfaction (Bryant-Davis &Wong, 2013).

Recognizing and addressing the role of religious and spiritual coping is important toward helping mental health professionals provide care with respectful, diverse recovery approaches in treating trauma survivors (Bryant-Davis &Wong, 2013). Bowland, Edmond, and Fallot (2012) found that spirituality can offer a variety of experiences to survivors from their participation in a formal set of faith rituals, doctrines, and practices to a felt sense of connection to a sacred source enabling them to make meaning of personal experiences (Bryant-Davis &Wong, 2013). Consequently, spirituality becomes the personal practice of what people hold sacred (Bryant-Davis &Wong, 2013). The

premise of spirituality as a strong resource for survival and recovery from sexual trauma underlies the foundational value of Spiritual Connection that is later found in my explanation of this study's research methodology.

In summary, given the unique impact that sexual trauma in sex trafficking and forced prostitution has on both the survivor's body and psyche, including the spiritual, caregivers can rightly assert that providing medical attention to the body without psychological attention may hinder survivors from successfully reintegrating into society or functioning normally. Goldston et al, (1989) described the depressed moods, sleep disturbances, suicidal ideations, suicide attempts, self-damaging acts that portray the symptom manifestations. These results were replicated by Pretorius and Pfeifer's (2010) study of sexually abused girls, as well as Michaelson (2006) and Spinazzola et al. (2011) in their studies of women sexually abused as children and traumatized as youth. The psychological ramifications of sexual trauma can make the psychological issues as dire and critical as any of the aforementioned medical issues. The recognition of the fragile state of these survivors in the literature contributes later to the foundational worldview principle of Safety in this research study.

Child sexual trauma. Sex trafficking of women or of children is a form of sexual abuse that includes forced and coerced sex (vaginal, anal, gang-rape), forced prostitution, sexual exploitation, sexual humiliation, forced pornography, and coerced misuse of contraceptives. Evidence clearly presents that Child Sexual Abuse (CSA) plays an important role in the trauma experience.

Surprisingly, according to the literature on CSA, a significant number of sex-trafficking victims are also victims of childhood abuse. Zimmerman, Hossain, and Watt

(2011) documented a trafficking process model's fundamental concepts and terminology in which they claimed that more than half of the victims at aftercare centers report experiencing pre-departure physical and sexual abuse, with 15% experiencing abuse before the age of fifteen. Similar to the experience of other abuse victims of repetitive trauma and chronic abuse, sex-trafficking victims experience high levels of depression, PTSD, and anxiety. Mental health consequences include suicidal ideation, self-harm, suicide, somatic complaints, immune suppression, sleep disturbances, frequent nightmares, memory loss, dissociation, cognitive problems, aggressive behaviors, and violent outbursts (Zimmerman et al., 2011).

Carey (2006) and Neumann, Houskamp, Pollock, and Briere (1996) explained a victimized child can have extensive emotional and psychological damage that may generate long-term negative after-effects. This abuse often occurs during a critical time when the victim's brain is at the core neurobiological development stage and is very malleable, so the abuse produces traumatic results. Levine and Kline (2007) offered that the manifestation of symptoms in children differ from that in adults because of many different factors including brain maturity, level of reasoning, perceptual development, partial personality formation and dependency, attachment to adult caregivers, limited motor and language skills, the incomplete capacity to respond or cope, and a limited behavioral repertoire to deal with life's stresses and difficulties. A child's development phase is a critical stage requiring nurturing care and consideration; therefore, young trafficked victims face problems much more challenging to them than to their adult peers, and the subsequent damages are not easily reversed. In short, sexual abuse at this vulnerable age is particularly destructive.

As Michaelson (2006), MacIntosh and Whiffen (2005) noted in their literature review of CSA, these findings are interesting, but not surprising. Often, the CSA disturbances emerge later as "sleeper effects" (Michaelson, 2006, p. 3), and as more severe dysfunctions. These effects shape adult personalities and psychological patterns. MacIntosh and Whiffen (2005) described this process of manifestation, noting that depressive symptoms, interpersonal difficulties, and dissociative symptoms from childhood trauma may also increase the likelihood of alcohol abuse, interpersonal problems, and re-victimization. They also pose a risk for adult emotional distress, including depression, anxiety, dissociation, and trauma. Similarly, Ross (2008) discovered a daunting list of CSA consequences in adulthood: fear, anger, hostility, guilt, shame, depression, anxiety, feelings of isolation and stigma, difficulty trusting others, inappropriate sexual behavior, tendency of re-victimization, and substance abuse.

Post-traumatic stress disorder. In his research on the embodied concepts of neurobiology in the literature, Homann (2010) noted that the brain grasps large amounts of simultaneous sensory information, sorting out and interpreting experience based on past associations. It then coordinates a response to controlled interactions in daily life. Dayton (2010) held that the body's mental, emotional, and physical functions are impaired when the brain's emotional center is so activated and overwhelmed by trauma that the brain cannot handle anything more. Furthermore, Dayton affirmed Solomon and Siegel's (2003) study which noted that the left frontal cortex, the part of the brain related to speech and language, becomes impaired when an individual recalls a traumatic memory, and the experience delays the survivor's ability to communicate logically. In

situations such as these, the brain seems to go offline as it gets flooded with traumatic emotions that further immobilize the individual.

The debilitating effect of PTSD can be far-reaching. When PTSD is present, there also exists a simultaneous arousal in the amygdala, the part of the brain related to the person's emotional state and autonomic arousal, specifically, the automatic arousal response for perceiving threat (Dayton, 2010; Solomon & Siegel, 2003). Sensory perceptions such as smells, sights, images, or sounds can trigger the brain and body to react as if they were reliving the trauma. Various studies recounted a myriad of symptoms among rape survivors: depression, nervousness, anxiety, neurocirculatory symptoms, transformations in sexual satisfaction and behavior, somatization symptoms, physical complaints, disassociation, triggers, flashbacks, emotional numbness, avoidance, hyperarousal, hyper-vigilance, distractibility, and identification with the trauma (Krantz, 1994).

Van der Kolk, Roth, Pelcovitz, Sunday, and Spinazzola's (2005) study of 400 treatment-seeking, traumatized individuals plus an additional 128 community residents after their exposure to stressful life events argued the trauma facts further: (a) survivors of prolonged interpersonal trauma, particularly trauma in the earlier years, had increased problems with affect regulation, memory and attention, self-perception, interpersonal relations, and somatization, plus higher levels of PTSD in (b) those who had also experienced sexual assault over those who (c) had experienced only bereavement or motor vehicle accidents. In fact, Foote and Goodman-Delahunty's study of two panels of 445 women confirmed that sexual trauma experiences significantly correlated with PTSD symptoms: after controlling for an extensive set of trauma variables, they found about

35% of rape survivors and 23% of sexual molestation survivors suffered from PTSD at one point in their lifespans (as cited in Stockdale, Logan, & Weston, 2009). The comparatively higher levels of PTSD for those who suffered sexual assault seem to reflect the very personally intrusive, violating nature of this trauma (Van der Kolk et al., 2005). Brown (2008) noted that the daily existence for survivors of trauma is full of reminders that safety is scarce and that they may experience retraumatization (Burnes et al., 2002).

According to documented research on the psychopathology of female sex workers, approximately two-thirds of these women have suffered from PTSD. Their symptoms of flashbacks, depression, anxiety, and nightmares compared to those of Vietnam veterans. The Prostitution and Research Education Project of San Francisco's Women's Center surveyed 475 sex workers in the United States, South Africa, Thailand, Turkey, and Zambia and found that about two-thirds suffered from PTSD; these rates were similar across the five respective countries (Burnes, 2012). Researchers from San Francisco Women's Center further found that when working a more regular job after release from sex trafficking, women suffered such poor conditions in those jobs that their PTSD symptoms increased. The Center received reports of rape, assault, and being menaced with a weapon.

Farley et al. interviewed 854 people currently or recently in prostitution across nine countries – Canada, Columbia, Germany, Mexico, South Africa, Thailand, Turkey, the United States, and Zambia – to document their histories of sexual and physical violence. The result of their research was that prostitutes suffered in multi-traumatic ways: 71% were physically assaulted; 63% were raped; 89% of these respondents wanted

to escape prostitution, but did not have other options for survival; 75% had been homeless at some point; 68% met criteria for PTSD. The severity of PTSD symptoms strongly stemmed from the prostitute's experiences with sexual and physical violence, calling into question the validity of common myths about prostitution: street prostitution is the worst kind; prostitution of men and boys is different from prostitution of woman and girls; most of those in prostitution freely consent to it; most people are in prostitution because of drug addiction; prostitution is qualitatively differently from trafficking; and legalizing or decriminalizing prostitution would decrease its harm (Farley et al, 2003).

Stockholm syndrome. Another of the complex psychological consequences of sexual trauma stems from intense shame; it is a disenfranchised disorder known as "Stockholm Syndrome" (Hu, 2011, p. 25). This syndrome appears in survivors who develop positive feelings and loyalty to their traffickers (Hu, 2011; Jones et al., 2007). Survivors experience this complicated condition as they struggle to reintegrate into society. In his 1998 publication on Commercial Sexual Exploitation of Children, Barnitz described the rejection, stigmatization, betrayal, powerlessness, and internalized feelings of shame and guilt that survivors often face after their rescue. This powerful combination of feeling socially stigmatized when reintroduced to society plus a possible affection for their abuser, makes rescue and aftercare work particularly complex: the survivor may not regard the abuser as the enemy, and coming home does not necessarily provide a warm welcome; beneath the medical needs is an underlying array of psychological and somatic issues to treat.

The Stockholm syndrome, a psychological strategy for survival in captivity, may also help explain the traumatic bonding which occurs between women in prostitution and

their pimps/captors (Farley et al., 1998). Baker, Carpinteri, and Van Hasselt found that, "victims may ultimately suffer Stockholm syndrome making it difficult for law enforcement or child advocates to rescue them from a life of prostitution" (Baker, Carpinteri, & Van Hasselt, 2014).

Dissociation. According to the trauma model of dissociation, dissociation is a part of the natural response to chronic, severe trauma from physical, sexual, emotional, and verbal abuse or from traumatic events such as war, famine, poverty, hunger, endemic disease, and natural disaster (Farley et al., 2003). This dissociation is commonly accompanied by extensive co-morbidity including anxiety, mood, substance abuse, psychotic, eating and personality disorders (Farley et al., 2003).

Dayton (2010) and Scaer (2007) concurred that sexual assault and abuse often foster a sense of detachment in an unconscious internalization of the abusive experience. This concept fits Scaer's notion that trauma takes place and manifests in the nervous system. In his research, Scaer even found that memories of the trauma could often trigger arousal in certain body parts that can be selectively dissociated. Additionally, Brooke (2007) noted that this same sense of disconnection may extend further to feelings of distrust, confusion, rejection, helplessness, fear, shame, dislike, self-hatred, and hostility that truly impair healthy functioning in relationships and in socialization. Indeed, the progression of physical and mental disconnection, where the survivor disassociates from her body and bodily experiences, causes the survivor's incidents of sexual abuse to grow into more advanced conditions of sexual trauma such as PTSD.

Dissociation commonly allows the survivor to divorce her mind from her body, a non-escape method that reveals the extreme emotional pain released through somatic

symptoms (Rodriguez, 2007). In this way, the body becomes uniquely central to therapy, not periphery or secondary. Mills and Daniluk stated that "the impact of sexual abuse on the body demands that the body itself be a major topic in treatment" (Dayton, 2010, p. 63). Koch and Weidinger-von der Recke (2009) similarly asserted that "externally caused pain that went through the body is still active in the body and best addressed on the bod[ily] level" (p. 291). In other words, the body was central to this type of trauma, and must then be re-associated to the survivor's self in order for holistic healing to occur.

Additionally, bodily movement does not require the development of or access to the affected areas of the brain, and may therefore better accommodate the survivor psychologically. Movement requires the survivor to work directly with non-verbal, emotional systems. Dayton (2010) asserted that a key element in the healing process for sexual abuse survivors is realizing reconnection with their bodies. This reconnection is particularly critical because dissociation may earlier have disabled their reintegration into society, and harmed their relationships with themselves and with others. Hass-Cohen and Carr (2008) explained that crisis often leaves people without the ability to communicate verbally or effectively their traumatic feelings. In fact, the upper verbal regulatory functions in their brains – the cerebral cortex – may become difficult to access, so verbal modes may simply not be available to express and release the trauma. In this light, therapists could concede that words cannot fully incorporate or explain the body's sensations and actions (Dayton, 2010; Rodriguez, 2007).

Dissociative disorders are common among sex workers in escort, street, massage, strip club and brothel prostitution, and frequently posttraumatic stress disorder, depression, and substance abuse accompany the dissociation, and existing data shows that

almost all prostitutes suffer from one or more of these disorders. These in turn can link to high rates of childhood physical and sexual abuse and to violence victimization of those in prostitution. Further research to refine and replicate these findings is warranted (Farley et al., 2003).

Behavioral consequences. Any of these psychological issues can manifest externally and cause explicit, behavioral disorders that affect more than the body. Women prostituted on the streets have typically experienced life-long patterns of victimization, often resulting in substance addiction, and continued self-destructive behavior (Carter & Dalla, 2006). Kirmayer, Lemelson, and Barad (2007) also found intense affects such as rage, betrayal, fear, resignation, defeat, and shame among survivors. Moreover, Spinazzola et al. (2011) not only found constriction such as avoidant, numbing, dissociative responses among traumatized youth, they also identified relational difficulties with self-monitoring, behavioral control, interpersonal attunement, limit-setting, and establishment of healthy boundaries.

Premise for Integrative Therapy

The notion of a body and mind dichotomy originated in the teachings of Aristotle and Plato and has been long established in Western thought (Bertrando & Gilli, 2008). The prevalent notion is that body and mind were to be treated separately. The body does not impact the mind; the mind does not impact the body. The medical response, then, was to think only about the body's needs, while verbal therapy or general psychotherapy focused on the patient's mind and mental faculties. Modern psychologists, however, now know the two are interrelated.

Rene Descartes first introduced this concept that the body and mind are interrelated; he argued that all affective and emotional conditions are primarily somatic in nature (Scaer, 2005). Neurobiologists such as Damasio and recent developments in affective and physiological neuroscience have suggested that the influence and causality of the mind affecting the body goes both ways (Krueger, 2002). This concept of mind body connectivity allows for analyzing the relationship among experiences, emotions, behaviors, and physical health (Hass-Cohen & Carr, 2008).

Within the field of somatic psychology, however, various schools have taken different sides in the philosophical debate between body and mind (Aposhyan, 2004; Chaiklin & Wengrower, 2009). Krantz (1994) noted that most traditional psychotherapeutic approaches still lack any attention to the body or embodied features of clients' psychosocial experiences. However, evidence substantiates the idea that the body reflects the mind and the mind reflects the body, plus the resulting cycle of mutual feedback, and this body-mind concept is, therefore, integral to the therapeutic context that targets the whole person (Ambra, 1995; Aposhyan, 2004; Leseho & Maxwell, 2010; Scaer, 2005). Research argued that trauma particularly manifests in both avenues of the body and mind, and Krantz (1994) offered further evidence that recovery is a two way process: brain turmoil and defense mechanisms such as repression and dissociation lead to emotional suppression that can birth somatic issues, not just pathological symptoms and behaviors. This body-mind dualism provides the framework for movement therapy, as well as a foundational principle of holistic accessibility in this research study, asserting that movement combined with verbal articulation can target both body and mind more effectively than verbal therapy alone. Additionally, because the original traumatic

violation first engages the body, the body must be the first to access, heal, and release that trauma. Movement therapy uniquely addresses these concerns, and provides at least one answer for an otherwise divided group.

Traditional Therapeutic Approaches

Before examining the nuances of creative movement therapy, however, it is important to define the predominant and prevalent therapeutic alternatives now widely used to treat sexual trauma: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing (EMDR).

Aimed at decreasing PTSD symptoms and confronting faulty beliefs and interpretations that hinder trauma survivors, CPT is an exposure-based protocol originally developed in 1992 by Resick and Schnicke. They formulated it as a treatment for rape survivors with PTSD and depression (Resick & Schnicke, 1992; Zappert & Westrup, 2008). CPT is an information processing model of traumatic stress based on the notion that symptoms develop when survivors cannot cognitively assimilate their traumatic experiences (Resick & Schnicke, 1992). Conducted over twelve sessions, CPT has four core stages: psychoeducation, exposure, CBT techniques, and closure (Zappert & Westrup, 2008). In research studies, CPT, delivered in both group and individual therapy, has proven efficient in reducing symptoms of PTSD and depression (Resick & Schnicke, 1992). In fact, according to one of the 1992 studies, nineteen sexual assault survivors receiving CPT improved significantly from pre-to post-treatment on both PTSD and depression measures, and maintained their improvement for six months, in comparison with a twenty subject comparison sample, drawn from the same pool.

Prolonged Exposure is another alternative in treating sexual abuse. The historical roots of this therapy date to the 1986 development of Emotional Processing Theory (EPT) when Foa and Kozak expanded exposure therapy to address guilt, symptoms of PTSD, and other anxiety disorders such as obsessive–compulsive disorder. The premise was that, as patients became exposed to the object of their pathological anxiety, their fear and negative reactions would be greatly lessened in the future. There are three primary types of exposure therapy: in vivo ("real life"), imaginable, and interceptive. Mowrer's two-factor model introduced the theory that fear originates through classical conditioning, and the avoidance of that fear requires alternative, operant conditioning. Extinction of that pathological fear required confrontations of acquired, damaging beliefs that safe stimuli are dangerous and to be evaded, and also that survivors are powerless to deal with continual stress and distress (Foa, 2011).

A relatively new therapy method, Eye Movement Desensitization and Reprocessing (EMDR), developed by Shapiro in 1987 for the treatment of PTSD, requires information processing techniques. Based on adaptive information processing which aims at turning maladaptive traumatic memories into functional explicit memory networks, EMDR works with clients to focus on a disturbing image or memory that evokes strong emotions. Therapists may even introduce additional bilateral stimuli through auditory or tactile techniques. The primary goal of this technique is to combine maladaptive traumatic memories with functional explicit memory networks. When compared to CBT, EMDR is noted to be equally as effective, and today EMDR is widely used in treating PTSD (Seidler & Wagner, 2006).

Sack, Hofmann, Wizelman, and Lempa (2008) also examined whether or not EMDR leads to real, lasting psychophysiological changes. In the process, they considered both the subjective and objective reduction of PTSD symptoms among ten patients suffering from single-trauma PTSD. Treatment duration adapted to each patient's individual needs and ranged from one to four sessions, resulting in a total of twenty-four EMDR treatment sessions which provided psychophysiological data. The study's results indicated that EMDR treatment provided a significant reduction of trauma-related symptoms, actual PTSD elimination in eight of the ten participants, as well as a significant reduction in psychophysiological reactivity to an individualized trauma script. The results also indicated that if a decrease in during-session psychophysiological activity follows information processing during EMDR, there is also a reduction in subjective disturbance and stressful reactions to the traumatic memory (Sack, Hofmann, Wizelman, & Lempa, 2008).

Various research studies affirm that other treatments for PTSD and sexual abuse include stress inoculation training, assertiveness training, biofeedback, relaxation training, reprogramming, pharmacotherapy, combined stress inoculation training, combined cognitive therapy and exposure therapy, process group therapy, individual therapy, body therapy, art therapy, hypnosis, substance abuse therapy, progressive muscle relaxation, deep breathing, music therapy, affective expression and regulation skills, cognitive coping skills, school-based group cognitive behavioral therapy, resilient peer treatment, client centered therapy, family therapy, and child-parent psychotherapy (Zappert & Westrup, 2008; Black, 2007; Spinazzola et al., 2011; Carey, 2006; Silverman et al., 2008). Clearly, numerous mental health treatment approaches may be useful for

women involved in sex trafficking or prostitution. However, beyond the four primary approaches discussed above, academic writing on the utility and success of approaches applied directly to survivors is scarce which points to an ongoing need for research-based, efficient and cost-effective treatments.

