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studying the phenomenon and efficacy of expressive arts use with
adult survivors* of commercial sexual exploitation**

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Pepperdine University
Graduate School of Education and Psychology

EXPRESSIVE ARTS AS A TREATMENT FOR SURVIVORS OF SEXUAL TRAUMA:
STUDYING THE PHENOMENON AND EFFICACY OF EXPRESSIVE ARTS USE WITH
ADULT SURVIVORS* OF COMMERCIAL SEXUAL EXPLOITATION

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by
Rosette K. Lee

June, 2019

Thema Bryant-Davis, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Rosette Lee

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Thema Bryant-Davis, Ph.D. Chairperson

La Tonya Wood, Ph.D.

Kathleen Watkins, Ph.D.

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VITA

EDUCATION**Doctor of Psychology [Psy.D.]: Clinical Psychology** (anticipated July, 2019)

Pepperdine University, Los Angeles, CA

- Clinical Competency Examinations Passed, May 2016
- Accredited by American Psychological Association
- Academic Honors and Awards:
Conrad Hilton Foundation Fellowship (Fall, 2014)
Colleagues Grant (2016-2017)
LACPA Scholarship Foundation Award (2018)

Master of Arts [M.A.] in Clinical Psychology (July, 2008)

Azusa Pacific University, Azusa, CA

- Emphasis in Marriage and Family Therapy
- Teaching Education Program (June, 2003 – June, 2004)
- Preliminary Multiple Subject Teaching Credential (General)

Bachelor of Arts [B.A.] in Sociology (May, 2000)

Smith College, Northampton, MA

- Academic Honors and Awards:
Dean's List (1999-2000)

DISSERTATIONTitle: *The Efficacy of Expressive Arts as a Healing Intervention for Survivors of Human Sex Trafficking*

Methodology: Qualitative, Phenomenological Analysis

Chair: Thema Bryant-Davis, Ph.D., Oasis Trauma and Culture Lab

Proposed: April, 2016

Defended: April, 2019

CLINICAL EXPERIENCE**Psychology Intern, Clarity Child Guidance Center****UT Health Sciences Center, San Antonio**, San Antonio, TX**July 2018 – present***Clinical Training Director (UT Health): Cindy McGeary, Ph.D., ABPP**Clinical Supervisor (Clarity CGC): Joshua Essery, Psy.D., ABPP**Emphases: outpatient psychotherapy (adults, children, families), inpatient/outpatient consultation, psychological assessment, community mental health, group therapy*

- Provide outpatient individual and family psychotherapy for adults, children, and families through UT Health Advance Clinic and Clarity Child Guidance Center
- Provide consultation reports for adolescents who are admitted to psychiatric hospitalization, as requested by attending psychiatrists, in order to provide diagnostic clarification and treatment recommendations
- Complete outpatient consultations and intakes for children who have been referred due to various symptoms and needs that are impacting their functioning; provide diagnostic clarifications and recommendations for further support of functioning and improvement of symptoms
- Conduct comprehensive integrated cognitive and personality assessments of children/adolescents through administration of tests and measures (WISC-V, WRAT-5, Gordon Diagnostic Systems, CELF, Rorschach, Projective Measures, psychodiagnostic measures) to identified families for purpose of

- providing recommendations and impressions to support patient's future development and functioning
- Co-facilitated groups for adolescents and young children (interpersonal process groups, social skills) and participate in curriculum development
- Participate in outreach presentations to Clarity staff and community members on early childhood mental health, wellness, and psychodynamic concepts

Extern, UCLA Pediatric Heart Transplant Clinic/STAR Clinic/CL Service

Semel Institute of Neuroscience, UCLA, Los Angeles, CA

August 2017 – June 2018

Clinical Supervisor: Kanchana Wijesekera, Ph.D.

Emphases: pediatric psychology, delivery of trauma-focused services, medical consultation and liaison

- Provided empirically-validated, trauma-informed, family-based intervention (FOCUS) for pediatric heart transplant patients and their families through a telehealth platform in order to increase families' coping and resilience
- Co-facilitated consultation appointments with families in the outpatient pediatric heart transplant clinic..
- Participated in trainings and observations offered through the Stress, Trauma, and Resilience (STAR) Clinic, in order to increase in awareness of providing trauma-informed evaluations and therapeutic interventions
- Co-facilitated trauma-focused support groups and parenting groups offered through the STAR clinic
- Shadowed pre-doctoral psychology interns and psychiatry fellows providing inpatient services to pediatric patients on the consultation-liaison (CL) service at UCLA Mattel Children's Hospital
- Involvement in CL-specific teaching seminars, grand rounds, and lectures pertaining to pediatric topics in order to increase knowledge of subject matter relevant to pediatric psychology

Evaluator, MAT/HUB Assessment Services

Children's Institute, Inc., Torrance, CA

July 2016 – present

December 2014 – July 2015

Clinical Supervisor: Julia Esqueda-Arteaga, Ph.D.

Emphases: early childhood mental health, psychodevelopmental testing and screening, foster children, community mental health

- Provided assessment, screening, and linkage services to foster children and their caregivers who are referred for HUB psycho-developmental screenings and evaluations and MAT assessments through Department of Children and Family Services in order to promote children's future development and functioning
- Administered and completed in-depth and comprehensive ICARE intake assessments and other measures (i.e., ASQ, BASC, CBCL, BAYLEY) to evaluate children's social, emotional, and developmental functioning that may have been impacted as a result of stressful or traumatic experiences
- Collaborated with other community service providers to provide direct linkages and referrals that would benefit the targeted child and family and increase levels of functioning, such as referrals to Headstart, early intervention, mental health services, social skills groups, or other community programs
- Utilized multidisciplinary collaboration and consultation with DCFS social workers, dependency investigators, Regional Center workers, primary care clinics, and other service providers regarding child and family social-emotional functioning in order to generate relevant and necessary recommendations and referrals

- Provided short-term and brief therapy to young children and families referred for mental health services following HUB and MAT assessments for the purpose of increasing functioning and mitigating negative effects and consequences of previous traumas

Extern, Loma Linda University Children's Hospital
Loma Linda University Health System, Loma Linda, CA
July 2016 – July 2017

Clinical Supervisor: Sharis Rostamian, Psy.D.

Emphases: pediatric psychology, psychosocial evaluation, medical consultation and liaison

- Provided consultation to attending staff in support of providing treatment to pediatric population
- Administered and completed psychosocial evaluations for patients newly admitted to the hospital, who may have concurrent psychological clinical and medical concerns, in order to provide recommendations to primary team and integration of care
- Provided short-term therapy and intervention to pediatric patients who are currently in the hospital or long-term acute rehabilitation, to treat emotional or mental health symptoms they may be experiencing or be diagnosed with, impacted by their current medical condition
- Provided outpatient resources and referrals that are relevant to patient's and family's functioning, including mental health treatment, academic support, and ancillary services for purpose of supporting long-term care and functioning upon discharge
- Collaborated within multi-disciplinary team including physicians, specialists, physical therapists, occupational therapists, speech therapists, registered nurses, and social workers
- Administered assessments and screening measures in order to determine patients' levels of functioning: Bayley Infant Neurodevelopmental Screener (BINDS); Children's Orientation and Amnesia Test (COAT); Beck Depression Inventory (BDI); Children's Developmental Inventory (CDI); Revised Children's Manifest Anxiety Scale (RCMAS); Sensory Short Profile; Adaptive Behavior Assessment System (ABAS), in order to screen for additional symptoms that may be impacting the patient's presentation

Extern, Infant and Preschool Assessment Clinic
Semel Institute of Neuroscience, UCLA, Los Angeles, CA
August 2015 – July 2016

Clinical Supervisor: Karin Best, Ph.D.

Emphases: neurodevelopmental assessment, cognitive assessment, psychodiagnostic test administration, infant and early childhood assessment and mental health

- Performed integrated diagnostic, cognitive and developmental assessments of young children through administration of standardized tests and psychodiagnostic measures to identified families for purpose of providing recommendations and impressions to support patient's future development and functioning
- Conceptualized diagnoses and needs based on gathering comprehensive family histories, assessment results, and scoring of data in order to integrate into treatment summary and recommendations
- Gained proficiency in writing and drafting assessment reports that combined results of administered assessments with pertinent psychosocial and medical history for the purpose of providing a comprehensive view of the child
- Provided consultation to caregivers and families, including recommendations and diagnoses, based upon conclusions of testing and assessments
- Assessments and Screening Measures utilized to determine patients' neurodevelopmental and psychosocial functioning: BAYLEY Scales of Infant Development; Wechsler Primary Preschool Scales of Intelligence (WPPSI); Beery Visual-Motor Integration Test (VMI); Developmental Neuropsychological Assessment (NEPSY); Children's Behavioral Checklist (CBCL); Adaptive Behavior Assessment System (ABAS)

Clinician, Pepperdine Community Counseling Clinic

Pepperdine University, Los Angeles, CA

August 2015 – July 2016

Clinical Supervisor: Aaron Aviera, Ph.D.

Emphases: *adult outpatient individual psychotherapy*

- Provided long-term individual psychotherapy services to adults in the Los Angeles area for treatment of anxiety, life stressors, and interpersonal challenges
- Conducted comprehensive intake evaluations in order to formulate and implement individualized treatment plans to facilitate improvement in overall functioning
- Utilized an attachment-based psychodynamic framework to conceptualize and formulate treatment recommendations and achieve clients' therapeutic goals

Clinician, Pepperdine Community Counseling Clinic

Union Rescue Mission, Los Angeles, CA

September 2014 – July 2016

Clinical Supervisor: Aaron Aviera, Ph.D.

Emphases: *inpatient substance use addiction and recovery, homeless population, serious mental illness, long-term adult outpatient individual psychotherapy, group therapy*

- Provided individual psychotherapy services to men enrolled in Christian Life Discipleship Program, diagnosed with substance use and other mental health disorders, for the purpose of assisting with recovery and improvement in functioning
- Conducted comprehensive intake evaluations and formulated treatment recommendations personalized to each client, to assist in improving overall functioning and supporting substance use recovery
- Collaborated with program chaplains, Department of Mental Health, and other community services in order to utilize a holistic team-centered approach to treatment
- Elected as a consultant for program chaplains and staff, providing professional consultation to non-psychology professionals regarding mental health needs of clients, conceptualization, and psychoeducation to increase staff's awareness of diagnoses, functioning, and ways to provide support to program participants

Program Coordinator and Therapist III, ECMH/Project ABC

Children's Institute, Inc., Torrance, CA

November 2011 – December 2013

Clinical Supervisor(s): Kyrie Sankaran, Ph.D., and Noya Dekel, Psy.D.

Emphases: *infant and early childhood mental health, community mental health, DMH, systems of care*

- Provided administrative supervision and support to clinical staff within various programs (i.e., Project Stable Home, Wellness on Wheels) of the Early Childhood Mental Health/Clinical Services department in order to assist with treatment staff's successful completion of administrative goals
- Oversaw programmatic needs in aligning Early Childhood Mental Health programs with the Project ABC Wellness Network, collaborating with partner agencies to ensure improved outcomes in mental health services for children 0-5 and their families
- Conducted and oversaw weekly case disposition, assigning Early Childhood Mental Health referrals to treatment teams, and problem-solved challenges and barriers to accessing services, encountered by treatment teams and families
- Supervised Level 2 Reflective Parenting Program group facilitators and B.A. level staff within Early Childhood Mental Health program
- Performed intakes for parents enrolling into various early childhood-focused groups

- Co-facilitated weekly groups, including a Baby & Me group, Reflective Parenting group, and Somatosensory Attunement Model-based groups in order to increase families' awareness of the importance of positive attachment to build strong relationships and promote infants' and toddlers' development
- Maintained a weekly caseload of 6-8 families and provided mental health treatment utilizing empirically-validated models such as Child-Parent Psychotherapy and DIR/Floortime-based therapy, while maintaining documentation in accordance with DMH standards, in order to increase positive attachments and reduce negative impacts of trauma or stress within relationships

Therapist I, Full-Service Partnership
Children's Institute, Inc., Torrance, CA
February 2009 – November 2011

Clinical Supervisor: Jacqueline Atkins, Ph.D.

Emphases: early childhood mental health, community mental health, DMH, crisis intervention

- Provided therapeutic, case management, and crisis management services for children 0- 13 years of age and their families
- Utilized methods and interventions from Child-Parent Psychotherapy and other evidence-based treatments for purpose of supporting children and families, increasing positive attachments, and reducing negative impacts of trauma or stress within the familial context
- Assessed for psychiatric hospitalization, more restrictive settings, and therapeutic behavioral services when necessary in order to determine appropriate levels of care needed and surround family with effective and necessary services to mitigate negative functioning or self-injurious behaviors
- Attended team meetings, supervisions and trainings; maintained documentation in accordance with DMH standards

DIR Interventionist

Offices of Dr. Andrea Davis, Ph.D., Pasadena, CA
June 2007—January 2009

Emphases: home-based intervention, autism

- Engaged and interacted with developmentally disabled children, drawing from the DIR/Floor Time Model, for purpose of assessing and observing their social-emotional levels of functioning
- Implemented techniques of the DIR/Floor Time model to support special needs children through play therapy, and coached parents on utilizing DIR interventions with their children in order to promote social-emotional functioning and strengthen dyadic attunement and engagement
- Maintained detailed case notes and submitted assessments to Regional Centers documenting child's progress in order to maintain funding of services provided to families, provide ongoing treatment recommendations, and coordinate care for families

Marriage and Family Therapist Trainee

Lorbeer Middle School/Cortez Elementary School, Safe Schools/Healthy Students, Pomona, CA

August 2007—June 2008

Emphases: adolescents and primary school students, school-based mental health, group interventions

- Conducted weekly therapeutic sessions for severely emotionally disturbed adolescents and families who sought individual, intensive counseling
- Set goals with clients and implemented interventions towards these goals within a therapeutic context

- Facilitated a variety of topic-specific support groups for students, through the Student Assistance Program
- Provided case management, referrals and treatment plans; performed detailed documentation in timely manner

CLINICAL SUPERVISION and TRAINING EXPERIENCE

Peer Consultant/Supervisor, Graduate School of Education and Psychology Pepperdine University, Los Angeles, CA September 2016 – August 2017

- Provided peer consultation and supervision to first-year and second-year doctoral students within graduate psychology (Psy.D.) program, under supervision of licensed psychologist, in order to support their clinical experiences in providing psychotherapy and intervention services within program counseling sites
- Provided feedback on intake interviews, intake reports, psychotherapy sessions, and documentation of case notes
- Guided students in processing and exploring their emerging clinical identities while supporting them in navigating and balancing the academic, clinical, and research-oriented demands of a doctoral clinical psychology program

Teaching Assistant, Doctoral Program in Clinical Psychology Pepperdine University, Los Angeles, CA September 2015 – June 2016

- Checked scoring of MMPI-II, WAIS-IV, WAIS-V, and other cognitive and personality measures administered by first and second year doctoral students in order to provide feedback and additional instruction as needed
- Graded exams testing student proficiency in test administration and scoring
- Tutored individual students in practicing administration and scoring of cognitive and personality measures, and provided additional training as needed
- Completed other duties as assigned, including assembling and organizing instructional materials and tasks.

Program Supervisor, Select Home Visitation Program Children's Institute, Inc., Torrance, CA January 2014 – November 2014

Emphases: clinical supervision, reflective supervision, home visitation, early childhood

- Provided clinical, administrative, and reflective supervision to a staff of home visitors providing intensive, home-based services to new mothers and newborns identified as "high-risk" at local area hospitals through First 5 Welcome Baby program for purpose of utilizing early intervention and prevention model
- Collaborated with supervisors and managers of other Select Home Visiting Programs and Welcome Baby medical teams in order to streamline referral process and expedite admission to the program
- Drafted "Policies and Procedures" manual for the program in collaboration with Select Home Visiting colleagues in accordance with standards outlined by the national Healthy Families of America program model
- Provided shadowing of home visitors, quality assurance of documentation, and tracking of data such as breastfeeding rates and maternal depression, for the purpose of supporting staff and aligning with local and national model standards
- Attended various collaborative and community partnership meetings, including Long Beach Home Visitation Collaborative and Best Start Wilmington and Best Start Long Beach meetings, in order to

build and strengthen relationships with fellow agencies and programs dedicated to improving services for young children and their families

Level III Supervisor, Reflective Parenting Program

Children's Institute, Inc., Torrance, CA

Clinical Supervisor: Wendy Denham, Ph.D. (Center for Reflective Communities)

May 2013 – July 2013

Emphases: early childhood mental health, clinical supervision, group facilitation

- Provided reflective supervision to Level 1 beginner facilitators of empirically-validated, evidence-based parenting support groups for caregivers of infants and toddlers

RESEARCH EXPERIENCE

Title: *The Efficacy of Expressive Arts as a Healing Intervention for Survivors of Human Sex Trafficking*

Methodology: Qualitative, Phenomenological Analysis

- Organized recruitment of mental health clinicians who have utilized expressive and therapeutic arts with survivors of commercial sexual exploitation in order to gather information about their clinical experiences utilizing this intervention with this population
- Conducted semi-structured interviews in order to assess clinicians' experiences and perceptions of the potential efficacy of art as a positive intervention for this population.
- Engaged in transcription, coding of interview data, and reflexive methods in order for analysis of validity and reliability across study participants.

Title: *Families OverComing Under Stress – Pediatric and Adolescent Cardiology (FOCUS-PAC)*

Methodology: Quantitative

- A pilot study designed in conjunction with UCLA Mattel Children's Hospital and UCLA Nathanson Family Resilience Center, to examine the benefits of a telehealth-based family intervention program (teleFOCUS-PAC) designed for youth diagnosed with cardiomyopathy and/or heart transplant patients and their families
- Recruitment of pediatric adolescent patients (ages 8-18) and their families through the UCLA Pediatric Heart Transplant clinic for participation in randomized controlled trial offering intervention services or treatment-as-usual services
- Administration of behavioral health screeners to assess symptoms of anxiety, depression, trauma, and family coping and functioning at intake and 3-month post-participation in the study

Abstract

Sexual trafficking of humans has been a historical problem of epic proportions within the domestic and international communities. Sexual trafficking is defined by the U.S. State Department as the use of power, control, and coercion of its victims for sexual acts, often resulting in severe physical and psychological consequences. There continues to be a scarcity of published existing literature detailing the benefits of psychological intervention for survivors of commercial sexual exploitation. This study sought to examine the efficacy of utilizing expressive arts as a treatment intervention for survivors¹ of trafficking, as described through the experiences of clinicians who have worked with them. Participants ($N = 6$) were recruited within the Los Angeles area and nationally, who were clinicians with a combination of training and experience with utilizing art with survivors. A qualitative approach was used with interpretative phenomenological analysis (IPA) as the primary method, with themes generated across in-depth interviews conducted with the clinicians. Results suggest that expressive arts was found to be a beneficial and effective approach with survivors, particularly as a vehicle to promote the therapeutic relationship and guide the process of recovery. Exploratory findings illustrate the use of expressive arts in fostering connections, relationships, instilling hope, promoting identity, and discovering strengths. Further research is warranted detailing the extent to which expressive arts can be beneficial for this specific population, integrated with culture, bodily awareness, and advocacy for more training in working with survivors.

¹ The term “survivor” is used in this paper due to the focus on intervention after trafficking experiences; however, the authors recognize that people who have experienced this crime may self-identify in different terms and are not defined by their trauma exposure.

Introduction

Definition and Prevalence of Commercial Sexual Exploitation

The victims of modern slavery have many faces. They are men and women, adults and children. Yet all are denied basic human dignity and freedom. ...All too often suffering from horrible physical and sexual abuse, it is hard for them to imagine that there might be a place of refuge.

