St Mary's University London

Bakhita Centre for Slavery, Safety & Social Justice

Applied Research, Education & Training

"Much brighter than the darkness before":

The role of Music Therapy in the recovery of female survivors of modern slavery and human trafficking at Caritas Bakhita House

Caritas Westminster

Caritas Bakhita House

Signatur

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Executive summary

Caritas Bakhita House (CBH) works with women of all ages who have experienced trauma due to criminal, sexual or other forms of exploitation, domestic servitude and/or forced labour. They have been brutalised and denied agency, sometimes for decades. CBH offers them a place of safety and support where they can remain until they feel ready to move on to their new life beyond modern slavery. Music therapy has been introduced into the programme of trauma informed activities in CBH. Understandings of the impact of trauma have developed exponentially over recent years. Key scholars have identified that all trauma is preverbal; trauma victims experience a deactivation in the left hemisphere of the brain which is responsible for talking and an activation in the right hemisphere of the brain responsible for creativity, artistic and musical skills. Creative therapies, including music therapy, have therefore proven to be beneficial in the healing of trauma by providing a unique language through which victims can access and express their emotions in a safe and nurturing environment.

The music therapy programme at CBH includes one-to-one and group therapy sessions, delivered by a Nordoff Robbins[1], Health and Care Professions Council (HCPC)[2] qualified music therapist. Throughout the period of this study (2023-2026), the music therapist and the researcher worked closely together to ensure a robust evaluation of the music therapy programme, based on a philosophical and moral framework of deep commitment to the recognised value of creative interventions to work with trauma; acknowledging the uniqueness of CBH as a safe house, and ensuring that our work is underpinned by reflective practice, as therapist and researcher.

The main source of data analysed for the findings section of this report by the researcher is from one-to-one interviews with 13 female survivors of modern slavery and human trafficking, and some reflections from observations. In addition, a report written by the Music Therapist has been included in the findings section, based on her interactions in therapy sessions with 45 women. This contributes insights into the ways in which music therapy has been recognised by the women as a valued component of the experience of CBH. Combined findings and insights show that music therapy has contributed to greater self-awareness, empowerment, and understanding of using music for emotional regulation. Indeed, the title of this report includes a quote from one of the women about music therapy helping her to see the future as "much brighter than the darkness before". Music therapy has also provided a safe space for the women to experience a sense of personal agency and freedom in making decisions within music therapy sessions, an opportunity previously denied in their experiences of exploitation and control.

During the period of the study, an additional activity, bi-annual music gatherings, evolved organically, becoming a valued part of the calendar at CBH. Everyone present in CBH is invited to participate, including me, the researcher, all staff, the women, babies, and Marley the cat (although he didn't seem so keen!), with Daisy, the music therapist facilitating the musical elements. These gatherings have provided an opportunity for everyone to be musical, whether banging on a drum, singing or playing one of several available instruments. The microphone took on a particularly symbolic meaning, seeming to empower the women to get involved, whether through singing or making an impromptu speech. The gatherings have contributed to creating a community of practice in CBH, in which an egalitarian model of sharing music and musicianship has evolved, resulting in the creation of an additional safe space within the safe house, where the women can communicate in a language beyond words. This has been a critical contribution to their experience of recovery, given that most of the women do not have English as a first language. But more importantly, expression through music overcomes some of the barriers of communication through speech, in whatever language. Music has thus become a key component within the activities at CBH. It has proven to be a powerful mode of engagement, communication and empowerment.

1 Nordoff Robbins, "The Nordoff Robbins Approach," Nordoff Robbins, accessed August 20, 2026, https://www.nordoff-robbins.org.uk/the-nordoff-robbins-approach.

2 Health and Care Professions Council, "Check the Register," HCPC, accessed August 20, 2026, https://www.hcpc-uk.org/check-the-register.

Project aims and objectives

The Bakhita Centre for Research on Slavery, Safety and Social Justice at St Mary's University was commissioned by Caritas Bakhita House to undertake an evaluation of the Music Therapy Service.

The aims of this independent evaluation were, as stated in the original bid:

- To help to understand more deeply the outcomes for guests[3] (the female survivors) and the degree of sustained impact for women after they have left CBH.
- To inform the development of the service.
- To share good and promising practice with other organisations committed to ending modern slavery and human trafficking.
- To better support victims and survivors.

Key findings

Four key themes were identified from the interview analysis, summarised below. These themes align with themes identified by the music therapist, which include: emotional regulation, embodiment, building resilience, and supporting social interaction. Reflections from music gathering observations and interactions are also included as additional data and are discussed in more detail in the report.

1. Musical biographies: exclusion, access and belonging:

Participants' early relationships with music were shaped by their families, communities, cultural backgrounds, and religious experiences. These social contexts provided important routes through which participants encountered and engaged with music. However, access was uneven. Participants also identified socio-economic and political issues including poverty and limited financial resources as barriers to formal music education and other opportunities for musical participation. Decisions to participate in the music therapy were also influenced by prior experiences. This theme therefore situates participants' later engagement with music therapy within their pre-existing musical biographies and the broader social and structural conditions that shaped access to music.

2. Music therapy as a space for safety, freedom, and agency:

Music therapy was conceptualised as a safe and therapeutic space in which participants experienced a sense of freedom and autonomy. Within this space, they could choose whether and how to participate; for example, by playing instruments, listening, creating music, interacting with the therapist, or simply being present. The emphasis within this theme is therefore on the qualities of the therapeutic environment and the opportunities it afforded participants for choice, agency, and self-directed engagement.

4. Music therapy for emotional regulation:

Participants also described music therapy as a means of managing and working with emotional states. Playing, listening to, and writing music provided ways of expressing, processing, containing, or shifting emotions. In contrast to the first theme, the emphasis here is not primarily on the therapeutic space itself, but on the emotional function that engagement with music served.

3. Music as an enduring resource for self-care:

Participants described music as a resource that could extend beyond the formal music therapy programme. They identified musical activities and practices as strategies they could continue to use independently for self-care, comfort, and emotional support after leaving the programme. This theme therefore captures the transferability and longer-term value of music as a personally controlled coping resource.

The themes are discussed in more detail in the Findings section.

New practices and innovations that emerged from the work: Communal music gatherings

On 5th July 2023, to celebrate CBH's ninth birthday, there was a barbecue and a music session. Both staff and guests shared songs with each other, with everyone playing and singing together. Some guests who had recently left returned and joined in. Some guests used the new microphone, and two guests made impromptu thank you speeches. The new guests connected – through music – both to each other and to the more established guests. There was a feeling of celebration – of all the remarkable women in the room and of CBH and how it helps the path to recovery.

Due to the positive engagement in this additional activity by all members of the community – even those who chose not to sing – and the sense of empowerment and joy evident in the room, it was decided to include more regular opportunities for the whole community to come together, to sing, play instruments, make impromptu speeches, and sometimes dance. The tradition of biannual music 'parties' has continued, with 'gatherings' taking place in December 2023, July 2024, December 2025, and May 2026. Further observations and reflections on the music gatherings are included in the findings and analysis section.

Recommendations

- Continue to offer music therapy at Caritas Bakhita House.
- Continue to develop the music gatherings and consider more frequent meetings.
- Consider additional modes of data collection for future research e.g. creative methods to gather more detailed insights into the musical lives of the women.
- Create a space for the music therapist and the researcher to share insights and experiences in a safe manner to contribute to a more cohesive understanding of the music therapy programme.
- Seek additional opportunities for sharing learning from the music therapy project, which may include:
  - presenting at additional conferences
  - writing and sharing briefings and reports
  - identifying new partnerships to explore opportunities to increase impact for a wider audience.
  - organising a webinar to share learning with other organisations working with victims of trauma

Dissemination of learning and research

Upon completion of the project, the following activities are planned:

1. Professional/Academic: Joint presentation by the researcher and the music therapist at the British Association of Music Therapy (BAMT) Annual Conference, (November 21-22, 2026).
2. Sector and practitioner engagement: Announcement in the newsletter of the Human Trafficking Foundation with link to report (October 2026).
3. Events/direct engagement: Launch event for research (September 2026).
4. Digital platforms: Link to report on the Caritas Bakhita House and Bakhita Centre websites (October 2026).

3 Caritas Bakhita House uses the term 'guest' to refer to women who access their service, with fits with the ethos of the service overall.