This limited research regarding mental health in trafficked and prostituted women also limits effective counseling techniques for working with this distinctive population and the individual workers' lives. For instance, researching and comprehending the "culture" of street-level prostitution is essential for any effective treatment (Carter & Dalla, 2006). Specifically for prostitution, a resiliency-based model of sex work has helped researchers and care takers conceptualize and better understand sex workers (Burnes, et al, 2002). Given the economic and systemic factors that lead someone to prostitution, this resilience lens offers an alternative to a psychopathology-based understanding of sex work (Burnes, et al, 2002). Rather than focusing on the individual's innate pathology, scholars have recommended protective, psychologically healthy elements such as social support, practicing mindfulness, and validation of one's various cultural and relational identities (Burnes, et al, 2002).

Creative Approaches to Trauma

Both traditional therapies and creative therapies play critical roles in the sexual abuse survivor's recovery process. Traditional therapies such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing (EMDR) can help get to the heart of identity, shame, violation, powerlessness, betrayal: "there are narratives of trauma to be told" (D. Allender, personal communication, February 11, 2014) but creative therapies bring a special therapeutic

release that may be critical to the individual's healing process. Creative therapies include a myriad of interventions such as photography, group art therapy, origami, play therapy, music, and drama therapy (Brooke, 2007); however, the scope of the present research study focused on movement interventions.

Overview of Movement Therapy

Movement is a foundational element of being human because it relates directly to a person's physicality. And, as all humans have bodies, it provides a connection to the self, the mind. In fact, Krueger (2002) asserted that before children develop linguistically, their experiences form entirely through bodily sensations and feelings. In young survivors, the derailment of these normal, early, bodily experiences can cause them to skip development experiences in which they learn to assimilate basic physical and experiential building blocks, one that further decrease their ability to articulate their own bodily and sensory consciousness. As Krueger (2002) explained, their bodies seem to get locked "within an effective orbit of shame" (p. 32). The introduction of movement processes can help the survivor release this trauma by articulating her story of abuse in an alternative way. As Rodriguez (2007) asserted, before verbal language, bodily movement is the main basis of a human's experience of self, communication, and felt emotions with others. Adding to the equation, Leseho and Maxwell (2010) have upheld dance movement which serves as that neuropsychological basis for the mind-body connection.

In all scholarship about movement therapy, a common claim emerged: the therapeutic value of dance and movement provided a sense of freedom and a noninvasive route to access parts of self without any intellectual censorship from the conscious mind (Chandler, 2010; Dayton, 2010; Dosamantes-Beaudry, 1999; Krantz, 1994; Leseho &

Maxwell, 2010; Michaelson, 2006; Mills & Daniluk, 2002; Rodriguez, 2007). Movement bypassed many of the common challenges found in traditional, verbal therapy. For instance, the underdevelopment of verbal mechanisms in the cerebral cortex, or defense systems that suppressed and kept the survivor bound. In movement therapy, the survivor found ways to express the complex scope, depth, and nuance of otherwise unexplored. In this process, the survivors' needs became more accessible for the therapeutic process (Hanna, 2004; Krantz, 1994; Leseho & Maxwell, 2010; Rodriguez, 2007).

Moreover, Krantz (1994) asserted that movement works in the symbolic and metaphorical to deliver a secure and creative exploration outlet. Leseho's and Maxwell's (2010) study offered a good anecdote of the healing experience: they encountered a woman who described her therapy experience, saying, "when I dance it's a huge release of emotion and I end up bawling, but other times it's the most incredible joy that I can feel" (p. 24). Likewise, another participant found that "it was invaluable for me to learn how, through breathing and movement, we can unblock ourselves. There is just so much blockage that happens because we don't move" (Leseho & Maxwell, 2010, p. 24). Movement therapy, then, presents a viable, and perhaps, more beneficial, a healing process.

Dance Movement Therapy (DMT)

Dance has long offered a powerful modality to bring healing, and to manage stress and illness (Leventhal, 2008). Combining movement with skills of psychotherapy, counseling, and rehabilitation (Mills and Daniluk, 2002), Dance Movement Therapy (DMT) leverages movement to advance the healing of the individual, and is officially described as "…the psychotherapeutic use of movement as a process which furthers the

emotional and physical integration of the individual" (Dosamantes-Beaudry, 1999, p. 245). Dixon (2011) upheld this method as providing an alternative healing therapy for women who experience trauma, disabilities, depression, and specific sexual violence.

DMT practices the greatest tenets of Western psychology: to build, structure, and resource a school of thought, and to formalize it in a centralized and replicable way. DMT pioneer, Marion Chace, began her work following the rhythmic and nonverbal movements of WWII veterans, and working with hospitalized individuals to develop dance/movement therapy as a formal discipline (Pratt, 2004). Other key contributors including Blanche Evan, Liljan Espenak, Mary Whitehouse, Alma Hawkins, and Trudy Shoop, produced distinctive versions, and established dance as a tool for therapeutic healing in the 1940's (Dayton, 2010). Founded in 1966, The American Dance Therapy Association (ADTA) set out to use movement as the psychotherapeutic method to boost an individual's emotional, cognitive, social, and physical integration. They now boast of seventy-six charter members, an eighteen member board of directors and various committees, more than 1,200 professional and nonprofessional members and sponsors, annual conferences, as well as the hosting of regional groups, seminars, workshops, and meetings (Pratt, 2004). In light of this history, Brooke (2007) and Rodriguez (2007) distinguished three assertions foundational to DMT work: first, the survivors' emotional and psychological needs, including their history, can be observed through movement; second, the DMT therapist and the client must develop a strong therapeutic alliance; and third, changes in movement behavior can impact survivors' total functioning. With these fundamentals in place, dance therapy can holistically influence survivors. More than

simply tuning into the body, this therapy also deeply enhances trauma survivors' psychological and emotional functioning.

Practically speaking, DMT requires a licensed and trained dance/movement therapist working with individuals or groups of all ages. The constituency is not limited to a particular age or demographic; rather, a therapist is equipped to service a range of mental, emotional, and physical capabilities in a variety of inpatient or outpatient settings (Dayton, 2010). Among the many methods a DMT therapist might use, the following observations prove most enlightening.

Siegel (1999) explained that the DMT therapist attended to each individual's body to detect subtle shifts in posture, and to observe eye contact, breath patterns, and voice changes. Similarly, Payne (2004) noted the ways in which therapists attune to the body's tensions, and to ways in which those tensions heighten awareness of an action, feeling, or breath. Payne added that a therapist may also use touch, and may incorporate a wide range of activities ranging from a small and large movements, rhythmic dance, spontaneous and creative movements, thematic movement improvisation, unconscious symbolic body movement, group dance, movement and relaxation exercises, here-and-now exercises, guided imagery, assertiveness training, and sensory integration activities (Dayton, 2010; Mills & Daniluk, 2002; Kierr, 2011). Dayton moreover described the dance/movement therapist as one who acts as both a participant and an observer. Differing from traditional psychotherapy, the therapist takes an active role and joins in the movement to mirror therapeutic alliance, but the therapist always follows the client's lead (Dayton, 2010). Sometimes, however, DMT therapists find clients who feel restriction in movement. They may be unable to move spontaneously, or they may suffer

under or over regulation of emotions or of anxiety triggered by physical touch, or from inability to contain bodily boundaries (Payne, 2004). In those cases, the therapeutic goal works toward emotional regulation, emotional expression, establishment of bodily boundaries, and integration after dissociation (Michaelson, 2006). To do so, therapists teach survivors to recognize positive tactile sensations in their own skin through exercises such as circling, shaking, tapping, patting, stretching, pulling, pushing, clapping, swinging, and rocking (Payne, 2004).

More pertinent to this study, however, DMT has been found to alleviate the after-effects associated with sexual trauma. Several studies have touted the benefits of using dance/movement therapy to treat survivors of trauma and sexual abuse, including rape and incest (Pratt, 2004). DMT has also been an effective intervention with African torture survivors. One 2006 study focused on a DMT intervention that boosted reconciliation in a rural community in war ravaged Sierra Leone. By incorporating movements to build empathy among a few former boy combatants, the three adult male Sierra Leonean paraprofessional counselors strengthened the combatants' ability to cope and promoted their wellbeing. In this study, from intake through final assessment, these young men self-reported ratings that indicated their aggressive behavior and psychological symptoms of depression, anxiety, intrusive flashbacks and high arousal had decreased (Harris, 2007). Like sexual trauma survivors, torture survivors have experienced violence not only in their bodies, but in their emotional capacity for trust and establishing connections with others. The DMT counseling sessions with African torture survivors proved to increase this kinesthetic empathy, which in turn enhanced a revitalized sense of safety (Harris, 2007).

Another study illustrated DMT's effectiveness in reducing depression among thirty-one psychiatric patients with depression. Patients were placed in one of three groups: a dance group presenting a traditional circle dance, a group that simply listened to the music of the dance, or a group that all moved on a stationary ergometer bike. The results suggest that although everyone in all three groups experienced relief or stabilization from depression, the patients who were a part of the traditional circle dance showed significantly less depression than participants in the music group and in the ergometer group (Koch, et al., 2011).

Although no empirical studies directly applied to sex trafficking and prostitution survivors, research related to other trauma with similar resulting symptoms make a strong case for applicability in sexual trauma victims. As a qualitative exploration, this dissertation research did not intend to prove that dance and movement therapy would be effective in an international setting for aftercare; instead, its goal was to advance the research dialogue and to explore what factors, adjustments, and considerations are necessary to democratize movement based interventions.

Aftercare approaches. If and when a woman is rescued from sex trafficking or forced prostitution, aftercare serves as a critical process to provide safety and holistic healing for survivors (Middleton, 2007). In the aftermath of a survivor's rescue, in many nation states, a welfare process works in parallel to the criminal justice process to take survivors into state care. State-funded welfare helps restore the survivor by providing short-term accommodation, medical, and psychological long-term accommodations, legal aid, vocational training, and other reintegration assistance (Segrave et al., 2009).

According to the United Nations Palermo Protocol, rehabilitation efforts to protect sex trafficking victims should include measures by nation-states to ensure physical, psychosocial, and social recovery (United Nations, 2000). To support necessary and healthy transition into mainstream society, the aftercare model in different countries may differ depending on the community, the physical, psychological, and spiritual needs of survivors, and the extent of resources available to aftercare workers. Not every aftercare model will be appropriate in every situation (Middleton, 2007). Ideally, however, an aftercare program provides secure buildings, intake processes, complete healthcare, counseling and therapy, schooling and life skills training, vocational preparation, spiritual support, and a protective atmosphere that ultimately fosters dignity and respect for and of the survivor (Middleton, 2007; Willis, 2007). The International Organization for Migration (IOM) identified shelters as ideal places to meet survivors' needs with safe living environments, while providing a broad spectrum of continuous, effective care (IOM, 2007). Further discussion is essential to discover and use therapeutic approaches toward helping survivors heal, to record the applicability of these interventions to the sexual trauma aftercare setting, and to find the resources required to implement them effectively. The literature highlights the supportive nature of both DMT and aftercare to contribute incrementally to a survivor's overall recovery; this will later be integrated through the foundational principle of Incremental Change in the methodology of this study.

Cultural Considerations

To match the valuable aspects of creative interventions with international clients, therapists must understand those clients' cultures and beliefs (Hiscox & Calisch, 1998)

and consider the many influences that shape them. Essentially culture helps "in constructing and creating alternative realities that differ with regard to their values and with regard to their views of the nature of personhood, reductionism, materialism, competition, and empiricism" (Marsella & Pedersen, 2004, p. 418). Malchiodi (2012) and Chang (2002) found that therapists' cultural competence includes recognizing different cultures and how each culture shapes the ways its people experience trauma. Included in this cultural "shaping," are ethnicity, degree of education, location, regionalization, family and extended family, peers, social economic status (SES), gender, development, religious and spiritual background. Finally, it is critical to examine the sex trafficking and sex industry culture to determine ways survivors of any given culture may be distinctively affected. Attention to these factors ensures survivors benefit from intervention as they work through the physical, psychological, and emotional effects of their trauma (Engelsvold, 2007). It stands to reason that just as culture shapes the symptomology and client needs, it should also shape the client's coping process (Van der Kolk, McFarlane, & Weisaeth, 1996).

The complex nature of cultural intervention, however, often results in rash assumptions that cause extreme reactions. For example, psychological trauma and reactions such as PTSD have been largely legitimized in Western diagnostic systems as a product of Euro-American history and culture; however, according to epidemiological research, traumatic stress can be found among a variety of populations with different cultures and political religious systems (Van der Kolk, et al., 1996). Addressing these assumptive tendencies, Watters (2010) gave the following warning:

> Offering the latest Western mental health theories in an attempt to ameliorate the psychological stress caused by globalization is not a solution; it is part of the problem. By undermining both local beliefs about healing and culturally created conceptions of self, we are speeding along the disorienting changes that are at the very heart of much of the world's mental distress. It is the psychiatric equivalent of handing out blankets to sick natives without considering the pathogens that hide deep in the fabric. (p. 253)

Additionally, Watters explained that "the mistake in applying Western notions of trauma without consideration for local beliefs goes beyond just being ineffective; there is real danger of doing harm" (2010, p. 107). Some of the most dangerous assumptions about culture and human behavior have resulted from an insulation or isolation among counselors and psychological researchers. One such assumption implies that all good and usable knowledge in psychology emerges from North American and/or that all knowledge is universal have increasingly been critiqued from a variety of vantage points (Kim & Berry, 1993).

Nevertheless, in the middle of the global epidemic of sex trafficking and forced prostitution lies a solid middle ground that recognizes the need for cultural sensitivity, even humility, marked with a modest view of our importance as Westerners, and an openness to learn from other cultures. It includes a concerted effort to explore, ask questions, observe, be creative, and remain cautious; specifically Western practitioners ought to remember that the Western paradigm does not always represent the ultimate solution. In her research on the psychology unique to Filipinos, Elizabeth Marcelino pointed out the "problem inherent in and created by Western research methodologies and

the "inappropriateness and inapplicability to the Philippine setting" (1990, p. 118). Nonetheless, Western contributions such as the empirical backing and formalization of DMT raise the standard of excellence in intervention work worldwide. For the practical focus of this study, I took elements of movement arts and the Barteneiff Fundamentals abroad where I examined what works and what does not. This qualitative research opens well to exploration, discovery, and experimentation, while exposing lessons that may enlighten the ways in which western interventions may successfully apply in a different culture.

Limitations and Assumptions

This project has key limitations, the first of which relates to my credentials: I am a candidate for a Doctor of Psychology degree (Psy.D.) in Counseling Psychology and not a certified dance therapist. While that may be a disadvantage, I was not in the Philippines professionally to deliver evidence based DMT interventions. However, in many ways, I was uniquely positioned to experience the amazing healing aftercare shelter workers abroad can effect even while they, too, lack formal DMT training. This paradigm embodied the democratization principle. Still, as a result of this limitation, I have chosen to use only a set of basic movements based on the Bartenieff Fundamentals rather than the full scope of DMT movements. This elementary line of movement arts effectively answered my research question and does not require formal training or certification. While there are a myriad of options in movement therapies, I have found the Bartenieff Fundamentals easy to access, learn, adopt, and disseminate through a kit/curriculum produced by Arts Aftercare. In regard to scalability and replication, this approach fit well into the 'train the trainer' methodology, where the first workshops will be given directly

to the aftercare workers, and the aftercare workers will then present the workshops to the survivors.

Furthermore, the empirically backed Bartenieff Fundamentals met my study's needs for a movement theory: they are true to the basic set of movements for all human beings during their developmental stages. In other words, these movements emphasize fun and engagement, not performance or perfection. Add some traditional folk dance moves, especially in dance cultures like the Philippines, and watch the results. These restorative, therapeutic elements should help inspire dialogue and informative interviews which might indicate the success of the intervention or not. To ensure its potential, I took basic training in this movement and found it very approachable; it is particularly accommodating to children and youth because of its interactive, playful nature. In its basic form, the Bartenieff Fundamentals emphasized movements such as breath, core-distal connectivity, head-tail connectivity, upper lower connectivity, body-half connectivity, and cross-lateral connectivity (Bartenieff & Lewis, 1983; Hackney, 2000). The underlying principle is total body connectivity, which holds that all parts are integrated and in relationship, and that change in one part impacts the whole. Bartenieff Fundamentals also focus on the concept of grounding: human beings move in relationship to gravity and to the earth. Basic body connections uphold the stage-specific developmental progression early in life that establishes patterns of total body connectivity in adulthood. Bartenieff Fundamentals thus serve as a universal platform for all cultures because all cultures are first human.

Finally, due to the limited time abroad, this study was intended to be ethnographic in nature only, offering a single case study to illustrate the exploration of principles and

practices that lead to contextualized and democratized approaches to therapeutic interventions in cultural sexual trauma aftercare settings. In other words, the Philippines was only one experimental ground, and my findings there cannot accurately represent all cultural contexts; it provides only one case study, not a global setting, to answer my research question. My hope, however, is that it is applicable across other professional interventions and cultural settings. Thus, as did Bryant L. Myers in his book, *Walking With the Poor*, I can provide directions and core principles to instruct and inspire practitioners across disciplines (Myers, 2011).

Arts Aftercare produces a Healing Arts Toolkit that provides a research-based curriculum along with basic arts interventions in music, visual arts, and movement to teach core skills to traumatized individuals to achieve emotional regulation, develop identity, and build healthy interpersonal relationships. While aftercare staff working with human trafficking survivors may have little or no therapeutic training, they can ably foster such skills as self-awareness and emotion management, and this Toolkit provided them the necessary framework to move artistic and creative activities to a higher level of healing value. This research provided the curriculum and practicalities that are incorporated in the Arts Aftercare's Healing Arts Toolkit and served as a pragmatic and effective form of dissemination of this dissertation research.

Conclusion

The research literature surrounding the somatic experience of trauma as explored in therapeutic settings provided ample evidence that the body and mind are intrinsically connected. Specifically, other sexual trauma research affirmed that sexual trauma causes a wide range of physical and psychological consequences including dissociation, stress,

shame, and the decreased ability to emotionally regulate or retain a sense of self. The purpose of this study was to discover the principles and practices that lead to contextualized and democratized approaches to therapeutic interventions as applied in the critical global mission of sexual trauma aftercare. Furthermore, as a case study modeling these principles, this study proposed movement arts therapy as a unique solution to the somatic complexities of sexual trauma, specifically applied to those experienced by Filipino survivors seeking care in an aftercare shelter as the selected experimental grounds for examining this concept of contextualization and democratization. The intent is that those principles and learning become more broadly applicable for other scenarios of cultural intervention work.

Chapter Two: Research Design and Methodology

Purpose Overview

The purpose of this study was to explore the principles and practices that lead to contextualized and democratized approaches to therapeutic interventions in cultural sex trafficking and prostitution aftercare settings. Practically speaking, this study was directed towards international aftercare shelters, specifically those located in the Philippines, and was intended to provide tangible solutions that will positively influence the lives of recovering survivors.

Philosophical worldview.

This study explored the principles of democratization and contextualization recommended when creating therapeutic practices. My theoretical worldview and values as the researcher guided the direction of the study (Creswell, 2013). The philosophical values, specifically ten foundational guiding principles of democratization and contextualization, shaped my approach in this research study. The six values pertaining to democratization were Simplicity, Holistic Accessibility, Inclusion/Choice, Incremental Change, Sustainability, and Safety. The four values pertaining to contextualization were Glocalization, Localization, Systemic Understanding, and Spiritual Connection. These principles derive from multiple avenues, drawing from my literature review and the unique constellation of my personal experiences, credentials, and characteristics primarily as a psychology doctoral candidate, Chinese American woman, and a trained dancer and choreographer. They serve as my fundamental principles to guide the interventions and methodologies of this study.

Democratization Principles

Simplicity. Drawn from my extensive dance and choreography experience as well as my personal engagements with Chinese speaking family and friends, the principle of Simplicity was culturally critical on the onset because I was working with a population that speaks another language and had little or no dance experience or training. Integrating simplicity ensures that the movement intervention was basic enough to promote understanding and ease in learning for any participant. This principle showed in several aspects of the movement series: the program began with everyone seated, offered mirroring as an easy way for women to follow along and copy the movement, incorporated repetition, and increased the learning gradually starting seated then progressing into a choreographed piece. I had clearly outlined all movements in the illustrated curriculum that I had provided the shelter prior to the research week.