—Barack Obama (U.S. Department of Justice, 2011, p. 1)

Alarming increase in the prevalence of sex trafficking and commercial sexual exploitation has made combating it a growing area of interest for researchers, policy makers, non-profit organizations, and journalists in recent decades (Hodge, 2014; Rigby, Malloch, & Smith, 2012). The United States Senate designated the month of January as “National Human Trafficking” month in 2007, and the establishment of the Palermo Protocol and the passage of the Victims of Trafficking and Violence Protection Act, both in 2000, has brought the issue of global human trafficking into the spotlight. However, despite the increase in awareness, the prevalence of human trafficking and ways to effectively combat it, including its psychological consequences in the United States and globally, continue to remain underexplored and unknown.

Definitions of human trafficking vary among sources (Aronowitz, 2004; Hodge, 2008), with one source describing it as “the illegal trade of human beings.” (Tan, 2012, p. 1), and another calling it “forced prostitution or other forms of commercial sexual exploitation” (Barriga, 2013, p. 88). There are currently seven categories of human trafficking as identified by the U.S. State Department, one of which is “sex trafficking.” (U.S. Dept. of State, 2010, p. 9). Specifically, sex trafficking as defined by United States federal law is “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.” (22 U.S. Code §7102). According to Contreras and

Farley (2011), sex trafficking and prostitution overlap, particularly in the United States. Prostitution is the final destination for sex traffickers, and both industries are defined by use of power, coercion, and control of victims.

Furthermore, both industries are also defined by use of physical and psychological violence that could be identified as torture. Former U.S. President Jimmy Carter, who founded The Carter Center and who has addressed the need to end sexual exploitation, stated that the abuse suffered by sex-trade survivors needs to be defined and understood as torture (Carter, 2014). Hossain, Zimmerman, Abas, Light, and Watts (2010) report that many of the strategies used to exploit and control women in the trafficking industry are synonymous with torture literature, and like torture victims, many women and girls face a life of instability and unpredictability in this industry. According to The Urban Institute (2014), even law enforcement officials report that many domestic sex slaves who do not meet their daily quota will be, “in some cases, tortured” (p. 116). In spite of these seemingly torturous acts, McGregor (2014) writes that legally, trafficking and torture are defined differently by international governments and courts, and is a complex and nuanced matter that continues to be contested.

In October of 2000, the United States Congress passed the Victims of Trafficking and Violence Protection Act of 2000, which was reauthorized in 2013. This act calls for efforts to comb trafficking of women, with particular focus given to trafficking into sexual acts, indentured servitude, and slavery. Furthermore, the Act recognizes the need for specific programs to assist in prevention of violence against women (U.S. Dept. of State, 2010).

Given what is already known about the practice of slavery, there are more humans living in slavery today, than there were during the historical slave trade of the 19th century

(Chung, 2009). When looking at prevalence for international human trafficking, the numbers are astounding, but are at best estimates, due to the fluid mobility of victims crossing borders at any given time. In addition, due to factors such as fear and the clandestine, illicit nature of business, cases often are largely underreported and discrepancies may exist between federal sources and scholars, advocates, and experts (Barriga, 2013; Gozdzia, 2008; Hodge, 2008). For example, as of 2010, the United States reported a total of 12.3 million adults and children forced into labor, including sexual labor, around the world, but only roughly 50,000 victims of trafficking were identified (U.S. Dept. of State, 2010, 2012). Women comprise at least 56% of global trafficking's victims (U.S. Dept. of State, 2010, 2012). Revenue generated by commercial sex trafficking is estimated at around 34 billion dollars every year (Schrader & Wendland, 2012), and trafficking of humans is believed to be the third most lucrative illegal business in the world, preceded only by drug trafficking and arms trafficking.

Domestically, the numbers are much lower, as reported by the United States. Gozdzia (2008) estimates number of individuals trafficked into the United States (adults and children combined) from other countries comprise only 15,000 to 17,500 annually, while the Central Intelligence Agency places estimates of women and children coming into the U.S. at 50,000 annually (Hodge, 2014). Furthermore, numbers of victims trafficked within the United States are even more difficult to estimate due to the constant influx and movement of victims across borders (Hodge, 2008; numbers could not be found at the time of this report writing). The misunderstanding between prostitution and trafficking may also be a cause for underreporting within the United States. Contreras and Farley (2011) note that prostitution "that involves third-party control or exploitation or pimping meets

the definition of human trafficking” (p. 27). Because of the difficulty of estimating accurate figures of trafficking within the United States and on an international scale, prevalence rates vary from source to source. The United States Department of State simply says most domestic victims are women and children, particularly minors, without providing numbers or estimates of how many women and children may be caught up in this experience.

What can be implied, however, despite having only estimates gleaned from various sources, is that there are millions of victims of human sex trafficking around the world at any given time, and there are tens of thousands living within the United States, in every state, county, and city across the nation, and within our own neighborhoods.

Methods of Recruitment and Effects of Sexual Trafficking for Female Survivors

Trafficking leaves profound impacts on all who are involved, but most notably the victim. Often, victims are physically, sexually, emotionally, and psychologically abused (Stotts Jr. & Ramey, 2009). Tan (2012) offers accounts of women in Cambodia who were given drugs and forced to have sex against their will, to serve many customers per day, and to live locked into small dark rooms without food and water until they comply with the brothel owner’s wishes. Another source describes it this way:

How do you think you would behave if you were: relocated to an environment where you do not understand the language and culture; deprived of all your identification documents, have debt bondage of \$50,000; are confined and isolated in a room or house for six months or more; [and] are beaten and physically assaulted? (Barriga, 2013, p. 90)

Domestically, the process of being brought into this business is often subtle and discreet. The U.S. Human Smuggling and Trafficking Center (2008) describes a process of “grooming” (p. 4) where a young woman is gradually introduced to the idea of being in a relationship, staying away from home for longer and longer periods of time, and eventually never returning home at all after being coerced and controlled by a set of rules. Contreras and Farley (2011) describe how victims are lured into prostitution and trafficking, usually with promises of wealth and better opportunity. The Urban Institute (2014) reports how many of the women recruited into trafficking come from backgrounds of abuse, poverty, and sexual assault. One respondent interviewed in their study reports that each woman is recruited differently based on personality. Women are persuaded into the industry with a promise of romantic relationships, provision of emotional and financial needs, and outward displays of wealth.

One of the harsh consequences experienced by female victims of trafficking is physical injury. Physical injury may include broken bones and teeth, vaginal bleeding and head injuries (Hodge, 2008; Raymond, Hughes, & Gomez, 2001). In a study of comparison between internationally trafficked women and domestically trafficked women, Raymond et al. (2001) found that domestically trafficked women sustained more physical injury than their international counterparts. Other findings from the study conclude that U.S. women contracted more sexually transmitted diseases and specifically hepatitis (20%), and had high rates of suicidal ideation and attempts.

In addition to physical injuries, women who endure trafficking often develop complex post-traumatic stress disorder (Johnson, 2012), due to experiencing multiple traumatic events by multiple perpetrators, including rape, violence, torture, isolation, and

humiliation (Stotts Jr. & Ramey, 2009). Sexual victimization is one of the most common forms of client trauma (Trippany, Kress, & Wilcoxon, 2004). Complex traumatic events are often repetitive and cumulative, involve direct harm, and usually occur during developmentally vulnerable periods of an individual's life (Courtois, 2004). The effects of the multiple traumatic events result in emotional dysregulation, a sense of loss of safety, and inability to detect danger cues (Herman, 1992; Johnson, 2012).

Furthermore, an effect of being victimized initially will often lead to being re-victimized, if the psychological and emotional effects of the trauma are not successfully worked through (Hodge, 2014; U.S. Dept. of State, 2012). Psychologically, women experience shame, guilt, depression, anxiety, panic attacks, and post-traumatic stress (Estes & Weiner, 2001; Hodge, 2008). In addition, some survivors may also report substance use, memory loss, dissociation, insomnia, and isolation (Hodge, 2014). A group of 11 women interviewed in Florida about their experiences of sex trafficking reported experiencing recurring nightmares and depression, and feeling guilt and shame, even after six years of being freed (Coonan, 2004).

A Review of the Trauma-focused Expressive Arts Literature

The current literature suggests that expressive arts therapy is a promising intervention for early trauma. Expressive arts therapy, also known as creative arts therapy, is the use of expressive art as a form of therapeutic intervention (Malchiodi, 2012). These alternative forms of therapy include therapeutic use of art, music, dance or movement, drama, and poetry or writing, as well as intermodal or multimodal approaches (Malchiodi, 2012). In one study by Greenwood (2011), it was found that the use of both art and music therapy was beneficial for trauma survivors suffering from post-traumatic stress disorder.

Due to their inability to verbally express their traumatic memories, expressive arts interventions allowed both children and adults to externalize their stories and process their experiences through sensory means. Similarly, the making of physical therapeutic dolls as an expressive arts intervention has also allowed trauma survivors a means to work through their complex trauma histories. In a study by Stace (2014), supplementing traditional talk therapy with therapeutic doll making added a focused on sensory, physical, somatic and body-oriented processes, which was beneficial for the processing of traumatic experiences. This integration of body awareness through sensorimotor processing has become increasingly more beneficial in the practice of trauma therapy. Touch is one of the most fundamental human experiences, which can both facilitate secure attachment or violate the self through sexual trauma. Touch and the use of hands as a tool of perception, or haptic perception, stimulates biofeedback and non-verbal access to psychological and sensorimotor processes that are thwarted by trauma (Elbrecht & Antcliff, 2014). This tactile expression can be facilitated through the use of clay in expressive arts therapy, and lead to further healing through sensory awareness. Since psychological trauma can result in the dissociation of the self, and interpersonal effects that attach the trauma survivor to the perpetrator, it is important for interventions to gain access to traumatic memories and reintegrate these memories into the trauma survivor's sense of self (Johnson, 1987). Artistic expression through sensorimotor processing, whether with clay or drawing, is a useful tool for reintegration of these experiences and rejoining with the world.

A variety of qualitative studies have been identified, citing the benefits of utilizing expressive arts such as music and illustration in a group setting with children and adults who have experienced traumatic or difficult events. Davis (2010) describes his use of music

therapy with children in the Midwest United States who had experienced a tornado. Davis explains his reason for choosing music as an intervention, due to the nonverbal nature of music in allowing children to process and express feelings. He concludes that the music therapy was helpful for many of these young children, as it affirmed their feelings of “anger, sadness, and fear” (p. 131) and normalized their experiences. In another case study, visual art techniques were used with a group of incarcerated women within a residential substance use treatment correctional facility. Group-based art therapy sessions were offered weekly, and goals of the group included increasing self-confidence, expression of feelings, communication with others, and clarifying thoughts. Erickson and Young (2010) describe the experiences of two female offenders, Anna and Susan, who participated in the visual arts group. Anna was able to make sense of her past and childhood and regain confidence in making her own decisions, and Susan was able to begin identifying her feelings and expressing them verbally to others as a result of the group work.

Treatment of Trafficking Survivors Using Expressive Arts

There are several case studies on the helpfulness of using creative arts as a general recovery intervention for a variety of women experiencing clinical depression, anxiety, grief, trauma, and other psychologically and emotionally-related conditions. Additionally there are a few case examples specifically related to the use of expressive arts in conjunction with psychotherapy for female survivors of human sex trafficking. However, there are even less studies which focus specifically on the benefit of expressive arts with adult survivors of domestic trafficking within the United States. In contrast, many of the existing resources that have studied the therapeutic effects of expressive arts with women

and children survivors of sexual exploitation and trafficking, have taken place in southeast Asian countries such as Cambodia.

Schrader and Wendland (2012), two music therapists, write about their experience in Phnom Penh, Cambodia, spending six months at an aftercare center providing services to child survivors of sexual exploitation and center staff, and how the therapeutic services were received. As cited by Schrader and Wendland (2012), the use of music as a therapeutic resource is helpful due to how it is processed in the brain stem, midbrain, and cortical levels, which do not require verbal, cognitive abilities in order to be experienced and understood. The goal of their project was to explore ways to utilize music therapy as an adjunctive resource for programs already established to work with survivors of sex trafficking. They partnered with an organization called World Hope International, a U.S.-based Christian non-governmental organization that provides trafficking-related assistance and support to countries in Asia and Africa. The girls at the shelter in Phnom Penh are between 4 and 17 years of age, of Vietnamese and Khmer descent, and receive psychosocial and rehabilitative care upon arrival at the aftercare center.

Prior to beginning their expressive arts program, Schrader and Wendland (2012) provided training to center staff regarding effects of music on one's body, effects of music on an individual, and the use of music with survivors of child sexual exploitation and rape. The connection between music and emotions was discussed in the context of cultural and neurological impacts, and how life experiences, trauma, and memories impact one's responses to music. The case charts of the girls were also reviewed to look for shared experiences or trends in how the girls responded to services at the center. It was found that many of the survivors suffered anxiety, dissociation, difficulty with sleeping, somatic

symptoms, vomiting, mood shifts, difficulty with sustained attention, difficulty with expressing and identifying emotions, and suicidal ideation.

Music therapy activities were integrated into two existing classes and groups at the center, and the staff were also coached and offered support and feedback for their interventions with the girls. Types of music therapy activities focused on included singing, song-writing, listening for relaxation, playing instruments, and dance.

Positive results were gathered through observation of the girls' mental and emotional functioning observed following as a result of the musical activities, as compared to observations and assessments prior to implementing the interventions. It appeared as if the non-threatening nature of the music allowed a gateway for the girls to begin confronting their traumatic experiences and begin a healing process. Those who were initially observed to be withdrawn began to play instruments, sing, dance, and interact with others. However, the need was noticed to continue exploring the effectiveness of arts intervention in rehabilitation centers for survivors of trafficking, and ways to sustain these programs.

Lydia Tan (2012), founder and director of the Art2Healing Project, a non-profit, creative arts therapy organization in Asia that works with child and adult survivors of trafficking, writes about her experiences with the effectiveness of arts for this population. Tan formed her non-profit organization in 2005 for survivors receiving rehabilitative services through a local shelter in Cambodia. She utilizes case studies as a qualitative research tool to analyze the effectiveness of art therapy as an intervention for trafficked women. Tan focused on 12 members of the shelter, ranging in age from 16 to 28 years, who had lived at the shelter for one to two years, and the expressive arts workshops were

implemented after the women had been receiving individual therapy for one year. The workshops were provided in conjunction to ongoing individual art therapy and counseling.

Arts projects that grew out of the workshops focused on common elements and themes: the experience of feeling vulnerable and alone, lacking life experiences and being susceptible targets for traffickers, family backgrounds that included domestic violence, abuse, alcoholism, and divorce, and strong cultural expectations on the women to provide for their families. The women expressed their experiences in the brothels, including being locked into small dark rooms, forced to take drugs and serve multiple customers per day, and feeling powerful feelings of “depression, helplessness, pain, anger, fear, hopelessness, shame, guilt, hate, and despair” (Tan, 2012, “Themes from the Research,” para. 2). Themes emerging from the artwork, as related to the rehabilitative process included the women’s desire to heal and move on, gain financial independence, be re-integrated into their communities, and gain a sense of justice.

Tan (2012) notes that over the course of five projects, the art therapy workshop program gradually and slowly helped transform stories of shame and guilt into a “tool that can help other women who had been trafficked and alert other women and girls who are at risk of being trafficked” (“New Meaning and Understanding,” para. 1). She provides further support of the evidence in non-verbal, visual processes such as art becoming a language for healing and processing traumatic experiences, but explains the need for more research and studying to be done, in order to raise awareness and inform policy-makers of the benefits of arts therapy in providing healing for the deep psychological, emotional, and mental health impacts of human trafficking survivors.

What Is Missing In the Literature?

Utilizing expressive arts with survivors of sexual trafficking. The previously cited qualitative studies point to the potential benefits of utilizing expressive arts work with survivors of human sex trafficking, in addition to other types of trauma, but also allude to the necessity of continuing to raise awareness around use of art with survivors of this form of sexual exploitation. Evidence specifically detailing the benefits and use of expressive arts with adult survivors of human sex trafficking in the United States is scarce. As noted previously, most of the case studies and research drawing upon the use of expressive arts with survivors of human trafficking takes place in international countries. This study hopes to mitigate that and provide further contribution to the powerful impacts of utilizing expressive arts as an intervention to allay the psychological, mental, and emotional health impacts of human sex trafficking on adult women in the United States. Gathering information from mental health practitioners, who have used expressive arts with survivors of human trafficking, would offer a unique perspective into this therapeutic modality as a recovery tool for this population. Additionally, there are practical benefits of interviewing mental health practitioners. Coonan (2004) describes the difficult nature and risk of interviewing current victims and survivors of human trafficking due to possibility of retraumatization. Hodge (2014) explains that many victims and survivors continue to live in fear of being discovered by legal authorities or their captors and thus may have difficulty communicating their experiences. Interviewing women involved in sex trafficking places the individual and the interviewer in physical harm (Zimmerman & Watts, 2004).

Research Methods

Methods

Data was collected and analyzed using a qualitative, phenomenological approach. The experiences of the survivors in utilizing expressive arts as a form of healing, witnessed through the eyes of the interventionists who have worked with them, was the main focus, as a way to provide insight regarding the effectiveness of this process. As stated in Hays and Singh (2012), phenomenology involves the practice of approaching a phenomenon with a “fresh perspective” (p. 50) through the eyes of those individuals who have directly experienced it.

Prior to data collection, approval was obtained by the Institutional Review Board of Pepperdine University. Data was collected from a national sample of six mental health practitioners who had utilized expressive arts with survivors of sex trafficking. Recruitment of mental health practitioners was completed through various formats: announcements were posted on social networking sites pertaining to the mental health industry such as websites for California Association of Marriage and Family Therapists (CAMFT), or Los Angeles County Psychological Association (LACPA). Recruitment for long-distance participants was attempted via the use of e-mails sent to national organizations that provide rehabilitative services for victims and survivors of human sex trafficking, such as Love146, Exodus Cry, and the Polaris Project. The announcement or email memo contained contact information and details about the project, including gift cards for participation in the study (Appendix B).

Snowball sampling was also utilized as a potential method to recruit additional participants given the scarcity of mental health professions who had worked with this

population. According to Hays and Singh (2012), the benefit of snowball sampling is that people's relationships with one another is the main method by which to identify a sample. Snowball sampling is ideal in collecting a sample for this study, due to the nature of the participants being recruited. As most mental health practitioners are often involved in social and professional networks and have relationships with one another, participants recruited for this particular study may be aware of other mental health practitioners that work or have worked with female survivors of sexual trafficking, and/or have utilized expressive arts in their work with this population.

Following recruitment and initial correspondence, a telephone screening took place to account for inclusion and exclusion criteria and whether the mental health practitioners were appropriate for the study. All respondents communicated their experiences utilizing expressive arts with at least one survivor of sexual trafficking, had years of formal training or at least one year of experience in this field, and were licensed as psychologists, social workers, therapists, or non-licensed mental health workers. Respondents used English as their primary language. Once telephone screenings were concluded and enough participants had been located, interviews commenced in the spring of 2016. Three interviews with local mental health practitioners took place at Pepperdine University or at the clinic affiliated with the subject. Interviews with mental health practitioners who resided outside of the Los Angeles area were conducted via Skype with no identifying information related to the participants or their clients. Informed consent was obtained prior to beginning the interview process, outlining details of the study, potential risks and benefits, and limitations to confidentiality (Appendix C). The interview took place within a semi-structured, closed and open-ended format, and consisted of demographic questions

outlining the participant's years of licensure, experience, and/or training, working with the relevant population, in addition to questions about the participant's personal perceptions and experiences utilizing expressive arts with survivors of sexual trafficking (Appendix D).