Table of contents

Executive summary 2
- Project aims and objectives 2
- Key findings 2
- Recommendations 3
- Dissemination of learning and research 3

Introduction 5
- Caritas Bakhita House background 5

Literature review 5
- Creative interventions 6
- Music as therapy 7
- What is music therapy? 7
- How does music therapy work? 7

Music therapy at Caritas Bakhita House 9

Approach to music therapy and description of the music therapy programme 9

Communal music gatherings: “well, it’s not exactly music therapy, is it?” 10

Reflections on participant observations: music gatherings and patchwork ethnography 10

Details of evaluation 11
- Methods 11

Data analysis 12
- Findings 12

Music therapist insights – case studies, themes and reflections 16

Conclusion 20

Reflections on progress and future development plans 20
- Communal music gatherings: new practices and innovation/s that emerged from the work 20

Discussion 21

Recommendations 21

Bibliography 22

Appendix 1 24

Appendix 2 24

Introduction

Caritas Bakhita House background

The Roman Catholic Diocese of Westminster initiated Caritas Bakhita House (CBH) in 2015 in response to the increase in incidences of modern slavery and human trafficking. CBH is a safe house for 12 women at any one time who have survived human trafficking and modern slavery. These women have experienced trauma due to criminal, sexual or other forms of exploitation, domestic servitude and/or forced labour. They have been abused and denied agency, sometimes for decades. CBH offers them a place of safety and support where they can remain until they feel ready to move on to their new life beyond modern slavery.

The values and principles of CBH are drawn from the Catholic faith: Love, Respect, Community, and Spirituality.

- **Love** is shown in compassionate support and long-term commitment.
- We **respect** the dignity of every individual.
- Our community creates **friendship and belonging**.
- We nurture spirituality in **creative activities** that can bring joy and lift the spirit[4]

Guided by Catholic values of love, respect, community, and spirituality, CBH offers a welcoming environment for women of all faiths and none. Staff provide 24-hour support, and since its inception the service has supported 234 women and 18 babies from 52 countries, including asylum seekers and women referred through the National Referral Mechanism (NRM)[5].

Many women arrive having experienced severe physical and psychological abuse. CBH's values form the foundation of recovery, with trust-building beginning immediately through hospitality, compassion, and respect. Trauma-informed practice underpins all interventions, recognising the importance of emotional wellbeing alongside practical support. Through acceptance, dignity, and unconditional support, women are encouraged to rebuild self-esteem and begin healing from trauma[6].

Promoting independence is central to the programme. Women actively participate in developing their support plans, making decisions about their lives, and contributing to CBH meetings where all voices are valued equally. This approach empowers women to regain control, develop resilience, and build confidence in navigating future challenges.

Community is fostered through shared living, regular celebrations, and everyday acts of kindness. Birthdays and cultural events help restore a sense of belonging, while shared meals provide opportunities for mutual support and encouragement. Women further along in their recovery often inspire newer residents by sharing their experiences of learning English, volunteering, and pursuing education.

Throughout their stay, women contribute to creating a safe and supportive home environment that promotes self-expression, independence, and recovery. By embedding its core values in all aspects of service delivery, CBH aims to support women in rebuilding their lives free from exploitation.

Literature review

The following discussion highlights findings from literature and research relevant to the themes of this study. It begins with a brief overview of the impact on modern slavery and human trafficking (MSHT) on victims and survivors[7]. This is followed by a more detailed discussion of trauma and other mental, physical and psychological impacts of MSHT. The benefits of creative interventions are then considered, concluding with a specific focus on music and music therapy.

Modern slavery and human trafficking (MSHT) constitute grave human rights abuses. The literature consistently documents the profound physical, psychological, and social consequences of trafficking, with associated trauma often compared to torture[8]. Conceptual models highlight the cumulative impact of trafficking across the survivor journey, from recruitment through to reintegration or re-trafficking[9]. Trauma and post-traumatic stress disorder (PTSD) are central themes, with trauma defined as:

> an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being[10].

Victims and survivors are severely harmed, sometimes physically, always psychologically. PTSD is among one of the most common side effects of trauma associated with persons who have endured modern slavery and human trafficking. Other prevalent side effects for this group include anxiety, depression, substance abuse and addiction, dissociation and psychosis[11].

A recent study of trafficking survivors in England found that nearly 80% of female survivors reported anxiety, depression or PTSD and 51% reported suicidal ideation[12].

4 Caritas Bakhita House Annual Report, 2020.

5 The NRM is the UK's system for identifying and supporting victims of modern slavery or human trafficking.

6 R. Witkin and K. Robjant, The Trauma-Informed Code of Conduct for All Professionals Working with Survivors of Human Trafficking and Slavery (London: Helen Bamber Foundation, 2018), http://www.helenbamber.org/wp-content/uploads/2019/01/Trauma-Informed-Code-of-Conduct.pdf.

7 The terms' victim' and 'survivor' are both used in this report, reflecting their use in written material, policy and legislation.

8 Organization for Security and Co-operation in Europe (OSCE), Trafficking in Human Beings Amounting to Torture and Other Forms of Ill-Treatment, Occasional Paper Series no. 5 (Vienna: OSCE, 2013), osce.org.

9 C. Zimmerman, L. Kiss, and M. Hossain, "Migration and Health: A Framework for 21st Century Policy-Making," PLoS Medicine 8, no. 5 (2011): e1001034, https://doi.org/10.1371/journal.pmed.1001034.

10 Substance Abuse and Mental Health Services Administration, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, HHS Publication No. SMA 14-4884 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014).

11 T. Salami, M. Gordon, J. Coverdale, and P. T. Nguyen, "What Therapies Are Favored in the Treatment of the Psychological Sequelae of Trauma in Human Trafficking Victims?," Journal of Psychiatric Practice 24, no. 2 (2018): 87–96, https://doi.org/10.1097/PRA.0000000000000288.

12 L. Jobson, K. A. Wade, S. Rasor, E. R. Spearing, C. McEwen, and D. Fahmi, "Associations between the Misinformation Effect, Trauma Exposure and Symptoms of Posttraumatic Stress Disorder and Depression," Memory 31, no. 2 (2023): 179–91, https://doi.org/10.1080/09658211.2022.2134422.

The prevalence of depression, anxiety or PTSD among UK survivors was reported as 70% with 38% reporting suicidal ideation[13]. Additionally, the mean depression and anxiety scores for female survivors placed them in the 95th and 97th percentile of the general population, demonstrating the severity of these conditions[14]. Approximately 70% of people globally will experience a potentially traumatic event in their lives but only about 5.6% will result in PTSD. Research consistently shows that PTSD is more common among those who have experienced multiple traumas and that recovery without treatment is rare[15].

The trauma faced by victims of human trafficking and modern slavery is complex as traffickers can target individuals who are disadvantaged and isolated. They may live without a feeling of control over their own lives and can, as a result, struggle to feel safe[16]. For victims of trafficking for sexual exploitation, the psychological consequences extend beyond PTSD, with survivors also reporting high levels of shame, anxiety and depression, alongside a pronounced lack of agency that could make even routine decision-making difficult[17]. These findings align with the argument that trauma can undermine a person's sense of self-leadership and personal control, making the restoration of ownership over one's body and mind an important aspect of recovery[18]. These psychological effects can be long-lasting.

In their examination of trauma-related difficulties, particularly PTSD, among female survivors of sexual exploitation, the complexity of survivors' traumatic experiences is highlighted[19]. Many had experienced multiple forms of trauma, including severe physical and sexual abuse, which in some cases were preceded by childhood trauma or other adverse experiences occurring prior to trafficking[20]. Importantly, subjective experiences of restricted freedom were associated with increased mental health risks[21]. Overall, these studies suggest that recovery from sexual and other forms of exploitation involves not only addressing trauma-related psychological distress, but also rebuilding agency, autonomy, and the capacity to exercise meaningful choice.

In the UK, current support frameworks like the National Referral Mechanism (NRM) have been criticised for offering support that is short in duration and not sufficiently tailored to individual needs. This has led to calls for the adoption of trauma-informed care (TIC), and person-centred, culturally sensitive approaches to better address the variety of health and psychological implications faced by adult survivors[22/23/24/25]. Studies emphasise the need for tailored, individualised interventions to support recovery[26/27]. To support victims to full recovery, deep knowledge of the impacts of MSHT both in the short and longer term is essential. Research on modern slavery and human trafficking includes practitioner-informed guidance complementing academic research by demonstrating how evidence informs survivor support.