Holistic accessibility. Based on research showing the mind-body connection, I planned a movement art intervention to reinforce the value in Holistic Accessibility, a degree of cathartic release or therapeutic relief from the consequences of sexual trauma, both emotionally and physically. The literature on DMT and research studies such as Mills and Daniluk (2002) studying survivors of CSA reinforced the unique release from trauma that victims experienced from movement, in many cases, more so than with traditional therapies.

Inclusion and choice. As a researcher committed to ethical values, I emphasized Inclusion and Choice to ensure that everyone felt treated equally and that the workshop could accommodate everyone who wanted to participate, yet involvement remained fully voluntary, empowering the participant with a strong sense of individual choice.

Through my first-hand experience counseling women and conducting research on the psychological consequences of prostitution and sex trafficking, I have learned that extra care and sensitivity are essential when working with a fragile population. I chose not to offer money as an incentive, hoping not to influence participation.

Incremental change. Incremental Change defines the intrinsic, fundamental value of the small, progressive changes that can bring enormous improvement in anyone's life, even if it does not, in this study, address all the systemic issues fueling sexual exploitation. Upon reading the DMT research and literature, I recognize that movement will not rid all of the trauma victims' issues, but I genuinely believe that interventions such as movement arts can make a profound impact on decreasing and managing the daily physical and psychological consequences of sexual trauma. Academic research stated that providing the women tools for self-awareness, empowerment, and emotional regulation would help them overcome their trauma, and I believe that the movement interventions could become such a tool to provide this essential release, support, strength, and incremental restoration.

Sustainability. The value of sustainability intrinsically shaped this study. Essential to democratization, sustainability makes the intervention truly accessible and available to all including aftercare workers who may not have the "required" education or training in professional therapy. True sustainability equals the ability of the aftercare workers and participants to maintain and practice on their own after the workshop. Going into the research week, I made several efforts to drive sustainability including keeping the intervention simple, emphasizing the train the trainer model so that the first workshop would equip the aftercare workers to then train the women themselves, and

creating a host of assets to aid in the aftercare workers' learning process such as illustrated curriculum.

Safety. The last of six democratization principles foundational to this study, Safety is essential to ensure the women are sheltered from danger both physically and emotionally. According to the research, many sexual trauma survivors suffer from psychological consequences ranging from feelings of shame and anxiety to psychopathologies such as bipolar personality disorder (Black, 2007; Carey, 2006). When I choreographed the movement series, I paid particular attention to any movements that could potentially retrigger any negative reaction because it resembled a sexual movement. In the curriculum (see Appendix E) I made other provisions for cases of retraumatization.

Lastly, I chose to do a brief solo dance performance for the aftercare workers and the survivors on the third day I was there. Although my dance performance incorporated a ballet lyrical style, not part of my eight step curriculum from the movement workshops, I believed that showing them my own dance would inspire a sense of emotional safety by driving a higher level of trust, exchange in offering movement, as well as overall interest. I explained the workshop phase two consent forms (see Appendix B) to everyone following my dance performance.

Contextualization Principles

Glocalization. Similar to other practitioners such as Augusto Boal (1985) and Dwight Conquergood (1998), whose creative techniques promoted social and political change through theatre in Hmong and Peruvian communities, glocalization brought a movement arts intervention into another cultural context. Glocalization, a term coined by

Thomas L. Friedman (2000), denoted the adaptation of a product or service specifically to each locality or culture. Glocalization can be a somewhat dangerous concept if perceived as the "marvelous contribution of Western civilization to the world," the "gift of the West to the world" (Lechner & Boli, 2012, p. 17), or when it negatively links to Western dominance. Glocalization is dangerous when we seek to Americanize, homogenize, and obliterate the cultural "olive tree roots" (Friedman, 2000, p. 329) of other countries. Fundamentally, proper contextualization and glocalization result from cultural sensitivity and language awareness, the unique culture characteristics, the systemic issues, and any religious framework.

Localization. Unlike Glocalization which refers to nurturing deeper cultural nuances, Localization embodies language and cultural translation to successfully adapt on a tangible level with the language and work of the culture under study. Through my graduate studies at Northwest University with a unique ethos on international psychology and service to the global community, I have learned to prioritize effective and sensitive cross-cultural care. Contextualizing interventions goes beyond the tangible translation of language and must go below the surface to factor in local cultural nuances of lifestyle and value systems. My localization efforts required that I interpret/translate the curriculum and consent forms, translate the interviews, choreograph to a Tagalog song, and use locals as lead teachers in the workshops.

Systemic context. Sensitivity to the Systemic Context served as another key cultural contextualization value through understanding of underlying socioeconomic factors. The literature provides ample evidence that prostitution and sex trafficking are inherently systemic issues, highly influenced by factors such as poverty (Monroe, 2005).

I also closely studied the systemic socio economic context through my own literature research and myriad of interviews of Filipinos, the shelter directors, the Arts Aftercare founder, etc.

Spiritual connection. The last contextualization principle in my research study was Spiritual Connection. Spiritual Connection concerns alignment with the religious and spiritual orientation of the shelter because according to the research on spirituality and trauma, it can be helpful in an effective intervention process. Researchers Tanvi Bajbaj and Swasti S. Vohra found similar value in the spiritual connection in their research on the therapeutic implications of dance in India; they found dance to be "prayer personified" that "offers a private space to the dancer in which she can relate with the deeper and beyond the obvious...that moment in which the dancer forgets who he/she is and becomes the creation, the dance itself" (Bajbaj & Vohra, 2010, p. 56). Many aspects about the workshop, song selection, and verbiage used in interviews accommodated this Christian faith-based customization.

Research Questions

This study sought to answer the following questions: What principles and practices lead to culturally contextualized and democratized approaches to therapeutic interventions in sexual trauma aftercare settings? How did my case study employing movement arts in the Philippines model these principles?

Participants

To explore the research questions, I used participants directly from the aftercare setting in the Philippines. The first group of participants included women coming out of sex trafficking and forced prostitution: those who work directly with the women who are

members of a Filipino sexual trauma shelter. Second, aftercare shelter program coordinators chose fifteen shelter women based on the criterion set for this research: female, Filipino, between the ages of eighteen and forty, and lacking any significant emotional instability or physical disability.

Methodology

To gather sufficient data, I traveled to the Philippines in November 2013 to conduct movement arts workshops at a sexual trauma aftercare shelter in partnership with Seattle-based nonprofit, Arts Aftercare. Specifically, the team consisted of four other team members and me. Together, we facilitated small movement arts workshops at the Samaritana Transformation Ministries aftercare shelter which works with women eighteen and older outside of Manila, Philippines.

The two workshops modeled the Arts Aftercare's first Healing Arts Toolkit pilot that had taken place in 2011. Both phases took about three days to complete. The first phase focused on training five staff members. The second phase allowed for the trained staff to replicate the workshop with at least fifteen female sexual trauma survivors ranging from ages eighteen to thirty, and who are in a moderately stable condition. We sought voluntary participation and offered no compensation or gift for participation.

Table 1

Team Roles and Responsibilities

Name	Role	Attendance/Supporting the following:							
		Wkshop #1	GrpInterview#1	Wkshop#2	GrpInterview#2	SmGrpRED	SmGrpBLUE	SmGrpGREEN	SmGrpYELLOW
Renee	Lead	X	X	X	X	X	X	X	X
Team Member #1	Assistant	X	X	X	X	X			X
Team Member #2	Assistant	X	X	X	X		X		
Team Member #3	Assistant	X	X	X	X			X	
Jen Pineda	Dance Teacher			X	X				

The roles and responsibilities for the five research team members were as follows: I played the lead researcher, setting up the research study end to end, observing all activities, and as a participant observer, directing the workshop and group interview on day one and group interviews on day two. As a participant-observer, my roles ranged throughout the research study execution (Yin, 2009). Three research assistants collected data through video recording, audio recording, and additional behavioral observations through observation journaling. These assistants participated in all research activities including rotating through in the day two group interviews with the participants. Filipino choreographer and dancer, Jen Pineda, attended and led only during the workshop on day two.

Case Study

Focused on a model of principles I had used in movement arts intervention in the Philippines, I selected the case study approach as the qualitative research design strategy of inquiry for this dissertation. A case study works well for this paper because it captures the complexity a single research context to help illustrate my larger research question which asks to identify the principles and practices that lead to contextualized and democratized approaches to therapeutic interventions in cultural sexual trauma aftercare settings. Case studies also serve as a good sounding board for supporting inclusion and dialogue (Patton, 2001).

My case study included elements of reflexivity. Similar to researcher Helen Payne's approach with student narratives of DMT groups exploring research of the practitioners' own experiences (Payne, 2004b), this framework facilitated steady observation in the hopes of understanding the culture and perspective of the people (Cruz

& Saber, 1998; Patton, 2001; Payne, 2004). Although I could not spend extensive time abroad to immerse myself in the Filipino culture, my time there was reflective: I functioned as an observer as well as a participant, and this experience enriched my understanding of the women's culture, more fully connected me with them, and gained me further insight into the workshop's effective, contextualized approach (Patton, 2001).

During the first workshop while training the trainee aftercare staff, I served as the participant observer directly teaching the material and then directly interacting/leading the group interview. On day two, Jen Pineda presented the workshops to the aftercare shelter workers and supported the staff in teaching the women. My function was to take diligent notes as an observer. This role shifted slightly again on day two when we moved into small group interviews. In this stage, I was engaged directly with the trainee aftercare workers and the participants, though my purpose was to ask questions and to hear answers, and not to promote an agenda.

Materials. I bought ample relevant supplies and an equipped team to help facilitate all methods involved in this study: written instruction curricula illustrated with photos to guide staff, an interview guide, observation notebooks for each team member, and any needed recording and video gear. Each member of the team played a different role: conducting workshops, supporting observation, collecting data, conducting group interviews, and video recording.

Protection of human subjects. The requirements dictated by Northwest University's Human Subjects Review Board governed all project interactions to ensure full protection of human subjects in this study. My proactive actions to do so were twofold: the first was to solicit consent from the aftercare shelter where the research will

take place, and the second was to obtain the informed consent of each individual research participant. I printed all Tagalog consent documentation in both English and in their native dialect. As outlined in the consent form (see Table 3), I notified the aftercare shelter regarding the purpose of the study, the guiding research questions, and the general methodology in an abridged proposal found in Appendix A. Once the consent from the shelter returned (including consent to identify the aftercare shelter by name), the aftercare workers identified key participants and asked them to serve as participants. Then, I informed each individual participant of the purpose of the study, the guiding research questions, and the study's general methodology. Each participant had the choice to consent to our using recording devices and to transcribing the recorded materials. We made every effort to conceal the true identity of the survivors, specifically in the data presentation.

Sources of Evidence

For this case study, I tailored three primary sources of evidence to better understand the cultural context and insight needed to answer the research questions. These sources included the researcher's observation journal, the group interviews from day one and day two workshops, and information gathered from interviews with other international organizations doing similar work.

First, as the primary researcher, I used my observation journal to document "extensive, detailed notes" (Crane & Angrosino, 1976, p. 11) directly from the workshops and interviews. Besides recording facts, I used it to record thoughts, reactions, observations, and self-reflections as they occurred (Creswell, 2013) during the daily interactions with shelter personnel as well as during the workshops and group interviews. Each team member carefully labeled these field notes with the date and time

of the notation (Crane & Angrosino, 1976). The case study took place in an intended natural setting which allowed direct observations during the workshop and interviews and informal ones during daily interactions (Yin, 2009).

The observation journal helped me record my autobiographical narrative and reflective observations as I integrated reflective elements and found insights into a different culture. The contemplative style of writing as a primary data source provided me further liberty to explore writing a variety of forms such as short stories, fragmented and layered writing integrating emotion, self-awareness, and self-consciousness of my genuine voice (Patton, 2001). I involved reflexivity where I observe myself so as to be "attentive to and conscious of the cultural, political, social, linguistic, and ideological origins of [my] own perspective and voice as well as- and often in contrast to- the perspectives and voices of those [I] observe and talk to during fieldwork" (Patton, 2001, p. 299). Because of the reflective nature of this study, my personal observations and reactions were a part of the data analyzed and are presented in Chapter Three.

Second, I used audio and video to capture the daily interactions with shelter personnel, workshops, and group interviews as well as my dance performance. These recorded the whole so that later, I might observe particular behavioral aspects for analysis. (Behavioral observation tools are found in Appendix D) The audio and video recordings of the workshop and interviews provided direct feedback regarding the formation of an intervention for this case study population. While the workshop provided a platform for dialogue, the interviews allowed for the survivors' and caregivers' personal narratives told in their own voices, thus empowering them to tell their own stories (Creswell, 2013; Patton, 2001).

To facilitate these interviews, I used an interview guide (see Appendix C) listing a dozen or more predetermined, open-ended questions that seek to understand the various aspects of the group and individual experience plus nuances of participants' meanings (Creswell, 2013). When developing the interview guide, I broke the research questions into researchable sub questions and then created possible interview topics or items for each sub question (Dawson & Algozzine, 2006). Because my interaction and interventions with the women were brief and over a course of two days, I selected questions that avoided a higher level of emotional access and focused on questions that would capture insights to answer my most fundamental research questions. If the questions open deeper emotions, I provided for the individuals to process further with their aftercare shelter counselor. My full intention was to preserve the participants' mental health and anonymity while I recorded and transcribed their voices and stories for further observation regarding their body language and word themes.

Table 3

Data Recording Medium by Research Source of Evidence

		Data Recording Medium			
	Research Sources of Evidence	***Writing***	***Audio***	***Video***	**Confidentiality/Record Keeping**
1	**Daily Life/Informal Interviews**	**X**	**X**		WRITING/AUDIO
2	**Daily Life/Behavioral Observation Journaling**	**X**			WRITING
3	**Behavioral Observation Journaling of Workshops/Interviews**	**X**			WRITING
3	**Dance Workshops #1/2**		**X**	**X**	AUDIO/VIDEO
4	**Individual and Group Interviews #1/2**		**X**	**X**	
5	**Renee's dance performance (TBD)**			**X**	VIDEO

My team and I used specific confidentiality guidelines for record/data keeping during the research week. We made backup copies of all pieces of writing for the observational journals every evening during the research week to ensure we had a second copy in the case we somehow lost the original. Hardcopies containing no identifying information, we stored in my suitcase and uploaded a digital copy of each journal page onto my password protected online drive and on my encrypted external hard drive. Similarly, we backed up all audio and video recordings were backed up every evening: the original audio files remained on password protected phones and a copy of each audio recording went onto the two hard drives.

During the final component, I conducted and recorded thirty minute phone interviews with international caregivers already employing movement therapy. These discussions enabled me to affirm global best practices and to compare and validate my findings. This record helped me integrate information applied in other cultures/settings to work toward a holistic, international solution.

Data collection. The data collection occurred systematically across the two phases of workshops with the aftercare staff and survivors. The first phase workshop was held on Monday morning, November 25, 2013, and I taught it for one sixty minute session. The instructions for the initial section of the workshop included seating everyone in a stable, non-folding chair, at least an arm's length apart from each other. I requested everyone to sit in a position comfortable to them, and asked if they could sit with their legs uncrossed and hands placed on their thighs. They would remain seated throughout the entire first performance of the eight movement sequence. Later, during standing movement that could require more balance, we asked them to hold onto the arms

or seat of the chair. The entire introduction exercise used mirroring: the lead person sat in a chair facing everyone and invited them to mirror their movements to hers. The agenda for this workshop included activities that involved a sequence of eight simple movements—Breath, Tactile, Inward/Outward, Spine, Upper-Lower, Lateral, Cross-over, and Balance—choreographed in collaboration with two professional choreographers, Karin Stevens and Jen Pineda (See Appendix E for the unabridged illustrated curriculum of the eight movements). I played soft classical piano music in the background to set a peaceful mood to invite the women in dance.

Breath. First was the Breath movement series where I invited everyone to take four to five slow deep breaths, to about four counts each, through the nose and out the mouth. I asked everyone to consider the metaphor of a balloon filling with air then emptying of air and to close their eyes for a moment or gaze softly downwards with eyes focused on the floor during the initial breathing. Slowly, and quietly, I asked everyone to introduce arm movement to coincide with this breathing. First starting with their arms on both side of their body, they could mirror me as I extended my arms horizontally and waved them gently up and down, slowly repeating it at four different height levels-shoulder height, up to form the letter "Y," then the letter "V" with our arms at four counts each.

Tactile. We then transitioned into the Tactile movement series based on the concept of touch. The group mirrored me as I placed my right hand on my left wrist and then slowly swept my fingertips up my left arm while stretching the side of my neck and body gently to the right till my fingertips reached my left shoulder during four counts then sweeping down the same arm for another four counts. This movement we repeated

on the right hand side with the left hand. We repeated the same movement again but this time with the sweeping movement with the hand by the sides of the head.

Inward Outward. The premise of the next movement, Inward Outward, was the core-distal movement of reaching outward from the core of the body. We first reached out the right hand with open palms facing inward to the right hand side, then pulled our arms inward for four counts outwards, then four counts inwards, then repeated to the left side with left hand. I invited people to imagine movement that grows and shrinks, reminded them to continue breathing with the rhythm, and to raise their face towards the direction of the lifted arms. This movement was slowly repeated at four different arm height levels- by the sides of the legs, shoulder length, diagonal formed a "Y" shape and then reaching the highest level, forming a "V" shape, one side at a time.

Spine. Slowly transitioning into the movement to become aware of the spine, I guided the group to lower their heads gently downwards then swing forward while keeping their legs still and arms by their side. Then they gently pulled their head upright. Each phase took four counts; then we repeated it. To help visualize this movement, I asked my participants to imagine their spine as flexible and swaying frontwards, then sideways. We then repeated this swinging movement by first swaying our heads to the right and then to the left, at four counts each.

Upper-Lower. From there, we transitioned to the Upper-Lower movement that required we isolate the lower body while we moved our upper bodies; next, we repeated with moving the lower body and isolating the upper body. This sequence began with raising the right arm in a graceful gentle circle outwards for four counts with a repeat on the left for four counts. The movement transitioned to the lower body where I guided

them to point their right foot and straighten their leg frontwards while keeping their left foot grounded. Next, in four counts, they swept their right foot toes along the floor in a quarter circle to the right side and then returned to neutral feet position. They followed suit with the left foot, again for four counts. We repeated this sequence, however, in this second round, the movement directions of the arm movement and leg movement circled inwards.

Lateral. Subsequently, we transitioned to the Lateral sequence, or movement on one side of the body in which we either moved the right leg with right arm while keeping the left side still, or the left leg with the left arm while keeping the right side still. I led the group to reach their right arm above shoulder length while reaching the right foot with toes pointed to the side of the chair on the floor while keeping the left side arm down and leg completely still for four count. Eyes followed the arm movement. We then repeated this sequence on the left while maintaining a steady breathing rhythm.

Cross-over. As we approached the end of the eight movement sequence, the movements evolved from the lateral sequence into a cross-over movement, reflecting the same type of movement with arms and legs. We first reached the right arm at a higher than shoulder level while our left foot toes pointed to the floor on the left side of the chair. While keeping the left side arm and right leg still, we retracted the extended right arm and left leg towards the core. Eyes followed the right arms, and we then repeated this movement with the opposite arm and leg. I asked participants to imagine crossing the midline of the body with opposite arm and leg sides.

Balance. We concluded the eight movement series with a gentle, relaxing movement based on balance. Firstly, I asked participants to imagine swinging or

swaying in different directions and encouraged them to take deep breaths to center themselves if they felt dizzy or off balance. I led the group to sway their heads forward slowly and gently forward for eight counts then backwards for eight counts. From there, I led them to repeat this movement but take it to the right side and then to the left side. We ended with a slow head roll by first lowering the head to the front then circling the head around to the left then repeating the head roll in the opposite direction at eight counts each. After completing this sequence in the chair, I invited them to repeat the entire eight movement series standing up and in place.

During these series of the eight movements, I encouraged the aftercare workers to expand the activity in several ways including traveling with all eight movements in different directions, mirroring and shadowing each other in pairs, trios, and quartets, and to use props such as different colored scarves to add a new dimension to the basic movement. We asked trainee aftercare workers to use caution and to know that not everybody will be able to move their bodies in the ways described. We encouraged everyone to only participate as much or as little as they felt comfortable doing, and we trained the aftercare workers to respond skillfully to any potential case of hyper arousal, dissociation, or retraumatization.