Mental health practitioners were verbally interviewed with questions (Appendix E) compiled and adapted from existing literature related to methods of interviewing counselors who have worked with trauma survivors (Trotter, n.d.).

In addition to inclusion criteria outlined above, survivors' experiences of being trafficked can be within a domestic or international setting, and trafficking must specifically be within a sexual context. Practitioners may have worked with survivors in any capacity and are not limited to licensed therapists, social workers, or clinical psychologists, for the process of generating themes related to this phenomenon of engaging in expressive arts with survivors. In considering the possibility of study participants who may be emotionally activated during the interview process, National Hotline referral lists were provided, in addition to reviewing the informed consent that notified study participations of the possible risks of being involved in the interview. Study participants were observed for non-verbal signals of distress throughout the interview, such as deep breathing, inability to maintain eye contact, fidgeting, and change in affect or tone of voice. Clinical judgment was used to assess for severity and signals of distress. Prior to conducting the interview, the interview participant was provided with options that she could utilize in case of feeling triggered – asking to take a break, skipping questions that cause discomfort, or asking to terminate the interview, if necessary. Interviews were concluded with a discussion around the benefits that expressive arts provided for survivors of traumatic experiences, an expression of thankfulness to the interview participant for

their participation in this study, and a brief relaxation exercise to offer restoration and return to a state of regulation.

Data Analysis

Upon gathering sufficient information from the interviews, a qualitative content analysis method using an interpretive phenomenological analysis (IPA) approach was utilized in order to analyze the data for purposes of study. This particular method was identified as useful for studying the data, due to the purpose of the study in categorizing which mediums of expressive arts are useful as recovery interventions for a specific population. While the overall relationship being studied was that of expressive arts with trafficking survivors, this particular study was more concerned with how, why, and in what ways different expressive arts techniques had been helpful as a phenomenon; thus, information gathered was reviewed over and over again, and broken down into categories and themes through a systematic process of coding, in order to categorize which interventions had been most helpful, and if expressive arts had emerged as an efficacious and supportive treatment at any time throughout the clinician's therapeutic experiences. According to Cho and Lee (2014), an inductive method of analysis is beneficial because "codes, categories, and themes are drawn directly from the data" (p. 4). Interpretive phenomenological analysis goes into fine detail about lived experiences, taking into account each person's different way of making sense of their world. For this study, in which using arts as healing methods for those who have survived an experience of sexual trafficking, utilizing IPA was ideal given this method's specific purpose to exploring how people process and understand significant experiences and events (Smith & Eautough, 2007). Throughout the study, more training and reading on IPA was completed, with

resources from Smith, Flowers, and Larkin (2009) and Creswell (2013), and guidance from the dissertation chair, in order to fully understand and incorporate IPA methods into analysis of the data.

Units of analysis consisted of the individual interview transcripts. Interviews were transcribed with the assistance of a HIPAA-approved transcription service (Appendix F), due to the possibility of sensitive and confidential information. Transcriptions and participants were de-identified in order to provide a measure of generability and to not influence the researcher's opinion or thought process. A process of open coding was conducted; each transcript was read thoroughly, word by word, line by line. The purpose of open coding is to initially compare each interview and response, in order to provide a framework by which subsequent coding and grouping can be defined. Following this process, text was re-read to find codes that may emerge, and categories were established for similar codes [i.e. types of art intervention: music, drawing, narratives, drama, etc.; how progress was shown: verbal communication, reduction of symptoms, successful termination, etc.]. Codes continued to be revised as categories were refined, in hopes of drawing out final categories and discovering what themes may have emerged from the data. As themes emerged, codes were grouped into themes, and themes were collapsed in order to identify greater similarity across themes and to increase consistency across participants and themes.

In order to obtain greater validity, a process of triangulation was implemented. Triangulation is noted in the field of qualitative analysis as one of the basic strategies for enhancing the quality and effectiveness of this type of research (Cho & Lee, 2014), and involves the practice of checking material from a range of different sources to inform a

deeper understanding of the theme or the perspective (Creswell, 2013). Interview responses were checked against one another to determine inter-rater reliability. Interview content was also checked against what had been found in the existing literature, in other, similar case studies. A peer reviewer was utilized in order to further help determine consistency of coding and categorizing, and to guard against human error as content was transcribed and coded. Following collapsing and analysis of codes and themes, discussion and analysis commenced once codes were established to 75% to 80% consistent across reviewers.

Important within the area of phenomenological research is the concept of reflexivity. Reflexivity is defined by Creswell (2013) as the writer's consciousness of "biases, values, and experiences that he or she brings to a qualitative research study" (p. 216), and also contributes to maintaining validity and reliability within the analysis. In noting that the researcher brings her own values, beliefs, and personal experiences into the phenomenon that is being explored, and that these will shape the lens by which the interviews are conducted and data is gathered, will impact the level of authenticity, transparency, and credibility that is reflected through the analysis of the data. In order to understand how reflexivity had played a role in this study, a journal was kept and used throughout the study, from the data recording to the analysis process. As Creswell (2013) notes, "self-reflection contributes to validation of the work" (p. 248); self-reflection was determined to be useful to understanding the process of gathering and interpreting material through careful documentation. The audience then becomes a third party in judging the validity and credibility of the work.

Results

The purpose of this study was to explore the efficacy of utilizing expressive arts with a specific population that has experienced a great deal of trauma, namely commercial sexual exploitation in the form of trafficking as told through the experiences of the clinicians who worked with them. To that end, this study sought to answer the three following questions: how, why and in what way has expressive arts been beneficial as an adjunctive intervention; how as expressive arts been helpful specifically for the target population in terms of processing their trauma, and what are the questions and issues that prompt a need for further research?

As described earlier, the purpose of an interpretative phenomenological analysis (IPA) approach is to study a phenomenon through the emergence of themes. Themes are identified and analyzed through the content that is provided by study participants. Coding is separated into three distinct layers: the content of what was actually said, the way it was said (linguistic), and ideas and thoughts focusing on deeper conceptual material, allowing the opportunity for further introspection and exploration (Smith et al., 2009). In this study, after themes were initially identified, they were grouped and re-grouped as similar themes emerged across the interviews. The larger themes were defined, with examples of direct quotations from participants in order to support the themes. Another criteria for inclusion as a relevant theme into this study is the number of participants who endorsed the theme. Inter-reliability was established using the method of peer review, with at least 75% of the codes being consistent across different coders.

Participants

There were 6 total clinicians who participated in this study. This section will focus on detailing the six participants, including their degree, years of experience and/or training in the field and with expressive arts. Participants were to be B.A. through doctoral level clinicians, with some experience or training specific to this population, and having treated at least one survivor of sexual trafficking over the course of their clinical work.

Participant 1 (P001). This participant identifies as female, 41-50 years of age, single, and of Middle-Eastern background. She obtained her Master's degree in Clinical Psychology, and is currently in a doctoral psychology program. This individual is a licensed marriage and family therapist (MFT); she has been licensed for 5 years, and has gained 10+ years of experience overall in the field. She reports having specialized training with trauma and trafficking, and has worked mainly with children and adolescents, in individual and group settings. She indicates having worked with at least two or three survivors of sexual trafficking. With regards to arts techniques she has used, "traditional artwork", bibliotherapy, music, and videos most often.

Participant 2 (P002). This participant identifies as female, 31-40 years of age, single, and of Caucasian background. She obtained her M.A. in Clinical Psychology in 2009, and has been licensed as an MFT for 5 years, with 10 years of experience overall. This participant has specialized training in trauma-focused therapy, attachment-based trauma therapy, and EMDR. She has worked with children, adolescents, and adults. Her work with survivors took place within a holistic model in which she provided therapy and supervision. Her caseload was about 10-12 clients at a time, and included Caucasian, African-American, and low-income women.

Participant 3 (P003). This participant identifies as female, 31-40 years of age. She is married, and of Asian-American background. She obtained her Ph.D. and has practiced as a licensed psychologist for a number of years, with more than 10 years of experience overall with adults and adolescents. This participant has been trained in the following specialties: trauma counseling, and psychoanalysis. She currently works in a clinic-based and private practice setting. She has used expressive arts with clients mainly within individual settings, and journaling has been the preferred modality used. Her caseload of survivor clients included up to 30 women.

Participant 4 (P004). This participant identifies as female and married. She is 31-40 years of age and Caucasian. This participant has a Psy.D. in clinical psychology, but does not have specific training with any special modality. This participant communicated having at least 6 years of experience working with youth, adults, and adolescents, although she is currently not working due to a life transition. Her initial experience with survivors came in the form of practicum training, working in residential aftercare program with survivors. She mainly saw women within an individual therapy setting, and utilized mixed-media, and music. Her caseload consisted of 10-15 clients within a safe house, and then two individual clients.

Participant 5 (P005). This participant identifies as female, 31-40 years of age. She is of Greek descent. This participant had obtained her master's degree and was in her final year of doctoral training, completing her pre-doctoral internship, at the time of the interview. Her Psy.D degree was anticipated for June 2019. She has specialized training in trauma-focused therapy, yoga, and art therapies. She has utilized expressive arts mainly within individual therapy settings. Art modalities included: collages, mixed media, music

and music analysis, poetry and spoken word. She has treated seven survivors total, including five adolescents.

Participant 6 (P006). The sixth participant identifies as female, married, and of Armenian background. She obtained her Ph.D., and is currently practicing as a licensed psychologist. She has had approximately 10 years of experience working with adults and youth. This participant communicated being very curious about the topic being studied, and has specialized training in trauma-focused therapy and psychoanalysis. She utilized art mainly within individual settings, and has used mostly journaling, in addition to drawing and painting. She had a history of treating four clients who were reported survivors of trafficking, and also is supervising one doctoral student working with survivors utilizing art.

Focus on Expressive Arts Interventions

The following themes center around the types of expressive arts interventions that clinicians identified using with their clients, the specific uses of expressive art, and the benefits of expressive arts.

Kinds of expressive arts used with clients. All six participants identified a history of integrating some form of expressive art with their therapy clients, whether survivors or other clients. Various techniques were used, including spoken word and poetry, journaling, mixed-media (drawing, painting), and collages. Additionally, one participant included the use of sandtray in addition to art with her clients, although for the purposes of this study, sandtray was not identified as an expressive art form, although it appeared to provide similar benefits to using expressive arts. The following quotes illustrate some of the clinicians' general experiences using different forms of expressive arts with their clients:

P001: So mostly the techniques that I've used have been, in the form of traditional artwork or I've used bibliotherapy or songs or music and I've done videos and video clips. I think the music and the art have been the most helpful with clients, the music usually because the, either the clients will go ahead and choose songs or I'll give them a choice of song and we will sort of just go through the lyrics and identify ones that are significant to them.

P002: I mean drawing like the traditional kind of painting, drawing, music, definitely. Um, I would say that's probably across the board. Everyone on some level we've used music. Um, we have incorporated, kind of more of the, like the tactile, like the molding and kind of creating some, creating almost like adult-play types of things where they would create objects and kind of tell a story through their creations.

P005: We did music, like listening to music, analyzing lyrics and then also, the clients using their own poetry and songwriting and analyzing that or doing like a spoken word performance in session.

Some participants identified a specific form of art intervention and provided detailed description of how this specific intervention was useful in serving a purpose during the therapeutic journey, rather than simply using expressive arts in general. The first participant details how using collages with youth provided an opportunity to structure a session and set limits, applying this concept to how daily life is imperfect. The second participant utilized spoken word and poetry specifically with one client who was gifted in this arena, as a form of rapport-building. The third participant was fortunate to utilize

journaling with adult clients and witness how journaling led to a sense of clarity for the client.

P001: I'll usually do a little bit of a blurb when we do the collage because I, I've worked with a lot of transitional age youth and number of them have come directly from psych hospitalizations. So I'll give an explanation why I don't have scissors in the room and I also talk about how life isn't very perfect. So if there were scissors and we cut these straight lines or the perfect image, it would be, I mean, not with these words but it would be incongruent to sort of like how life is. So we get to just tear it. Hopefully there's some catharsis in the tearing [laughs]. And so we'll create a collage.

P004: I would say more than half ... were receptive to it and would indulge it and would go with it. And there were others that were like, oh, I'm not good at art and they would get really shut down from doing it. So we would explore other things. I had, one of my survivors was an amazing writer so we ended up doing like spoken word and poems was the way I connected with her.

P006: I think for some clients it has been helpful. Journaling as things have become a lot more clear in their mind and then when they come to therapy, they're able to really know what they're talking about, so like the sense of clarity.

Uses of expressive art with survivors. All of the participants described how they used expressive art as a means to achieve some sort of end goal with their clients who were survivors. Various uses of expressive art ranged from the use of art for identity and self-exploration, trauma exploration, using art to establish therapeutic rapport or build the alliance, or establish a frame, and exploration of emotions and accessing non-verbal parts

of the client. These were major themes encountered in the interviews. Other uses of art included as a medium to construct narratives, explore strengths or do strengths-based work, as a coping strategy, and to facilitate connection to others (outside of the therapeutic environment).

This section will initially focus on the more popular uses of expressive art that emerged as clinicians worked with survivors, and were common across participants, followed by the other ways that art was used and beneficial in the therapeutic process.

Exploration of identity and self. A couple participants discussed how the use of art facilitated further exploration of the client's self and identity.

P001: I used various activities just as a springboard to talk about everything from past trauma to present, like identification of self. It depends on the client and the developmental capacity of the clients and then how engaged the client is. So sometimes I'll do a past, present, or I'll do a past, present, future. And we'll sort of look at with the past, just the identity of who. A lot of times it's been female so I'll use a female pronoun. So identity of who she was in the past.

P002: A lot of them were very, very talented artists. And so we brought that in. Sometimes it turned into actually kind of like before even using storytelling with language. It was storytelling with creating an illustrated, almost like a book where their illustrations would kind of be progressive and would tell the story through, through even just their simple drawings but, but very, I think also very much a, a process for them to discover things about their story.

Trauma exploration. All of the participants described how art was utilized specifically to support their clients in further exploring or processing of the trauma related

to sexual exploitation. This was a key focus of the interview, in terms of discussing how expressive arts could facilitate trauma work. The following participant spoke specifically about the trauma of loss of attachment figures, and how art and the therapeutic relationship provided a new way to explore that trauma and rebuild a sense of safe and secure attachment for the women.

P002: Any safe adults, you know, even though they were adults now, it's like so much of this process, you have to become a child again in so many ways. And to be that vulnerable just automatically feels young. Um, and I think you're looking for safe adults and I think a lot of them, by God's grace, were able to really embrace that and find a place where they wanted to. They wanted a different life so bad. They wanted healing so bad. A lot of them are artists or are very creative writers or different things. Like we would really just start there honestly, and you know, they can be as vulnerable or closed as they want with it. But we would really start in the place that they enjoy and so we could kind of build joy together.

The following two participants described how the processing of trauma came organically and in a less threatening manner, through the use of art. What is noted to be similar between these participants is that their clients utilized creative writing and journaling.

P003: I found that it's easier for them to get in touch with the memories because it's not invasive. It's less threatening; it's no different than in your diary, and they didn't have to be afraid of somebody else reading it, unless there's something that did come up with a client that they had a poor history of. They did write everything at one point and someone found it and read it and burned it. So because of that experience it kind of stopped them. They wanted to write again, but it also stopped

them because what if the same experience happened, but that person aside, typically people find it more releasing to be able to write their thoughts and memories.

P004: It was able, because one, the one that was writing her spoken word, she essentially wrote in a really beautiful way, her trauma narrative. And so in the beginning though, she wasn't writing that. Like in the beginning it was just like fun little spoken word or little poems and then eventually it literally was her trauma narrative.

The following participant describes how the use of art facilitated the verbal processing of trauma, particularly through the use of metaphor and symbolism that appeared into the client's artwork. She remarks,

And it was really interesting that they could talk about the trauma easier. But then on the paper, like the, like the dark stuff was always so much smaller and then the hope and the light was always would take up the whole page.

The participant below initially described how her psychoanalytic training informed her treatment of trauma. When she was asked more specifically about the use of art in helping to process trauma, she noted that it "seemed to be" beneficial, but it was left up to the client to decide that.

P006: Like really exploring earlier, like childhood wounds and traumatic experiences and really connecting to those emotions. Giving people the opportunity to really grieve and process loss and work through their trauma. I think it depends on the client. But sometimes it seemed to be a useful method. For others, I just didn't, I don't remember receiving the feedback that it was extremely helpful, but I think just younger clients really enjoy the process of doing [art].

Establishing therapeutic rapport, the frame, and/or alliance. Several participants communicated how art was useful in establishing rapport or building the alliance, or setting the frame of the therapeutic relationship. For the purpose of this study, these three categories were collapsed into one theme, as they are similar in describing the initiation or commencement of the therapeutic relationship.

P001: The other one whom I actually saw for several months, I felt like rapport was a little bit tough. She was the one though that I did the most artwork with. And I'm not certain if, not certain, if there were other variables that impact rapport, like I definitely would want to own, like if there were things that I did, she was the opposite. She was very quiet.

P002: Some of the creativity or some of the expression, especially for a few who came from pretty chronic, very early, early, early childhood, that severe severe abuse, some of what their first kind of drawings or what they would bring into sessions were extremely dark and graphic and you know, so I think even some of that it was kind of this like test, you know, like what's really accepted here and like when are you going to be shocked?

P005: I could notice like where they were getting more and more comfortable talking about certain things where it was having more understanding of what happened to them, more insight into their emotions and how they impact them in certain ways and including like their sleep and their symptoms and interacting with other people.

The following participant utilized expressive arts specifically, among other purposes, in order to help distract her female clients who were experiencing substance withdrawal or

high anxiety. The art allowed them to concentrate on the intervention and distract them from their bodily experiences.

P004: So I felt like it was also something for them to put that concentrated energy into, because the times that I didn't do it, it's not like they were terrible sessions or anything, it just didn't - that flow and connection didn't happen as quickly as it did when I had some sort of art as the platform.

The following participant spoke to observing how a practicum student that she was supervising, had used art to help build initial rapport with a client who was a survivor of trafficking. She noted that the client became more engaged through the process of using art.

P006: "I think she noticed that the client became more engaged perhaps in the process."

Exploration of emotions/accessing non-verbal and unconscious parts of the brain. Most of the participants spoke specifically to how expressive arts was beneficial in supporting the survivor with exploring their emotions, verbalizing their emotions, or accessing non-verbal or unconscious parts of the brain or self.

P002: The ability to regulate emotion, the ability to really experience a strong emotion and then stabilize, you know, it's like we don't have to be afraid of our emotions. We can experience something really strong without it sending us into a tailspin, you know, those types of things where I can see that happening for them.

P004: But this is like the initial, like raw emotions that they're, that they're showing me and their drawings and it, it's really humbling. It's like you've been in here for 20 minutes and you've just given me some really rich stuff to work with and to talk about.

P005: Let's put the emotion back in with, with the event because it was so disconnected through trauma. And I think there was like one of the later sessions and she finally went back into before exploitation, like the trauma. It was like a very, very painful, like very emotional, release, which was I think one of the, the most emotionally expressive moments she had where she was like talked about her initial, the first time she was sexually abused. That was such a heart breaking moment to live with her.

The following participant realized that for some clients, the art served the purpose for a different way of connecting to their inner selves, that talk therapy was not successful in doing. Though she was unable to rationalize why this was the case, she observed it directly in her work. She says, "I realized that for some it could be a way to connect to aspects of themselves, like unconscious parts of themselves that they're unable to do verbally."