These studies argue that professionals need to be dependable, respectful and use culturally competent interventions that are focused on the safety and empowerment of the survivors[28], underscoring the importance of recognising the enduring effects of trauma when designing and delivering support for survivors of modern slavery and human trafficking[29].

Creative interventions

There has been growing interest in the use of creative interventions for addressing the persistent effects of trauma. While there is scant literature specifically on music therapy and how it is experienced by survivors of modern slavery, studies undertaken in the broader context of the use of creative interventions with survivors of trauma recovering from various forms of exploitation and abuse are informative and applicable to the current study[30]. Creative interventions can offer alternative treatment modalities that are trauma informed and which can aid the recovery process. Indeed, the arts have long been recognised as a means of coping with trauma:

13 Ibid., 81.
14 Ibid., 19.
15 K. Robjant, J. Roberts, and C. Katona, "Treating Posttraumatic Stress Disorder in Female Victims of Trafficking Using Narrative Exposure Therapy: A Retrospective Audit," Frontiers in Psychiatry 8 (2017): art. 63, 2, https://doi.org/10.3389/fpsyt.2017.00063.
16 M. K. Kometiani and K. W. Farmer, "Exploring Resilience through Case Studies of Art Therapy with Sex Trafficking Survivors and Their Advocates," The Arts in Psychotherapy 67 (2020): 101582, 3, https://doi.org/10.1016/j.aip.2019.101582.
17 Ibid., 5.
18 T. Forte, "The Body Keeps the Score: Brain, Mind, and Body in the Treatment of Trauma (Book Summary)," Forte Labs, accessed August 20, 2024, https://fortelabs.com/blog/the-body-keeps-the-score-summary.
19 Ibid.
20 Ibid., 2–3.
21 Ibid., 5.
22 A. Brachou, R. Lazzarino, C. Murphy, and E. Karra Swan, "Understanding Albanian Culture of Migration: The Role of the Family in Precarious Journeys and Human Trafficking," Anti-Trafficking Review (2025).
23 C. Murphy and K. Anstiss, "Survivor Support: How a Values-Based Service Can Enhance Access to Psychological Capital," in Modern Slavery and Human Trafficking: The Victim Journey, ed. C. Murphy and R. Lazzarino (Bristol: Policy Press, 2023).
24 C. Murphy and R. Lazzarino, eds., Modern Slavery and Human Trafficking: The Victim Journey (Bristol: Policy Press, 2023).
25 K. Gaitis, Addressing the Trauma of Human Trafficking Victims in the UK: Insight 62 (Glasgow: Iriss, 2022), 3, https://www.pure.ed.ac.uk/ws/portalfiles/portal/333226403/Gaitis2022AddressingTheTraumaOfHumanTraffickingVictims.pdf.
26 S. Oram, H. Stöckl, J. Busza, L. M. Howard, and C. Zimmerman, "Prevalence and Risk of Violence and the Physical, Mental, and Sexual Health Problems Associated with Human Trafficking: Systematic Review," PLoS Medicine 9, no. 5 (2012): e1001224, https://doi.org/10.1371/journal.pmed.1001224.
27 D. Okech, N. Hansen, W. Howard, J. K. Anarfi, and A. C. Burns, "Social Support, Dysfunctional Coping, and Community Reintegration as Predictors of PTSD among Human Trafficking Survivors," Behavioral Medicine 44, no. 3 (2018): 209–18, https://doi.org/10.1080/08964289.2018.1432553.
28 S. Hemmings et al., "Responding to the Health Needs of Survivors of Human Trafficking: A Systematic Review," BMC Health Services Research 16 (2016): 320, 1, https://doi.org/10.1186/s12913-016-1538-8.
29 Murphy and Anstiss, "Survivor Support," in Modern Slavery and Human Trafficking: The Victim Journey.
30 Dorit Amir, "Giving Trauma a Voice: The Role of Improvisational Music Therapy in Exposing, Dealing with and Healing a Traumatic Experience of Sexual Abuse," Music Therapy Perspectives 22, no. 2 (2004): 96–103, https://doi.org/10.1093/mtp/22.2.96.

> From time immemorial, people of all ages have turned to play and to the arts to deal not only with the stresses of everyday life, but also to cope with trauma-experiences that are too overwhelming for the ego to assimilate. From the soothing of David's biblical harp to the catharsis of classic Greek drama, the arts have offered solace to those under stress[31].

In the seminal text, The Body Keeps the Score[32], the author discusses the challenges encountered in dealing with trauma. He notes that all trauma is preverbal; trauma victims experience a deactivation in the left hemisphere of the brain which is responsible for talking and an activation in the right hemisphere of the brain responsible for creativity, artistic and musical skills. Creative therapies have been proposed as beneficial in the healing of trauma by providing a unique language through which victims can access and express their emotions in a safe and nurturing environment[33/34].

Creative therapies can take a variety of forms such as art, music, dance, drama, play and storytelling. While these therapies require consideration of the specific needs of the individual, all methods are generally used in cases of trauma and aim to strengthen and restore resilience in victims. Specifically, creative therapies support those who have experienced traumatic events to process their feelings through alternative methods of expression.

Given the non-invasive, interactive and flexible nature of creative therapies, victims of trauma can enjoy the therapeutic benefits through gentler means, ultimately connecting them to a sense of hope. This has tremendous effects on levels of resilience and ability to persevere through difficulty, as well as increase capacity to continue with other more traditional forms of therapy. The following section focuses specifically on music and music therapy to provide context for the findings from this current study.

Music as therapy

Research has demonstrated that 'listening to music activates brain structures involved in reward, pleasure, and emotional processing'[35]. This is particularly useful in the treatment of individuals who have survived extreme circumstances such as war, violence, slavery and trafficking and are seeking assistance for complex mental illnesses such as PTSD. For clinical groups such as these, there is evidence showing that music therapy may be a more accessible and less stigmatising treatment option as it reduces emotional distress and fosters resilience by strengthening one's sense of identity and, in the case of group therapy, improving one's confidence in social environments[36].

Although the women in CBH do not engage in group therapy in general except for occasional group music therapy sessions, communal living and participation in shared daily activities are encouraged to foster a sense of belonging among women with similar experiences.

What is music therapy?

Music therapy has been defined as 'the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program'[37]. Music therapy is a unique intervention that addresses mental health conditions while offering a powerful platform for exploring and healing trauma dynamics in a sensitive and inclusive way. It fosters emotional expression, especially where a person's ability to communicate verbally is limited, also promoting self-discovery and empowerment through creative and nonverbal means, making it particularly valuable for addressing mental health issues in a trauma context[38].

How does music therapy work?

Neurobiological Foundations

Music can automatically capture attention and distract from negative experiences such as pain, anxiety, worry and grief by modulating activities of limbic and para-limbic brain structures involved in the initiation, generation, maintenance, termination and modulation of emotions. Anxiety, depression, and PTSD are partly related to dysfunction of these same brain structures[39]. Music leads to the release of endorphins to the brain, boosting positive feelings while reducing fear and sadness and improving overall emotional states. Creativity and imagination are enhanced by music therapy techniques which favour introspection and trauma awareness in a therapeutic and safe environment. The musical language, through the different brain processes involved, acts on feelings causing an internal movement in the person. This movement is the starting point which initiates change, allowing the person to mature, thus assuming and pacifying their traumas[40].

Social and psychological mechanisms

The effectiveness of music therapy goes beyond neurobiology. Qualitative evidence from survivors of sexual and psychological abuse highlights several complex factors at work including trust building and providing spaces which enable the expression of trauma through music. Additionally, encountering others with similar experiences, and understanding that traumatic events are common and not unique to a person can lead to acceptance of the problem and of oneself[41].