These eight movement concepts then served as a foundation for teaching the last part of the workshop which was a simple dance integrating all eight dance moves. We set eight simple movements to a Tagalog song the participants knew well. We sought to show them how they might expand on the basic eight moves and actually integrate this dance therapy into their daily lives. This process also emphasized the purpose of the

movement: free emotional expression and its therapeutic impact, and accessibility of use while it lowered the probability that a survivor would self-select out.

Immediately following this workshop, my team and I conducted a sixty minute group interview to ask questions and to receive feedback. This gathering established rapport with the caregivers, facilitated dialogue, clarified confusing elements, collected responses, and allowed for criticism. We gave the caregiver trainees printed curricula designed to assist their preparations for phase two workshops. To ensure integrity in replication, we made the curriculum simple and easy to follow, included an illustrated reference sheet, cues to help with timing, the order of exercises, and music recommendations. We made all materials available in their native language, Tagalog, as well as in English.

The aftercare staff led a phase two workshop about two days later. We allowed for time to make any necessary adjustments to the workshop curriculum based on the feedback from phase one. The workshop was about ninety minutes long with multiple breaks, facilitated by the local staff, and supported by my team. They mirrored the workshop format as they had learned on day one. In a participatory manner, my role as the researcher as well as my team actively participated as facilitators and collaborators, and we provided learning resource for the participants (Patton, 2011). On day two, the staff trainees taught the first third of the workshop; they faced the group of women participants as they went together through the eight move series. During the last hour, Jen Pineda taught a simple dance integrating the eight basic moves to a Tagalog song the aftercare workers and participants all knew.

Following the workshop and a sixty minute lunch break, I conducted a series of thirty minute group interviews with four groups of about three to four women and one staff member to help with translation. For simplicity sake, I distributed four different color stickers of red, green, blue, and yellow so each individual would clearly understand which small group interview they were to participate in, as illustrated in Table 2. This interview fostered informal dialogue about the workshop experience, and my team and I observed and interacted with the participants alongside the staff member. This setting was designed to be non-threatening, as the presence of the staff member increased the participant's level of comfort and ease in translation. These interviews fostered dialogue by asking open-ended questions about the workshop experience.

Table 2

Day Two Group Interview Categorization by Individual

CATEGORY	CODENAMES	Participating in the following:			
		SmGrpRED	SmGrpBLUE	SmGrpGREEN	SmGrpYELLOW
Trainee	S1	x	x		
	S2			x	x
Participant	W1	x			
	W2	x			
	W3	x			
	W4	x			
	W5		x		
	W6		x		
	W7		x		
	W8		x		
	W9			x	
	W10			x	
	W11			x	
	W12			x	
	W13				x
	W14				x
	W15				x
	W16				x
Renee	R	X	X	X	X
Team Member #1	J	X			X
Team Member #2	A		X		
Team Member #3	B			X	

Data Analysis Process and Procedures

As this was a qualitative study, I collected data, organized them into categories, and analyzed them to identify patterns, relationships, and emerging themes. The general process of analysis was as follows: I took the raw data from my four sources of evidence; I organized and prepared the data for analysis; then two research assistants and I read through the data and noted any recurring themes which we then analyzed to understand theme interrelationship; and we interpreted the meaning of themes and descriptions (Creswell, 2013) to produce a final research coding guide. My team leveraged and coded the themes, tabulated the frequency of themes to determine prioritization, discussed it all to ensure inter-coder agreement and highlight any salient quotes. The coding results are located in Chapter Three.

I transcribed and reviewed interviews with close scrutiny to obtain a general sense of the information and to reflect on the overall meaning, the general ideas reported by the participants, the tone of the ideas, and the general impression of the depth, credibility, and use of the data (Creswell, 2013). "Meaning units" (Creswell, 2013, p. 184) were identified and linked in order to more clearly recognize themes and patterns, to understand what is meaningful, and to provide direction to inform what is important to this target audience. Finally, I used a between source triangulation exercise among all three sources of evidence to reveal whether or not particular findings from one source repeat across other sources (Creswell, 2013). And, as noted, this study constantly sought tangible improvements or insights regarding democratization and contextualization with the goal to improve aftercare interventions for sexual trauma survivors.

Credibility, validity, and reliability. Throughout the research process, I constructed validity, external validity, and reliability as well as credibility to ensure data dependability (Yin, 2009). The triangulation among data sources helped ensure construct validity: I used multiple sources of evidence to help inform the data collection process. Likewise, my data directly related to the scope of the research questions, and I correctly measured and correlated the study with my approved, initial construct. My goal was to develop a chain of evidence for the reader of this case study to follow clear evidence from the research questions to the conclusions. I assured external validity by comparing my data to that in the broader body of sexual trauma research, and I intended the resulting findings to apply at least generally in multiple trauma scenarios (Yin, 2009).

To ensure reliability, I provided sufficient detail regarding process and methodology so that future researchers can replicate the study. Thus, I checked all

transcripts for accuracy. I assured direct translation of the videos of Tagalog speech in the group interviews and did not rely solely on the interview translator's transcript; I also collected the codes to organize information consistently per the inter-coder agreement with a second coder (Creswell, 2013) and so that other investigators can review the evidence directly thus enhancing the reliability of the entire case study (Yin, 2009).

In all, I confirmed sufficient credibility through my following experiences, credentials, and characteristics: doctoral studies in Psychology and Counseling at Northwest University including Research Methods I-III courses and a school-wide emphasis on effective cross-cultural work, Chinese ethnicity, living in Hong Kong, fifteen years of dance training and experience, APA membership, and practical experience counseling women with sexual trauma or trafficking history. My background experience served as a tremendous influence in shaping the philosophical worldview and the core principles that are foundational to this research study.

Conclusion. This study purposes to explore the principles and practices that lead to contextualized and democratized approaches to therapeutic interventions in cultural sexual trauma aftercare settings. The philosophical values, specifically ten foundational guiding principles of democratization and contextualization, shaped my approach in this research study. The six values pertaining to democratization were Simplicity, Holistic Accessibility, Inclusion/Choice, Incremental Change, Sustainability, and Safety. The four values pertaining to contextualization were Glocalization, Localization, Systemic Understanding, and Spiritual Connection. Using the strategy of inquiry and application, this case study included a movement arts therapy intervention in Filipino aftercare shelters. Movement arts therapy can be a unique solution to the somatic complexities of

sexual trauma; this study specifically used this movement arts therapy with Filipino sexual trauma survivors in an aftercare shelter. However, the principles explored in this study are applicable across other helping professions with other cross cultural trauma interventions.

In November 2013, a team of workers helped me produce a movement arts program to Filipino women, survivors of sex trafficking and/or forced prostitution. We conducted the program at an aftercare shelter in partnership with Seattle-based nonprofit, Arts Aftercare at the Samaritana Transformation Ministries aftercare shelter. Our workshops built upon Arts Aftercare's first Healing Arts Toolkit pilot that took place in 2011 by returning in 2013 to teach the aftercare staff how to teach the movements to the survivors themselves.

My three resulting sources of evidence for this case study are the researcher's observation journal, the group interviews, observations through video, and information gathered from interviews with other international organizations doing similar work with DMT and sexual trauma survivors. We collected, transcribed, and backed up all data, provided ample credibility, validity, and reliability, and took care that all participants' identities were confidential. The goal was to identity principles and practices that lead to effective contextualized and democratized approaches to therapeutic interventions in cultural sexual trauma aftercare settings.

Chapter Three: Results/Data with Analyses

While this case study initially sought to discover principles and practices that lead to contextualized and democratized approaches in therapeutic interventions for sexual trauma victims, it also questions the benefits of applying movement arts therapy in any global sexual trauma aftercare setting. As explained in Chapter Two, my practical experience in the Philippines while working with Filipino sexual trauma victims has indicated that movement arts therapy can be a unique solution to somatic complexities of sexual trauma.

This chapter contains my case study findings from the data I collected at Samaritana aftercare shelter in the Philippines. Ten core themes emerged from this qualitative research study aimed at identifying the key principles of democratization and contextualization of western interventions in cultural settings with sexual trauma recovery.

Results

Discoveries about each foundational principle of this cultural case study are found in the results; these principles became emerging themes in the program, and they expand on the foundational principles discussed in Chapter Two. The six themes pertaining to democratization were Simplicity, Holistic Accessibility, Inclusion/Choice, Incremental Change, Sustainability, and Safety. The four themes pertaining to contextualization were Glocalization, Localization, Systemic Understanding, and Spiritual Connection.

Democratization Themes

Simplicity. The Simplicity theme intended to help anyone join the movement arts program whether she could dance or not. In fact, an eight month pregnant woman

chose to participate. From the data, we learned that this simplicity in movements caught some aftercare workers and participants by surprise. Perhaps they had other assumptions of what might happen; maybe they had expected the workshop to introduce more complex but familiar, traditional dances. Although some participants moved more easily than others, the program offered a baseline that everyone could follow. This simple intervention characteristic helps guarantee widespread use because it lacks barriers to learning and implementation.

Across all data sources, all participants provided consistent feedback that the dance experience offered reasonable challenges at fundamental levels. The participants described having "no difficulties" ("Angel" personal communication, November 27, 2013) with the choreography, and the movements were so basic that even an eight month pregnant woman kept up. One woman explained her initial anxiety and then release of fear that she would not be able to follow the movements:

> But in the end, my worries that I will not be able to follow the steps because it's hard for me, slowly disappeared. It seemed like so easy all of a sudden. I wasn't expecting this kind of dance. I thought it was just the usual dance that has a lot of movements. ("Angel," personal communication, November 27, 2013)

In my reflections, I noted that Jen Pineda and I choreographed a dance to the full Tagalog song in which we incorporated the eight basic movements. However, we had planned to teach only half of the choreography in case the participants could not follow easily. We quickly realized that the participants were following us well, so we taught the entire sequence. Additionally, when we watched the dance video, we saw that the women moved naturally and had no trouble following.

Our data analysis of transcripts – conversations with the research team members plus interviews with the participants – showed that we were wise to incorporate repetition to ease the learning process. Also our teaching the elements in incremental chunks was critical to this success. The repetition plus building blocks of choreography definitely helped, inspiring one woman to say "It's easy because the teaching was gradual" ("Jessa," personal communication, November 27, 2013). Additionally, we taught at an easy, steady pace at just the right tempo to allow for changes, counts, and even breaks during the workshop. As documented in self-reflection notes, these changes occurred intentionally but built always on the simplicity of the process.

Data showed general agreement that straightforward and easy to follow directions as well as clear options for alternative movements helped all the participants follow the program. The video also documented Jen Pineda as she provided constant directions and feedback to ensure people were following along and had the chance to ask questions.

The mirroring approach to teaching movement ensured that the activities were simple enough to follow along and copy. A participant described her own experience in mirroring: "At first, I got confused. There were too many hand movements. But when the music started, it was easier to follow. My body just followed" ("Yanna," personal communication, November 27, 2013). Our "behavioral" observations of the videos further validated mirroring as effective toward simplifying the learning process. We observed that while I explained the movement art during workshop phase one, all five aftercare workers/trainers were engaged and appeared comfortable: they freely asked questions, made suggestions, and offered input almost immediately. During the workshop phase one itself, the five trainers followed the movements exceedingly well.

They easily grasped the mirroring, and throughout the workshop, they all seemed comfortable with the movements, seemed to enjoy the experience as a whole, and showed no frustration or difficulty with the movements.

Holistic accessibility. This theme was confirmed by consistent feedback that movement arts interventions produced a degree of cathartic release or therapeutic relief, both emotionally and physically. In this environment of safety and trust through inclusion and choice, participants felt free to express their emotions, and since the mind is connected to the body, physical release could occur, too. In one of the staff meetings, I learned that the Tagalog word for body is the same word as the Tagalog word for the term personality. This holistic release of emotional and physical pain strengthens the notion that those in the Filipino culture can experience their mind and body as one. This study adds to the case for a holistic therapy as confirmed by Thelma Nambu's assertion that the movement interventions serve as a bio-psychosocial, as well as spiritual, model to work with trauma survivors. The notion of Holistic Accessibility dovetails with emotional safety and physical safety, as they provide the basis for individual freedom and stress.

When participants can easily grasp an intervention and feel a resulting strong sense of inclusion and safety, they will naturally consider ways to integrate the intervention into their daily lives. Data analysis of the interview transcripts clearly showed that a majority of the participating women experienced release of negative emotions such as anger, stress, and sadness, and that they found movement as a means of regulating their emotions. A participant articulated her experience: "Before it started, I was really angry inside. I wasn't feeling good. Because of dancing, I was able to suppress

and release it" ("Yanna," personal communication, November 27, 2013), while another woman described that "the first part, the one with inhaling and exhaling, it felt so good. It felt as if my anger was vented out with it" ("Trina," personal communication, November 27, 2013). Additionally, another woman assessed that "the dance is really good because it takes away sadness… the past and pains but it was overshadowed with hope" ("Marinol," personal communication, November 27, 2013). It was as if the motions synchronized with inner emotions caused a release: "Put your heart out…it's like the things that bothers you disappears" ("Angel," personal communication, November 27, 2013). Likewise, another woman described her similar experience: "I was feeling really stressed and tired. I was hotheaded. When I got seated, all my tiredness and stress went away. It feels good" ("Jocelyn," personal communication, November 27, 2013). Lastly, an illiterate woman who participated exclaimed, "Lumuwag ang kalooban ko" which translates to "My inner self felt released" ("Thea," personal communication, November 27, 2013). The data showed that negative emotions gave way to a sense of relaxation and emotional peace. These comments from the small group interview complemented the behavioral observations of the workshop phase two in which all women were laughing and seeming to really enjoy the movement experience. During Workshop phase one, aftercare workers referred to the movement as "tools for coping" ("Gloria," personal communication, November 25, 2013) that would "open a door to look at problem solving in life" ("Polly," personal communication, November 25, 2013) and "allow them to think about life beyond today" ("Polly," personal communication, November 25, 2013). This sense that the movement would provide a daily coping skill for regulating emotions emerged later in the data when women made comments such as "the dance really

incorporated my experiences and the results that happened in my life especially the past" ("Trina," personal communication, November 27, 2013). The interview transcripts revealed that this useful practicality of the movement to daily emotions enabled the women to handle difficult emotions in a healthy manner. A participant confirmed this notion: "When you are mad, you'll just express it in the form of dancing and you will not be hurting anyone by doing that" ("Jessa," personal communication, November 27, 2013); another said, "There are times when you're mad about something or someone, you just dance it off and it'll go away" ("Jocelyn," personal communication, November 27, 2013). In an interview with Sohini Chakraborty by Kolkata Sanved about what success looks like, Chakraborty stated that success shows one's emotional ability to express and understand emotions, control anger, joy, and sorrow.

Moreover, physical relief from pain paralleled the emotional release experienced in the movement. Several women during the group interviews provided examples saying: "My neck was sore but when we started dancing, it slowly disappeared" ("Angel," personal communication, November 27, 2013). Likewise, another woman added, "I didn't expect that it could take away body pains. Prior to that, this was in pain (pointing to legs). The pain was gone" ("Aileen," personal communication, November 27, 2013). Women attributed the dance movement as the means to reduce bodily pain: "It's really the dance. In the beginning when I was raising my arms it was painful. But when we were doing it repeatedly, the pain disappeared" ("Geraldine," personal communication, November 27, 2013). Along with this sense of healing from physical ailments, the aftercare shelter staff pointed out that movement was also "great for self-awareness of bodies" ("Polly," personal communication, November 27, 2013).

Among interviews with other organizations introducing movement therapy to similar cross culture populations, Rebecca Shults from the non-profit organization, Rescue Arts, provided insight about movement arts and dance therapy with girls from Indian brothels. Similarly, Shults found the impact of movement to be helpful with emotional release: "The main impact I see with girls of high trauma is just to get their emotions flowing as it releases endorphins" (R. Shults, Personal communication, October 15, 2013).

Inclusion and choice. This theme surfaced in the data as a critical premise of ensuring everyone is treated equally and that the workshop can accommodate all participants, yet involvement remains fully voluntary, empowering the participant with a strong sense of individual choice. I intended the workshop to include all women at the shelter because participants need to feel included and safe to gain trust and inclusiveness in the interventions; I also wanted to lower any barriers of resistance by making it completely voluntary to participate.

Shults also found that survivors growing up in cultures such as India were initially conditioned to be submissive, saying, "Sometimes survivors I deal with never had a chance to say no, especially in a culture which honors and pleases elders, they always say yes…So when a guest comes in saying I want you to do this, they will do everything to cooperate, at least on the outside" (R. Shults, Personal communication, October 15, 2013). Alternatively, Shults also recounted times where she encountered resistance in particular individuals who did not want to participate or were acting defiant; she gave them the option not to dance with the group but asked them at least to observe and give feedback or write in a journal. She cited that in doing so, she gave the individual a "voice

and choice" (R. Shults, Personal communication, October 15, 2013) but simultaneously provided a way for the person to cooperate with the group and feel included.

My personal notes reflected the same intent to foster inclusion and choice; I wrote about my extra caution to ensure no participant felt forced or coerced in any way. Early on, I altered my original plan of giving the workshop to only eight to ten women, but later I offered it to all fifteen women. I observed that the shelter was open aired and freely flowed into the courtyard, so if we held a workshop there, other women who were not participating might wonder why they were not chosen and may have felt left out. So, I extended the day two workshop to all women hoping that other women might feel more comfortable in joining the group. Analysis of the small group interviews seemed to confirm the effectiveness of this approach particularly in overcoming any initial hesitation. One woman confessed: "I thought only ten people can join so I backed out. I was surprised when I saw that everyone is included already, so I joined too. And then I thought the dance was really good" ("Jessa," personal communication, November 27, 2013). The other documented change that cultivated a sense of inclusion and equality was that Jen Pineda and I asked the women to rotate places from time to time so that all had a chance to be in the front if they wanted to, and regardless, to experience the instruction from different location perspectives.

The importance of inclusion and choice also arose in the data from my interview with Abby Northcott, a dance educator and performer who taught dance in a school in Afghanistan. Northcott claimed that she was also leveraging the Bartenieff fundamentals with her work with the young girls in that war-torn country because "anyone can

create…dance is empowerment giving tools to create your space" (A. Northcott, Personal communication, November 12, 2013).

The value of creating inclusion and choice as a part of the movement experience mirrored the Samaritana aftercare shelter approach to women. Jonathan Nambu, director of Samaritana, noted, "You do not choose prostitution like you choose a job or education" (J. Nambu, Personal communication, November 21, 2014). Yet, he also noted that lack of choice in forced prostitution parallels the positive choice to be at Samaritana and commit to the program. As in the biblical story of the prodigal son, Samaritana was described as the "father waiting with open arms" (J. Nambu, Personal communication, November 21, 2014) where women could choose the aftercare safety and a chance at building other occupational skills or to return to their lifestyle of prostitution.

Incremental change. In the data analysis, Incremental Change showed that the research study attempted to implement integrative and small progressive changes to bring positive improvement in their lives instead of change that would interrupt their community and systemic life. Multiple data researching survivors in aftercare settings confirmed the need for life changes to come in moderation instead of an entire holistic reform. Jonathan Nambu explained, "there are wounds and there are losses. Wounds can have a level of healing, but there are losses of things you can never recover from… (These women) may experience healing but live life forever with deficits and handicaps" (J. Nambu, Personal communication, November 21, 2013). In an informal interview with Samaritana founder, Thelma Nambu, Jonathan's wife, who began working with women in prostitution over seventeen years ago working asserted, "You have to start with what you have, not with what you don't have." They cited this approach to "small victories"

(T. Nambu, Personal communication, November 27, 2013) as critical to their approach to women who come to their aftercare facility. As documented in the observational journals, the research team observed that Samaritana was "meeting them where they're at" (T. Nambu, Personal communication, November 27, 2013) and provided a non-residential shelter to allow women to stay connected to their extended family, take care of their kids, but also come to the shelter for skill building, community support, as well as jewelry and card making for a living wage as an alternative to the sex industry. Jonathan Nambu noted that aftercare shelters in Cambodia are finding that survivors had difficulties in successfully reintegrating into society and that perhaps a non-residential approach would prove to be the best incremental change to fit into the survivor's life.