Other uses of expressive art. The following themes were identified by less participants, but still emerged as effective and beneficial uses of expressive arts interventions.

A participant described how expressive arts was used specifically in conjunction with construction of trauma narratives:

P002: We have incorporated, kind of more of the, like the tactile, like the molding and kind of creating some, creating almost like adult-play types of things where they would create objects and kind of tell a story through their creations. We actually had a lot of, you know, a lot of molding clay actually, that they really, they enjoyed anything with the hands or play-doh and that was like kind of a de-stressor that

actually ended up being more of something that was used to create. And a lot of them were very, very talented artists. And so we brought that in. Sometimes, it turned into actually kind of like before even using storytelling with language. It was storytelling with creating an illustrated, almost like a book where their illustrations would kind of be progressive and would tell the story through, through even just their simple drawings.

Most of the participants discussed how art was used to explore strengths within the client, or to integrate arts into a strengths-based approach.

P002: I think also the fact that my approach really looks mostly at the beginning, well really all throughout treatment, but very much emphasized in the beginning is their strengths and the things that make them unique and I really look for what they enjoy doing and what brings them life and you know, what kind of lights them up. So if it's, you know, because I, like I said, a lot of them are artists or are very creative writers or different things. Like we would really just start there.

P004: Different people have different strengths, you know what I mean? Like some people are really good with words and really good with talking and other people have the strength of being that creative outflow of like, 'I'm not great at talking but I can definitely draw my experience or I can piece together a song,' like we didn't really talk about like exploring music but even music being another huge way of tapping into experiences and expressing themselves.

The following participant communicates that beyond simply identifying strengths within the client, the use of art can also serve as a springboard or introduction in helping the client

understand his or her passion or calling, and how it can empower the client to seek out a future in something he or she had never previously imagined.

P005: I think sometimes in introducing like expressive arts therapies into therapy, it can actually open up an opportunity for the client or sexually exploited youth to discover talent which can be really empowering and strengthening. So I think that in itself can be a really, really rich experience to figure out that like, Hey, I've had this within me or like somebody who's taken an interest in it and that can actually bless them, not just as a coping skill or like a formal expression but even into like a career. Some participants described how the use of art within the therapeutic process carried over into allowing the client permission and ability to seek connections with other individuals; in general, increased confidence as a facilitation of interpersonal relationships.

P002: I think it brought a level of connection and I would say that connection was that it kind of a broad way to say that's the central thing, but I think that is really the central thing that helped healing and it helped growth because so essential to their trauma was disconnection within themselves and other people.

P004: Sometimes it was also used then as a platform for them to share with someone else. So I didn't get to witness that, but they would share that with me. Like, 'Oh, I'm going to-' kind of like, 'Oh, I want to keep this art, I'm going to go show my probation officer, go show my house mom,' or something. So it was like they were owning up to a lot of their drawings or whatever we had done, you know, mixed media or whatever it was. So then it was a platform for conversation with other people. So almost like an openness which then was also using it as a connecting force with other people.

Another clinician, P005, shares, “They were less reactive with others because they could hold onto their own and others’ experiences in a way that they could like manage their emotions differently.”

Lastly, one of the participants discussed how she had used expressive art, specifically journaling, as a coping strategy with some of the clients who chose to engage with it. This clinician was clear in articulating that she did not actively use the arts in session with her clients, due to her non-directive treatment style; however, she did note that writing and journaling appeared to have positive effects on clients, and suggested that they journal as a way to cope during absences from therapy.

P003: Sometimes I would say maybe you can journal while we're not meeting so that it takes the place of your stress. So, yeah. In occasions where I know a break is coming up and it's lengthier than just skipping a week. I will sometimes say maybe you can write.

Benefits of Expressive Art

The following are emergent themes that speak to expressive arts was helpful as a platform when used with this population. Participants detailed various benefits of using art, such as how it transcends age and development, instills hope, promotes growth, healing, and change, is non-directive or client-centered, thus providing agency, builds self-worth and self-confidence, and may have even attributed to a reduction in observable symptoms for some clients.

Expressive arts across the lifespan. A participant specifically noted that the use of expressive art transcended the ages and development of her clients. In the following excerpt, this clinician is referencing the benefits of sand tray intervention with an older

female client. Although sand tray work is not a focus of this particular study, sources have noted that many of the benefits of sand tray or symbolic play are similar to those found with expressive arts.

P002: She was in her thirties. And I love that story because I think that speaks to how, you know, non-age, no limits on what age, you know, those kinds of interventions can really be successful with. Yeah, all ages. So the sand tray I would actually say has been pretty, I would say drawing and poetry and some of those forms have been the primary. But sandtray has been up there too.

Art instills hope. Most of the participants addressed how the use of art was found to instill the survivors with hope for their future and present, and how the clients were able to capture and internalize this sense of hope that was so different from their previous experiences.

P002: Restored hope. I think hope in the potential that they have and the potential that they have for safe and connected relationships because I think a lot of, so much of what trauma does is it goes so far into your psyche and your internalized sense of yourself not, not always so much like, oh, the world is an unsafe place, it's like I'm, these things just happened to me because I see other good things in the world, but that's never connected to me.

P003: I think it would be that if they can tap into the hope that I have for them or the image that they're not damaged goods, I've heard that a lot in, in many different varieties, but if they can believe that despite what happened, it does not have to dictate their future. That is where we're talking healing. So if the journaling is an

asset toward that journey, great, but I would say it's primarily the utilization of hope that the provider is giving.

The following clinician shared about a particular experience with a client in which treatment ended early because the client ran away from the safe house; however, her work with the client had provided the client with a sense of motivation and hope that her future could look different.

P004: So I don't know the end of the story but I do know that it was invigorating for her because it was like, 'Oh wait, like there are classes I can take and there are people that can teach me how to do different styles and different types of art,' and so they were... her probation officer and other caseworkers were really trying to get her into this program because they thought she would thrive in it and I think it's because she figured out, 'Oh, I do like art and I can do this and this can be a way for me to process things.'

The next clinician shared about the integration of hope with journaling and her faith in God. Similarly to participant P004, this clinician encountered early termination with a client who ran away from the treatment center. However, in utilizing journaling and faith with this client, she was heard to express more hope in her future and her life.

P006: But anytime she talked about the Bible or prayer or journaling, it seemed that she felt more hopeful that session. There was a new realization that, oh, even though it's hard, this program is hard. Sometimes I feel like giving up, but I know God has a plan for me and God is with me. You know?

Art promotes healing and change. A couple of the participants described how the art appeared to be a direct factor in promoting healing and change for the client. The first

participant struggles with teasing out whether expressive arts was central to the process of healing for the client, or whether it was the process itself. Her response indicates the likelihood of expressive arts being the central vehicle in the process by which change happened within the client.

P001: I think because I primarily used artwork with her, it would be hard for me to say that it was another var- other variables because it was such a salient piece that was included. I think with the, with, with all of the assignments, my goal was to be strength based. So when there was discussion of substance use or in one of the songs that she chose, there was a lot of reference to, like, falling from grace or sinning or wrongdoing or something like that, it was also this idea of like how resilient she is and what she's doing now so no matter what the art was, even if it was a past exploration, I included a bridge to something positive so maybe it was the art but... it was the process.

The second participant described the change as being attributed by the creation of the art and the sharing of the art with a witness. These two elements go together in inviting healing to happen, as the process is witnessed by someone who has actively participated.

P005: I think there's something in the actual act of creation, that's therapeutic because it's, it's an expression, it's a release and then I think the other part comes from sharing it. So like having a witness; I think that's kind of, there's a different dynamic in that that's healing as well. So like expressing it can, I think it can be healing, but it can also be activating, kind of unresolved. I think in having a witness, having a space to like process it, then it kind of grounds it. I kind of see in a way we like, cement the healing,

Art as a non-directive, unstructured, and client-directed intervention. Most of the participants used this language in their defining of expressive arts as client-led and client-centered, non-directive and unstructured. This was in contrast to the use of evidence-based practices (manualized curriculums) that were also utilized with many of the clients. A non-directive approach appeared to have benefits for many of the clients, particularly in promoting their sense of self-efficacy and self-agency. The first two participants describe different ways in which they offered choice and control to the client, and allowed the client to structure the therapy:

P002: Inside of her world she already knows what color is that looks like, what fabric she needs, like what everybody's needing, like what their job description is in this world, you know, she's going around the room picking that out and then basically saying like, 'Here's what I would like you to be with that,' you know, and like engage with this world. And so it's definitely, I like to let that just be directed by the client and then I kind of engaged with where they're at with it.

P003: If they just say, I really like doodling or I really liked drawing, then I would say, 'Well have you tried that when, when you're really stressed out or the urge to act out comes back.' But if they already say 'I liked writing,' then that's where I tried to structure my therapy in a way that is the most, um, ego-syntonic possible. So if they were to say 'I like writing...' Perfect. Maybe you can utilize writing whenever you're stressed or angry or whatnot.

The following clinician would provide suggestions and ideas, but left it up to the client to utilize the art and her suggestions. At times she would simply leave out art materials for the

client to engage with when she entered the room, which appeared to help the therapeutic process.

P004: I was drawing with them and we were doing, you know, whatever together, but then eventually it was just them doing it. And so it was me introducing ideas, or even just having paper out or even just having mixed media like different textures or different magazines or different, you know, whatever, what I wrote, you know, whatever, be whatever it was, just having those things out for them to...

The following clinician describes also how the process was quite gradual, but she left direction up to the client in order create a safe space.

P005: So it was kind of gradual. With that client in particular we had like a graded thing that was interwoven into each of our sessions kind of gradually. Like first she just brought it in and held it, then showed one thing and wanted me to read it but not out loud. Next session she read it and then she would start bringing in like kind of spoken word things and say them like out loud and kind of performed them and unpacking the themes from that.

Art builds self-worth and self-confidence. The following participant endorsed the benefit of art in building her client's sense of self-worth and self-confidence.

P002: It also being something that's now seen by themselves and also by me and being given celebration, you know, it's not just that it got out, it was like out and celebrated and it was the response to the art, not just the art, if that makes sense. And I think it was, and I think it was that connection of this isn't just like, 'Oh I created a picture and like I performed or I did something.' It was connected to them as people, like this shows something about me and that's why it's so powerful when

it's seen and that's why it's so powerful when that poetry was like when someone really got it, it was like, not just like, 'Oh you did this project, that was, that was great and then praising you for it.' But it was like, 'No, that expressed something very deep in you,' and somebody else resonated with that.

The art that the client made was a celebration of something intrinsic within her, and not simply an external creation. The art was not only about a sense of identity and connection, but the sense of power it provided to the client as she realized her worth is not simply in the creation of the art, but in the value that came from a deep place within her.

Reduction in symptoms. A specific participant spoke directly to the possibility that expressive arts may have correlated with a reduction in symptoms. Most participants identified various symptoms that the clients presented with, including trauma-related symptoms, depression, mood disorders, sleep disturbances, substance addiction, and deterioration in functioning. A few of the clinicians also identified attachment to the perpetrator as something the women presented with.

P005: I think the irritable depression, I could see changes in that the fastest because there was more expression of what's happening for them. So that they were less reactive with others because they could hold onto their own and others' experiences in a way that they could manage their emotions differently. Definitely more insight.

The trauma it's really hard to say. I don't know that there was.

The participant elaborated that due to the presence of many environmental triggers (anniversary dates, family), it was difficult to measure whether symptoms were effectively reduced.

Another clinician also noticed and described a reduction in symptoms, but stated it was too difficult to specify whether this was related to the journaling or another aspect of therapy. She says, “There's definitely symptoms that were lessening but I don't know if it's because of the journaling to say that, but yes, definitely they grew to be more confident, less self-loathing” (P003).

Expressive arts and choice. Most of the participants discussed the relationship between expressive arts and choice – how clients were able to choose to utilize expressive arts intervention or not. The first participant identified that this seemed to be one of the most effective therapeutic factors because it facilitated connection.

P002: Sometimes some of the kids will bring something of their own into a session and sometimes it's like a drawing or sometimes it's some other kind of like artistic thing, but other times, it's just like an object or something that they've picked up that they want to show me. And to me that's like such good information, like what they feel represents something that they want to share themselves. And so like, “Let's talk, let's go there, like, let's make this about that”, you know? And I think me that's what I see as the most effective because then that person feels like, “What I value, you value and you see as important and worth our time and that makes me feel connected.”

The next participant describes how giving control to the client and allowing them to make the choice of whether or not they chose to utilize journaling throughout therapy, was important for her.

P003: If they just say, I really like doodling or I really liked drawing, then I would say, “Well have you tried that when, when you're really stressed out or the urge to

act out comes back.” But if they already say 'I liked writing,' then that's where I tried to structure my therapy in a way that is the most ego-syntonic possible. So if they were to say “I like writing...” “Perfect. Maybe you can utilize writing whenever you're stressed or angry or whatnot. Yeah. But it's not a formal, I don't say, okay, now you have to do that and then now let's review it. It feels too stifling.

The following clinician provided clients with permission to utilize art from the very beginning stages of treatment. For her, providing that permission and allowing clients to choose whether or not they wanted to utilize art was important, because of the sense of control it offered them, even during the process of rapport-building.

P005: I would usually bring it up as an option. Like that's something available to us in the first session. Then the second session I would actually have like a bunch of things just like on the side of the table in the room already waiting for us. So if we want them, they're right there and sometimes the girls walk into like, “Oh you got crayons” or, “Oh, you've got magazines out.” So like they'll just naturally see it and go to it; some were like, “Oh, am I expected to use that?” So it was always like, “It's available to you if you feel up to it.”

The fourth participant describes a session in which the client made the choice to share her journaling and trauma narrative, and how this increased the strength of the connection and relationship, and how it appeared to positively impact the client.

P004: And like our very last session, she read her, because she had been working in her journal, and she talked through her trauma narrative. So we went from her not wanting to talk to me or she was just reading poems to me and stuff, to going to really deep stuff about her, her past and her experiences and her trauma narrative

without me prompting that. She decided to go there and share that, so I would see, I did see change just in her style of what she, how she interacted with me and, and the quality of what we're talking about and what we were, what she was writing about.

Expressive arts and the therapeutic process. Almost all of the participants connected expressive arts with the therapeutic process. They described how the use of expressive arts was beneficial in facilitating the therapeutic process, throughout treatment. The first participant (P001) states that expressive arts may have been a major factor in promoting the therapeutic process because she used it so often with a particular client - "I think because I primarily used artwork with her, it would be hard for me to say that it was another var-, other variables because it was such a salient piece that was included."

The following clinician was able to observe and hypothesize whether or not journaling assisted with symptom reduction.

P003: There's definitely symptoms that were lessening but I don't know if it's because of the journaling to say that, but yes, definitely they grew to be more confident, less self-loathing. I mean the critical voice was still there but I think it's lessened in intensity or they were able to counteract it in some way. So yeah, there were definitely positive changes.

The third participant integrated art into every single session, and observed how the clients were able to go deeper into processing of their inner states and emotions.

P004: With my more recent clients, I integrated it in nearly every single session and so I did have a deepness of them, like when they were first coming in, say like our intake session or whatever you want to call it, our first session when they came in, you know, they're doing, sometimes they're showing me a lot of their inner world,

but it's more surface. And then they realize, oh, okay, we're in therapy together, we're going to do this for a while. So they're a little more intentional about what they were drawing, if that makes sense. So then it was naturally going deeper because they knew the nature of our relationship and where it was heading in that.

The next participant also witnessed change happening in the client through the use of expressive arts to inform the therapeutic process. She states that the creative process allowed the clients to open up about their experiences.

P005: With the collage it seems like it allowed almost by the act of doing something like searching for an image, cutting and pasting and putting it together in this kind of creative process, through that there was an opening up. They could talk about things freer than if it was just face to face [with] nothing else to do. So in that they could talk more freely about their background, their experiences, their families and trauma.

The final participant states that when she makes the choice to utilize art, she is able to see how the expressive arts is used to help clients connect and process emotions.

P006: When I choose to do it, I, I really enjoy it, especially when the client is connecting to it, thinking mostly the young people that I've done it with, when they're into it and when they're um, especially once the emotions come out through their drawings and we are able to talk about it.

Expressive arts and evidence-based practice. Some of the clinicians discussed the use of expressive arts specifically in conjunction with an evidence-based practice or a manualized curriculum, and how the use of art appeared to benefit or enhance the treatment model.

The first clinician stated that she had been formally trained in various EBPs, but “made” these interventions into art. She elaborated that with TF-CBT specifically, which incorporates a trauma narrative, turning this into an art project appeared to facilitate the process.

P001: So I just mentioned that I've been formally trained in EBPs; I have found that for some teens they have really resonated with their trauma narratives being done in an expressive or artistic form. So I've heard of, I've heard of teens piecing together quotes to help develop their trauma narrative. So it was really neat.

This clinician has also used CBT principles with art, and has been able to engage children in learning about cognitive-behavioral concepts through use of the expressive arts.

P001: I can scroll through so many different examples of socializing kids, the cognitive triangle and like all of them are somehow art-based or drama-based, So I think I, it becomes so customary that I don't, I don't know that I've really done work without it in one form or another.

The following participant describes her work with a client who had fragmented identities due to the trauma she had experienced, and how she utilized a family therapy model, in conjunction with art, to promote connection and healing.

P002: It was like family therapy, you know, it's like bringing in new members of the family, but you've built so much rapport with one and so if they have even a little bit of trust among themselves, that's enough kind of. You build up credibility somewhat to bring in another family member and you know, so it's kind of that. But then the more connected each of them feel individually, the more they start to feel that with themselves and, I think it's just raising the level of connection as much as possible

and being as consistent and giving them that experience to then help create avenues for them and opportunities for them to feel connected in their environment.

The next clinician, similar to the first participant, also integrated expressive arts into her manualized curriculums that she used with her clients, which she found greater value in.

P004: So the different manuals and stuff I would use were, so I would use different things on CBT or DBT and sometimes those had elements of like, write in this heart or write in this brain, different things. So there were, you could make that artistic. So, I kind of was a rebel. I didn't always go exactly as the manual and say I've used a lot. I would use worksheets and I would use different things, but we would also integrate art throughout it. So then taking a CBT principle but then doing some sort of, you know, artwork that goes along with their depression.

Expressive arts and spirituality. A couple of the clinicians identified specifically as being Christian and that this informed their work and treatment with their clients. These clinicians discussed at length the integration and impact of faith and spirituality upon their work with survivors. They both utilized journaling with their clients, but found it difficult to determine whether faith or expressive arts was a central factor in the process.

P003: I think I'm a Christian so I don't take credit over what happened, but I think maybe it's a combination of the Lord's presence has always been with me whenever I do therapy...If they can tap into the hope that I have for them or the image that they're not damaged goods, I've heard that a lot in, in many different varieties, but if they can believe that despite what happened, it does not have to dictate their future. That is where we're talking healing. So if the journaling is an asset toward that

journey, great, but I would say it's primarily the utilization of hope that the provider is giving.

The next participant provided an example of a client she treated who utilized journaling with prayer and Bible reading in order to restore her sense of hope.

P006: She was praying to God as she was working through this difficult stuff. She was really trying to be obedient. She was waiting on God to show her the way, she would, she would also journal. She said whenever she had free time, she would pray and write about her experience with God or other things that she was going through. I don't remember the details of what she would write, as much as I can remember is she would talk about journaling when she would talk about God and prayer.

Expressive arts and the therapeutic relationship. Some of the clinicians related the use of expressive arts with the overall therapeutic relationship. Rather than simply focusing on the use of expressive art to establish rapport, build the frame or the alliance, this section covers aspects of the therapeutic relationship more broadly.