31 L. J. Carey, Expressive and Creative Arts Methods for Trauma Survivors (London: Jessica Kingsley Publishers, 2006), 15.
32 Bessel A. van der Kolk, The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma (New York: Viking, 2014).
33 J. Wang, B. Zhang, R. Yahaya, et al., "Colors of the Mind: A Meta-analysis of Creative Arts Therapy as an Approach for Post-traumatic Stress Disorder Intervention," BMC Psychology 13 (2025): 32, https://doi.org/10.1186/s40359-025-02361-4.
34 J. Heijman, H. Wouters, K. A. Schouten, and S. Haeyen, "Effectiveness of Trauma-Focused Art Therapy (TFAT) for Psychological Trauma: Study Protocol of a Multiple-Baseline Single-Case Experimental Design," BMJ Open 14, no. 1 (2024): e081917, https://doi.org/10.1136/bmjopen-2023-081917.
35 N. Landis-Shack, A. J. Heinz, and M. O. Bonn-Miller, "Music Therapy for Posttraumatic Stress in Adults: A Theoretical Review," Psychomusicology 27, no. 4 (2017): 334–42.
36 Ibid., 335.
37 D. Briggs, "Music Therapy for Women Survivors of Human Trafficking and Domestic Violence" (SPARK symposium presentation, 2025), 7.
38 A. B. Alexandre, A. Kasherwa, J. B. M. Balegamire, J. Y. Tunangoya, L. O. Mukanga, F. Z. Buhendwa, M. O. Rusagulira, M. M. Hilaire, P. A. Busane, G. M. Mugisho, and D. M. Mukengere, "Bouncing Back after Trauma: Music Therapy, Gender, and Mental Health in Conflict-Ridden Settings," Discover Mental Health 5, no. 1 (2025): 2, https://doi.org/10.1007/s44192-025-00137-1.
39 Ibid., 3.
40 A. Giménez-Castells, J. A. Jauset-Berrocal, and E. Casas-Bertet, "Music Therapy as a Treatment for a Woman Victim of Sexual and Psychological Abuse: A Case Study," Voices: A World Forum for Music Therapy 23, no. 3 (2023): 3, https://doi.org/10.15845/voices.v23i3.3747.
41 Alexandre et al., "Bouncing Back after Trauma," 7.

Music therapy helps survivors practice autonomy and take back control of their lives. The person-centred approach prioritises the participant's physical comfort and emotional well-being, which is crucial for survivors as it helps them practice autonomy[42].

Lack of evidence-based treatments

Although there is a growing body of literature on the benefits of creative interventions for survivors of trauma, as noted, there is a scarcity of evidence-based creative treatments specifically designed for survivors of human trafficking. As a result, mental health professionals often provide treatments commonly used for other trauma-affected groups, such as refugees. The field relies heavily on adapted versions of Cognitive Behavioural Therapy (CBT)[43], Eye Movement Desensitisation and Reprocessing (EMDR)[44] and expressive therapies rather than interventions developed specifically for the unique experiences of trafficking survivors[45] .

This current study goes some way to fill that gap, despite its obvious limitations, such as the small number of research interviews conducted, although the gatherings included the whole community, representing a greater number of participants, in addition to the 45 women engaging in music therapy. Additionally, it could be argued that due to its size, and its lack of 'scientifically measurable outcomes' or 'impacts', it has less validity. Partly this is due to a decision made by the researcher, CBH manager and music therapist early on, prior to data collection, to reject the use of psychometric testing tools, as not compatible with trauma informed approaches for this cohort, raising several further questions.

For example, can psychometric tests truly measure personal growth, empowerment, progress? In what ways? What is progress anyway? Psychometric testing tools might suggest that 'progress' is always linear and cumulative. People who work in the sector know differently. In recovery, 'fragmentation' is a major part of the process of survival; 'it mirrors how healing actually happens. It is uneven, interrupted, but steadfast'[46].

Survivors can face multiple barriers and setbacks to do with trauma, PTSD, physical disabilities, accommodation, right to remain, right to work, broader discrimination and isolation. These uncertainties about research tools and approaches, and their benefits or otherwise, align with scholarship on what music can or can't do. Based on analysis of what is, according to the authors, an 'intentionally reflective' paper, not based on empirical evidence, and which does not involve random controlled trials (RCT) (even though the authors recognise the value of RCTs), they argue that it is the wrong paradigm to use for an understanding of music and health. Within the context at the time of burgeoning research on music, health and wellbeing[47], the authors recognise that music remains on the margins of 'mainstream' healthcare provision and is more of a 'nice to have' add-on 'rather than a partner in healthcare and health promotion'[48]. They state that:

> the economic arguments in favour of musical 'interventions' for health and well-being are increasingly clear. Not to mince words, music costs less than pharmaceutical and medical procedures and – in some cases – may offer alternative forms of 'help' in areas as diverse as respiratory therapy, pain management, physical therapy and psychiatry.[49]

Aside from the obvious reasons for this disconnect between evidence and implementation, 'including organisational, economic, and occupational interests, 'do-ability' (i.e., easily integrated into existing institutional structures and work practise…and the lag between research and policy implementation'[50] they propose a more insidious underpinning reason. There is, they argue, confusion about the nature of music, how it 'helps' and what it can do.

In brief, they state that music is not like a pill or a procedure and cannot be offered as such. Both music and health are complex and need to be 'understood as emergent and relational matters, as linked to communities of practice and as ultimately connected to notions of flourishing rather than health per se'[51]. These more philosophical questions about the nature of music and wellbeing need to be better understood and to do that, what music can't do needs to be identified. The authors longitudinal study BRIGHT goes some way to providing understanding of the benefits of music (See Appendix 1), which, once this understanding occurs, they argue, it will be possible to return to the question of what music can do and to 'illuminate the manifold ways in which music can be health promoting'[52]. These arguments chime with the contention above regarding a rejection (for this type of study at least) of the type of investigation that utilises for example psychometric tests, and for the same reasons.

Further, their mention of communities of practice, and in particular 'flourishing' is also relevant to this study, offering a way, going forward, in which to frame the music gatherings as communities of practice, and to understand what it means to flourish for people who have been so severely traumatised. Additionally, the findings from this small study can begin to contribute to greater understanding of the benefits of music, through the lens of music therapy at CBH.

In sum, music therapy can offer a non-invasive, flexible and interactive intervention which can create safer opportunities for emotional expression, connection and meaning making, particularly for individuals who may find verbal forms of therapy challenging. This is especially important when individuals do not speak the language of the host country. Although further research is needed to strengthen the evidence base for music therapy with trafficking survivors specifically, existing literature suggests that creative therapeutic approaches can help rebuild resilience, restore a sense of agency, reduce isolation and reconnect survivors with hope. By supporting emotional recovery in accessible and empowering ways, music therapy may also increase survivors' readiness to engage with other forms of therapeutic support where this is appropriate.

It is anticipated that this study will contribute to increased

42 Giménez-Castells, Jauset-Berrocal, and Casas-Bertet, "Music Therapy as a Treatment," 8.

43 Cognitive behavioural therapy (CBT) is a type of talking therapy where a therapist helps you to change how you think and act. It can treat many different mental health problems. NHS, "Cognitive Behavioural Therapy (CBT)," accessed August 20, 2026, https://www.nhs.uk/tests-and-treatments/cognitive-behavioural-therapy-cbt/.

44 EMDR (Eye Movement Desensitisation and Reprocessing) is a comprehensive psychotherapy that helps you process and recover from past experiences that are affecting your mental health and wellbeing. British Association for Counselling and Psychotherapy (BACP), "Eye Movement Desensitisation and Reprocessing (EMDR)," accessed August 20, 2026, https://www.bacp.co.uk/about-therapy/types-of-therapy/eye-movement-desensitisation-and-reprocessing-emdr/.

45 C. M. Tsoi, "Recommendations for the Mental Health Treatment of Human Trafficking Survivors" (master's thesis, Brigham Young University, 2023), 10.

46 Amandas Ong, Fragments: Turning Words into Weight, Exhibition text for an art roadshow in collaboration with the Medaille Trust and the Bakhita Centre for Slavery, Safety and Social Justice (2026).

47 T. DeNora and G. Ansdell, "What Can't Music Do?," Psychology of Well-Being: Theory, Research and Practice 4 (2014): 23, 1, citing DeNora (2013a), Ansdell (2014), and Stuckey and Nocera (2010).

48 Ibid., 1.

49 Ibid., 1.

50 Ibid., 1.

51 Ibid., 1.

52 Ibid., 1.

understanding of how survivors of modern slavery and human trafficking engage with and experience music therapy. Conducting interviews with women in CBH provides insights into some of the profound impacts experienced by the women as they engage with music therapy. The following overview of music therapy at CBH provides additional insight into day-to-day management of the music therapy and how the processes of engagement are played out in the therapeutic environment.

Music therapy at Caritas Bakhita House

By Daisy Vatalaro, Music Therapist

Caritas Bakhita House (CBH) offers music therapy as a creative, non-verbal and trauma-informed means of dealing with very difficult, complex feelings. This approach enables the individual to explore their inner world at their own pace, without having to use words if they do not want to, although verbal dialogue can be part of the session. Engaging in music provides a safe distance between trauma and the person to progress towards emotional recovery.