Dan Allender, author and founder of Seattle School of Psychology and Theology who twenty-five years ago pioneered a unique and innovative approach to trauma and abuse therapy, further bolstered this notion of incremental change by asserting the value of the Arts Aftercare toolkit:

> The kit provides the opportunity for sexual trauma victims to move safely and slowly toward expressing some of the traumatic realities of their past abuse but at their own pace, or own control, so that regulation occurs.... It is an entry that allows for other therapeutic work to be done effectively, more so than with any other toolkit or any other process that I have seen so far. ("Allender video," n.d.)

The toolkit, including this movement art intervention, can aid in moving the survivor towards healing.

In my reflections, I recounted my initial discussions with Samaritana when I arranged to conduct my intervention research with their women. Because of the shelter's

limited resources, Samaritana declined my original proposal to conduct a multi-day workshop and training with other aftercare shelters included onsite. As I got a better sense of Samaritana's priorities and capacity to host this research, I scaled down the workshop and submitted a modified proposal that was eventually accepted. This experience plus my time onsite in the Philippines taught me that change to any existing program should always be done incrementally, and that I need to ensure my program does not interrupt the current work with the women. I noted a three tier model: first, Samaritana's approach that gently integrated hope into the women's world; second, Arts Aftercare's approach with the toolkit that packaged art interventions for scalability integrated into Samaritana's work; and finally, I partnered with Arts Aftercare to provide the movement arts component of the toolkit, which would come full circle to offer hope in the women's lives.

Sustainability. Sustainability transpired as a clear theme in the data as essential to democratization, and it refers to the ability of the aftercare workers and participants to maintain and practice movement arts on their own after the workshop.

Data shows that movement arts can help as a stress release in daily personal, emotional, and community life. It can help an organization's future outreach efforts for crises relief. The Sustainability principle also dovetails with the Glocalization and Systemic themes because as it integrates into the fabric of the culture, it enhances the potential that others will use the intervention. Thelma Nambu recalled a time that an organization taught the women at the shelter how to run and provided each woman with a new pair of running shoes. After the running organization left Samaritana, none of the women ran again. Running was unsustainable for the women who were not used to

running, may have had fragile bodies from previous trauma, and could not run in the polluted and humid tropical weather. This example shows an intervention that is unsuited to the culture, environment, or population, and therefore unsustainable.

In my phase one interactions with aftercare workers in the workshop and interview, I found the participants very self-sufficient and confident in their commentary as well as in their behavioral observations. During workshop phase two when the aftercare workers taught the eight movement activity to the women participants, I found the staff to be very comfortable leading. One sixty year old woman out of the small group of five aftercare workers commented, "I really enjoy the movements…hopefully want to utilize in the future. I love the peaceful music and want to use soft Filipino music for this activity in the future" ("Polly," personal communication, November 25, 2013). Shults from Rescue Arts agreed with this *train the trainer* modality, "One challenge I face…is to have staff do it and try it. It ends well with great cool amazing stuff and emotional breakthrough, but there usually is some initial hesitancy" (R. Shults, Personal communication, October 15, 2013). Shults described her role as a "bridge between them and the long term caregiver," because the equipping the caregiver translates into sustainability because the aftercare staff can use intervention with the women on a daily basis. Similarly, one of the only organizations leveraging DMT with sex trafficking survivors, Kolkata Sanved, also employs a training of the trainer model. In an effort to both heal and empower individuals from marginalized backgrounds, to facilitate an actual transformation from marginalized to mainstream, Kolkata Sanved has created the "Training of Trainers" (TOT) program which uses DMT to heal, release trauma, and in the process, teach professional skills so that participants may pursue careers as dance

movement trainers. This opportunity also includes survivors themselves becoming DMT Trainers.

Kolkata Sanved is clear about its organic sustainability: our therapy trainers who have reached their present professional and social status had come from the survivor's background. The Sustainability is inherent in the process since capacity building is an important program objective, and training new peer educators an important activity. Kolkata Sanved manages to raise 10% of its total program cost from performance, DMT classes, and more. The model is financially efficient since it selects each prospective trainer from the DMT sessions as individuals show interest and talent. It keeps operating costs to a minimum through collaborations and innovative resource mobilization efforts.

Our phase two workshop saw clear sustainability with the survivors. Across the data, my teams was amazed that participants had memorized the movements so easily and performed them on their own when Jen Pineda gave them the opportunity, especially when they were working on the Tagalog song dance. During workshop phase two and the subsequent data analysis of video behavioral observations, it was apparent that the women also took the initiative to practice during the breaks in between the segments of the workshop and after the workshop ended. This desire to continue learning and to use the movement later reflected in the small group interviews where women claimed immediate application to their daily lives. A few women offered that "I may do this at home" ("Diwata," personal communication, November 27, 2013) and "you can also do it before starting work so you can relax first" ("Liza," personal communication, November 27, 2013). This use at home extended to their family when one participant noted, "I even thought of teaching this to my eldest child because they have an upcoming Christmas

party at school" ("Imelda," personal communication, November 27, 2013) and another observed, "I felt great because I have learned new dances that I can teach to the children… I am teaching kids from church. I am making a list of the steps so I can share it with the kids" ("Analyn," personal communication, November 27, 2013). Furthermore, women initiated their own integration of the movement into their life in the aftercare shelter community saying, "We can do this exercise before craft making" ("Lailani," personal communication, November 27, 2013) while another woman suggested, "We can use it on our Christmas party for a special number" ("Arlene," personal communication, November 27, 2013).

From an organizational perspective, the most critical sustainability result of the movement workshop was Samaritana's future efforts to support relief work with women in prostitution and sex trafficking due to the recent Typhoon Haiyan that hit the Philippines only weeks before the research was conducted. In informal discussions about the situation with the Nambu couple, our team found that Typhoon Haiyan was considered the strongest recorded cyclone in the world, wiping out entire neighborhoods and affecting at least ten million people (NDRRMC; ANC, 2013, p. 1). Because of it, an estimated 65,000 women were deemed at risk of sexual assault and an estimated 1,000 women gave birth each day in regions ravaged by the typhoon (Wheaton, 2013, p. 1). Thelma Nambu said that prostitution grew because of the extreme resulting poverty after the typhoon, and she added that some exchanges of money and sexual acts went for less than 40 pesos, the equivalent of less than one US dollar. She added that women had been bartering sex for food and water, and based on studies of emergencies, the Haiyan's aftermath could add another 65,000 survivors of sexual assault to the estimated 37,500

women and girls of childbearing age who had already experienced sexual violence in their lifetimes (Wheaton, 2013). Nambu referred to the movement arts intervention as a "good bio-psycho-social model" (T. Nambu, personal communication, November 27, 2013) to address the women in this relief efforts and noted that Samartina had already used the movement intervention with Typhoon Haiyan survivors in one devastated area. This notion of movement as a holistic model saw confirmation in interviews with Sohini Chakraborty from Kolkata Sanved who called DMT "a tool for psycho-social rehabilitation" (S. Chakraborty, personal communication, February 2, 2014).

Safety. My dance performance served as the perfect primer; they might not have so easily trusted me if they had not seen me dance. The last of the six themes pertaining to democratization principles, safety also incorporated the concept of non-performance. Those teaching the workshop and intervention to trainees and participants emphasized the secure safety of the program. One woman wisely commented on safety, saying:

> And no matter what steps you do, nothing bad will happen to you. You are safe. Unlike other dances, there's that risk of getting into an accident or injury, especially when you're doing stunts. This dance is much simpler. ("Jocelyn," personal communication, November 27, 2013)

Because the study applied to survivors of sexual trauma in the Philippines, my team and I took care to ensure the participants' physical safety through implementing and emphasizing confidentiality measures.

Equally as prominent was the concept of emotional safety. In the data analysis of the workshops and interviews, it was apparent that the majority of participants did not have any formal dance training and that the initial prospect of a dance workshop conjured

feelings of performance anxiety. To counter any anxiety, in phase one, I used sentences such as "there is no right or wrong," "this is not a performance," and then others repeated them as they instructed in workshop phase two. This notion of emotional safety was confirmed by women's responses to the small group interview question, "How does this movement workshop *feel* different than traditional Filipino dance?" One woman responded:

> The difference is, the Filipino dances, it has counts and you can make a mistake. Whereas on this one the she taught us, there's no right or wrong. That's the beauty of it. Yes, there's more freedom. ("Yanna," personal communication, November 27, 2013)

Another woman emphasized the lack of performance emphasis and decrease in competitive comparison in the movements introduced in the workshop intervention:

> With the other dances, like the ones that trends nowadays, you just want to show the people that you're good unlike this dance, even if you are not a dancer, you can still be able to do it…You need not excel in dancing. Because you are not trying to please others unlike this dance, this is where you can relax. ("Mary," personal communication, November 27, 2013)

In my personal observational notes, I noted that my dancing for the women before the workshop initially primed their emotional safety. Separate from the formal research methodology and interventions, I documented the experience as a way to offer a sense of safety and to increase desire for the women to participate:

> Dancing for the women was a way to offer something so that they will know me or trust me before the workshop…(and provides) the fastest way to break the ice,

> build trust, gain rapport, increase interest and desire to participate, and cross language barriers. (Author's personal journal, November 27, 2013)

Furthermore, I made it clear that while I would perform ballet, we would use other movement arts in the workshop. From the informal feedback I gleaned immediately after the performance, I found that women felt an emotional connection ("I felt like crying") as well as a hunger to dance themselves ("I felt like I was dancing around too in my heart," "I am excited to dance tomorrow"). Following this dance performance, I explained the consent forms (see Appendix B) to the women while Thelma, the director, translated my words for them.

Sometimes there really is safety in numbers; I conducted my workshop with a large group, which in turn, appeared to contribute to the sense of emotional safety. Teaching dance in a group setting also seemed to allow participants to follow their peers and cushion them from any awkwardness or fear of not knowing the movement. One woman explained, "The group one is better because you have someone to look and follow when you don't know the steps" ("Polly," personal communication, November 27, 2013). Another woman informed us of the benefits, "It feels good. I like groups better. Because if I'm just by myself, I might not be able to do it. At least with a group, I can copy the movements" ("Aileen," personal communication, November 27, 2013). Behavioral observations of the videos further confirmed the sense of safety. From the start, some women who were more timid and half engaged in their movements kept in the back of the group which seemed to create a sense of security for them because they were not as visible, and therefore assuming their perceived mistakes or difficulty with

movements, no one would see them, yet they would still get to watch those up front to follow along.

Additionally, all aftercare workers and participants agreed that beginning the movement series seated in the chair was less threatening and promoted this sense of emotional safety. One aftercare worker described that the "message of the chair is relax, I'll catch you" ("Gloria," personal communication, November 25, 2013). Another aftercare worker who had participated in the original Arts Aftercare Healing Arts Toolkit training pilot in 2011, compared this movement series with another Pilates' activity taught previously: "Many women were apprehensive when working on the floor—it is safer in the chair and being in place" ("Nikki," personal communication, November 27, 2013). Lastly, this boosted sense of emotional safety stemmed from our placing many local staff women up front to lead; and Jen Pineda, a native herself, was also a key the frontline teacher in workshop phase two. According to our observational journal notes and video documentation, having Jen Pineda was particularly helpful because of her ability to communicate in the same language. Whatever the reason, this environment of safety ultimately seemed to enhance everyone's learning. As one woman confessed, "I am a very shy person. This is the only place I have danced at" ("Analyn," personal communication, November 27, 2013).

Glocalization. I labeled this first theme under contextualization principles Glocalization because of the clear nuances and aspects of Filipino culture that surfaced across our data in informal daily observations and interactions and in the group interviews. The data future emphasized that to customize our intervention, we needed to better understand unique Filipino characteristics. To equip ourselves, we reviewed noted

shared patterns of behaviors and interactions, cognitive constructs, and affective understandings. As Northcott mentioned, "You have to try to put on someone else's cultural lens" (A. Northcott, personal communication, November 12, 2013).

During the data analysis of behavioral observations and informal conversations by the research team, recognizing the collectivist nature of relationships emerged as critical aspect of Filipino culture. Jonathan and Thelma Nambu acknowledge how important that support and relationship was for women to stay out of prostitution even on an outreach basis, adding that "with bar ministry, we want women to think if I have a crisis, I have a friend" (T. Nambu, Personal communication, November 25, 2013). Noted several times across the sources of evidence, this need for relational connections also translated to being as critical for recovery and aftercare in a counseling context. In informal conversations with the aftercare staff, it was clear that the counseling in the Filipino cultural context did not take place in individual counseling sessions like in the West. Filipinos typically viewed counseling as "not acceptable" yet "advising each other is acceptable" (J. Nambu, personal communication, November 25, 2013). The dialogue with the staff members distinguished between counseling by a professional versus advising by peers or with the professionals in a more informal group dynamic setting. Jonathan Nambu pointed out that "dual relationships are not an issue here...it is okay for a counselor to hold multiple hats. This concept differs from the Western approach where there are clearly dual role boundaries" (J. Nambu, Personal communication, November 25, 2013). The loose lines between roles in the social dynamic also translated to a lack of directness in their communication style. Across the data, it was clear the Filipinos "think in stories and visuals/actions not words" ("Polly," personal communication, November

27, 2013) and they prefer a more indirect style. One staff member offered a hypothesis that this tendency to keep bowing down was due to long history of imperialism in the history of the Philippines that causes Filipinos not confront often. Essentially, "90% of communication is body language" (T. Nambu, personal communication, November 27, 2013).

In video behavioral observations of the small group interviews, most of the women made eye contact with each other or the translator while talking, but rarely looked at the assistant or me in the eyes. Eye contact was mostly limited while a participant was talking; otherwise, most of the women looked at the floor but displayed no body movements that revealed their discomfort. Half of the participants of every group sat with their arms crossed, perhaps showing self-soothing or wanting to feel secure, but it seemed natural, not stressful.

Their lack of verbal communication may have been natural as well. My research team found the Philippines to be somewhat of a chaotic location where "pollution, danger, and poverty are the norm" ("Jenny," personal communication, November 27, 2013). The women were in difficult situations in a different culture from ours, so we went slowly. During a meeting with the aftercare staff, one staff member also mentioned a lack of privacy. She added that the "lack of privacy in space, [however], is made up with a lot of privacy psychologically and in emotions" ("Rosanna," personal communication, November 27, 2013). Her explanation connected with our general observation about the women's lack of verbal expression.

Verbal expression came more naturally after the dance intervention. A part of my Filipino glocalization planning required that I recognize that dance is indigenous in the

Philippines. In the workshop after phase one, I did ask if my movements resembled any traditional Filipino dance, and the aftercare worker trainees answered that the circular and wider arm movements did resemble the gracefulness of Filipino dance. The trainees further noted that movement was a good intervention with this audience because Filipinos simply love to move. Shults found that Indian culture was similar in this regard: "India as a culture is obsessed with dance. They learn from the time they are born…it is a big collective experience" (R. Shults, Personal communication, October 15, 2013). The key was also to leverage this cultural aspect to encourage learning; similar to the research work in the Philippines, Shults partnered a choreographer and dancer who could leverage South Indian dance styles with Hindi music for the movement work.

Also in India, Kolkata Sanved's entire process and methodology came up from the community and culture specific. Kolkata Sanved put its DMT work into context: as an artistic organization, we are pioneers in the field of dance movement therapy in India and South Asia, advancing theories and approaches and its use as a holistic tool for social transformation. Kolkata Sanved developed a new DMT approach called "Sampoornata" (fulfillment.) Sampoornata develops through the learning experience in the community; beginning with Sohini's journey and exploration of the dance form, this concept has become the shaping dynamic of the organization. There are also recognized schools of thought developed for DMT in the West, and Kolkata Sanved appreciates and acknowledges these theories but has advanced beyond them to create a new approach. Other DMT forms concern a didactic approach of DMT delivery to the client/clinical practice. Their advancement is moving beyond implementing delivery to clinical practices to create a learning exchange by delivering DMT not only as a therapeutic

process, but also as an artistic form. Therefore, the individual not only develops cognitively and emotionally through the use of therapy, but also develops artistic, inquisitive and appreciation skills, enabling them to think, voice an opinion, and choose direction for themselves. Another important aspect here involves the participants' developing from the client state to a much more practical one: the participants' artistic practice and education, in turn allows them transition opportunities to engage more creatively in society, or to become an artistic practitioner. This practical outcome could not occur through therapy alone. Kolkata Sanved can use this approach because it is just working only in development or therapy. It has a highly artistic application in research, implementation, development, and performance of the dance art form. The organization devotes itself to dance and movement as an art form and also on the possibilities for that art form to help develop the lives of others.

Localization. Unlike Glocalization which accommodates for the deeper cultural nuances, Localization views the onsite, necessary language and culture understanding and adjustments necessary to customize the intervention to the culture under study. As noted earlier, I translated all consent forms and the illustrated dance curriculum (see Appendix A) into their native language, Tagalog. Additionally, I offered translations at each step of the research; especially helpful in localization, I asked the Tagalog speaking aftercare shelter workers and Jen Pineda, dancer and native Filipino, to teach the workshop directly to the women. One aftercare worker asserted that it was "good to have someone local do it at a pace that works" and that "everyone could follow simple Tagalog terms" ("Polly," personal communication, November 27, 2013).

In my self-reflections about the preparation of the workshops, I mentioned that I selected the Tagalog song, "Hesus," for our dance, calling it my "best decision," because using their music helped us bond which also aided the intervention's effectiveness. Previously, Jen Pineda and I had planned to use an English song. One woman confirmed this good choice:

> I didn't expect that we were going to dance. All I thought was that it was just a chair exercise. I got nervous when they said that there will be a different activity…I told myself 'I don't think I can do that.' But when they played Hesus, it felt as if it's going to be easy and lighter than I thought. It seemed like it's going to be an easy dance because of the music. ("Aileen," personal communication, November 27, 2013)

The video recording in data from workshop phase two showed the majority of the women singing along the "Hesus" song. Another woman further connected the song selection and learning results: "Hesus…I can understand better. It's almost the same but you understand Hesus more, you can feel the song better because it's in Tagalog" ("Rowena," personal communication, November 27, 2013).

Systemic context. Sensitivity to the Systemic Context is another key cultural contextualization theme across all the data. It certainly worked for Samaritana: by providing life skills and other helpful resources, Samaritana helps cause incremental change within the women's systemic lives without removing the women from their children's lives. By being integrative, not interruptive, Samaritana fuels long term sustainability in the women's life. Similarly, with my Arts Aftercare Healing Arts Toolkit, I provided the shelter something sustainable, and it was not time consuming,

resource constraining, or investment needy. My researched literature provided ample evidence that aftercare shelters already struggle to meet staggering social needs, so it is critical not to further burden the education and resource limitations of these aftercare shelters. By aiming for "small victories," (T. Nambu, personal communication, November 25, 2013) smaller scale interventions can work well as a pilot testing ground; the reduced scale also minimizes risk and ensures that, post workshops, workers can implement the interventions well.

My team and I often observed and recorded the Philippines' socioeconomic difficulties. Jonathan Nambu informed us that anyone applying to work at a fast food place needs at least at a college degree, but most Filipino women survivors of prostitution do not even complete grade school. In the Philippines, 40% of the population lives in poverty, a fact further emphasized when my team and I visited one of the survivors' current home in the squatter community by the landfill section just outside Manila. The impoverished home, about 300 square feet, had a tin roof, concrete floors, floor fans, three curtains to delineate rooms, and no bathroom or kitchen. We learned that a decent living wage for many of these survivors equals fifty US dollars a month. Because of this prevailing poverty level, many women are forced to choose prostitution or to work abroad in neighboring countries such as Hong Kong. Jonathan Nambu informed us that "one out of seven Filipino women work out of the country" (J. Nambu, Personal communication, November 22, 2013). We learned that women will hop into garbage trucks going to the dump and "service" the men for money. The alternative to work abroad may not prove beneficial: other ethnicities discriminate against these "foreigners,"

and the women do not want to be separated from their children. Jonathan noted that poverty pushes women into prostitution because they often lack other alternatives.