The following clinician discusses how sexual trauma is associated with disconnect, and the use of art introduced a sense of connection and restoration back to the client, and reshaped the client's former identity. The therapeutic relationship was one of the first relationships in which the client was able to experience repair.

P002: There was that break and breach in relationship that to be restored in that and then to feel connected to themselves again in a way that is like dignifying. You're not shaming because they're so shamed within themselves. So to see something good and something else I think with being able to see the art and see creativity, it was like I did that, like there's something beautiful about me that that

goes farther than just someone saying like, 'You're beautiful.' It validates something to them in a unique way that they're like, that was good in me when my whole life I've been told I mean nothing, I'm a whore, I'm bad, and the list goes on, like those internalized messages of who they are, are being reversed gradually and art played a huge part in that to see it.

The next participant shared what she viewed as a success story with a client who had utilized journaling and who she had established a strong relationship with.

P003: So I worked with her less than a year and her mom was very inappropriately intrusive, but, toward the end of the treatment, she agreed, I think she was going to another state and continue with another program there with the blessing of mom. Whereas initially the plan was she was just going to stick it out in this program for three months or something like that, and then go back home and they were very enmeshed. So for her to be able to say, no, I think I need to get my space away from mom and even going so far as to leave the state- that was really the high, as well as this understanding that her desire for men that were not good for her, had to do with 'daddy wounds' and how daddy left so early in her life, and that she actually did not have to have a man to make herself feel good. And she journaled on and off. So I would consider that a success story.

Expressive arts as an integrative and/or adjunctive intervention. A couple clinicians described how the expressive arts had been used as part of an intervention within a holistic or other setting. The first clinician was able to treat women in an aftercare residential treatment center, that utilized various rehabilitative services and was seen as a holistic program.

P004: It wasn't just art, I think it was, it was a holistic program. So we're doing a lot of different things. So we are doing art and they were doing yoga and they were working out and they were eating well and they had supportive house mothers, they had supportive therapists, they had supportive nutritionists and they were involved in a Celebrate Recovery. There was just a lot more factors than just art and just therapy. It was kind of a life overhaul, if you will. And every area of mind, body and spirit.

She describes how she used arts interventions alongside more typical therapeutic intervention, and how the art appeared to be what guided and directed the session.

They just knew eventually at the three or four session mark, "Oh, I'm just going to come in," and they would just start doing it. So I would kind of phase out of it and I would watch them in their process of them doing it. And engage in more typical therapeutic interventions with them and talk through them as I'm watching them and narrating them do it.

The next clinician provides an example of how she utilizes art in conjunction with TF-CBT trauma narratives. As the session progresses with the art and the creation process, the clinician becomes a secondary figure to the art, and the art takes center stage.

P001: I've done that with the kids. I'll have them illustrate. I'll have them do an illustration of what they want to accompany that. I think because the therapist is the scribe, they just sort of sit there. I've used art a lot to compliment the trauma narrative and TF- CBT.

Expressive arts as self-care for the clinician. Some clinicians addressed how they use some form of art for their own self-care as they work with this population. Both

clinicians agree that they would not be able to carry the burdens of the clients they see, without engaging in some form of self-care. Interestingly, creating art was identified as a self-care strategy by both individuals.

P002: I've initiated more of that for myself and I mean especially, I mean I've always loved to write but I think it highlighted that even more so. I mean, I write all the time and I think a lot of my process of recovery from this work specifically, I mean in my own life, but just recovery from the work itself is through like detoxing with my writing. It feels like a detox.

The second clinician also identified writing as being healing and therapeutic for her, along with making music.

P003: I write. As in, I actually like, write blogs and articles like that, so that helps. I played the piano. I have an awesome husband who really understands and even though I don't share details with him, but he knows that I am in a stressful situation and ... he is my rock basically, so when I need to debrief and just lose all the stress, he's there to help me.

Additional Emergent Themes Alongside the Arts

Outside of the themes related to the utility of expressive arts that emerged and are presented above, some other themes emerged that appeared of particular relevance to the clinicians. The main themes that emerged were the importance of authenticity and transparency with the client, particularly given working with this population, and the limitations and challenges of treating this population.

Importance of authenticity and transparency. Several of the participants defined the need to be authentic and transparent with their clients, some even more so than they

would be working with non-survivor clients, due to the amount and intensity of trauma that had been encountered by the women.

The first participant describes the message she attempted to give her clients, particularly as they had come from lives filled with false assumptions and manipulations. This participant desired to give her clients a sense of truth and honesty by also modeling authenticity for them.

P002: I want you to know that you have choices here and I want you to know that your voice matters here. And I want, I want the freedom as well. I hope in time to be able to call you on stuff. You know, it's just like, I would invite that and kind of giving that freedom in the room to really be authentic. I think it looks like a lot more than just the Rogerian [laughs]... It's not always the good feeling, but it is real. And they want the real so bad. Even if it's like intense and rough, they want something real because so much of their experiences have been counterfeited and have been misleading and false.

She goes on to say that her experience working with these clients was different from what she had learned in graduate school, about the clinician needing to be a little more removed and keeping the boundaries of the relationship clear.

P002: There's still a person in there who is genuine and authentic. I mean, I think it's that tension that we even talk about in grad school and like how do you stay authentic, but you're still in a role and you're still not able to do this. You're not. So much of that conversation is, is just forever attention for sure, but I think for me, at least with this population, it was more important always to err on the side of just being real, being real with them.

The following clinician describes her need to be truthful and authentic in order to establish trust with the clients, who have because of their history, already enter treatment with an assumption that trust might be betrayed. This clinician had to be aware of that transference and use it in the relationship to support the client to go deeper.

P003: Based on my experience they are very astute in reading people and I think they could read that, I don't tend to pretend. If I have strong feelings, I tend to show it and they can pick it up. So I think because of that it made it easier for them to trust me. But the hard part though, it's really simple. I mean people have burned them again and again, particularly with authority figures and so of course it makes sense that I'm another one of those authority figures. Of course I would, you know, betray their trust.

The next participant also focused upon the power of authenticity within the relationship, of providing her women with a different sense of relationship than what they had experienced in the past. Because so many of them had been treated like an object or commodity, it was essential to her that she help restore their self-dignity and self-respect.

P004: I was bringing in art or I was bringing in a different dynamic that they probably weren't doing throughout the day, but then I was also able to build, treat them like a human and just establish that relationship that they haven't had in a really long time with someone. I had no ulterior motives, and a lot of times these women have interacted with people who want something from them and I just wanted to know them and know their story and so I think it was both-and, in both situations.

The next participant struggled with how to maintain a safe environment within the context of how the clients presented. She describes how she was careful to not be thrown off by her clients' language or statements, and to not react in the way that others may have. This allowed the relationship to go deeper and develop.

P005: I think the thing that helped most was just for me to be really authentic and just be myself as much as I can and also not be reactive to certain things. There was one minor in particular that she was very guarded so she would kind of say shocking things to try and throw me off from the start. So that obviously disrupts the ability to make rapport if I react. So just kind of managing those things; sitting with a lot of the painful and awful things that have happened to them. Like I think the more I showed comfort and ease with talking about it, the more open and trusting they would be.

The final participant also spoke to the need to be different working with this population, versus her traditional style of working with other clients who had experienced trauma. She found that showing more affect and using more humor helped to facilitate the relationship and establish trust and safety.

P006: I kind of left my theory and my frame of usual work that I do with other clients who have been traumatized and really tried to connect to them as human to human as if I was more like a friend. I would disclose more, I would be more transparent with my thoughts and feelings, I would show various facial expressions as a way to connect with them because I felt it was very important to be transparent because one of the main things they really struggled was, being unable to trust others. It was hard to build rapport, I would say with most of them, but as I felt like I

was being myself, I would make jokes, I would laugh with them, I would even cry with them. They, I think started trusting me a little bit more and started opening up more.

Limitations and challenges. Themes emerged around the limitations and challenges of providing services to survivors of commercial sexual exploitation. The first theme was the vicarious trauma and secondary traumatic stress that mental health professionals encounter as they treat survivors. In line with that, many of the participants discussed the need for more training when working with this population. Additionally, many of the clinicians experienced clinical challenges as they worked with this population, namely working with clients who had internalized a sense of pride in their roles in the trafficking industry, who left their programs prematurely to return to their former lifestyles, and/or did not respond to the therapeutic and art interventions.

Vicarious trauma/secondary traumatic stress. Most of the participants stated they had experienced vicarious trauma as they listened to and helped to process their clients' narratives. The first participant stated she has engaged with the arts in her own therapy, and that she has done some art-related work with her own staff, due to their level of vicarious trauma. She also speaks to how doing this art work with her own clients has challenged her to continue her own processing through writing, because of their narratives and experiences, she is learning to take risks and do more personal internal work.

P002: I think it's definitely encouraged me to engage with it myself and in therapy.

I've initiated more of that for myself and I mean especially, I mean I've always loved to write but I think it highlighted that even more so. But also I think trying new things and challenging yourself in that way. I think I've learned so much from my

clients in that way of seeing them take risks with different projects and kind of see what comes of it and yeah, it's challenged me and it's challenged me to take similar risks to do that.

The next participant details her own level of emotion and the trauma she experienced as she carried her clients' experiences and stories for them. In spite of the challenges treating this population, she is devoted to helping them and finds something powerful and gratifying about the work.

P003: The other part is just this sheer helplessness of what do I do when someone tells me a horrific story after another because I have, I have had a different variety of clients over the course of my career, but only people that have been human-trafficked have gone through so much horror that I've cried with them. It's the low of what humanity can do that, what they went through that, that informs me that that's how low a human could go through. So yeah, it's really difficult. But it's very challenging. I love working with them.

For the next participant, having had no formal training in art and encountering working with this population as a practicum student in her graduate program, she was emotionally impacted by the burden and the trauma histories that the women presented with.

P004: So I'm working with a really hard population and it's the first time I've ever been in a practicum experience, so I felt very overwhelmed. I felt more comfortable, you know, six years later when I was doing it more recently, but when, you know, they have this, these really traumatic experiences and a lot of times I knew ahead of time because they would brief us in staff meetings what was going on just because

they wanted us to have the full picture of what we were going to be hearing and working with. And so I would walk in already feeling really heavy.

The next participant describes how a need for self-care was more evident on particular days because of the way the processing and the expressive arts impacted her. The use of art appeared to touch her deeply and it would stay with her, facilitating a need to process the experience on her own and engage in ways to care for herself.

P005: I think I tend to be really moved by the, whichever shape the form the art takes, its hard for it to not be emotive. So I think that's another thing, like it stays with you, like a visual that you see or like the way a poem touches you is different to how somebody speaking touches you. So I think yeah, definitely needed to do like my self-care on those days for myself as well.

The final participant, P006, also described the horrors she would experience listening to the stories and narratives of the clients, and how this would impact her emotionally in a very deep way. She states, "I would say I was highly affected by their stories. I would leave sessions and cry afterwards because it was, I felt like it was awful horror movie that I was watching with each person."

More training needed. Participants emphasized the need for further training in treating this population specifically. The first participant shared a story about a client who she had worked with, who had been able to make a great deal of progress before she terminated the program, and how her ability and experience providing treatment to trafficking survivors provided this particular client with a different experience than what she'd had from other therapists.

P003: With me, she went the farthest because all the other providers that she could, and she's seen a lot of therapists before, they either didn't understand the nature of human trafficking or they weren't trained in it enough to know how to be with someone who survived that horror. So she did say that she's able to go as far as she could with me and then she had to leave the program.

Later on, she spoke specifically to the need for more training needed for clinicians, particularly because she has witnessed how survivors have been mistreated by their “pimps” and family members, but additionally due to experiences of being invalidated or mistreated within a therapeutic environment.

P003: And maybe that, I don't know, that more people would learn how to properly train this population maybe? Because yeah, I've heard stories of how they have been mishandled and mistreated in the past and it just makes me sad and angry actually. So I think you're doing a great job in spreading the word and finding out what would work with this population.

The next participant details how she was able to utilize arts-based intervention with her clients, despite not having formal training in use of expressive arts. She utilized support, suggestions, and recommendations from art therapists who were incorporated into the program that she had been a part of.

P004: I never had formal training on it, but I would have, like at the place I was in back in 2007, they had art therapists that eventually started coming in and doing specific sessions with the women. They actually did group and individual depending on how many people were there or whatever. And so even just hearing what they were doing and what recommendations they had is how I incorporated it.

The final participant emphasizes the need for additional training in working with this population particularly due to the very high level of vicarious trauma that can be experienced.

P006: One thing that I think people who work with this population, that you really need specific training because I have lot of training in psychodynamic and a lot of work in trauma, in mindfulness and family systems, but I feel this population is so specific. It's so unique. So I would really hope that there would- I know there are some trainings, I even looked into it, but had really hard time finding effective resources, but for there to be more resources available as far as clinical or even, therapists should actively think about to engage in self care with this population because you can't just define it as part of other clients who have been traumatized. I think it belongs in its own category.

Therapeutic challenges with survivors. Some of the clinicians detailed various unanticipated challenges that they encountered as they attempted to utilize therapy with clients, both within and outside of the use of expressive arts. Challenges included attempting to establish rapport with women and youth who had internalized a sense of pride in their roles within the trafficking industry, and those who ran away from the treatment center due to a strong identification with their “pimp” and thus returned to their former lifestyle.

The first clinician describes a client who, in her words, engaged in a “re-enactment” during the sessions, as if she had internalized her identity in being trafficked and felt a sense of pride as a result, which led to more difficulty engaging in the therapeutic process.

P001: One girl was very, one girl took a lot of pride and that was something I had to sort of grapple with [laughs]. Um, I think on so many levels just because she came from a culture where that's what girls her age did to make money. That was what, like, like that was a part of what the gangster culture did in her neighborhood and they were gangsters slash sort of people in this sort of like conveyor of, of what they were doing.

The clinician continues by describing how she'd had a preconceived notion of how young girls similar in age to the client would generally earn money (i.e., by working part-time), and that this particular client shattered her stereotype and lens of that.

P001: And her thing was like, no, we grow up and this is what we do. We prostitute. She used the language, she didn't have any qualms with it and I, the reason that I feel like she had this, like her symptom was like pride because I think she felt like she was in control. She dictated the pictures, reportedly. She dictated the kinds of pictures, what her limits were sexually, um, just her negotiation of prices. So I think that's why I use the word pride for them, for a lot of the girls.

Another clinician identified "trauma bonding" as a "symptom" that some of her clients presented with. She goes on to describe what this meant: "I had two cases where there is, I guess like trauma bonding or just attachment to the, the trafficker or perpetrator, so that was just a lot of psychoeducation around that" (P005). She continues by describing how she attempted to utilize psychoeducation and authenticity and transparency in order to begin the therapeutic process.

P005: For a few that I mentioned like had the trauma bonding, it was a lot harder to establish rapport because, where they were at, they didn't really think that they

needed help. They didn't really think what had happened to them was necessarily wrong. So even like just kind of going around the psychoeducation to like get some treatment buy-in was a little harder with them. I think the thing that helped most was just for me to be really authentic and just be myself as much as I can.

The clinician describes one client who she utilized poetry and journaling with, but who initially presented with a great deal of abuse and identification with her trafficker, and was very resistant and defensive.

P005: It was this client came in like very, very guarded, very guarded. Identified as black and adolescent. Sexual abuse history in her childhood. Then was originally kind of trafficked by an adult in her home that was like a family member's partner and then that kind of progressed to other people. And then there was like a 'pimp' relationship. A lot of trauma bonding. Her kind of, I guess coping since she had come to the residential home was journaling and she would journal that was like her thing, no one was allowed to touch it.

A third clinician also describes the "trauma bonding" as a "symptom" for some of her clients, and how they ended up terminating early due to running away from the center, back to their communities and former lifestyles, and how difficult this was.

P006: Like traumatic attachment was common as well, that they had really attached to their pimp through that trauma and really working through that was so challenging that they were having a hard time letting go of that because that person was also someone who provided comfort and support and care. So it had been one of the most difficult things because two of those clients ended up actually leaving

the program, which I'm assuming went back to their pimps so that attachment was so significant.

Discussion

The purpose of this study was to examine and explore the clinicians' experience of utilizing expressive arts interventions with survivors of commercial sexual exploitation, specifically sexual trafficking. Research questions involved why expressive arts was utilized, how it benefited the treatment, and if the use of art specifically was seen to help process the survivors' trauma. The results of this phenomenological analysis provide initial and exploratory findings regarding the questions above, as well as limitations that were encountered during the study, and need for further research. The discussion will be divided into addressing super-ordinate themes including the uses and benefits of expressive arts, other themes that emerged involving expressive arts, the importance of the therapeutic relationship, and challenges that clinicians faced, with the most common sub-themes that emerged in each category. Due to the limited number of sources available regarding the efficacy of using arts-based interventions with survivors of trafficking, a broader discussion will be had by examining the existing literature with expressive and therapeutic arts and trauma survivors. Exploratory findings are discussed below and integrated with findings from the existing literature on the use of expressive and therapeutic arts with trauma survivors in general, and with trafficking survivors specifically, when it was addressed.

Presenting Symptoms of Clients

Results of this study find that the clinicians' experience of their clients' symptoms and presentation when treatment began was similar across the clinicians' report and consistent with current literature. Observable symptoms included hypervigilance, defensiveness, emotional regulation, substance use, and sleep disturbances. Some

diagnoses included PTSD, clinical depression, and anxiety. Other factors included poor interpersonal skills and adaptive functioning, difficulty with trust and building safe and secure attachments, aggressive behaviors. One clinician noted that clients often appeared removed from their emotions, and that there were high levels of childhood abuse and neglect that had been experienced. Many clients also experienced a traumatic attachment to their “pimp”, and identification with the aggressor, and were at risk of leaving the program prematurely to return to the lifestyle. These symptoms are consistent with the formal definition of complex PTSD that is often experienced by trauma survivors, including those who have been victims of sex trafficking and the slave trade (Cloitre et. al, 2012; Hodge, 2008; Johnson, 2012; Wilson & Butler, 2013; Zimmerman et al., 2008).

Uses and Benefits of Expressive Arts

Results of this study indicate that all of the clinicians found benefit with utilization of the expressive arts as an adjunctive intervention with their clients to some degree

Specific interventions used. While all of the clinicians utilized some general form of expressive arts with their clients, two of the clinicians specifically utilized writing and journaling with their clients. They noticed a possible restoration of clarity and hope that was gained through the unstructured, client-centered journaling. Findings are consistent with literature sources that cite the effectiveness of writing and a decrease in social dysfunction (Pizzaro, 2004). Other clinicians identified the use of poetry and words specifically as deeply empowering and connecting for the clients they worked with. Findings are consistent with literature citing the power of poetry in unlocking internal worlds and restoring hope and power (Levine & Levine, 1998).

Development of identity and the self. Expressive arts was used in various ways by the clinicians who participated in this study. Those who used it to help their clients explore and recreate their identities found that it could be used as an intervention to explore different aspects of the clients' selves and their stories, their pasts, presents, and futures, and even their trauma histories. However, challenges were also encountered, as some children identified with their traffickers, or with their lifestyle, which can be a common challenge for professionals who work this population (Gozdziak, 2008). For example, one of the youth that Participant P001 worked with took a great deal of "pride" in her work and her identity because she had grown up in that culture, and it was a good source of financial income.