Access to music has been part of CBH offer since 2017, when a charitable trust paid for two women to have guitar lessons, continuing to 2019. This was the first opportunity to understand the impact that music can have on recovery from trauma. Music therapy was then introduced in January 2020 and has established itself as an invaluable element of women's healing. A skilled, qualified and experienced Music Therapist facilitates weekly therapeutic sessions in group and one-to-one meetings for guests at Caritas CBH, and a set of five one-to-one sessions for women who have moved on.

Approach to music therapy and description of the music therapy programme

The music therapist was trained in the Nordoff Robbins approach, sometimes described as 'Creative Music Therapy', which believes that the healing primarily happens within the music-making itself. This approach is client-centred, and has a humanist, and often resource-oriented stance, that is, focusing on the client's strengths and inner resources.

Music can help with:

- Self-expression and catharsis.
- Relationship building – in music the therapist is actively listening by making music with the client. Music is essentially a social activity.
- Being in the present.
- Strengthening sense of identity.
- Connecting the guests with their emotions, in a way that doesn't have to involve revelation.
- Relieving anxiety.
- Finding hope and strength.

Any form of music making might emerge in sessions, from vocal or instrumental improvisation, singing songs, writing songs, listening to music, and/or learning an instrument.

Regular communication between the support staff and the therapist occurs on a weekly basis, mostly to do with timetabling, updates etc. The therapist comes to CBH on Fridays. The day begins with a handover between the therapist and the staff team.
They will discuss each guest the therapist is due to see, and the staff will summarise how the guest has been over the week, and if there have been any significant events that might impact how they are in therapy or might be important for the therapist to be aware of. This is followed by breakfast, where the therapist can get to know all the guests, becoming a familiar face even to those not actively partaking in therapy.

Sessions occur weekly. Individual sessions are, like most therapy sessions, usually 45/50 minutes long, but there is some degree of flexibility. Sometimes shorter 30-minute sessions are provided if this suits the client better (if there is a baby, for example), and if it means more sessions can be fitted into the day. The group sessions are an hour long. A group is offered whenever possible but sometimes it is not appropriate, depending on who the guests are at that time. When there is no group, an extra one-to-one session is offered.

When a place becomes available, new guests are offered introductory music therapy sessions before deciding whether to continue. Participation is entirely voluntary, and guests can stop at any time. Those who choose to continue are encouraged to attend weekly, with flexibility around other appointments and commitments. Emphasising choice is particularly important given that many guests have previously had limited control over decisions affecting their lives.

Music therapy sessions happen in the 'quiet room', a welcoming space where guests are free to explore and express themselves through music. A wide range of instruments are available, including keyboards, drums and percussion, hand pans, guitars, ukulele, wind instruments and, on occasion, the therapist's cello. Instruments are laid out in advance so that guests can choose what they would like to play. The room also includes cushions, blankets, a Tibetan gong and candles, helping to create a comfortable and calming environment.

Guests have varying levels of English, from fluent speakers to those who speak very little or none. Where needed, Google Translate is used, and the therapist may learn a few words in a guest's language, often to incorporate into songs of greeting or thanks. While some guests choose to talk during sessions, much of the therapeutic interaction takes place through the music itself. Music can transcend linguistic barriers, offering a shared, non-verbal way to communicate, express emotions and build connection when words may be difficult or unavailable.

Music-making is shaped by each guest's interests and preferences. Sessions may include singing, songwriting, improvisation, playing or learning instruments, dancing, or listening to recorded or live music. Activities can vary within a single session and may change over time as therapy develops. Guests are encouraged to decide how they wish to take part, and their choices are always respected. For some, being able to express a clear preference or to say 'no' can itself represent an important therapeutic development.

One outcome is that the instruments are now used more throughout the week, enabling some guests to practise skills developed during music therapy sessions, particularly on the keyboard. This has been supported by the purchase of additional instruments and the gift of a clavinova (digital piano) to CBH, both of which have expanded opportunities for musical engagement beyond therapy sessions.

Almost without exception, the guests continue to have music therapy until they leave CBH, which means that often the work is long term. For example, several guests had weekly music therapy sessions for over a year. Up to five sessions are offered to the guests after they leave, which provides continuity of support and facilitating a more gradual transition from CBH.

Communal music gatherings: "well, it's not exactly music therapy, is it?"

The music gatherings, which evolved during the study, became an important factor in creating a more egalitarian space in which to interact. But questions arose as to the purpose of the sessions – were they therapy? And what part, if any, did they play in the overall study? Both questions are addressed to some extent in the following discussion.

In discussing these open sessions, one of the support workers said to me, 'well, it's not exactly music therapy, is it?' Without realising it, she had struck upon what was a "hot topic" in the music therapy community near the beginning of this century, with the advent of 'Community Music Therapy'[53]. Community Music Therapy is an umbrella term for music therapy that exists outside the confines of what had become the traditional way of conducting music therapy. Those confines focus on one-to-one or controlled groups in a private, boundaried space, where the emphasis is on the relationship between therapist and client, and is influenced by traditional talking therapy traditions. Community Music Therapy, in contrast, includes open groups, performances and sessions outside the therapy room. The founders of the concept realised that many music therapists were using music in these more open ways. These music therapists:

[have the] courage to… follow the needs of people and circumstances, asking not 'what is music therapy?' and 'what is a music therapist' but 'what do I need to do here, now?' They dare to follow where people and music lead.' (Ruud Evan, Foreword, in Ansdell & Pavlicevic, 2004)

In my opinion, whether or not these open sessions need to be labelled 'music therapy', they use the power of music in a positive and therapeutic way, and I believe they utilise my skills as a music therapist" (Daisy Vatalaro, Music Therapist).

Reflections on participant observations: music gatherings and patchwork ethnography

The above vignette from the music therapist is instructive in wider debates about what exactly music therapy is, reported here as it links to debates about the nature of research and what counts as data, discussed below.

As the researcher on the project, I occasionally visited CBH and engaged with guests and staff in an informal manner. My visits were scheduled on occasions other than for the conduct of the study. This has been useful in terms of enabling me to become a more familiar face in the setting, which is quite intimate, with small numbers of guests. However, although being 'allowed' to enter CBH could be understood by the women as a form of approval from the Manager and staff, it does not in itself enable deeper trust building. The guests need to be, and are, empowered to make their own decisions about who they will talk to and about what. The regular visits, either for breakfast or the music gatherings, are activities in which everyone is equal, insofar as that is possible when one is a 'resident' guest and one is to a certain extent, an 'interloper!' Nevertheless, some of the women who've been guests for some time, (especially those with babies), remember me and engage in conversation. This is an important aspect of the trust building needed for conducting research with survivors of trauma.

In early planning for the study, although I had sought to make the research process participatory to challenge conventional researcher–participant power relations, including through co-production, significant barriers remained. It is important to understand that my very role could be perceived as imbued with power, signified through my position as holder of the research documentation and data: the participant information sheet; consent form; page of questions; the recording device; the recording; the words, thoughts and feelings. These are all valid instruments of research, which, although the intention is to ensure informed decision making and full consent, at the same time, can potentially create barriers between the participants and the aims of the study. bell hooks' observations almost 35 years ago speak to this issue very powerfully, and illustrate what it is I was trying to overcome in decolonising[54] the study:

> no need to hear your voice when I can talk about you better than you can speak about yourself. No need to hear your voice. Only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Re-writing you, I rewrite myself anew. I am still author, authority. I am still the colonizer, the speaking subject, and you are now the centre of my talk[55].

53 G. Ansdell, "Community Music Therapy and the Winds of Change," Voices: A World Forum for Music Therapy 2, no. 2 (2002); B. Stige, "The Relentless Roots of Community Music Therapy," Voices: A World Forum for Music Therapy 2, no. 3 (2002).

54 L. T. Smith, Decolonizing Methodologies: Research and Indigenous Peoples (London: Zed Books, 2012), 45.

55 Bell hooks, "Marginality as a Site of Resistance," in Out There: Marginalization and Contemporary Cultures, ed. Russell Ferguson et al. (Cambridge, MA: MIT Press, 1990), 341–43.