Based on our observation and informal conversations, my team gleaned that this poverty fuels a greater systemic issue: the family system. We documented information about a cycle of women as the main breadwinners, the "sacrificial lambs" (J. Nambu, Personal communications, November 23, 2013). Men drive demand in the sex industry, and poverty drives the supply of sex workers in prostitution and/or work abroad; this cycle often results in a younger generation growing up without their mothers or relatives. The social and gender construct in the Philippines discriminated against women even though they hold so much of the responsibility of the family household: they deal with finances, household duties, and with any random or recurring crisis. One research assistant noted that Filipino "girls are socialized to bear the weight of their family so it is not really talked about, but simply practiced and lived" ("Jenny," personal communication, November 27, 2013).

Allender confirms that he has seen this systemic poverty and gender discrimination at play in Africa. In general, he found that culturally in countries in Asia and Africa, sexual trauma is compartmentalized; it is simply one category of a life experience, and a woman's problems of identity and shame are not her primary concern. Her family is that main concern. Thus, therapists hoping to address deep and individual aspects of such a woman's identity and shame must first address her community and familial relationships (D. Allender, Personal communication, February 11, 2014).

Every six months, Samaritana conducts surveys to check in with the women and ask them about their pains and plans. The answers largely pertain to their pain of

providing and striving for a better life for their family and children, and they rarely comment about the prostitution itself. In my contemplations, I noted that sensitivity to these underlying systemic factors greatly influenced my workshop and interventions. For example, one of the staff members originally suggested that I introduce the workshop phase two to the women participants with the question, "How does dance make you feel?" Because I had grasped the pervasive, sexual systemic issues of their culture, I knew not to ask this question because it might have evoked their memories of dancing in a sexual style in the bars where they serviced men. Additionally, because I knew many participants had little to no education, I rewrote the consent form so that they could read and understand it easily.

Spiritual connection. As the last theme, Spiritual Connection and its data showed an alignment with the shelter's religious and spiritual orientation as beneficial in supporting interventions. Because Samaritana is a religious organization, I changed my program slightly to fit the mission of the shelter and the historical cultural Catholicism of the Philippines. Many aspects about the workshop, song selection, and interview language also saw this Christian customization.

First, I knew that Samaritana women had some experience with another form of dance they called "Sayaw pnalangin," a prayer dance influenced by Catholicism. In my notes, I documented that I, too, framed my introduction to the dance workshop by calling it a form of prayer dance. Its movements were also graceful and could be worshipful, and the Tagalog song "Hesus" was a Christian worship song. The transcripts of the small group interviews with the participants showed the resulting spiritual connection for the women. One woman described that the moves themselves articulated a prayer, "The

breathing and dancing. The moment I entered, I felt goose bumps. During the inhaling exercise, I was praying already, I talked to the Lord" ("Analyn," personal communication, November 27, 2013). Another woman expressed, "Ang dasal pala ay puede ring gawin sa sayaw" which translates to "I realized that I can also express my prayers in a dance."

The movements also seemed to encourage a closer connection with God, and as one participant put it, "It feels really good because it's a song about the Lord, the steps are prayer to the Lord…It felt like the Lord is dancing with you. It makes me feel better and then you offer the dance to the Lord" ("Irene," personal communication, November 27, 2013).

Framing our movement in a religious way saw a critical outcome: a therapeutic sense of forgiveness by God and of themselves. Several women commented during the small group interview, "Naramdaman ko ang kapatawaran ng Diyos" (I felt God's forgiveness as I was dancing) ("Geraldine," personal communication, November 27, 2013); "I really thought it's for exercise only. But then, it was indeed an exercise, but added with asking God for forgiveness" ("Josephine," personal communication, November 27, 2013); "This is where you can ask for forgiveness. Even though you are very sinful, you mentioned that there's nothing to be worried about" ("Mary," personal communication, November 27, 2013); "I felt that even though I have sins or anxieties, the Lord is always on your side. He's always ready to forgive you. That's what I felt" ("Irene," personal communication, November 27, 2013). This sense of forgiveness seemed to bring relief from negative emotions, as one woman shared:

> In the song, when it was in the chorus, I felt like a little sad and I felt remorse. I was actually sad. I was regretting what I have done in the past. For the longest time, I never thought that asking for forgiveness could be done not only in prayer, but in dancing as well. ("Josephine," personal communication, November 27, 2013)

In my early research, I had learned that 85% of Filipinos are religious (United States Department of State, 2012). This group experience of spiritual connection and release from the perceived burdens of sin, seemed to prove in spirit the stated factual percentage. A participant captured this collective spiritual experience, saying, "I like the one when we are all together, united, in asking for forgiveness to the one up high. We like to straighten up what we did in the past" ("Geraldine," personal communication, November 27, 2013).

Moreover, when asked how folk dance felt different from the movement interventions of this research study, the participants also linked the difference with this spiritual connection. One woman described the contrast in performance terms, "The ethnic dances are just for entertainment. The one that we did is for God" ("Maddy," personal communication, November 27, 2013). Similarly, another woman explained. "It's really different because there's a message from God for you to worship him. And the other one is just for performing" ("Jocelyn," personal communication, November 27, 2013).

Conclusion

For Filipino survivors participating in an aftercare shelter, movement arts therapy provides an alternative remedy to the somatic complexities of sexual trauma. In an effort

to make movement arts therapy successful, I researched and wrote a case study that considered various cultural aspects of the setting, and provided a practical exercise that could be easily understood and adapted. The intent is that these principles and learning experiences become more broadly applicable for intervention work in multiple cultural settings.

This chapter reported data collected at Samaritana shelter in the Philippines in November, 2013. Ten core themes and principles of democratization and cultural contextualization emerged to shed light on the nature of leveraging western interventions in settings dealing with sexual trauma recovery. The six themes pertaining to democratization were Simplicity, Holistic Accessibility, Inclusion/Choice, Incremental Change, Sustainability, and Safety. The four themes pertaining to contextualization were Glocalization, Localization, Systemic Understanding, and Spiritual Connection.

Chapter Four: Interpretation and Recommendations

I founded my study on ten main principles and practices that led to contextualized and democratized approaches to therapeutic interventions as applied in the critical global mission of sexual trauma aftercare. Additionally, by using the case study in the Philippines as a model for the overarching themes of contextualization and democratization, I argued that movement arts therapy can work well as an alternative solution to survivors in an aftercare setting. Through analyzing these principles in this case study, I also argued that they can work well in other cultural interventions. This chapter will present interpretations based on the data analysis. These conclusions connect to my literature review, too, and show that my research is based on and expands the previous works of others. Finally, I include recommendations for future research and work.

Interpretation

As noted, the ten core themes of this qualitative research study identified the key principles of democratization and contextualization of western interventions in cultural settings with sexual trauma recovery. The six themes pertaining to democratization were Simplicity, Holistic Accessibility, Inclusion/Choice, Incremental Change, Sustainability, and Safety. The four themes pertaining to contextualization were Glocalization, Localization, Systemic Understanding, and Spiritual Connection. All themes interconnect in large or small ways with the goal to foster holistic therapy.

Democratization

Democratization refers to the process of change that makes something available to a broader group of the people (Merriam-Webster, 2013). Inherently, democratization

means that different peoples can learn intervention and its sustainability to continue leveraging the intervention on their own. Chapter Two introduced the principles of democratization, and Chapter Three presented the data showing these principles manifested in this particular case study in the Philippines. This section provides three conclusions drawn from the findings:

1. For successful democratization, interventions must be basic and easy to learn.
2. Fostering a sense of inclusion, freedom of choice, and physical and emotional safety in participants cultivates the right environment for genuine openness to learning.
3. Simple interventions combined with the right environment for genuine learning results in therapeutic expression and will foster sustainability as participants find natural ways to integrate the intervention into their daily lives.

Simplicity of the intervention causes an ease and enjoyment for the participant and facilitates the democratization, by making it easily accessible for others to learn. The movement series I choreographed actually began with all participants seated to accommodate for a range of trauma and physical limitations. I based the dance on eight simple movement concepts and progressed slowly from seated to standing then into a fully choreographed piece. I clearly outlined all movements in the illustrated curriculum that I provided the shelter prior to the research week. Simplicity and understanding were watchwords that broke barriers to learning and implementation. Simplicity was critical at the onset particularly since I worked with a population that speaks another language and had little or no dance training.

Keeping it simple worked with our time constraints of one week, the participants' low level of education, and the shelter's limited resources. Repetition added another simple pattern that helped foster familiarity with the dance. I fostered the program's democratization by sticking with an inclusive, short version of an otherwise complex DMT intervention.

Cultivating a sense of inclusion, freedom of choice, and physical and emotional safety in participants provides the right setting for genuine openness to learning. Extra care and sensitivity needs to be fostered when working with the fragile population with sexual trauma. In order to gain trustworthiness and traction with interventions, and to lower any barriers of resistance, I extended the workshop to include all women at the shelter because I believe all participants need to feel included and safe. Meanwhile, I made provision for choice when I made it clear that participation was completely voluntary. I proposed not to give monetary incentive for participation in order to not influence participation. This level of choice to participate mirrored the choice inherent in movement. Choice empowers them to move their own bodies, with the concept that no one else can move for them. Inclusion as a theme dovetails with simplicity since the ease of the activity will facilitate joining. I made these precautions were to avoid fostering any sense of rejection, pressure, vulnerability, and manipulation. Understanding the underlying cultural and systemic aspects of poverty and socioeconomic vulnerability helps cultivate this precaution when encouraging inclusion and choice in a collectivist society.

Because the literature confirms that the nature of sexual trauma is violation, a safe environment is essential to ensure the women do not feel "on display" again. As

explained earlier, I made sure that no terms or movements implied sexuality: I changed the "Head and Tail" section to "Spine." In the curriculum (see Appendix E), I also made provisions for any possible case of retraumatization:

> Be aware that not everybody will have the ability to move their bodies in the ways described. Encourage them to only participate as much or as little as they feel comfortable. For people who have experienced high trauma, becoming aware of the body and breath can be very overwhelming. Some people may become hyper aroused or dissociated during this activity.

Furthermore, intuitively, I knew not to replicate traditional dance in my intervention. Cultural dance tends to be very performance oriented, requiring specific steps in choreography, makeup, costume, synchronization, coordination and skills. To teach strictly traditional dance, while familiar to the participants, would not drive my foundational principles of choice or safety for emotional or spiritual expression.

I believe that safety goes hand in hand with a sense of trust. My dance performance served as a trust bonder since they might not have trusted my dance leadership had they not seen me dance. It was as if my dance performance served as an invisible exchange to share myself with the women, as I was inviting them to reciprocate. I explained the workshop phase two consent forms (see Appendix B) to everyone after my dance performance.

In this environment of safety and trust through inclusion and choice, participants felt free to express their emotions, and since the mind is connected to the body, physical release may occur alongside. Data confirms that this dual release did, indeed, happen. This case study, then, adds to that for a holistic therapy as confirmed by Thelma Nambu's

assertion that the movement interventions serve as a bio-psychosocial, as well as spiritual model, to work with trauma survivors. Additionally, this notion of Holistic Accessibility dovetails with emotional safety and physical safety, and together they encourage freedom and release from stress.

When participants can easily grasp an intervention, and feels a strong sense of inclusion and safety and benefit, they will naturally consider ways to integrate the intervention into their daily life. Sustainability is essential to democratization because it establishes permanence by making provision for the intervention to be learned and used by the women to use on their own without the assistance of the researcher or therapist. The ultimate goal is to find ways to better serve this population of sex trafficking and forced prostitution survivors. If I had implemented a ballet workshop, it would have been unsustainable because no one at the aftercare site had the required training and skill to continue. Because this study did not include a longitudinal study or formal follow up, any suggestions in the data about how the intervention would continue afterwards, we noted any key indicators that emerged during that week; the interview transcript show many indications of where this could be used after implementation in daily life, emotional life, community life, and the organization's future outreach efforts for typhoon relief. The Sustainability principle also dovetails with the Glocalization and Systemic themes leveraging interventions that naturally integrate into the fabric of the culture will enhance the continued use of an intervention. Thelma Nambu recalled a time that an organization taught the shelter women to run and gave each woman a new pair of running shoes. It may have been a good thought, but it was not a sustainable practice: the women were not used to running, running may have caused them pain, and it is too humid to run

there. That intervention was not a natural fit with the culture, environment, or population, and was therefore unsustainable.

Contextualization

Contextualization tailors interventions and work to accommodate the unique aspects of a particular culture including language localization and systemic, cultural conditions (Merriam-Webster, 2013). Fundamentally, proper contextualization results from using sensitivity and understanding to the language, defining the unique culture characteristics, plus its systemic issues, and understanding any religious framework. Chapter Three presented the results that emerged under each principle of contextualization as introduced in Chapter Two. This section provides six conclusions drawn from the findings:

1. Beyond knowing sensitivity and understanding of the host culture, a researcher's own adaptability, discernment, and understanding greatly help create effective contextualized interventions.
2. Contextualizing interventions goes beyond the simple translation of language; it must also factor in local cultural nuances of lifestyle and value systems.
3. The most effective contextualized interventions naturally fit and enhance aspects of the culture that already exist.
4. Systemic understanding of underlying socioeconomic factors will promote both democratization and contextualization for effective interventions. No one intervention can fully address the systemic issues that surround the population, but efforts to score "small victories" (J. Nambu, Personal

communication, November 21, 2013) can see improvement in an individual's daily emotional functioning.

5. Connecting an intervention with the host culture's spiritual framework immediately enhances credibility, communication, trust, and provides a common language of beliefs and values.
6. The principles of contextualization tie to democratization in that the more culturally contextualized a study or intervention, the greater the level of democratization.

While these ten themes and principles of democratization and contextualization inform the research, the researcher must adjust to the presenting cultural context as nuances unfold before them in an organic discovery process. However, researchers should not only understand the culture they study, they must also be fully adaptable to it. In his book, *Walking with the Poor,* Myers' call to practitioners resembled mine: "techniques and programs only fulfill their promise when holistic practitioners use them with the right attitude, the right mindset, and professionalism" (Myers, 2011, p. 219). As in qualitative research, it is essential that researchers remain open to exploration and change while investigating the quality of the subjects' relationships, activities, situations, or materials.

In this case study, although clear values dictated the research on principles of democratization and contextualization, I had no direct formulas to follow; I leverage my personal attributes, intuition, wisdom, and my past experience to inform the many adjustments I made during the research week because, of course, contextualization is not only about translating materials into another language or getting an interpreter.

Glocalization cannot happen without personal insight and understanding of cultural nuances. For example, I innately knew that folk dance would not promote the level of emotional safety desired for the participants because it emphasizes performance, so I balanced all the principles to find a solution that fostered safety yet focused on dance, which is already a critical aspect of their culture. Creation and adaptability, thus, went hand in hand to offer a successful, sensitive program for at risk women, all the while advancing my therapeutic theories at DMT and answering my research question.

None of the themes and principles will be exactly fitting in other scenarios in other humanitarian professions, population/cultural contexts, and other interventions. They will all need adaptable adjustment, and the researcher's role is to adapt and execute according to the given nuances of the context and any given population. All researchers have their own background and skill sets and even tool kits. I drew from my choreography and dance background, Asian heritage, family interactions with Filipinos, experiences in learning Chinese traditional dance, coursework on culture, and critical thinking in my doctorate program to naturally aid me as I adjusted and applied these principles and made multiple changes during the research study.

Contextualizing interventions, then, is complex as shown in defining and supporting my different principles used in this case study. However, understanding the deeper nuances of the local culture through this notion of Glocalization allows the researcher to extend, enhance, and expand upon natural aspects of the culture rather than replace or damage as Watters cautioned against (Watters, 2007). The most effective contextualized interventions enhance aspects of the culture that already exist and could naturally fit. Research also shows the failure of interventions that did not adequately

consider a culture's inherent sense of self. Thus, systemic understanding of underlying socioeconomic factors will promote both democratization and contextualization for effective interventions. No single intervention can fully address the systemic issues that surround the population, but critical work on "small victories" (J. Nambu, Personal communication, November 21, 2013) can, indeed, make a difference in an individual's daily life.

Glocalization is critical to the main objective of democratization and contextualization to ensure efficiencies and sustainability. For example, when I saw the local environment's pollution, overpopulation, poverty, and lack of health consciousness, I could understand that the general lack of body awareness in the Philippines actually may increase a woman's susceptibility to and acceptance of prostitution as a viable option. My extra effort to glean from the locals, speak to the staff, and research beforehand, helped ensure effectiveness. With understanding that Filipinos are relational and a collectivist society, I can better perceive why Filipino women go into sex work, how they experience trauma, and what might bring healing.

Similarly, researchers must understand systemic socio economic factors: prostitution works in the context of unwritten rules so complex that it is impossible to define its "community." Thus, I recognize that movement arts will not end prostitution; however, as described in the literature, I genuinely believe that interventions such as movement arts can profoundly influence the victims' physical and psychological consequences. By providing the women tools for self-awareness and emotional regulation, the movement interventions can provide empowerment, release, support, strength, and even incremental restoration in their systemic disorders.

Samaritana successfully uses the incremental approach to work in the women's life: it provides life skills and other helpful resources to help in small ways without removing the women from their children's lives. By being integrative instead of interruptive, Samaritana fuels sustainability and long term success in the women's life. Similarly, my contribution to the Arts Aftercare Healing Arts Toolkit gives the shelter an excellent tool that is not time consuming, resource constraining, or investment needy. The literature amply spoke to aftercare shelters struggle against overwhelming odds. Again, by aiming for "small victories" (J. Nambu, Personal communication, November 21, 2013) small scale interventions can work well as testing grounds which minimizes risk and ensures ease of implementation.

Connecting an intervention with the host culture's spiritual framework will immediately enhance credibility, connection, communication, trust, and provide a common language of beliefs and values. If this case study had not connected to the spiritual facet of the shelter, it would have been less effective in offering a holistic sense of safety. Because the Philippines is a predominantly religious country, and because spirituality is so closely tied to emotions, it seemed like a natural workshop fit to emphasize religion, too. Literature also warrants the merit of spiritual coping for sexual trauma recovery. Although I am not Filipino and do not speak the language, I found spiritual connection and religion a powerful and effective common ground among all of us at the workshop. Religion dictates a worldview and value and belief system with common biblical understanding of the concepts of worship, prayer, theology of sin/forgiveness, and healing. Because of this commonality, I was able to reframe the movement as a prayer dance, promoting safety and trust.

The principles of contextualization are intricately related to the principles of democratization in that the more culturally contextualized a study or intervention, the greater the level of democratization. If the researcher attends to the underlying values, beliefs, systemic context, spiritual DNA, and language of a culture, it is more likely that the intervention will be successful and sustainable. In this particular study, it is essential for contextualization and democratization to work hand in hand to make the intervention truly accessible and available to all including aftercare workers who may not have the education or training in professional therapy.

Recommendations for Future Study

This initial study intended to discover contextualized and democratized approaches to therapeutic interventions as applied in the critical global mission of sexual trauma aftercare. As a case study modeling these principles, this study presented movement arts therapy as a unique solution to the somatic complexities of sexual trauma, specifically applied to those experienced by Filipino survivors in an aftercare shelter as the selected experimental grounds for examining the concepts of contextualization and democratization. This qualitative case study was limited in time and scope. Therefore, I recommend additional research to add to the foundation built by this case study research. Following are three primary future research recommendations:

1) Researchers should either extend this study as a formal longitudinal study or replicate it as such in another international setting with sex trafficking and forced prostitution aftercare. Either would provide further proof of practical applicability of the democratization and contextualization principles.

2) Because of the unexpected Typhoon Haiyan and its resulting chaos in the Philippines, I further understood how a natural crisis can fuel the sex industry. Therefore, I recommend that a researcher create a further customized intervention for Filipino women, or for women anywhere, in sex trafficking and forced prostitution who face the added stress and poverty that go along with natural disaster.
3) I recommend that the constellation of these ten principles of democratization and contextualization offers a theory that can be generalized across other fields of study, populations of trauma, and other cultural contexts. First, this would validate the applicability of these principles across other helping professions and scenarios. Second, broadening this democratization and cultural contextualization framework has the potential to empower all Western practitioners to make a tangible and effective impact on social justice issues by assuming the role of global players in an increasingly globalized world.