As stated in Bennett-Murphy (2012), when working with child survivors of trafficking, "the task of therapy is to create a safe holding environment in which the child can find refuge in a relationship with another and ultimately develop a greater sense of self" (p. 136). This finding is consistent with literature that has noted the use of expressive arts as a platform for identity exploration, namely exploration of the self and the inner world. Given that trauma often creates a feeling of disconnect from the self, and is often tied to early attachment experiences, as noted by Participants P002 and P006, the expressive arts seeks to repair this process through non-verbal and experiential methods of processing (Kim, 2010; Mendez-Negrete, 2013; Rogers, 1999; Saltzman, Matic, & Marsden, 2013).

Trauma exploration. All of the clinicians detailed the heavy amount of trauma that their clients presented with, and discussed how they observed their clients processing trauma through the use of the expressive arts. The trauma that was experienced by the

clients ranged from early attachment trauma to the trauma of their trafficking history. Many had faced trauma again and again throughout their lives, the presentation of which is identified above as complex PTSD. Clinicians who utilized expressive arts agreed that this intervention was useful for trauma exploration, particularly in exploring loss of attachment figures, the use of written words to process the trauma, and provide a restored sense of connection. Exploratory findings are consistent with existing research that supports the use of expressive arts in treatment of clients who have suffered sexual trauma, torture, and complex PTSD (Cloitre et al., 2012; Kalmanowitz, 2016; Mendez-Negrete, 2013; Saltzman et al., 2013; Schrader & Wendland, 2012).

Establishment of therapeutic frame and alliance. Expressive arts was found to be helpful in facilitating use of establishing therapeutic rapport and building the alliance with clients so that work could be done. As detailed in the existing literature, trafficking survivors often present with severe difficulty in establishing trust with others, due to the history of abuse, violence, and attachment-related trauma they have endured while being exploited, and even prior to being coerced into the sex industry (Courtois, 2004; Gozdzdiak, 2008; Raymond et al., 2001; Rigby et al., 2012). Most of the clinicians who were interviewed utilized expressive arts interventions in order to build rapport with the client and build a sense of safety for the client. Exploratory findings are consistent with existing literature that details how the expressive arts can be used for the purpose of establishing a sense of safety, trust, and building a therapeutic frame for a traumatized client. Erickson and Young (2010) suggest that art therapy was helpful in diminishing defensiveness for incarcerated women attending their first session. Additional sources indicate the use and importance of therapeutic and expressive arts in building rapport when treating trauma

(Naff, 2014). Given findings from this study, the assumption can be made that expressive and therapeutic arts is useful as a vehicle in facilitating the establishment of the therapeutic frame and alliance, particularly with survivors of sexual trafficking.

Expressive arts and release of emotions. Several clinicians identified the utility of expressive arts in helping to release and provide emotional expression. Many of the clinicians utilized expressive arts in order to explore emotions and access non-verbal parts of the clients' brains that may have encoded traumatic memories. This finding is consistent with literature from sources that has utilized the arts with various populations. Decker, Deaver, Abbey, Campbell, and Turpin (2018) noted that utilizing art therapy with combat survivors who experienced PTSD resulted in reduced arousal of anxiety and stress due to reconsolidation of traumatic memories in the brain. Other sources also support the finding that expressive and therapeutic arts can be helpful in processing trauma that is non-verbally accessed and can also shape hemispheric processing (O'Brien, 2008; Rogers, 1999).

The use of art to process the trauma and access non-verbal parts of the client's self also provided a cathartic release for the client. Additionally, facilitating the expression of emotions contributed to a sense of comfort and empowerment for some clients. This finding is consistent with existing and emerging research that found different types of art therapies (ethno-theater, STAR experiential group therapy) as being beneficial and acting as 'catharsis' for survivors of sexual trafficking, among other benefits (Hopper, Azar, Bhattacharryya, Malebranche, & Brennan, 2018; Jani, 2018).

Expressive arts as a strength-based intervention. Clinicians indicated that the use of expressive arts sought to explore their clients' strengths and focus on resiliency in

spite of the horrors that had been endured. A clinician (P005) who utilized expressive arts towards this purpose found that introducing arts into the therapy sessions helped her clients uncover hidden strengths and passions, which lead to an increase in self-esteem and self-confidence. This finding is consistent with existing literature on utilization of expressive arts with women adult survivors of childhood sexual abuse (Hodges & Myers, 2010). The exploratory finding is also consistent with published research on utilizing expressive arts with adolescent survivors of trafficking, and has been documented specifically on supporting youth towards a future orientation (Hopper et al., 2018; Jani, 2018); however, more research is needed to support the current findings due to the lack of published research.

Connection to others. The extent to which trafficking causes disconnection within relationships is well-documented in the current research (Bennett-Murphy, 2012; Cloitre et. al, 2012; Courtois, 2004; Gozdzdiak, 2008; Raymond et. al., 2001; Rigby et al., 2012; Johnson, 2012; Wilson & Butler, 2013). Many of the clinicians found that using expressive arts within the therapeutic process was not only important with regards to building the connection to the client, but to enable clients to build connections to others. Findings are consistent with current literature that documents how trauma survivors including incarcerated women (Erickson & Young, 2010) and female adult survivors of childhood sexual abuse (Hodges & Myers, 2010) learned to build trust within relationships, become less withdrawn, and less defensive. With regards to trafficking survivors, the exploratory findings are consistent with existing research detailing the use of expressive arts to connect with others, across the developmental lifespan (Bennett-Murphy, 2012; Hopper et al.,

2018; Jani, 2018), to become less withdrawn and more open to building interpersonal relationships (Schrader & Wendland, 2012).

Expressive arts instills hope. The use of expressive arts as a vehicle to introduce hope to the clients through the therapeutic process was a common theme that emerged. Given that one of the effects of complex PTSD and depression is a sense of hopelessness due to loss of identity and self-connection (Cloitre et al., 2012; Courtois, 2004; Gozdzia, 2008; Herman, 1992; Raymond et al., 2001; Rigby et al., 2012), utilization of expressive arts appeared to provide a narrative to construct hope as self-identity and self-confidence, and connections were restored. Exploratory findings are consistent with existing literature that details the correlation between expressive arts and increase in hope and confidence for trauma survivors who present with PTSD (Davis, 2010; Hodges and Myers, 2010; Naff, 2014; Rogers, 1999; Slayton, D'Archer, & Kaplan, 2010), and also specifically with sexual trafficking survivors (Naff, 2014; Hopper et al., 2018; Jani, 2018). However, more research is needed in this area in order to further support this finding, specifically with adult survivors of sexual trafficking.

Non-directive and client-centered approach. Rogers (1999) details the importance of using a person-centered, Rogerian approach when utilizing expressive arts interventions with clients. A Rogerian approach is typically non-directive and emphasizes the concept of 'unconditional positive regard', authenticity, and congruence. The purpose of this approach is to allow for self-actualization and empowerment, among other goals. Some of the clinicians for this study discussed how utilizing a client-centered and non-directive approach was useful in order to provide the client with a sense of control, due to the trauma that they had encountered, that often strips women of their sense of agency. While

existing literature was found on the efficacy of using a client-centered non-directive art therapy approach when working with very young children who had faced attachment trauma (O'Brien, 2008), and those coping with grief and loss (Kim, 2010), there remains a dearth of sources documenting the use and benefit of utilizing an unstructured approach with individuals who had experienced a range of traumatic experiences, and even more so with this specific population of sexual trafficking survivors. Thus, this is a new finding with regards to the benefit of using a non-directive expressive arts approach with sexual trafficking survivors. More research is warranted in order to support this finding.

Additional Themes with Expressive Arts

Expressive arts and choice. As noted elsewhere in this study, one of the consequences of sexual trafficking is that, in the process of being exploited within the commercial sex industry, survivors become entrenched in a cycle of violence, abuse, and manipulation, through a process of coercion (Courtois, 2004; Estes & Weiner, 2001; Gozdzia, 2008; Raymond et al., 2001; Rigby et al., 2012). Clinicians spoke to the relationship between utilization of expression arts and providing a sense of choice to clients. Providing clients with the freedom and permission to choose whether or not they want to work with a form of art, or providing other choices throughout the therapeutic process, appeared to open up the relationship with the client, to diminish defensiveness, to facilitate connection, and to facilitate healing. One existing study (Hopper et al., 2018) with sexual trafficking survivors found that incorporating expressive arts within their empirically-validated intervention was connected with providing clients with a sense of personal empowerment, among other benefits. Although existing research highlights the use of expressive arts in facilitating choice through providing a sense of control and agency,

exploratory findings from the current study highlights this benefit when providing therapeutic intervention to survivors of trafficking. This is a new finding within the available research and should be further studied.

Expressive arts and the therapeutic process. Rogers (1999) defines expressive arts as the use of various art forms, including sculpting, painting, music, writing, sound, drama, etc., in a supportive and safe environment in order to experience and express emotions.

The use of expressive arts in promoting and facilitating the therapeutic process is well-documented and supported in existing research (Bradley, Whiting, Hendricks, Parr, & Jones, 2008; Kim, 2010; Knill, Levine, & Levine, 2004; Levine & Levine, 1998; Malchiodi, 2012; Slatyon et al., 2010). Expressive arts is differentiated from therapeutic arts by Knill et al. (2004) by placing it as the central factor within the therapeutic process, rather than making it an adjunct to the therapeutic process. In this particular study, clinicians were observed to utilize it in both ways, but noted it as a primary factor in driving or facilitating the process of therapy. With regards to trauma, therapeutic and expressive arts has been well-documented to complement the process of therapy, from establishing rapport to guiding healing, facilitating connection with others, and looking towards the future, with survivors of trauma, from child and adult survivors of violence, attachment-related trauma, adult survivors of childhood sexual abuse, children who confronted natural disasters, refugees, combat veterans, and a host of other populations (Davis, 2010; Hodges & Myers, 2010; Hogg, 2018; Naff, 2014; O'Brien, 2008; Pizzaro, 2004; Saltzman et al., 2013). Slatyon et al. (2010) in a recent meta-analysis study, identified at least two community settings in which a therapeutic art intervention program has been instilled as an "evidence-based

practice” (p. 116). Exploratory findings are consistent with findings from literature supporting use and effectiveness of expressive arts to guide the therapeutic process and aid in healing for trauma survivors, specifically those who have suffered commercial sexual exploitation (Jani, 2018; Hopper et al. 2018; Schrader & Wendland, 2012). However, there continues to be a scarcity of research related to studying the effectiveness of therapeutic and expressive arts with this population and needs to be more fully studied (Naff, 2014; Wilson & Butler, 2013).

Expressive arts as an integrative intervention with EBPs. Some of the clinicians that were interviewed utilized expressive arts as an adjunctive intervention alongside more evidence-based practices such as TF-CBT, which places an emphasis on the trauma narrative. Often, this narrative was created through words and drawings. The clinicians who integrated expressive arts with TF-CBT found it to be a helpful medium. This is a new finding for using these modalities with survivors of trafficking; it is consistent with current literature that supports the use of expressive arts with TF-CBT, particularly with traumatized youth and children (Lyshak-Stelzer, Singer, St. John, & Chemtob, 2007; Naff, 2014; Pifalo, 2007). Additionally, this finding can also contribute to the existing literature that integrates the use of arts into other empirically-validated methods to treat this population of sexual trafficking survivors, such as the STARS experiential group intervention (Hopper et al., 2018). Also relevant is the difficulty of quantitatively measuring the effectiveness of utilizing arts interventions, primarily because it was not consistently used, and/or was used alongside other traditional modalities such as talk therapy. This finding is consistent with current literature that measures the effectiveness of art therapy (Reynolds, Nabors, & Quinlan, 2000), through conducting a meta-analysis and

found differing results. However, a later study conducted by Slayton et al. (2010) reviewing studies published between 1999 and 2007 found more clinically significant positive outcomes with expressive and therapeutic arts, alongside other interventions and practices.

Additional Themes Supporting Expressive Arts

Importance of authenticity and transparency. Most of the clinicians spoke at length about the importance of maintaining authenticity and transparency within the therapeutic relationship with their clients, outside of the formal use of expressive arts as an intervention. It appeared that being real within the context of the therapeutic relationship was a major theme for most of the clinicians, as they clearly stated this; use of expressive arts was often seen as a secondary or adjunctive factor compared to the primary need for authenticity and a genuine and real relationship. In fact, the use of art appeared to be a vehicle which helped to strengthen the relationship, guided by the therapist's authentic and transparent nature.

Due to the breaks in attachment and relationships that commercial sexual exploitation and trafficking can cause, the clients often approached the therapeutic relationship with resistance, caution, and defensiveness. Bennett-Murphy (2012) eloquently describes how "trafficking disrupts the relationships so necessary for self-development" (p. 139). She elaborates that as individuals are tricked and coerced into trafficking, often removed from their homes, isolated, and confined, they lose their sense of connection to self and others. When they finally arrive to therapy, "this assault on self and relationships with others, the fundamental attack on trust, poses considerable challenges to establishing the therapeutic relationship." (p. 136). Exploratory findings of this current

study are consistent with numerous sources that cite the importance of the therapeutic relationship as the primary factor in moving the clients towards healing and progress. In fact, a 2011 APA task force examining the efficacy of evidence-based techniques found that “any technical intervention cannot be readily separated or understood as separate from such relational factors and the context of the therapeutic relationship. Technique and the therapeutic relationship are inextricably linked together in the change process.”

(Tufekcioglu & Muran, 2015, p. 470). A couple of the clinicians identified as being psychoanalytically/psychodynamically trained, and one clinician referenced Carl Rogers frequently during her interview. Given that these two models place a heavy emphasis on genuineness, authenticity, trust, and the therapeutic relationship, it is hypothesized that the need to be authentic and transparent, in order to create safety and trust in the relationship, was a key intrinsic factor in supporting the client’s process.

Despite the emergence of the therapeutic relationship as key when working with this population, existing research dedicated to exploring the correlation between the therapeutic relationship and survivors of sexual trafficking continues to be limited and scarce, with most of the evidence-based treatments that have been formulated being a form of talk therapy or CBT or narrative therapy adapted for the population (Hopper et al., 2018). Thus, more research is needed to ascertain to what degree a genuine and authentic therapeutic self (Thompson & Cotlove, 2005) will provide healing for survivors of sexual trafficking, as well as how the use of expressive arts correlates as a secondary medium.

Limitations and Challenges

Vicarious trauma/secondary traumatic stress. The level of vicarious trauma and secondary traumatic stress that clinicians and service workers experience when working

with survivors of trauma is documented in the existing literature (Bell & Robinson, 2013; Ortlepp & Friedman, 2002; Schrader & Wendland, 2012; Trippany et al., 2004). Ortlepp and Friedman (2002) document a study from 1992, in which trauma counselors of victims of hostage situations reported feelings of anger, isolation, hopelessness, anxiety, and compassion fatigue. Similarly, clinicians in the current study described feelings of horror, helplessness, anger, and profound sadness, as they journeyed with their clients over the course of therapy. Furthermore, as some clients terminated early or ran away back to their traffickers, clinicians experienced guilt and anxiety about what they could have done better to keep their clients in treatment. Despite the existing literature around the vicarious trauma that professionals working with survivors of trauma experience, there are few resources that specifically point to the correlates of secondary traumatic stress with survivors of commercial sexual exploitation. Schrader and Wendland (2012) describe the efficacy of utilizing expressive arts, specifically music therapy, with the staff at the aftercare center in Cambodia. Thus, this exploratory finding will be treated as a new finding and advocates for more awareness around the importance of documenting and treating the experience of secondary traumatic stress in helping professionals who work with this population.

Further training necessary. In the same vein, several of the clinicians identified the need for more training specific to working with this population. While various seminal training resources exist that are dedicated to expanding and increasing awareness and utilization of expressive and therapeutic arts interventions (Knill et al., 2004; Levine & Levine, 1998), and many journal articles exist that detail clinical experiences of utilizing expressive arts for children, youth and adults who have experienced trauma (Bennett-

Murphy, 2012; Hodges & Myers, 2010; Naff, 2014; O'Brien, 2008), no published resources were located that provide comprehensive and adequate training for professionals dedicated to working clinically and therapeutically with survivors of sexual trafficking. Thus, this exploratory finding is considered a new finding and calls for the need for more comprehensive training dedicated to this population.

Clinical challenges with survivors. While many therapeutic benefits were identified by clinicians, they also encountered challenges, particularly with clients who had internalized their roles and relationships within the industry. The degree to which many survivors of commercial sexual exploitation assume a sense of pride in their identity or role, form an attachment to their trafficker or identify with their aggressor, is well-researched and identified as one of the unique challenges and/or concerns when it comes to rehabilitation. Gifts, money, or status that are conferred to survivors as they are lured into and promoted within the industry are attractive and hard to give up for many (Estes & Weiner, 2001; Gozdzia, 2008; Hodge, 2008; Hodge, 2014; Hopper et al., 2018; Hossain et al., 2010; Raymond et al., 2001; U.S. Human Smuggling and Trafficking Center, 2008). Hodge (2014) aligns many of these symptoms with “Stockholm Syndrome” and states, “Victims may believe that their trafficker cares for them and has their best interests at heart.” (p. 115).

Hopper et al. (2018) identified this challenge during their utilization of the STARS experiential group intervention for adolescent female trafficking survivors. They state that one of the benefits of their model was the group-centered approach, as it allowed for a “shared experience” (p. 234) among their clients. Currently, no other existing literature sources have been located that provide additional training or support for successfully

encountering these clinical challenges. Thus, more research, training, and support is needed in this area.

The Role of Culture and Expressive Arts with Survivors

Although the role of culture and ethnicity showed up minimally within the interviews that were conducted for this study, attention should be paid to the intersection of culture with expressive arts when utilized with survivors of sexual trafficking. There is a high disparity of individuals that come from backgrounds with low socioeconomic status, urban, rural communities, and are of minority ethnic groups, and are targeted specifically because of these demographics. Estes and Weiner (2001) and other sources (Bryant-Davis & Tummala-Narra, 2017; Wilson & Butler, 2013) point to the reality that trafficking often transcends ethnic or cultural boundaries and adds an extra layer of complexity due to proliferating already entrenched oppression, and cultural and gender stereotypes to survivors. The first interviewed clinician (P001) described cultural themes that emerged from her intervention with one client, including how her identity and sexual exploitation might be perceived differently if she was in her country of origin. Bryant-Davis and Tummala-Narra (2017) highlight that working with survivors of trafficking can result in regaining and reclaiming a sense of empowerment, control, and identity that was stripped from them due to their victimization, and that expressive arts can be utilized to bring about this change. Their work is consistent with many of the findings from the current study that highlights themes of identity, connection, strengths, and agency that the women experienced as a result of working with expressive arts. Given the minimal responses that were related to the exploration of cultural themes with survivors, future research is

warranted in order to demonstrate the specific ways in which expressive arts can contribute to healing survivors of trafficking within their cultural contexts.

Sexual Trauma vs. Sexual Trafficking

Notable within the context of this particular study, was the lack of emergent content within the participant interviews specific to the theme of sexual trauma as experienced by the women they have worked with. While the participants detailed the harsh consequences of sexual trafficking that they observed in their clients, such as the complex trauma symptoms, the disconnection from the self, the disconnection of interpersonal relationships, the disruption in attachment, the loss of emotional expression and experiences, and difficulty with emotion regulation, all of which are well-detailed in existing literature about trafficking survivors (Courtois, 2004; Herman, 1992; Hopper et al., 2018; Hossain et al. 2010; Oram & Domoney, 2009; Perryman, Blisard, & Moss, 2019; Rigby et al., 2012), none of the clinicians described how their trauma had impacted the clients with regards to their sexual identity, or how the use of art was beneficial in allowing the women to reconnect to their own bodies. It may be that this theme was not addressed adequately through the interview questions and thus warrants an area of future study, to delineate the extent to which the sexual trauma that had been endured had contributed to the clients' presentation, and how the use of expressive arts may have focused upon the ability of the women to reclaim their body and sexual identity.