How is it possible to reduce these power differentials and obstacles when communication is restricted through language barriers? How is it possible to communicate an egalitarian mode of enquiry? What might research look like in this case? It was around this time of struggle with the gap between my intentions and the reality of the situation that I came across Patchwork Ethnography, which offered insights into how I could manage these struggles. A developing methodology, Patchwork Ethnography, has been proposed as a creative, feminist approach to conducting research that

> works with insights and experiences that emerge not only from doing research, but from what happens around the edges of research…By rendering the 'seams' visible, and valuable, Patchwork Ethnography invites more creative, kind, and more generous – yet no less robust – ways of understanding the worlds we live in and study[56] (my emphasis).

Patchwork Ethnography enabled me to see the value of the happenings around the edges of the research. The music gatherings offered a rich tapestry of insights into the dynamics within the group, between diverse members, and most importantly, into the empowering possibilities offered by music, through finding a voice or making sounds that communicate inner worlds, yet remain in the control of the person, who chooses how much or little to share. Also noted by the music therapist, those who were less inclined to sing found courage through seeing others take the risk, and the music gatherings represent a space of 'absolute parity' between staff, therapist, researcher and the women.

Two other encounters around this time offered me evidence of how focusing on the seams and edges of the research enabled me to observe the growing confidence of the women both within and outside of interviews. The first encounter concerns one of the young women who had been in CBH for over a year and had recently celebrated the first birthday of her baby born during her stay. During her one-to-one interview, one of the final interviews conducted for this study, and with support from a translator, she went through the participant information sheet meticulously, asking numerous questions to ensure she understood what she was consenting to. This is highly unusual. Many survivors I've interviewed over many years have, for multiple reasons, agreed to engage in research with little information. Not this young woman. In questioning the basic premise of the interview, she was expressing her personal power and autonomy, making sure to take control of her engagement and indeed to be fully informed before agreeing to consent. Perhaps it's because I'd become a familiar face. Perhaps it's because the music therapy has empowered her to make decisions, choose what works for her, not be taken-for-granted. Whatever the case, the exchange in the interview made me hopeful of a greater parity within the researcher-participant relationship.

The second instance occurred following the most recent music gathering (May 2026). It was a sunny day, and after the music we all sat in the back garden, eating and chatting, with music still playing in the background on Daisy's Bluetooth speaker. Ligia (not her real name) looked across at me and caught my eye. She said, "I like you" and stood up to give me a hug. I told her I liked her too and hugged her back. Her message was not just about liking. It was about trust, openness, humanity and kindness, and feeling empowered to take control of the 'gaze' of research. She was evaluating me!

[56] G. Günel, C. Watanabe, K. Jungnickel, and R. Coleman, "Everything Is Patchwork! A Conversation about Methodological Experimentation with Patchwork Ethnography," Australian Feminist Studies 38, no. 115–116 (2023): 211–29, https://doi.org/10.1080/08164649.2024.2372622.

The alignment with Patchwork Ethnography is evident. It invites "more creative, kind, and more generous – yet no less robust – ways of understanding the worlds we live in and study". Philosophically, this argument aligns with research on music and what it can or cannot do, captured in the earlier discussion in the literature review about debates regarding lack of evidence-based treatments.

Details of evaluation

This section outlines the aims of the evaluation, the methods used for data collection, approach to data analysis and the thematic findings.

The aims of the evaluation were to:

- Enable greater understanding of music therapy among female survivors of modern slavery in a safe house in London
- Provide insights into how female survivors in CBH experience music therapy
- Show how music and music therapy support emotional regulation, build resilience and a sense of empowerment
- Improve knowledge of how experiences of music therapy are integrated into personal narratives and contribute to recovery in the longer term
- Inform the development of the service and the sharing of good and promising practice with other organisations committed to better supporting victims and survivors of MSHT.

Methods

One to one interviews and participant observation were identified as the most suitable methods of engaging the women in discussing their experiences of music therapy. To facilitate the building of trust, the researcher visited CBH on a regular basis, on the same day as the music therapist, joining in the communal breakfast, with the aim of becoming a familiar face in CBH. This more casual presence in CBH also facilitated an opportunity to observe the day-to-day activities and chat informally to the women.

Over the course of the study, 13 interviews were conducted by the researcher with women at CBH. The age range was 18-65. Questions were devised to offer a gentle introduction to discussing music preferences prior to engaging in a deeper exploration of the women's experiences of music therapy (see Appendix 2). Ethical approval for the study was obtained from the Ethics Committee at St Mary's University.

Some of the women interviewed had good everyday English language knowledge but sometimes struggled with more difficult concepts in the interviews. Six women had translators in the interviews (2 in 2026, 1 in 2025 and 3 in 2024). All translators were also volunteers at CBH, so were already known and trusted by the women, important for trauma informed approaches to research.

During the research period, the music therapist worked with forty-five women, as well as a number of infants. The women's countries of origin included Albania, Bangladesh, Botswana, Brazil, Cameroon, China, Colombia, Ethiopia, Ghana, Hungary, India, Morocco, Philippines, Romania, Sierra Leone, Somalia, Thailand, United Kingdom, and Vietnam.

There were periods over the 3 years when there were fluctuations in guest numbers and length of stay at CBH, and it was difficult to arrange interviews/translators during the guests' stay. However, additional opportunities arose through the more informal visits to interact with the women in a less structured manner in the form of the music gatherings. These evolved over the course of the project

and became an integral element of the study, in terms of providing additional insights into the role of music as part of the culture of CBH.

Data analysis

Interview data were transcribed and the data coded using a thematic analytical framework. Thematic analysis is useful for analysing qualitative data and 'provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data'[57]. Themes were identified following an approach used in which codes are developed that are representative of predetermined themes originating from concepts evident in the literature, as well as themes based on concepts that were prevalent within and across all or most interviews[58]. In addition to the themes identified from analysis of guest interviews, and although not formally part of the research study, a review by the music therapist is included in the findings below. As noted, the therapist interacted with 45 women over the course of the study and her insights into the minutiae of the therapy sessions provides important revelations about the power of music in contributing to the healing process. Insights from reflections on the community gatherings are also included below.

All names used are pseudonyms.

Findings

The interview themes fall broadly under four topics:

1. **Musical biographies: exclusion, access, and belonging**
2. **Music therapy as a space for safety, freedom, and agency**
3. **Music therapy for emotional regulation**
4. **Music as an enduring resource for self-care**

Theme 1: Musical biographies: exclusion, access and belonging

Participants' early relationships with music were shaped by their families, communities, cultural backgrounds, and religious experiences. These social contexts provided important routes through which participants encountered and engaged with music. However, access was uneven. Participants also identified poverty and limited financial resources as barriers to formal music education and other opportunities for musical participation. Some of these earlier experiences also affected how they perceived music in general, and music therapy in particular. Participants were also asked to reflect on why they chose to engage in music therapy and what their expectations were. Responses demonstrated a myriad of reasons, some revolving around the concept of *learning about* music and musical instruments, in contrast to a more therapeutic experience.

The interviews were structured to begin with questions about participants' broader musical experiences and preferences before moving on to questions specifically about their experiences of music therapy. Experiences with music varied considerably in the participants' earlier lives, including access to playing instruments with family members, with singing and dancing a central aspect of their cultural expression.

Loretta talked about growing up with music and her sense of it as a healthy way of expressing thoughts:

> *I always loved music as a form of expression. I grew up with music in my house. We used to do a lot of singing and dancing. My dad plays the drums. I played the guitar for a period. And we just played a vast range of different music. (Loretta)*

Growing up in India, Jia experienced music early on through community gatherings. She liked dance music and DJs when younger, and now likes romantic music, both Western pop and Bangladeshi/Hindi music. She spent a lot of time sharing her love of music with her mother, who she misses very much. Reflecting on this she stated:

> *I missed my mum, and she always calling me, come, come with me. We can sing song, we can play piano, or we can do some instruments…Actually, I love to listen music. I like to sing a song. And my mom also, she loves, I learned from my mum. (Jia)*

For several participants, religion and religious music played an important role in their early exposure to music. Lígia identified Gospel music as very influential in her earliest childhood experiences, in addition to Samba.

Likewise, Quý, from Vietnam, talked about liking Catholic songs, and was part of the choir in her local church growing up, although access to music lessons was restricted. She talked about her early experiences (through a translator who related similar experiences).

> *When I was in Vietnam, we, like our parents, worked very hard so we didn't have the opportunity to learn [music]. (Quý)*

Similarly, Zola had been brought up Christian in an African country and was influenced by Gospel music in her church, both in singing and in playing drums.