Globalization and Global Players

The phenomenon of globalization ideally calls for an internationally integrated world rising out of past ashes through the respectful, mutual exchange of global world views, products, and ideas. Swedish journalist Thomas Larsson (2001) in his book *The Race to the Top: The Real Story of Globalization,* described globalization as "the process of world shrinkage, of distances getting shorter, things moving closer. It pertains to the increasing ease with which somebody on one side of the world can interact, to mutual benefit, with somebody on the other side of the world" (p. 9).

Globalization hosts free global markets that naturally increase resources around the world; globalization brings communities and people closer together and outsources work to drive cost efficiency (Lechner & Boli, 2012). Globalization provides the technology, modernity, and efficiency to benefit nation states that recognize, respect, and partner with its rules (Friedman, 2000).

Global players recognize the inventory of their resources, such as their education, wealth, experience, and skills, and pursue opportunities that contribute to social justice. No longer can professional services such as psychotherapy, social work, medicine, and emergency assistance, limit themselves to the confines of serving a predominantly Euro-American population. Over the last several decades, the West itself has transformed into a melting pot of cultural assimilation or acculturation and intermarriage of ethnicities (Zangwill, 1921) with both positive and negative results. The latter include mental health issues as a natural byproduct because migration patterns and transnational movement introduce new trauma that results from adjustment and acculturation. Yet just as the world has become more interconnected, so has the stage for international exposure. It is time for Western practitioners to be strong, global agents and contribute to worldwide dialogue and research about increasingly menacing global issues such as poverty and sex trafficking, environment protection, immigrant needs, and resulting transnational development projects to help combat these social and environmental ills.

Ironically, globalization has introduced as many problems as solutions. In many ways, sex trafficking is a devastating byproduct of globalization. Although sex trafficking existed long before globalization became a concept much less a reality, globalization, itself, has expanded the supply and demand market system plus a

staggering variety of strategies (Farr, 2005). Economically, as globalization grows, so does sex trafficking because the lure of wealth plus a criminal mind set drives it. Since 2000, the sex-trafficking industry has widely grown and has seen profit margins greater than in any other industry in the world. In fact, Kara (2009) explained that ". . . trafficked sex slaves are the single most profitable type of slave, costing on average $1,895 each but generating $29,210 annually, lead[ing] to stark predictions about the likely growth in commercial sex slavery in the future" (p. 19). Global policies and economic conditions of regions actually dictate the patterns of sex trafficking and its flow among the different markets. Countries that source out victims tend to be developing countries in poverty or those with high levels of gender inequality (Kara, 2009).

The epidemic growth of sex trafficking poses enormous challenges for Western practitioners who work in a range of "helping professions." Even if we grow in our capacity and efficiency to rescue and restore victims, we simply cannot keep up with the numbers. Estimates from 2008 cite that nearly 12.3 million people are trafficked yearly, 1.39 million of whom are trafficked as sex slaves (U.S. Department of State, 2012). Specifically, 600,000 to 800,000 people are bought and sold across international borders each year; 98% of these are women and children (U.S. Department of State, 2012). Overwhelming numbers of people are being trafficked at rates impossible even to compute. Consequently, lucky survivors often are diseased or lack the mental stability to reintegrate society successfully. Only a limited number of aftercare shelters, poorly resourced, locate in different parts of the world, yet millions of victims require their services. Even to justice-oriented professionals, the problem can become immobilizing: the tremendous need defies anything close to "normal" response, and no one organization

can offer adequate answers or resources to meet this challenge and bring holistic recovery.

Some nations on the outskirts of globalization face even more poverty as a result. Robinson metaphorically defines globalization as a "world war" truly involving the entire world, with many casualties (as cited in Lechner & Boli, 2012, p. 23). Robinson further noted, "The uneven growth of global economy has brought increased wealth to the 'first world' without commensurate gains to the 'third world'" (Ferguson & Mironesco, 2008, p. 233). In agreement, Stiglitz pointed out that the most adverse effects came from liberalizing financial markets which put developing countries at risk (2012, p. 206).

Media is quick to announce each conflict, and from afar, many Westerners may glibly think it does not happen here. However, the world is a smaller place now, and even the "recent" 1990s conflict in former Yugoslavia resulted in weak states and economic devastation, fueled organized crime, and particularly advanced sex trade in Eastern Central Europe (Farr, 2005), a result evident even today, and not only in distant Eastern Europe. A crisis always drives crime, and in any crisis, the Yugoslavian one included, even good people can give way to desperation, and parents may sell their small children so that the larger family can eat. Older youngsters, too, are vulnerable to promises of glowing prospects of new jobs abroad, and where else better than the US whose own traffickers welcome them with open wallets. Economic turmoil, natural or political crisis, and globalization form a powerfully negative trinity that operate on the vulnerability of displaced refugees and poor, unemployed – and perhaps unemployable – women. In this ever simmering human stew are those typically tough ingredients: gender bias, military conflict, fear, poverty, lawlessness, greed, and desperation (Kara, 2009).

Then technology, innocent in itself but dangerous in the hands of some, arrived on the increasingly globalized scene to empower the sex-trafficking industry in multiple ways. The web's copious pornography has fueled the demand for sex trafficking and sex tourism. Just as technology dissolves borders, it also allows traffickers to sexually traffic women and girls across borders and nation states. Just as globalization is a complex, constantly evolving paradigm, so is the sex-trafficking industry, and in a base way, they seem to both mirror and lead one another (Brewer, 2009; Cacho, 2012). The higher the degree and intensity in which our new globalized world ties into a globalized marketplace (Friedman, 2000), the more sex trafficking will grow. I agree with Kara, who articulated that long-term solutions to sex trafficking will require "an elevation in global efforts to eradicate extreme poverty, as well as the re-conception of economic globalization as a system for which ultimate legitimacy depends on promoting the social, political and economic wellbeing of all members of humanity" (Kara, 2009, p. 41).

Sex trafficking, though only one of many global issues that social-justice oriented Western practitioners must face, is one of the most heinous. Intrinsically inhumane, it negates human value while it satisfies a perverted human need, actually negating human value on each side. Our world needs a wake-up call: we must work together, but we must first define the value of a human being, and for some moral souls, that should be a daunting but respectful task; for traffickers, it means the dollar or the yen or the euro or the ruble. Therein lies the major problem. Thus, it is essential that Western and non-Western humanitarian professionals meet to discuss this extraordinary civil rights need as they learn, grow, discover, question, and collaborate. Aesop of Greece first coined our

now familiar "United we stand, divided we fall," apparently a universal human fact well before globalization.

This qualitative study gave me a global platform to explore, discover, and experiment, while exposing cultural and researched facts to enlighten the process. The ten democratization and contextualization principles of this case study may also serve as a practical starting point and framework for helping professionals working with different populations and cultures. After my research and practical study, I argue that Western practitioners can use them, teach them to others, and share them with global practitioners to mutual success. Having studied and learned from scholars myself, I offer my case study to those ready to take the work even further.

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Appendix A

Initial Arts Aftercare Movement Arts Workshop Proposal to Organization

Abridged Version

Proposal Overview

In an effort to create a new arts therapy curriculum featuring movement arts, Renee St Jacques with Arts Aftercare, would like to propose conducting a **small movement arts workshop** at the Samaritana Philippines facility for staff *in 2013.* This one workshop will be followed by a staff-taught workshop (same workshop activities then taught by the staff to the girls) with Renee and team helping oversee and aid in the process.

Please note that this proposal is open to being changed according to any input and feedback from the Samaritana staff.

Purpose of the Workshop

The purpose of the workshop is to first provide insight into a sustainable approach to movement therapy that works in the Philippines sex trafficking aftercare setting. This form of movement therapy will adhere to the 3 existing objectives of Arts Aftercare, to promote the following in survivors:

- Emotion regulation: Knowing and managing overwhelming emotions – *to use movement to bring a sense of release from negative emotions*
- Self-awareness: Understanding the self *–to create a greater sense of their own bodies*
- Interpersonal skills: Communicating and connecting with others in a healthy way *–to build self-confidence by providing an outlet for self-expression and an opportunity to learn something new, which results in greater ability to build relationships with others*

Secondly, insights from the workshop will be leveraged to understand the factors that contribute to the democratization and scalability of movement based therapy as applied to other international aftercare setting for sex trafficking survivors.

Workshop Overview

The proposed Philippines workshop would look like the following:

Timeframe: 2 days over a week-long timeframe - exact month/day is TBD

Overview + Schedule:

There will be 2 phases of workshops. All events will only take 2 days in total to complete. Renee and team will make an effort to arrive 3-4 days before to build rapport with staff and participants.

PHASE I: ***RENEE training STAFF*** – this will occur in 1 Aftercare Program site, Samaritana

1 movement arts workshop for STAFF *taught by Renee &Team*

- 45-60 min workshop
- This will occur early in the week such as a Monday or Tuesday
- Workshop includes activities that involve various simple movement arts therapy exercises that are geared towards a beginner level (no dance experience needed)

1 group interview with STAFF *conducted by Renee &Team*

- Immediately following the movement arts workshop, a 30 minute allotment for a group interview to discuss questions and feedback as a group

- Group Interview includes discussion and questions about the experience, factors of contextualizing movement therapy, and more logistical questions to ensure that everyone understood the instructions, etc.

PHASE II: ***STAFF training AFTERCARE WOMEN***

1 movement arts workshop for the WOMEN *taught by Staff*

- 45 minute workshop
- Will be scheduled in mid-week (Wed) to allow for any adjustments to the curriculum after the staff's workshop
- Renee and Team will be present to observe, guide, and answer questions
- Workshop includes activities that involve various simple movement arts therapy exercises that are geared towards a beginner level (no dance experience needed)

1 group interview with the WOMEN *conducted by Staff*

- Following the workshop and a break, there will be a 30 minute discussion time as a group, led by Staff
- Group Interview includes informal dialogue about the workshop experience, guideline questions will be provided by Renee
- Renee and Team will be there to observe and interact

Informal interviews with each WOMAN *conducted by Renee &Team and Staff*

- Following the group interview and a break, there will be 10-15 min informal interview with each of the workshop participants after the morning workshop (scheduled 2 at a time)

- Interviews will be alongside 1 or 2 staff members to increase the participant's comfort level and for translation purposes
- Individual Interviews includes informal dialogue about the workshop experience
- Will be scheduled throughout the afternoon

Participants needed:

- For workshop taught by Renee: 2-4 Aftercare Staff members at Samaritana
- For workshop taught by staff: At least 8-10 female Sex Trafficking survivors, ranging between 14-30 years old, at Samaritana
- Should be in a moderate stable condition (not recently rescued, etc.)

Team from the US:

Renee St Jacques is a Doctorate of Psychology and Counseling candidate at Northwest University with an extensive background in dance and a passion for sex trafficking aftercare. A small team from the US, including 2 other movement arts teachers and 1 videographer, will assist Renee Yong (lead) in conducting this workshop and the interviews.

Please note that the workshop and interviews will be video recorded for the proper level of observations needed to capture key learnings to effectively develop the movement arts curriculum and address scalability, sustainability, and democratization of this movement arts intervention.

We will make every effort to be sensitive to all participants and adequately protect confidentiality.

Appendix B

Organizational Consent Forms

Informed Consent and Clients Rights

Informed Consent for Participation in Research

Intercultural Collaboration: Co-creating Contextualized Therapeutic Interventions for Cultural Sex Trafficking Aftercare

Consent Form

A dissertation to fulfill the requirements for a

DOCTOR OF PSYCHOLOGY IN COUNSELING PSYCHOLOGY
at

NORTHWEST UNIVERSITY

2014

Renee St Jacques

Introduction

Your organization is invited to participate in a research study conducted by a Doctor of Psychology in Counseling Psychology student at Northwest University, Renee St Jacques. In partnership with Seattle based non-profit, Arts Aftercare, Renee is working on a movement arts module to add to the current Arts Aftercare Healing Arts Toolkit to help build emotion regulation, identity development, and interpersonal skills in survivors of human trafficking.

The purpose of this study is to address a noted gap in the study of movement art as a therapeutic intervention for sex trafficking survivors. In addition to contributing to the Arts Aftercare Healing Arts Toolkit, this study will inform as to the effective democratization of movement art interventions and to its cultural nature and applicability.

Note: This consent form was adapted from Arts Aftercare's original consent form used in their first Toolkit pilot.

Plans and Procedures

If you agree to participate in the study, selected staff from your shelter will participate in a beginner movement arts workshop that will last 60 minutes long. No dance experience is required. and there are minimal risks associated with participation. Additionally, they will participate in a group interview for 60 mins long.

A few days later, the same selected staff members and women from your shelter will participate in teaching the same beginner movement arts workshop (will last 60 minutes

long.) This will be followed a 30 minute group interview and 30 min dyad interviews. Renee and her team will be alongside the entire time to guide and support the process.

Eligibility Requirement/Participants and Costs

The workers and women of the aftercare facility will be selected to participate in this movement arts workshop/research and there is no cost or payment for participation.

Voluntary Participation and Potential Risks/Discomforts

Any participant may choose not to participate in this research study at any time as participation in this study is voluntary. You may refuse to answer any questions asked.

While care has been taken to choose activities which will not be intrusive or become triggering, it is possible that participants will experience discomfort as they participate in the creative expression activities. Stretching and simple body movements are involved, which may be difficult for some people. If at any time participation is not possible, individuals are encouraged to stay as observers, or take a break. Participation is voluntary.

Potential Benefits

The benefit of taking part in this study is the opportunity to participate in the research process as a research subject and to help inform how therapy can be used to improve the lives of those in international aftercare shelter settings. Participants will learn valuable creative expression exercises which help identify emotions, increase self-awareness, and develop healthy relationships. Participants will have the opportunity to provide feedback about the use of these activities in their culture and setting and help in the development of the Healing Arts Toolkit.

Confidentiality of Records

The names and identities of all participants in this research will be kept strictly confidential. Any reportable data will use pseudonyms and will not use any identifying information. Names will not be on the files with responses to interview questions in order to maintain privacy. Research records will remain password protected and/or encrypted in a hard drive and digital database and will be treated as confidential according to American state and federal law. There are exceptions to confidentiality, which are mandated by state and federal law, such as court order, suspected abuse, or threat to self of others.

The results from this study will be presented in a doctoral dissertation that will be estimated to be finalized by June 2014. All data forms will be destroyed in July 2014.

Research Recording

All movement arts workshops, interviews, and daily interactions with Renee's research team may be subject to audio/ video recording, photography, and observation journaling for research purposes. Participation in audio/video and photography recording is voluntary. Permission from individuals will be obtained for explicit intended use, and the

utmost care will be taken to maintain confidentiality or anonymity, at the discretion of the participant. All research recordings will be used exclusively for Renee to review what took place during the research timeframe; nothing will be sold or exploited for private commercial gain or publicly broadcasted.

Persons to Contact with Questions: If you have any questions about this study, contact Renee St Jacques at +1 8183895497, stjacques.renee@gmail.com. If you have further questions, please contact my faculty advisor/dissertation chair, Dr. Forrest Inslee at +1 4258897809, forrest.inslee@northwestu.edu.

Thank you for your consideration of this request.

Renee St Jacques- Student Researcher

Dr. Forrest Inslee- Dissertation Chair

Dr. Jacqueline Gustafson- Dissertation Committee Member

Dr. Becky Sherman- Dissertation Committee Member

Signature of Consent

On behalf of my organization, I have read the above and understand the nature of this study and agree to participate.

Organization's Name/Director Signature
Date

Researcher/ArtsAftercare Signature
Date

Informed Consent and Clients Rights

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Plans and Procedures

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A few days later, you will participate in teaching the same beginner movement arts workshop to about 8-10 women (will last 60 minutes long.) This will be followed with helping facilitate a 30 group interview and 30 min dyad interviews with the shelter women. Renee and her team will be alongside the entire time to guide and support the process.

Eligibility Requirement/Participants and Costs

Residents and workers of the aftercare facility have been selected to participate in this movement arts workshop/research and there is no cost or payment for participation.

Voluntary Participation and Potential Risks/Discomforts

You may choose not to participate in this research study at any time as participation in this study is voluntary. You may refuse to answer any questions asked.

While care has been taken to choose activities which will not be intrusive or become triggering, it is possible that participants will experience discomfort as they participate in the creative expression activities. Stretching and simple body movements are involved, which may be difficult for some people. If at any time participation is not possible, individuals are encouraged to stay as observers, or take a break. Participation is voluntary.

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Renee St Jacques- Student Researcher

Dr. Forrest Inslee- Dissertation Chair

Dr. Jacqueline Gustafson- Dissertation Committee Member

Dr. Becky Sherman- Dissertation Committee Member

Consent

I have read the above and understand the nature of this study and agree to participate. My participation in this study (movement workshop or interview) means that I have given my full consent to participate.

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Note: This consent form was adapted from Arts Aftercare's original consent form used in their first Toolkit pilot.

Plans and Procedures

If you agree to participate in the study, you will participate in a beginner movement arts workshop that will last 60 minutes long. No dance experience is required and there are minimal risks associated with participation. Additionally, you will participate in a group interview for 30 mins long followed by 30 min informal interviews in groups of two.

Eligibility Requirement/Participants and Costs

Residents and workers of the aftercare facility have been selected to participate in this movement arts workshop/research and there is no cost or payment for participation.

Voluntary Participation and Potential Risks/Discomforts

You may choose not to participate in this research study at any time as participation in this study is voluntary. You may refuse to answer any questions asked.

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Consent

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Appendix C

Interview Guides

INTERVIEW GUIDE – AFTERCARE WORKERS GROUP INTERVIEW

The first phase workshop will be taught by Renee St Jacques in one 60 min session. Immediately following this workshop, Renee and team will conduct a 60-minute group interview to ask questions and to receive feedback. The purpose of this interview is to build rapport with the caregivers by facilitating dialogue, clarifying confusing elements, collecting responses, and allowing for criticism.

Interview Guide

Expectations: *Guiding Question 1*

What expectations did you have before entering the workshop?

Interview Questions

1) What expectations did you have before beginning the workshop?

2) What did you enjoy the most about the workshop?

3) How was the workshop different than your expectations?

Clarity: *Guiding Question 2*

What parts of the workshop needs further clarification

Interview Questions

1) *Was anything unclear to you?*

2) *What movements or exercises would you like repeated?*

2) What questions do you have?

Expression: *Guiding Question 3*

How can the workshop help women express themselves?

Interview Questions

1) *Is there any part of the workshop that has specific relevant or relation to anything in Filipino culture? (e.g. a certain gesture that would resemble something unique to Filipino culture)*
2) *What do you think is needed the most when it comes to healing activities for the women (sex trafficking survivors)?*
3) *What concerns would you have with the women (sex trafficking survivors) going through this workshop?*
4) *Do you anticipate any activity or aspect of the workshop to be difficult for them? If so, what?*
5) *How would you recommend encouraging them to speak about their experience with movement after the workshop?*

Improvements: *Guiding Question 4*

What changes can you suggest to improve this workshop?

Interview Questions

1) *What can we integrate into the workshop to improve their sense of safety?*
2) *What would you change to make this process more relevant and adaptable to your culture?*

INTERVIEW GUIDE - JEN PINEDA - TEACHER

Following the Phase II workshop, I will do an informal check in with Jen Pineda to understand what adjustments she made to the workshop real-time and what challenges she may have faced.

Interview Questions

1) What expectations did you have before beginning the workshop?

2) How was the workshop different than your expectations?

3) What adaptations did you make? Why/What prompted you to?

4) What did you sense from them?

5) What was lacking from what we prepared?

6) What worked well and why?

7) What was difficult to teach?

8) What would you change if you could lead for a second time?

INTERVIEW GUIDE - GROUP INTERVIEWS

Following this, I will conduct 30-40 minute informal interviews with groups of 2-3 workshop participants. Participants will come 2-3 at a time to speak with me and a staff member who, again, is there to bring additional comfort and clarity. These interviews will foster dialogue by asking open-ended questions about the workshop experience.

Expectations: *Guiding Question 1*

What expectations did you have before entering the workshop?

(Theme: Expectations)

Interview Questions

1) What expectations did you have before beginning the workshop?

2) How was the workshop different than your expectations?