Strengths and Limitations and Suggestions for Future Research

One of the strengths of this particular study was the use of a small sample size ($N = 6$) in order to gain deeper access into individual accounts and stories of participants and gather rich and descriptive data. An IPA study is concerned with the quality of the data that

is gathered, in capturing the complexities of human phenomena, and thus benefits from concentrating and focusing on a smaller number of cases (Smith et al., 2009). Having a smaller number of participants allowed for more detailed and repeated review of the transcriptions in order to pull out similar themes. Given the small sample size, an additional strength of this study was the higher rate of consistency and reliability that was established across reviewers, as there was less data to sort through, and less potential for human error.

Another strength was the use of a reflexive journal in order to provide an additional measure of validity and to guard against potential for researcher bias. The reflexive journal allowed for exploration and examination of thoughts, feelings, attitudes, and motivations throughout the course of the entire study. It allowed for the examiner to question whether or not her own thoughts and opinions were influencing the gathering and analysis of data, and thus maintain a degree of separation and impartiality as needed.

An additional strength and limitation was found in the topic studied. The role of therapeutic and expressive arts has not been well-documented in existing literature with regards to survivors of trafficking. Thus, the various exploratory findings point to the plethora of opportunities for further research that can be undertaken, both from quantitative and qualitative standpoints. A limitation is that, due to the scarcity of previously published research, there is little evidence to maintain and support the data and results that were found. In this way, however, newly published research will make a sizable contribution to the field of expressive arts with survivors of trafficking.

Concurrently, several limitations should be noted. While considering the role of the mental health practitioner in being an essential catalyst for change and healing for

individuals who have experienced complex trauma, it is important to note that the experience of the therapist or mental health practitioner is incomparable to the experience of an actual survivor. While a mental health professional has been trained to work empathically and clinically with individuals who have experienced traumatic or harmful events, they will be limited in providing responses detailed to the experience of the client. Not having access to the stories of the actual survivors is a limitation, as the material is gathered secondhand and thus may lose some of its authenticity and potency. One suggestion for future research is to possibly attempt to locate survivors of trafficking that have been removed from the industry for several years and thus are no longer at risk of being identified or located by their former traffickers.

Another limitation was the difficulty with recruiting mental health professionals who had utilized art with survivors of trafficking who were willing to participate in the study. The process of locating and recruiting mental health professionals who met the inclusion criteria was a long and arduous task, and may have been due to the limited number of resources given the narrow focus of this research study. Additionally, it was difficult to locate mental health professionals who have used different mediums of art in working with survivors of human trafficking, including music, narrative, poetry, drama, dance, and painting; many of the interventions were limited to music, words, and painting and drawing.

Another limitation was the difficulty of measuring the actual effectiveness of expressive arts. As a few of the clinicians indicated, given that art was not used consistently or that it was used adjunctively to other modalities, the ability to measure whether or not demonstrable progress or results could be captured regarding reduction of symptomology

or how art facilitated the healing process, was not easily measured and could not be clearly captured. Thus, studies using more quantitative designs may be helpful and effective for future research. Since this currently study was not controlled for by the presence of other variables, the results of this study are limited to exploratory findings only.

Finally, two additional limitations are mentioned earlier in the discussion, specifically pertaining to the role and intersection of culture, expressive arts, and survivors of sexual trafficking, as well as the minimal responses provided by the participants that relate to sexual aspects of the trauma that their clients' experienced. It is most likely that these two themes were not focused upon within the depth and direction of the interviews, or the lack of questions that explored these themes in greater detail. Thus future areas of study dedicated to exploring the role of culture in treating survivors of sexual exploitation, and trauma that may have been endured that is specifically related to loss or distortions of sexual identity, are highly warranted and would present valuable information.

Personal Reflections

As mentioned, one of the methods utilized in this study to maintain validity was through the use of keeping a reflexive journal throughout the process, in order to be aware of emerging personal biases, values, and experiences that may influence the outcome of the study. What was most noticeable to me as I journalled and reflected upon the study, was the level of excitement that increased every time I interviewed a participant or gained another step in my research. I had to be careful to not be carried away by the excitement and passion that I felt about shedding light on a topic and increase awareness of the need for efficacious and positive interventions to utilize with survivors. To that end, some

reflexive journal excerpts are included below, for the purpose of providing another layer of validity and a different lens to this study.

Excerpt 1 (following interview with Participant P002): She has worked with this population for almost 10 years, and provided a wealth of insight and knowledge regarding her process and journey and how art has been such an effective medium not just for her clients' restoration and healing but also challenged her to engage more with it in her own process. Her affect and passion were so evident throughout her responses that I definitely became excited as I spoke with her and asked her questions. (September, 2017)

Another piece to reflect upon was how the nature of the interviews may have shifted due to my familiarity with some of the respondents. This is explored below:

Excerpt 2 (following interview with P005): I conducted my 5th interview today with – a cohort-mate of mine. Today's personal reflection revolves around whether or not our relationship would have impacted the nature of the interview or her responses. She told me she wanted to participate because she understood the challenge of recruitment and data collection. But apart from that, she had worked with survivors of CSE, and she had a background in art, so she met the inclusion criteria. (April, 2018)

Despite the level of familiarity that I had with this clinician, I was careful to not let that interfere with my goal for the interview and purpose of collecting data. I attempted to always bring my intentions back to the study and the goals of the study.

Excerpt 3 (following interview with P005): Consistent has been the sense that while use of art is definitely a vehicle for healing and processing of trauma, it is a vehicle

driven by the nature of the therapeutic relationship, often [through] the comfort, safety, and permission that has been provided to the client within the session.

(April, 2018).

I also found myself reflecting as I coded and transcribed interviews, thinking about where I may have asked more questions, what themes are emerging, what I wish I had done differently, and evaluating my process overall.

Excerpt 4: Many responses differ regarding what, if anything, can attribute to the healing and progress of the clients. All in all, it's almost too subjective to tell. But there is definitely something that draws the clients to return to sessions weekly, even if they don't have to... (August, 2018)

Towards the end of my transcription and analysis period, I reflect upon my personal challenge in the work. I realize, however, that it is only through personally engaging with the material that I can more effectively pull out themes for the purpose of analysis and further exploration.

Excerpt 5: One personal challenge for me is the ability to dive so deeply into the interview that I am completely absorbed within the material, instead of approaching it from the outside as a stranger. I think only when I personally engage with the material is when I can truly pull out the themes and material. (September, 2018)

Conclusion

Sexual trafficking has a profound impact upon all those who are involved, leading to victimization and a loss of self and identity, disconnection from the self and to others, loss of relationships, and the ability to be authentic, transparent, and genuine. Outside of the direct impact on the individual, commercial sexual exploitation as an industry has far-

reaching consequences with a cost value of billions of dollars on national economies and systems that have pledged to eradicating it. Thus, additional research and study on how to target it from all levels, starting on the front lines with legal, social, and psychological resources is essential. The results of what was found in this current study provide significant evidence for the utility and efficacy of therapeutic and expressive arts with survivors of trauma and particularly with survivors of sexual trafficking. Additionally, results indicated that the primary factor by which healing appeared to happen was within the authenticity of the therapeutic relationship using art as a vehicle to promote the healing. Given that existing research into this field of the utilizing expressive arts as a mode of healing and recovery for survivors of human trafficking is scarce, this study hoped to provide contribution into raising awareness of the potential benefits and challenges of expressive arts as a healing intervention for women who have experienced complex psychological, mental, and emotional trauma.

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Appendix A

Summary Table of Selected Literature

Author/ Year	Title	Focus (Variables, Keywords, Population, etc.)	Summary and Notes	Methods / Design (e.g., Qualitative Case Study, Quantitative Survey, etc.)
Aronowitz, A. (2004)	Victimization : Trafficked and illegal migrants	human trafficking, sexual trafficking, illegal, victims, survivors, women, children,	defines the concepts of smuggling and trafficking with humans; difficulty of applying these definitions. Consent vs. "willing" Who profits from trafficking? Development of U.N. "Global Programme Against Trafficking in Human Beings [1999]" and its mission. Pilot project launched in Phillipines, Japan, & Malaysia, findings from analysis of govt case files (N=132) and interviews with women (N = 77)	Mixed Methods - interviews with victims, use of 4 survey instruments developed for pilot, analysis of govt case files
Barriga, W. (2013)	Trauma- informed culturally sensitive services for victims of human trafficking in Japan	definitions of trafficking, NGO's combatting trafficking, reintegration and rehab	Consequences of human trafficking on victims and one of the ways Japan has dealt with the human trafficking of women and reintegrated them back into their lives [the IOM Japan Project]	N/A
Bell, C.H. and Robinson,	Shared trauma: info and	victims of trauma; mental	definition of "trauma", and when trauma is shared between	N/A

E.H. (2013)	implications for counselors	health workers; shared trauma	therapist and patient; implications for trxt; educating workers on effects of "shared trauma"	
Bradley, L., Whiting, P., Hendricks, B., Parr, G., & Jones, E. (2008)	Use of expressive techniques in counseling	art; expressive techniques, counseling, creativity, grief and loss	how different expressive arts techniques can be used when working with victims, particularly children, of grief and loss; emphasizes why non-verbal techniques may be helpful; describes interventions with movies, art, and music	N/A
Cho, J.Y. & Lee, E. (2014)	Grounded theory vs. Qualitative content analysis	explaining differences between two research methods	differences between qualitative content analysis and grounded theory as methods of research; literature review and authors' individual research to reduce confusion about two concepts, 6 points of each method	2 Case Studies based on authors' individual research
Chung, R.C. (2009)	Cultural perspectives on child trafficking, human rights, and social justice	culture intersecting with trafficking; human trafficking; child trafficking; human rights, Asian cultural groups; Multi-level Model of Psychotherapy	Trafficking has become globalized. Culture impacts trafficking - Asian culture that emphasizes taking care of the family and the family's needs being more important than the individual's (i.e. females who are sent to "work" for their family's well-being); Asian women stereotypes	N/A

Contreras, M. & Farley, M. (2011)	Human Trafficking: Not An Isolated Issue	victims of human trafficking		
Coonan, T. (2004)	Human trafficking: Victims' voices in Florida	trafficking, interviews, women's needs,	11 women in Florida, victims of human sex trafficking, interviewed for purpose of creating awareness and improving services that are needed. Mental health and psychological support were much needed but least accessed.	Qualitative - interviews
Courtois, C. (2004)	Complex trauma and reactions: assessment & treatment	how to treat and assess for trauma	Defines complex trauma and describes situations where this might occur. Describes the symptoms that may come from experiencing complex trauma, that are more than PTSD. Diagnostic conceptualization of Complex PTSD; assessment tools for this dx, and trxt plan	N/A
Creswell, J. (2013)	Qualitative Inquiry and Research: 5 approaches	five different research methods	Defines and describes: narrative studies, phenomenology, grounded theory, case study, and ethnography; challenges of using each method; similarities and differences of each method	N/A
Davis, Keith (2010)	Music & expressive arts with children experiencin	creative arts, expressive arts, music, counseling,	case study of an elementary school group of children who had survived a tornado- using	qualitative - case study

	g trauma	trauma, natural disaster	music to compose a "feelings symphony" to help them process feelings	
Erickson, B. & Young, M. (2010)	Group art therapy with Incarcerated women	expressive arts, women, prisoners	Art therapy in group setting is helpful due to the shared experience; was instituted in a residential substance abuse program at a female correctional facility; description of directive/non- directive arts interventions, 2 case studies to illustrate	qualitative - case studies
Estes, R.J. & Weiner, N.A. (2001)	Commercial sex exploitation of children in North America	children, domestic	A survey of how child sex- exploitation (CSE) and commercial CSE is addressed in U.S., Canada, and Mexico; how victims are targeted; identifies strengths and weaknesses in each country's capacity to deal with issue; public policy	mixed methods --> interviews, analysis of demographics and statistics, review of current statutes, meeting with professionals in the field
Gozdziak, E. (2008)	Challenges, dilemmas, and opportunities in studying trafficked children	cultural challenges, causes of trafficking	definitions of trafficking; difficulty of measuring number of children trafficked internationally due to fluid crossing of borders and underreporting; children often saw benefits to their "work" (i.e. being able to financially support their families);	N/A

Gozdziak, E. & Collett, E. (2005)	Research on human trafficking in N.A.: Review of Literature			N/A
Herman, J.L. (1992)	Complex PTSD	victims of PTSD	defines complex PTSD, as different from traditional PTSD; looks at current diagnostic formulation of PTSD (as in DSM-IV)	N/A
Hodge, D.R. (2008)	Sexual trafficking in the U.S.: A domestic problem	human trafficking, sex trafficking, slavery, social justice; women, children, national and international victims	trafficking is underreported in the U.S., largely because women fear consequences of reporting. Feel their claims will not be taken seriously, or that they will be charged for reporting. In international trafficking, U.S. is 2nd most popular destination. In the U.S., pornography and prostitution are methods used to co-erce women into the industry. TVPA was passed in 2000 to provide protection to victims. Sweden has a model in which prostitution is seen as male violence against women/children. Social workers (mental health workers) are placed in unique position of being able to help and advocate for victims.	N/A

Hodge, D. (2014)	Assisting victims of human trafficking	human trafficking, labor trafficking, social justice, slavery	Social workers can identify victims of trafficking in their workplaces - picking up clues from assessments and as they talk to their clients; can aid in the escape process for their clients, and refer them to safe places to go; and can provide therapy to assist with psychological healing: CBT is mentioned, as well as culturally relevant thx and psychodrama.	N/A
Hodges, E. and Myers, J. (2010)	Counseling adult women survivors of CSA	adult women survivors; CSA	Adult female survivors of childhood CSA face difficulties in interpersonal, emotional, and mental health functioning, as well as trauma symptoms or PTSD. TF-CBT has been studied and shown to be effective with this population, additionally, a strengths-based wellness approach is introduced with fictional case study example.	N/A
Hossain, M.; Zimmerman, C., Abas, M., Light, M., and Watts, C. (2010)	Trauma to mental disorders among trafficked girls and women	survivors of trafficking and sexual exploitation: women and children	Exploration of the relationship between mental health and trauma for women/girls who have been trafficked and sexually exploited. Utilized BSI and HTQ to study this relationship	Quantitative, interviews (N = 204)

Johnson, B. (2012)	Aftercare for survivors of human trafficking	aftercare, complex trauma, human trafficking, prostitution, sex trafficking, sexual exploitation, silence compliance model, TF-CBT, trauma, trauma-focused care, trauma-informed, trauma-sensitive	Survivors of trafficking need aftercare services due to the experiences they have had. These services need to be culturally sensitive and trauma-sensitive. Identifies and describes different trauma-focused trxt as part of aftercare for survivors. Also, the role and scope of the mental health worker.	
Kim, S. (2010)	Healing Relationship : Person-Centered Approach/Expressive Arts Thx	creativity, counseling, art therapy, person-centered, expressive arts, grief, loss	Case Study of an older Korean-American woman who utilized expressive arts therapy to come to terms with the loss of her son; within a Rogerian-centered modality	Qualitative case study (N= 1)
Mendez-Negrete, J. (2013)	Expressive creativity: Narrative and creative as a healing praxis	abuse, culturally informed practice, creativity, recovery	The author healed through creative expression following her own grief and losses; engaged in different modalities of arts - writing, sewing, painting, claymaking	Qualitative case study (N=1)
Ortlepp, K and Friedman, M. (2002)	STS in lay trauma counselors	mental health professionals, working in trauma		N/A

Rafferty, Y. (2013)	Child trafficking and commercial sex exploitation: Policies and programs	children, policies, prostitution, mental health and psychological effects	There are promising policies and programs to end child trafficking, by reducing supply [combating demand] and strengthening communities. Children suffer from short-term and long-term physical and mental effects due to being trafficked. Human-rights abuses; collaboration and prevention	Qualitative/Quantitative
Raymond, J; Hughes, D.M., and Gomez, C.J. (2001)	Sex trafficking of women in U.S.: Trends	women, survivors of sex trafficking, U.S., sex industry, policies and research	Every year 50,000 women and children are trafficked. Women were interviewed to follow step-by-step what the industry is like and how they are impacted and affected by it. Depending on where the women live, the workings of the industry may differ. Women suffer social, physical, mental, psychological consequences. There are links between domestic and international industries.	Qualitative/Quantitative survey; targeted sampling; multi-systemic; survivors/victims (International N=15, U.S. N=25); Law Enforcement N=32; Social Service workers N=43; Healthcare workers N=13
Rigby, P., Malloch, M., and Smith N.H. (2012)	Report on child trafficking and care provision: Towards better care	victims of sex trafficking, women and children	examining most effective models of care and support for children trafficked in UK. Little empirical evidence and limited understanding and support of how to work with	N/A

			survivors and victims of sexual trafficking. Identifies gaps in literature between needs of victims and responses from service providers; explains a model specific to practice issues, including holistic interventions and support	
Saltzman, M., Matic, M., and Marsden, E. (2013)	Adlerian Art Therapy with sexual abuse/assault survivors	survivors/victims of sexual abuse and assault; trauma, neuroscience	Adlerian art therapy is a powerful intervention for working with survivors of sexual trauma; provides a holistic approach, as each survivor may present differently. As clients engage in art, their brain patterns also change and they are able to process and heal from the trauma	Qualitative case study
Schrader, E. & Wendland, J. (2012)	Music Therapy...Cambodia...Survivors of Child Sex Exploitation	aftercare, arts, music, trafficking, vicarious trauma	how victims and clinical staff responded to techniques utilizing music and arts to help tell their stories and express their emotions; new ways to cope; rehabilitation for victims of human sex trafficking at an aftercare center in Cambodia	Qualitative Case Study
Stotts, E., J.R., & Ramey, L. (2009)	Human trafficking: Call for action	advocacy and care for U.S. victims of trafficking	The limitations thus far on how mental health professionals have treated victims of domestic U.S. sexual trafficking and exploitation.	N/A

			The psychological effects endured by survivors/victims; different models for trauma work with survivors and victims	
Tan, L. (2012)	Art Therapy with Trafficked Women	aftercare, sex trafficking, music, art	Young girls and women are trafficked in Cambodia, usually in context of financial hardship and gender inequality (cultural paradigms). Art2Healing Project attempts to create awareness at international level. Introduced a model for "art therapy workshop", to guide future interventions	Qualitative case study; "socio-ethnographical approach" using narrative analysis
Trippany, R., Kress, V., & Wilcoxon, S. (2004)	Preventing vicarious trauma: what counselors should know when working with trauma survivors	counselors, mental health professionals, survivors of trauma		N/A
U.S. Dept. of State (2010)	Trafficking in Persons Report, 10th edition	children, adults, victims, domestic, international	The annual U.S. briefing on the situation of human trafficking around the world - includes country/area profiles, numbers and statistics, policy changes, definitions, and ongoing challenges	N/A
U.S. Dept. of State (2012)	Trafficking in Persons, 2010: What is trafficking?	children, adults, bonded labor, victims	Describes eight different categories within and related to the term of "human trafficking", which	N/A

			includes bonded labor, child labor, child sex trafficking, adult sex trafficking, child soldiers, debt bondage, involuntary domestic servitude	
U.S. Human Smuggling and Trafficking Center (2008)	Domestic Human Trafficking: An Internal Issue	children, adults, victims, assistance, labor, prostitutes, pimps	How U.S. domestic trafficking differs from international trafficking; defines labor trafficking and sex trafficking, roles of "pimps", how trafficking occurs; includes 2 case studies of different victims	Case Studies
Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., and Watts, C. (2008)	Health of trafficked women: women entering posttrafficking services in Europe	trafficking survivors, Europe, physical and emotional health	Trained mental health professionals evaluated 192 women who had escaped from trafficking situations 14 days prior, for the physical and mental health symptoms. 3 instruments used to obtain information. Results indicate that women need recovery services right away to address their physical and mental health trauma.	Quantitative survey; N=192
Zimmerman, C., & Watts, C. (2004)	Guidelines to Interviewing Trafficked Women	women, human trafficking, trauma	10 guiding principles for interviewing women who have been trafficked, under premise of doing no harm; developed from the World Health Org's "Ethical and Safety Recommendations	N/A

			for Interviewing Trafficked Women" (2003)	
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Appendix B

Sample Email Announcement/Memo for Recruitment of Interviewees

From: Rosette Lee (rosette.lee@pepperdine.edu)

To:

Date:

Subject: Recruitment of mental health practitioners for study

To whom this may concern:

A study is being conducted regarding the usefulness of expressive art techniques as an intervention with survivors of sex trafficking. Are you currently working in mental health as a psychologist, MFT, MFT intern, social worker, paraprofessional, or other? Have you worked with at least one adult or child trafficking survivor? Have you used art with these clients, and would you be willing to share your story? If you respond yes to these questions, I would be very interested in speaking with you! Please contact me via e.mail at rosette.lee@pepperdine.edu. Participants will be entered in a drawing for a \$50 gift card at the end of the study. Thank you for your interest!