> *I only listen to gospel music… we normally used the drums to play, because there was no instrument... I would say it makes me feel happy, yeah, just play whatever thing play. Sometimes I was actually learning it when I started growing up, but I stopped this. There wasn't enough money…to offer more of it, so but my dream has been playing…piano and guitar. So that is [music therapy] when I learned how to play with the instrument. (Zola)*

In this quote, Zola brings together several themes – religious influences on her early musical experiences, the happiness music brings her, and the financial constraints that limited her access to learning to play other instruments. She also identified music therapy as providing an opportunity for her to begin following those dreams once again.

In other cases, participants impacted by poverty and other socio-political factors did not have easy access to music in their early lives as there were other priorities:

> *So, it's like 30 years ago, in my country, not all the families can afford to buy some device. They still only try to work just enough for the food. So, at that time, nobody interested in music. Because the food is most important for everyone. Yeah. And the job of to survive in everyday life. (Prue)*

> *Not really, I didn't listen any music and TV when I was young. (Othile)*

57 V. Braun and V. Clarke, "Using Thematic Analysis in Psychology," Qualitative Research in Psychology 3, no. 2 (2006): 77–101, 5.

58 A. Farrell and R. Pfeffer, "Policing Human Trafficking: Cultural Blinders and Organizational Barriers," The ANNALS of the American Academy of Political and Social Science 653 (2014): 46.

Zoria was brought up in an Eastern European country, which had just emerged from communist rule. Her parents and grandparents were strict, music was not valued, and the emphasis was on 'doing things properly':

> *Nobody likes the music. Like that, my family was very strict… you should study, do your chores. So, you're supposed to… grow up, do things properly, go to school, don't speak, behave, try to do less problems and live their dreams. (Zoria)*

Mahi had similar experiences within her family environment growing up in Bangladesh:

> *After coming to London only I started singing and dancing. Otherwise at home I have not done – dancing or singing not allowed. (Mahi)*

Following questions about earlier musical experiences, the women were asked about their decision to engage with music therapy. For some, the decision was fraught, due to a desire to close off from the world, captured by Zoria who illuminated the initial resistance towards engaging due to trauma, and the desire to 'build bubbles':

> *We're not, like, open to do things. We just can't close ourselves after what happens to us. So we're not open to therapies. We're not open to group things … we feel that people will judge us, either that something wrong is gonna happen. Either we gonna do something wrong, then it's gonna affect us again. So we kind of tend to stay away from real things, because we build…bubbles. (Zoria)*

The need to protect yourself was reflected in Mafalda's thoughts on the barriers to opening up and trusting others:

> *I think that if somebody is at that level that cannot talk will not open … because there is a protective kind of layer, is fairly difficult to open up…because they're going through so many different difficult experiences. First one is to protect yourself. And it is natural. It is good. So, why share deep things? You know, with another person that I don't know. (Mafalda, through a translator)*

Added to this, expectations around music therapy were unclear. Prue identified that she had no idea about music therapy before she started but had since learned a lot about music in general.

> *I have no idea what is the music therapy. Because I think for all of us was new. Yeah, music is like something because it to be creative and to know about it. But music therapy might make us closer to the music's melodies; to the instruments. We know more about the different interesting, exotic instruments in the world. Different kind of drum instrument from the old, from the bamboo. Bring us new, brand new sound. Brand new feelings. Music bring us a lot. (Prue)*

Prue's evaluation of the music therapy demonstrates her experience as fulfilling on several different levels, including learning about different instruments, melodies, bring new sounds and feelings. Her layered response is reflected in some of the quotes below, especially in terms of the impact on feelings/emotions.

For some participants, engaging in music therapy was a way of gaining a sense of belonging – alleviating loneliness and in some cases extreme emotional distress.

Quý recounted, through a translator, that she:

> *…felt lonely when I just arrived here, because also a lot of difficulty going on my life. So, I thought music, it helped me to release stress (Quý).*

From the outset, and building on her previous exposure to music, Quý understood the healing power of music, its role in 'belonging', and ability to alleviate stress. For Lígia, going to music therapy:

> *...first time was brilliant and was marvellous. No, I wasn't nervous, and I didn't know what it was, but, we always sang at home, so it was always normal for me. (Ligia, through a translator)*

In contrast, although also from Brazil, Mafalda had a different first encounter, which nonetheless developed into a more positive overall experience:

> *I was very timid. I didn't know what to do in the beginning. I needed a little time to get to know what it was all about. Afterwards, when I felt a little more at peace because I liked so much music, then I really jumped in. I tried to make the most of whatever was offered. (Mafalda, through a translator)*

For Zola, music had been a key component of family and community gatherings. When she arrived at CBH, the music therapy programme was explained to her by staff, and her earlier experiences influenced her decision to 'try it out', especially as she asserts that 'it has been part of me'.

> *When I came here recently, I don't even feel like it, but since it's music, it has been part of me, and it makes me feel happy. So, so I was like, okay, I'm gonna try. (Zola)*

In this quote, Zola captures both the resistance, the pushing away from engaging, and the pull *towards* music, which for many of the women was a stronger force. Additionally, the notion of music as 'always normal' or 'part of me' chimes with the literature on music as preverbal[59]. Thus, music draws people to it, like a somatic memory internalised since early childhood. This theme therefore situates participants' later engagement with music therapy within their pre-existing musical biographies and the broader social and structural conditions that shaped access to music. The second theme focuses more strongly on how participants experience the music therapy.

Theme 2: Music therapy as a space for safety, freedom, and agency:

In this theme, music therapy was conceptualised as a safe and therapeutic space in which participants experienced a sense of freedom and autonomy. Within this space, they could choose whether and how to participate; for example, by playing, listening, creating music, interacting with the therapist, or simply being present. As noted above, participants were also asked to reflect on why they chose to engage in music therapy and what their expectations were. Zola's reflections below represent an overlap between the previous and the current theme, highlighting her expectations within a broader context of her deep rootedness in music, and her interpretation of it representing freedom and as a form of meditation.

59 G. F. Welch, "Singing as Communication," in Musical Communication, ed. Dorothy Miell, Raymond MacDonald, and David Hargreaves (New York: Oxford University Press, 2005), 239–59.

I was thinking it's gonna be like…a kind of a melody in a meditation. When I got there…totally free how to play whatever thing your mind is telling you…even they [Daisy] don't talk, just bring out the feelings by playing the songs. Sometimes we listen to songs. Sometimes, we play. (Zola)

Zola's insights depict the way in which music therapy offers the freedom to express yourself as you wish. She also captures a crucial element – that talking is not a requirement. Prue also identifies music as a means of feeling powerful and expressing freedom:

I think so it make us like we have powerful. We have freedom to be power for we afraid to be happy, free to release … troubles. If you understand … how music is useful to your feeling is very helpful. (Prue)

The theme of resilience and empowerment is central to the way in which participants understand what music therapy has given them. Linked to this, towards the end of the interview, I asked participants if they were to recommend music therapy to newer guests what they would say. This type of third person question can be a powerful means of discovering inner thoughts about a topic. Lígia and Mel, as well as focusing on the musicality and the instruments, identify 'freedom' as an important aspect of engaging in music therapy.

…yeah, to do the music, because you're allowed to do what you know. There's a lot of freedom in it. And whether it is to use the xylophone or drums, you're allowed to do whatever you feel is right for you. And there's a lot of freedom in that… and it will help you feel better. (Lígia)

We play the instruments to express our feelings as we wanted. (Mel)

Lígia's choice of words here is enlightening – "you're allowed to do whatever you feel is right for you. And there's a lot of freedom in that". As someone with limited access to music in early childhood, and who had initially been resistant to trying music therapy, Zoria encapsulated the power of the therapy in transforming her sense of self:

Music therapy makes me feel included, accepted, not judged… that also allows me to be myself. Yeah, that's true. (Zoria)

For survivors who have had limited agency over their own lives during their experiences of trafficking and modern slavery, and for many also in early childhood, having the power to choose what is 'right for you' is experienced as empowering and freeing. Feeling accepted, not judged, and 'being myself' – these are all key elements of what music therapy can offer.

As noted in the literature review, creative approaches to therapy, and creative opportunities more generally can be extraordinarily powerful for people who either don't speak the language of the country they're residing in, or who don't wish to, or find it difficult to, talk about difficult topics. Music therapy provides a common language beyond words. The emphasis within this theme is therefore on the qualities of the therapeutic environment and the opportunities it afforded participants for choice, agency, and self-directed engagement.