Clarity: *Guiding Question 2*

What parts of the workshop were confusing or unclear?

(Theme: Clarity)

Interview Questions

1) *Was anything unclear to you?*

2) *What movements or exercises would you like repeated?*

2) What questions do you have?

Expression: *Guiding Question 3*

During the workshop, what did you enjoy the most? How did you feel?

(Theme: Expression)

Interview Questions

1) *What did you enjoy the most about the workshop and why?*

2) *What did you feel when you were doing the movements?*

3) *How do you feel different from before the workshop?*

4) *What did you learn about yourself through this workshop?*

Improvement: *Guiding Question 4*

What changes can you suggest to improve this workshop?

(Theme: Improvements)

Interview Questions

1) *If you did this workshop again, what would you like to change?*

2) *What aspect or activity would you want to do more of?*

INTERVIEW GUIDE - OTHER INTERNATIONAL ORGANIZATIONS USING MOVEMENT ARTS WITH SEX TRAFFICKING SURVIVORS

Recorded, 30-minute phone interviews conducted with international caregivers already employing movement therapy will affirm global best practices and to help

compare and validate my findings. This will help to integrate information applied in other cultures/settings to create a holistic, international solution.

Interview Questions

1) ***Background:*** *Can you please tell me more about what you have done to date to bring movement arts or dance to sex trafficking survivors? (open ended: explore-setting, location, culture, set up, form of dance/movement, sustainability model, any curriculum, number of participants, frequency, future plans, etc)*
2) ***Top Learnings:*** *What are the top 2-3 learnings you or your organization has gathered from working with sex trafficking girls and dance therapy? (Follow up with relevant questions based on answers)*

a) What aspects and/or activities have worked the most successfully to contributing to therapy?

b) What does success look like when working with sex trafficking survivors and dance therapy?

c) How do you successfully work with people who are beginners to dance or movement?

d) What support factors (e.g. loving aftercare worker) need to be in place to successfully employ dance therapy interventions with this population?

e) How do you ensure sustainability?

3) ***Biggest Challenges:*** *What poses the biggest challenge?*

a) What is the biggest risk of working with this vulnerable population with dance? (Follow up: "Please give me an example of that happening")

b) Have you ever encountered incidences of dissociation, retraumatization, or resistance? (Follow up: "How did you deal with them")

4) ***Contextualization:*** *What adjustments have to be made to be sensitive to the cultural*

context of a given population you are working with?

a) Are adjustments ever made to accommodate particular cultural nuances- and if so, can you give me 1-2 examples of changes implemented?

b) What are some key things to keep in mind when contextualizing for dance/movement work in a different culture? (non-Western) What would happen if you did not make those adjustments?

c) Are adjustments to the interventions ever made so that non- DMT therapists can employ in the aftercare setting?

d) If so, what would that look like? What requirements need to be in place to ensure safety and effectiveness?

Appendix D

Observation Tools

DAILY OBSERVATION JOURNAL GUIDANCE

Every team member will be requested to keep a journal throughout their stay at the Shelter. Key guidance of what Renee is looking for:

- **Confidentiality:** Never write the name of the shelter or any personnel (with the exception of the American team member names)—use pseudonyms only
- **Clearly marked time/date/location/persons:** Start *every* journal entry with the time, date, location, and relevant persons that you are referring to/observing
- **Salient Observations Tied to Your Reaction/Thoughts/Questions:** Note any salient observations such as *habits, cultural nuances, relational patterns, events/activities, values* and how those observations spark particular *reactions, thoughts, or questions.* Any and all reactions, thoughts, and questions you can document are welcomed! The more the better!
- **Backup Journal Writing:** Follow Renee's instructions to backup journal writings at the end of each day

<INFORMAL INTERVIEWS>

If you ever get a chance to speak to someone particularly where they can share any stories or insights about their experiences or thoughts (could be on anything—e.g. life in the shelter, their rescue story, etc), please follow these instructions:

1) **Build Rapport-** Build some basic RAPPORT with the person first (think: Small chat)
2) **Prepare-** Take out your audio recorder (phone) + brief consent form

3) **Make the Request before they start their narrative-** Kindly request the person to consider letting them record your conversation + hand them/explain the brief consent form to them
4) **Audio record – start with stating time/date/location/persons:** Start *every* journal entry with the time, date, location, and relevant persons that you are referring to/observing—use pseudonyms only
5) **Ask questions-** Try to weave in questions about their experience or thoughts to promote more richness in the data they are giving us
6) **Back up pseudonyms used + Audio recording:** Follow Renee's instructions for pseudonym recording on the Google Doc and backing up all Audio recordings at the end of the day

VIDEO OBSERVATION RUBRIC

Speech	**Person A**	**Person B**	**Person C**	**Person D**	**Person E**
Talking to others in between exercises					
Talking to others during exercises					
Facial Expression					
Smile					
Frown					
Body Language					
Ability to follow					
Ability to mirror					
Freedom of expression					
Confidence					

Table 4. Video observation rubric for leader and large group movement workshop.

Speech	**Person A**	**Person B**	**Person C**	**Person D**	**Person E**
Willingness to share response					
Confidence in response					
Facial Expression					
Eye contact with each other (active listening)					
Eye contact with facilitators					
Body Language					
Comfortable					
Tense/Anxious					

Table 5. Video observation rubric for leader and small group interviews.

Appendix E

Arts Aftercare Toolkit Dance Curriculum

OBJECTIVES

emotion regulation

Knowing and managing overwhelming emotions- This activity offers development of emotion regulation by **providing physiological regulation** – helping the body to calm and express itself when it feels overwhelmed and to use movement to bring a sense of release from negative emotions.

self-awareness

Understanding the self –to develop healthy awareness of the body and create a greater sense of the structures that support the body, helping the body move with ease and coordination.

interpersonal skills

Communicating and connecting with others in a healthy way –to build self-confidence by providing an outlet for self-expression, an opportunity to learn something new, a unique group experience of moving together and learning how to follow someone else's movements, which results in greater ability to build relationships with others.

INSTRUCTIONS

- Seat everyone in a stable, non-folding chair, at least an arm's length apart from each other.

-Remind everyone they can sit in a position that is comfortable to them, and ask if they can sit with their legs uncrossed and place their hands on their thighs.

-During movement that may require more balance, have them hold onto the arms or seat of the chair.

-Place a chair facing everyone then sit down in that chair and invite them to mirror your movement.

BREATH

All movements and rhythms in this warm up are based on breath. Take a deep breath yourself then invite everyone to take four to five slow deep breaths (about 4 counts each) through the nose and out the mouth.

-Invite people to consider the metaphor of a balloon filling with air then emptying of air.

-Invite people to close their eyes for a moment or gaze softly downwards with eyes focused on the floor during the initial breathing.

-Slowly, and quietly, invite everyone to introduce arm movement to coincide with this breathing.

-Start with your arms on either side of your body. Extend your arms horizontally and wave them gently up and down. Do this twice at low/waist level for 4 counts.

-Invite people to lift their face towards the ceiling to coincide with their arms lifting.

-Repeat the 2 arm waves at a medium level/shoulder height (4 counts each)

-Repeat the 2 arm waves at a high level, forming a letter "Y" with arms (4 counts each)

-Repeat the 2 arm waves at the highest level, forming a letter "V" with arms (4 counts each)

TACTILE

Place your right hand on your left wrist and slowly sweep your fingertips up your left arm whilst stretching your body gently to the right till your fingertips reach your left shoulder (4 counts). Sweep your fingertips back down to your wrist as you return your body to center (4 counts).

-Do the same movement on your right side with your left hand (4 counts to sweep up, 4 counts to sweep down).

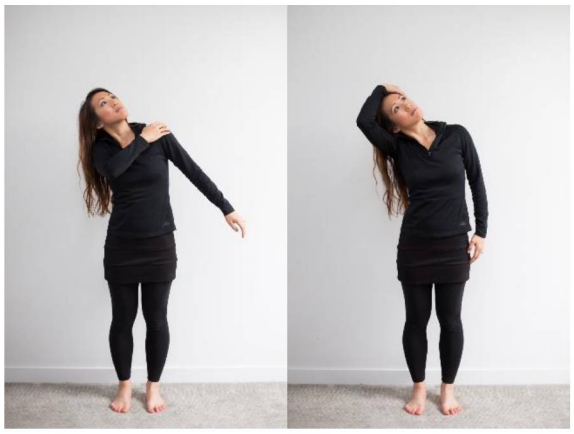
-Invite people to consider the image of putting on the arm section of a sweater on.

- Repeat this movement once more.

With your right hand, touch the base of the left ear then sweep your fingertips up around the left side of your head while tilting your head to the right (4 counts to sweep up, 4 counts to sweep down). Do the same movement on your right side with your left hand (4 counts to sweep up, 4 counts to sweep down).

-Invite people to consider the image of sweeping the side of their hair/head.

- Repeat this movement once more.



INWARD OUTWARD

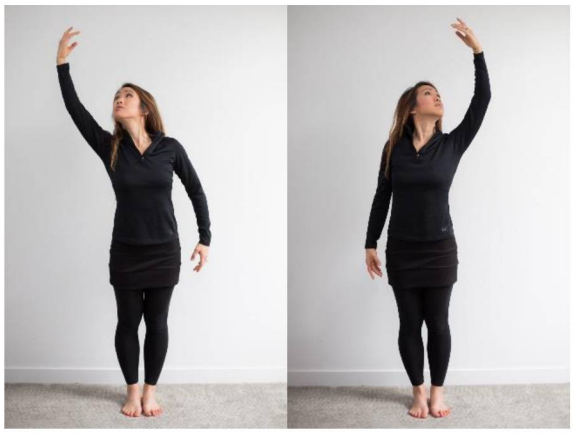
Reach out the right hand (open palms facing inward) to the right hand side at lower than shoulder level then pull arm inward (4 counts outwards, 4 counts inwards) then repeat to the left side with left hand.

-Invite people to imagine movement that grows and shrinks and remind them to continue breathing with the rhythm.

-Invite people to raise their face towards the direction of the lifted arms.

-Repeat this movement with the right hand reaching into a diagonal (slightly higher than shoulder forming a "Y" shape) above head then pull arms inwards (4 counts outwards, 4 counts inwards) then repeat to the left side with left hand.

-Repeat this movement with the right hand reaching on the highest level (forming a "V" shape but with palms inward) above head then pull arms inwards (4 counts outwards, 4 counts inwards) then repeat to the left side with left hand.

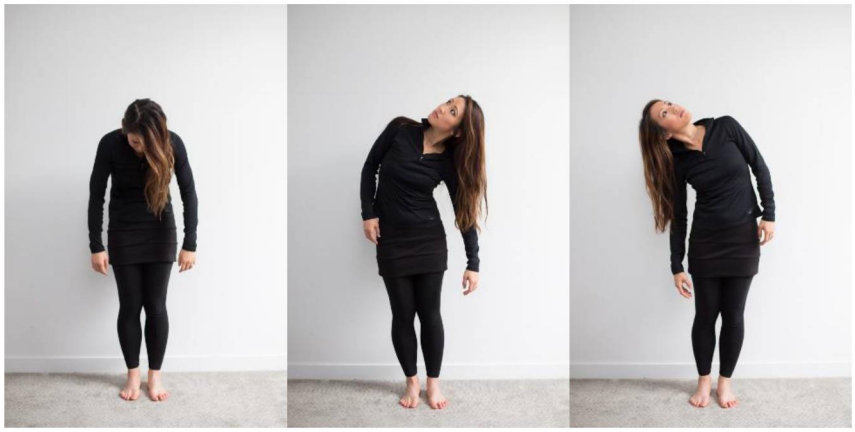


SPINE

Gently lower your head downwards then swing forward while keeping legs still and arms by your side then pull head upright (4 counts for head moving downwards, 4 counts for head to pull back upright) then repeat.

-Invite people to imagine their spine as flexible and swaying frontwards then sidewards. Continue breathing rhythm.

-Gently repeat this swinging movement to the right side then pull head upright (4 counts for head moving downwards, 4 counts for head to pull back upright) then repeat to the left. Repeat sequence once more.



UPPER- LOWER

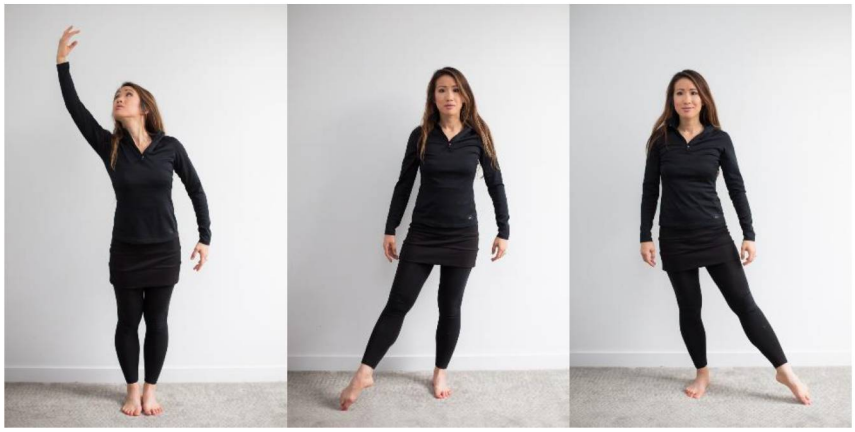
Raise the right arm in a graceful gentle sideway circling outwards (4 counts) then repeat on the left (4 counts).

-Invite people to imagine just using the upper half of their body then transition to using only the lower half of their body. Continue breathing rhythm.

-Point the right foot and straighten frontwards while keeping left foot grounded then sweep right foot toes along the floor in a quarter circle to the right side then return to neutral feet position (4 counts) then repeat to the left (4 counts).

-Raise the right arm in a graceful gentle sideway moving outwards then circle inwards (4 counts) then repeat on the left (4 counts).

-Repeat the same lower body sequence but this time point right foot toes to the side then sweep toes along the floor in a quarter circle to the front then return to neutral feet position (4 counts) then repeat to the left (4 counts).

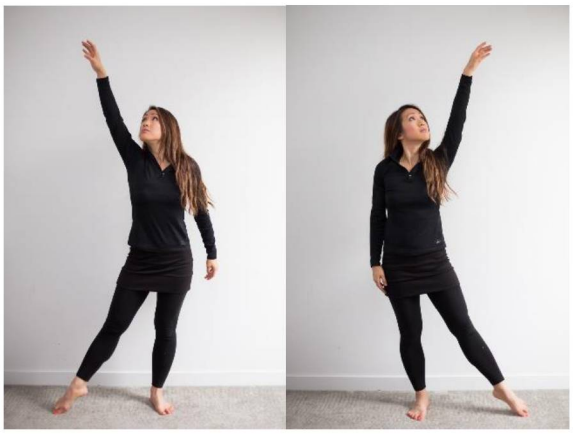


LATERAL

Reach the right arm into a V with right foot toes pointed to the side of the chair on the floor while keeping the left side arm down and leg completely still (4 counts). Eyes follow the right arm.

-Repeat to the left side with right side still (4 counts).

-Invite people to imagine just using the right side of their body while keeping the left side still then repeat to the other side. Continue breathing rhythm.

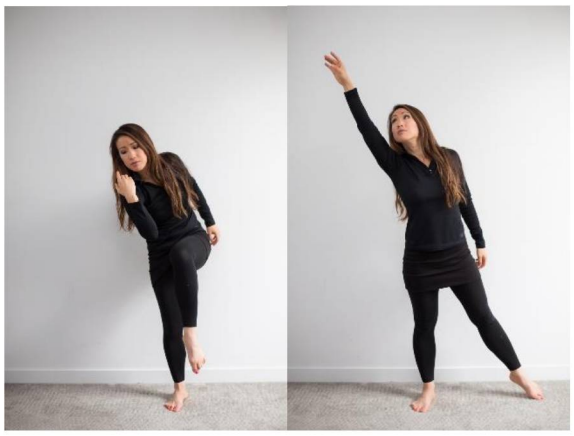


CROSSOVER

Reach the right arm into a V with left foot toes pointed to the left side of the chair on the floor while keeping the left side arm down and right leg completely still then pull into the core (4 counts). Eyes follow the right arm.

-Repeat to the left side with right side still (4 counts).

-Invite people to imagine crossing the midline of the body with opposites. (Right arm to left leg, left arm to right leg) Continue breathing rhythm.



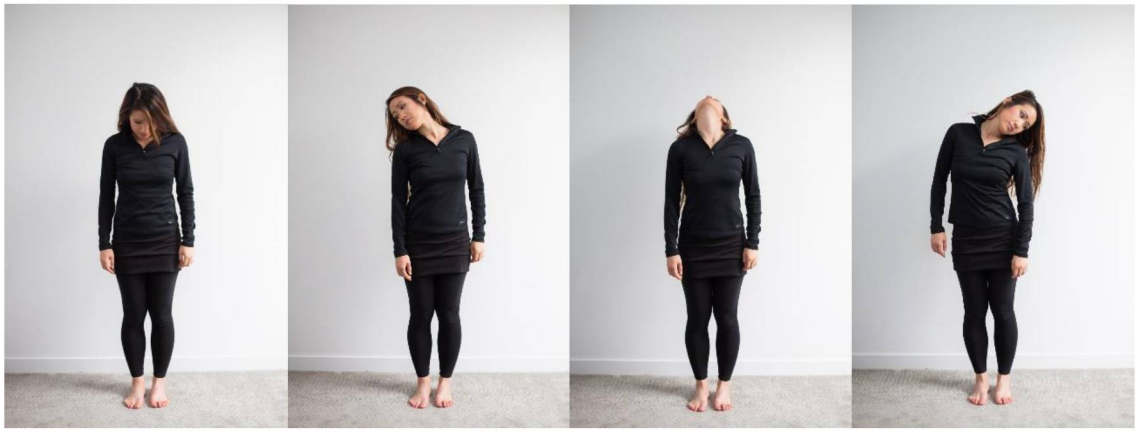
BALANCE

Slowly sway the head forwards (8 counts) then backwards (8 counts).

-Invite people to imagine swinging or swaying in different directions. Encourage them to take deep breaths to center themselves if they feel dizzy or off balance.

-Sway to the right side (8 counts) with just the head and then to the left side (8 counts).

-Circle the head by lower the head to the front then circle around to the left (imagine drawing a circle with your head) (8 counts). Repeat head circle to the opposite direction (8 counts).



DEBRIEFING

[Approximately 10 minutes]

emotion regulation
How did you feel about the activity? What was easy? What was difficult?

Did different movements make you feel different? In what ways?

self-awareness

What were you thinking while doing the activity? What did you notice about yourself during the activity?

interpersonal skills

What was it like following someone else's movements? What was it like being a part of a movement group?

TIME: 30 minutes maximum

IDEAS FOR EXPANDING

There are several options for expanding this exercise:

-Standing in place

Invite people to do all 8 movement art warm up exercises standing up and in place.

-Traveling

Do all 8 movement art concepts traveling through general space. This could lead to many new ways of movement, and can even be incorporated into a particular song.

-Mirroring and Shadowing

Once everyone is familiar with the 8 movement concepts, have them mirror or shadow each other instead of copying you. (You can call out the patterns if necessary.) Have students work in pairs, trios, and quartets. Change leadership with each pattern or repeat each pattern with a new leader. Play with relationship, asking partners to stand near and far from each other.

-With Props

Props add a new dimension to the basic movement. People might hold two small scarves of different colors, one in each hand.

-With Different Music

Vary the kinds of music used as background for this movement art warm up. Experiment with lively music to energize or use slower music to calm them down, or try even try without music.

AREAS FOR CAUTION

Be aware that not everybody will have the ability to move their bodies in the ways described. Encourage them to only participate as much or as little as they feel comfortable.

For people who have experienced high trauma, becoming aware of the body and breath can be very overwhelming. Some people may become hyper aroused or dissociate during

this activity. Refer to page 24 for some helpful ways to respond. Sometimes music can be a distraction from the quiet needed to focus internally on the body and breathing. Pay attention to the group dynamics and see what the needs of the group are before playing music in the background. If music is played, instrumental music is best.

Reference:

Gilbert, A.G. (2000). Movement Matters – BrainDance Workshop [Class Handout]. Creative Dance Center, Seattle, WA.

Read more: www.creativedance.org