Sincerely,

Rosette Lee, M.A., LMFT

Appendix C

Informed Consent for Participants of Clinician Interview

PEPPERDINE UNIVERSITY***Graduate School of Education and Psychology*****INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES****Expressive Arts as a Treatment for Survivors of Sexual Trauma:
Studying the Phenomenon of Expressive Arts Use with Adult Survivors of
Domestic Sexual Trafficking**

You are invited to participate in a research study conducted by Rosette K. Lee, M.A., Psy.D. student and Dr. Thema Bryant-Davis, Ph.D., associate professor of psychology at Pepperdine University, because you are either a licensed or unlicensed mental health professional with a background, experience, or interest in providing mental health services to populations who have experienced trauma, and specifically in providing expressive or therapeutic arts treatment to female survivors of sex trafficking. Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. If you decide to participate, you will be asked to sign this form. You will also be given a copy of this form for your records.

PURPOSE OF THE STUDY

The primary purpose of this study is to gather information from licensed and/or experienced mental health providers about their personal and professional experiences providing arts-focused treatment to adult female survivors of sexual trafficking within the United States. Currently, there is little published research or data alluding to the effectiveness of utilizing different modalities for treatment of survivors of sexual trafficking. This study hopes to mitigate that and contribute to the value of expanding positive and effective treatment modalities for this population.

STUDY PROCEDURES

If you volunteer to participate in this study, you will be asked to participate in an interview consisting of a demographic survey as well as a more in-depth interview pertaining to the mental health treatment I have offered to female survivors of sexual trafficking. The interview will be conducted in English. The demographic survey will include questions requesting information about who you are, and your professional background. You will be asked to provide information on your years of training, experience, degree of licensure, and expertise in this area. Second, you will be asked for information describing the art methods you have utilized, the process of establishing rapport with your clients, the process of

utilizing art, and the success of utilizing art with this population. The interview will be conducted in-person or via HIPPA-approved teleconferencing methods, and will be audio-recorded. You will still be able to participate in the study, even if you do not wish to be audio-recorded. The interview will be approximately 1 ½ to 2 hours in duration.

POTENTIAL RISKS AND DISCOMFORTS

There are possible risks for participating in the interview process. The potential and foreseeable risks associated with participation in this study include the possibility of being triggered as you recall the clients you have worked with and the traumatic experiences they may have suffered prior to entering into treatment. You will be able to refrain from answering any questions that make you uncomfortable. In the case you become emotionally aroused and experience discomfort or stress during the interview, you will be encouraged to take breaks, discuss the discomfort with the interviewer, or ask to terminate the interview if necessary.

Furthermore, you will be provided with referrals for resources where culturally appropriate support or mental health services may be available:

- **National Suicide Prevention Line (24hrs/7days)**
1-800-273-TALK (8255)
www.suicidepreventionlifeline.org
- **The Samaritans 24-Hour Crisis Line**
(212)-673-3000
<http://samaritansnyc.org/24-hour-crisis-hotline/>
- **United Way Crisis Helpline**
1-800-233-HELP
<http://www.211.org/services/crisis-and-emergency>

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

While there are no direct benefits to the study participants, there are several anticipated benefits to society. The findings of this study will have important implications, as it will increase awareness of the need for mental health services to be integrated into working with survivors of trauma, particularly those who have been involved in the sex trafficking industry.

PAYMENT/COMPENSATION FOR PARTICIPATION

For participation in this study, there will be compensation in the form of a \$50 gift card, should you choose to participate in and complete the interview.

CONFIDENTIALITY

The records collected for this study will be confidential as far as permitted by law. However, if required to do so by law, it may be necessary to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if disclosed any instances of child abuse and elder abuse. Pepperdine's University's Human Subjects Protection Program (HSPP) may also access the data collected. The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

The principle investigator, Rosette Lee, M.A., will take all reasonable measures to protect the confidentiality of your responses and privacy. Your identity, as well as the identities of any former clients, will not be revealed in any publication or presentation that may result from this study. Responses will be coded with a pseudonym and transcript data will be maintained separately. Audiorecordings will be destroyed once they have been transcribed.

Only the principle investigator and her supervisor, Dr. Thema Bryant-Davis, will have access to the responses from the surveys. The data will be stored on a password-protected computer in the principal investigator's place of residence. The data collected will be coded, de-identified, and transcribed. The data collected from the interviews will be coded to remove all identifiable information, and will be kept for a reasonable length of time and destroyed once it is no longer being utilized for this research study (data will be stored for a minimum of three years and then destroyed).

SUSPECTED NEGLECT OR ABUSE OF CHILDREN

Under California law, the researcher(s) who may also be a mandated reporter will not maintain as confidential, information about known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, he or she is required to report this abuse to the proper authorities.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

You may refuse to participate or withdraw from the research project at any time. You also have the right to refuse to answer any questions which you choose not to answer.

ALTERNATIVES TO FULL PARTICIPATION

The alternative to participation in the study is not participating or only completing the items for which you feel comfortable.

EMERGENCY CARE AND COMPENSATION FOR INJURY

If you are injured as a direct result of research procedures you will receive medical treatment; however, you or your insurance will be responsible for the cost. Pepperdine University does not provide any monetary compensation for injury.

INVESTIGATOR'S CONTACT INFORMATION

You understand that the investigator is willing to answer any inquiries you may have concerning the research herein described. You understand that you may contact Rosette Lee, M.A. directly at rosette.lee@pepperdine.edu. You are also able to contact her supervisor, Dr. Thema Bryant-Davis by e.mail at thema.s.bryant@pepperdine.edu, if you have any other questions or concerns about this research.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

SIGNATURE OF RESEARCH PARTICIPANT

You have read the information provided above. You have been given a chance to ask questions. Your questions have been answered to your satisfaction and you agree to participate in this study. You have been given a copy of this consent form.

AUDIO/VIDEO/PHOTOGRAPHS

- ☐ *You agree to have your responses audio-recorded for this study.*
- ☐ *You do not agree to have your responses audio-recorded for this study.*

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

You have explained the research to the subjects and answered all of his/her questions. In your judgment the participants are knowingly, willingly and intelligently agreeing to participate in this study. S/he has the legal capacity to give informed consent to participate in this research study and all of the various components. The subject has also been informed participation is voluntarily and that s/he may discontinue participation in the study at any time, for any reason.

Rosette K. Lee, M.A.

Date

Appendix D

Demographic Questions for Mental Health Practitioners

Demographic Questionnaire

1. What is your age?
 - a. 18-25
 - b. 26-30
 - c. 31-40
 - d. 41-50
 - e. 50 +
2. What is your gender?
 - a. Male
 - b. Female
3. What is your marital status?
 - a. Single
 - b. Married
 - c. Divorced
 - d. Widowed
4. Which ethnic group do you identify with?
 - a. Latino (non-white)
 - b. White-Caucasian
 - c. African-American/Black
 - d. Asian-American/Pacific Islander
 - e. Other:
5. What is your annual income?
 - a. Less than \$25,000
 - b. \$25,001 – \$39,999
 - c. \$40,000 – \$54,999
 - d. \$55,000 - \$69,999
 - e. \$70,000 - \$84,999
 - f. \$85,000 - \$99,999
 - g. \$100,000+
6. What is your highest level of education?
 - a. Associate's Degree (A.A.)
 - b. Bachelor's Degree (B.A.)
 - c. Master's in Arts/Science (M.A./M.S.)
 - d. Ph.D.
 - e. Psy.D.

7. What type of training have you had in mental health?
8. Are you licensed or specialized in any specific fields, in mental health? What is your title?
9. Has your training included training in counseling techniques, and/or specifically expressive arts techniques? Do you have training or experience working with survivors of trauma, and specifically survivors of sex trafficking?
10. How many years have you worked in your current field?
11. How many clients do you carry on your caseload on average?
12. What are the general demographics of your clients? Ethnicity, age, socioeconomic status?
13. Where do you generally see your clients (i.e. at the clinic, on the field, etc.)?
14. How many of these clients have experienced any sort of traumatic experiences (psychologically or emotionally) in their history? What do you mean? Has the client used the words in your quote or something else?

Appendix E

Interview Questions for Mental Health Practitioners

1. Have you used expressive arts with your clients in an individual setting or within a group setting?
2. What sorts of arts techniques have you utilized in your work, i.e. mixed media, drawing, painting, mask-making, music, drama, writing?
3. What mediums did you find were most successful in helping clients express and work through their lived experiences?
4. How many clients have you treated that are survivors of human sexual trafficking?
5. What was it like to integrate the use of expressive arts into your work with survivors of human trafficking?
6. What are some of the common issues and symptoms that your survivor clients present with?
7. How was the process of establishing rapport? How long did it take to establish rapport?
8. What was the process like for you? How did the process of utilizing art unfold through each session?
9. What was central to the process of healing and change? [Related to utilizing art, or another factor?]
10. Did you engage in the arts projects as well, working alongside the client?
11. Who keeps the final art project after completion, the practitioner or the client?
12. What did you observe within the client during the process of using expressive arts?
13. Would you be willing to share one particular story of a successful experience using arts with a client? (Disguise identity of the client with use of an alias)
14. How has the overall experience of working with clients, utilizing expressive arts, been for you personally?

Questions Adapted from:

Adoptee Restoration: Ask A Therapist: How is Trauma Part of Adoption? An Interview With Corie Skolnick. (n.d.). Retrieved July 14, 2015 from <http://www.adopteorestoration.com/2014/02/ask-therapist-how-is-trauma-part-of.html>

Trotter, L. (n.d.) Communication techniques interview with a trauma and torture counselor. Retrieved July 13, 2015 from <http://studentmag.acsedu.com/Articles/Communication-Techniques--Interview-with-a-Trauma-and-Torture-Counsellor.aspx>

Appendix F

Non-Disclosure Agreement

Temi Transcription Services

CLIENT NON-DISCLOSURE AGREEMENT

This CLIENT NON-DISCLOSURE AGREEMENT, effective as of the date last set forth below (this "Agreement"), between the undersigned actual or potential client ("Client") and **Rev.com, Inc./Temi** ("Rev.com") is made to confirm the understanding and agreement of the parties hereto with respect to certain proprietary information being provided to Rev.com for the purpose of performing translation, transcription and other document related services (the "Rev.com Services"). In consideration for the mutual agreements contained herein and the other provisions of this Agreement, the parties hereto agree as follows:

1. Scope of Confidential Information

1.1. "Confidential Information" means, subject to the exceptions set forth in Section 1.2 hereof, any documents, video files or other related media or text supplied by Client to Rev.com for the purpose of performing the Rev.com Services.

1.2. Confidential Information does not include information that: (i) was available to Rev.com prior to disclosure of such information by Client and free of any confidentiality obligation in favor of Client known to Rev.com at the time of disclosure; (ii) is made available to Rev.com from a third party not known by Rev.com at the time of such availability to be subject to a confidentiality obligation in favor of Client; (iii) is made available to third parties by Client without restriction on the disclosure of such information; (iv) is or becomes available to the public other than as a result of disclosure by Rev.com prohibited by this Agreement; or (v) is developed independently by Rev.com or Rev.com's directors, officers, members, partners, employees, consultants, contractors, agents, representatives or affiliated entities (collectively, "Associated Persons").

intended disclosure and permits Client to intervene therein to protect its interests in the Confidential Information, and cooperate and assist Client in seeking to obtain such protection.

3. Certain Rights and Limitations

3.1. All Confidential Information will remain the property of Client.

3.2. This Agreement imposes no obligations on either party to purchase, sell, license, transfer or otherwise transact in any products, services or technology.

4. Termination

4.1. Upon Client's written request, Rev.com agrees to use good faith efforts to return promptly to Client any Confidential Information that is in writing and in the possession of Rev.com and to certify the return or destruction of all Confidential Information; provided that Rev.com may retain a summary description of Confidential Information for archival purposes.

4.2. The rights and obligations of the parties hereto contained in Sections 2 (Use and Disclosure of Confidential Information) (subject to Section 2.1), 3 (Certain Rights and Limitations), 4 (Termination), and 5 (Miscellaneous) will survive the return of any tangible embodiments of Confidential Information and any termination of this Agreement.

5. Miscellaneous

2.

2.1.

Use and Disclosure of Confidential Information

Rev.com will keep secret and will not disclose to anyone any of the Confidential Information, other than furnishing the Confidential Information to Associated Persons; provided that such Associated Persons are bound by agreements respecting confidential information. Rev.com will not use any of the Confidential Information for any purpose other than performing the Rev.com Services on Client's behalf. Rev.com will use reasonable care and adequate measures to protect the security of the Confidential Information and to attempt to prevent any Confidential Information from being disclosed or otherwise made available to unauthorized persons or used in violation of the foregoing.

5.1. Client and Rev.com are

contractors and will so represent themselves in all regards. Nothing in this Agreement will be construed to make either party the agent or legal representative of the other or to make the parties partners or joint venturers, and neither party may bind the other in any way. This Agreement will be governed by and construed in accordance with the laws of the State of California governing such agreements, without regard to conflicts-of-law principles. The sole and exclusive jurisdiction and venue for any litigation arising out of this Agreement shall be an appropriate federal or state court located in the State of California, and the parties agree not to raise, and waive, any objections or defenses based upon venue or forum non

2.2. Notwithstanding anything to the contrary herein, Rev.com is free to make, and this Agreement does not restrict, disclosure of any Confidential Information in a judicial, legislative or administrative investigation or proceeding or to a government or other regulatory agency; provided that, if permitted by law, Rev.com provides to Client prior notice of the

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independent

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conveniens. This Agreement (together with any agreement for the Rev.com Services) contains the complete and exclusive agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings with respect thereto, whether written or oral, express or implied. If any provision of this Agreement is held invalid, illegal or unenforceable by a court of competent jurisdiction, such will not affect any other provision of this Agreement, which will remain in full force and effect. No amendment or alteration of the terms of this

Agreement will be effective unless made in writing and executed by both parties hereto. A failure or delay in exercising any right in respect to this Agreement will not be presumed to operate as a waiver, and a single or partial exercise of any right will not be presumed to preclude any subsequent or further exercise of that right or the exercise of any other right. Any modification or waiver of any provision of this Agreement will not be effective unless made in writing. Any such waiver will be effective only in the specific instance and for the purpose given.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed below by their duly authorized signatories.

CLIENT

Print Name:

By:

Name:

Title:

Date:

Address for notices to Client:

REV.COM, INC.

By:

Name: Cheryl Brown Title: Account Manager Date: June 13, 2018

Address for notices to Rev.com, Inc.:

222 Kearny St.

Suite 800

San Francisco, CA 94108

LIBC/4524740.1

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Appendix G

Site Agreement, Aim For Breakthrough Counseling Services



October 15, 2017

Pepperdine University
Graduate and Professional Schools Institutional Review Board (GPS IRB)
6100 Center Drive – 5th Floor
Los Angeles, CA 90045

RE: Rosette Lee, M.A.
Study: Expressive Arts as a Treatment for Survivors of Sexual Trauma: Studying the Phenomenon of Expressive Arts Use with Adult Survivors of Domestic Sexual Trafficking

To GPSIRB:

This letter is to convey that I have reviewed the proposed research study being conducted by Rosette Lee, M.A., intended to interview study participants (mental health clinicians) at **Aim For Breakthrough** and find Expressive Arts as a Treatment for Survivors of Sexual Trauma: Studying the Phenomenon of Expressive Arts Use with Adult Survivors of Domestic Sexual Trafficking acceptable. I give permission for the above investigators to conduct research at this site. If you have any questions regarding site permission, please contact: 818-985-1211 ext.1.

Sincerely,

A handwritten signature in black ink that reads 'Audrey Davidheiser'.

Audrey Davidheiser, Ph.D.
Licensed Psychologist (PSY 22815)
Aim for Breakthrough, Founder/CEO

Appendix H
Master Table of Themes

Themes	Participants
Kinds of Expressive Arts Used with Clients <ul style="list-style-type: none"> • Use of words and poetry • Use of Journaling • Use of collages 	P001, P003, P004, P005, P006 P004 P006 P001
Uses of Expressive Art <ul style="list-style-type: none"> • Exploration of Identity and Self-Exploration • Trauma Exploration • Establishing Rapport, Frame, Alliance • Exploration of Emotions, Access Non-Verbal • Other Uses <ul style="list-style-type: none"> ○ Construct Narratives ○ Explore Strengths/Strengths-Based ○ As a Coping Strategy ○ Connection to Others 	P001, P002, P003, P004, P005, P006 P001, P002, P003 P001, P002, P003, P004, P005, P006 P001, P002, P004, P005, P006 P002, P004, P005, P006 P002 P002, P003, P004, P005, P003 P002, P004, P005
Benefits of Expressive Art <ul style="list-style-type: none"> • Extends Beyond Age • Instilling Hope • Promotes Healing and Change • Non-Directive, Unstructured, Client-Directed • Builds Self-Worth and Self-Confidence • Reduction in Symptoms 	P002 P003, P004, P006 P001, P005 P002, P003, P004, P005 P002 P003, P005
Expressive Arts and Choice	P002, P003, P004, P006
Expressive Arts and the Therapeutic Process	P001, P003, P004, P005, P006
Expressive Arts and Evidence-Based Practice	P001, P002, P004
Expressive Arts and Spirituality	P003, P006
Expressive Arts and the Therapeutic Relationship	P002, P003
Expressive Arts as an Adjunctive Intervention	P001, P004
Expressive Arts as self-care for clinician	P002, P003
Importance of Authenticity and Transparency	P002, P003, P005, P006
Limitations and Challenges <ul style="list-style-type: none"> • Vicarious Trauma/Secondary TS • More Training Needed 	P002, P003, P004, P005, P006 P002, P003, P004, P005, P006 P003, P004, P006

Appendix I
IRB Protocol Form



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: March 07, 2017

Protocol Investigator Name: Rosette Lee

Protocol #: 16-09-368

Project Title: Expressive Arts as a Treatment for Survivors of Sexual Trauma: Studying the Phenomenon of Expressive Arts Use with Adult Survivors of Domestic Sexual Trafficking

School: Graduate School of Education and Psychology

Dear Rosette Lee:

Thank you for submitting your application for exempt review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46.101 that govern the protections of human subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Since your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chair