Theme 3: Music therapy for emotional regulation

Participants also described music therapy as a means of managing and working with emotional states. Playing, listening to, and writing music provided ways of expressing, processing, containing, or shifting emotions. In contrast to the first theme, the emphasis here is not primarily on the therapeutic space itself, but on the emotional function that engagement with music served. For some participants, the 'learning about' element of the music sessions developed from an experience of 'playing around with instruments' alongside recognising the benefits of music therapy for emotional regulation – to scream or to sing?

It's just an opportunity for me to play around the instruments just express and just use this as therapy. Maybe sometimes I want to sing. Sometimes I want to scream. Sometimes I want to play an instrument, but it's just an opportunity for me to use the instruments, music, lyrics, as a way to express and just to calm down. (Loretta)

The benefit of music therapy for emotional regulation, providing a safe space to both sing AND scream (above), was a recurrent theme in most of the interviews, in which emotional regulation is key. When Nin arrived at CBH, she described her severe distress, her self-harm and her suicidal ideation. She couldn't sleep, was constantly distressed and didn't want to talk to people, but agreed to engage in music therapy, as in her past she had liked to sing.

Before, I feel…no good. Feel upset too much, and no want [to] talk with people. No want do nothing, and now better. (Lin)

Similarly, most responses show how engaging in music therapy can help with dealing with feelings of sadness and stress.

Like one weeks, every weeks, are not the same. Sometimes I feel sad. Sometimes it's very stress. When I go to music room or music class, I feel very peace, like relax. Very good for me. (Jia)

I noticed that every time where I'm going for the music therapy, I feel good. (Othile)

This music therapy in CBH for me, very, very important because go to the room, the music is sad, come back happy. Energy good. Teacher good, very nice. For me, the therapy better. (Lígia)

feeling my feeling, how to better, how to good make for myself. And then I listened my sound. I listen my feeling and then I am happy. (Mel)

The responses consistently show that difficult feelings, such as sadness, loneliness and stress can be transformed into feelings of peace and happiness. As Lígia shows, she comes out happy and energised, and went on to say that the best part for her is:

going in sad and coming out happy, but most of all, being able to get out all the bad thoughts that I have… and outpour those emotions…it's not just the music, it's the teacher as well. I was able to say, to get out everything that was in my heart… (Lígia, through a translator)

Likewise, Quý talked about her love of love songs, and how singing these songs in both English and Vietnamese helped her sadness to 'disappear'.

> *when I was singing…a lot of sadness from inside myself… somehow it disappeared. (Quy, through a translator)*

To celebrate her child's first birthday, she wrote a song for her, sharing it at a community music gathering. Taking this step is a powerful representation of how music therapy has contributed to her growing self-confidence.

The connection between emotional regulation and feeling empowered through engaging with music therapy was also evident in other interviews.

> *Because when I arrived here, I find out that first I like [to] ignore the feeling. However though, it come core feeling every day, come to us every day, maybe every moment anger, worry, happy, excited, anxiety. So, if you ignore them, means you are not alive… So when you are angry … you have discontentment and you are angry at this. However, the music make you calm down or manage with the anger… You can be angry, but not [for] long. (Prue)*

Prue lists several emotions that she might experience, and how 'ignoring them means you are not alive'. Music therapy has helped her to connect with and express emotions in a safe way. Through these examples, the contribution music therapy makes as a means of managing and working with emotional states is evident. Shifting emotional states moves beyond the therapeutic space and shows the emotional function that engagement with music served.

Theme 4: Music as an enduring resource for self-care

In this final theme, participants described music as a resource that could extend beyond the formal music therapy programme. They identified musical activities and practices as strategies they could continue to use independently for self-care, comfort, and emotional support after leaving the programme. This theme therefore captures the transferability and longer-term value of music as a personally controlled coping resource.

Zola eloquently expressed how powerful music therapy has been for her. She talked about how engaging with music therapy as a creative intervention had influenced her sense of self, and her ability to solve problems – "If not that way, I can choose another way". She uses music as a metaphor for resolving issues in her life, for recognising the importance of feeling her feelings, and ultimately opening the door to enjoying her life "more than ever":

> *Yes, I found it is very creative from every side of the melody. So, make me be more creative in life. When I'm doing something, I can, I'm going to be a problem solver because I believe that, if not that way, I can choose another way. Because I've resolved sounds nice, but so different as to feel it, if you don't feel is nothing. So this kind of therapy made me enjoy life more than ever. (Zola)*

Zola's positive experience of music therapy, making her enjoy life more than ever, is reflected in Quý's contemplations about music bringing her positivity and the strength to carry on.

> *I sing. I feel very happy, and I had strength to carry on…to love my life now, also love the world and the life in general. I chose the music and I thought this never, never be wrong. So, I think something about very positive music along with my life. (Quý, through a translator)*

Additionally, when asked what they would say to a new guest about music therapy, Quý said:

> *I will tell them the music therapy is very good to help like ourselves, to release sadness inside…to help her to love her life in the future; to see [it] is much brighter than the darkness before. (Quý, through a translator)*

Finally, Mahi somehow encapsulates the essence of how something small, a little drum or a little piano, can represent a much greater meaning in the lives of women for their future recovery, 'that is all I want'.

> *My difficulties when I was small, and in my growing I never saw violin. What I'm enjoying now, and I like to learn is that little drum I play and that little piano. I like to continue that, and I will play and that is all I want. I don't want anything else. (Mahi, through a translator)*

The positive effects of music and other creative interventions for emotional regulation have been recognised in research. As Zola said earlier, music is 'part of me'. Creating a safe space in CBH for the guests to engage/re-engage with their inner musical voice/soul is then able to be incorporated into the 'recovery tool kit', promoting hope and resilience for Quý, Mahi and many others, despite numerous challenges in their lives. This type of resource-oriented music therapy is discussed further below (Music Therapist Insights) and is evident in this small case study based on an interview with a former guest.

Theme 4 Case Study – Music as an enduring resource for self-care: interview with former guest

This case study is based on an interview with a former guest who was medicated due to trauma-related psychosis as well as depression and was under the care of mental health professionals in the community. The case study is illustrative of the way in which music therapy has been integrated into the person's life after she left CBH and moved to independent accommodation. Her journey has been challenging, and yet she continues to find solace and empowerment in musical expression.

Corrinne spoke eloquently about her experiences of music as a child within her family and community. Her love for music and the importance of it to her life was expressed passionately. She had found music therapy at CBH a powerful tool, especially in terms of emotional regulation, managing distress and generally helping with her mental health issues. She spoke about her mental health quite openly, and how she is coping since she left CBH. She recounted a recent experience from Church where she had joined in with singing a hymn and was reproached by a fellow church member for singing too loudly. She was adamant that she was within her rights to sing as loudly as she wanted to. As she recounted this story, the way in which singing had empowered her was apparent, and the passion in which she communicated this episode to me was very moving. Although she continues to struggle to maintain a balance with her mental health challenges, how she uses music therapy as a tool, as a calming device, to manage distress is evident; through playing music and listening to her favourite songs, she can create a more elevated mood, manage difficult feelings, and embrace a sense of power and autonomy.

Music therapist insights – case studies, themes and reflections

By Daisy Vatalaro

In the interim reports, I contributed case studies - descriptions of work with particular women, or in some cases descriptions of group work. What follows is an attempt to pull together, from those case studies, some themes that have been central to the work. The three main themes relate to certain affordances of music when you are involved in it actively. First, how it helps the women relieve anxiety, self-regulate and come into contact with their bodies because of its physical nature: rhythm inspires movement, melody inspires breath, and active involvement in music means using your body (and breath). The next is the way that music can animate and inspire the women to be their best selves – to find a stronger sense of identity, pride, resilience and hope. And the final theme is how music is by its nature social and has helped the women find ways to interact with others healthily: playing and singing together involves sharing, listening, accompanying, supporting and interacting in a positive and sometimes playful way. I will finish with some thoughts and reflections on both the limits and the helpfulness of music.

When I first meet the guests, I ask them if they like music, if they ever listen to music, and if it helps them. Especially to women from some cultures, music therapy can be quite an odd concept. In some traditions, music is already used therapeutically and medicinally in its own way; in others, the whole idea of 'therapy' is quite alien. My aim, therefore, is to relate what we will do to what they already do – setting out from the very beginning that they will be leading and this will not be something imposed upon them. Almost always, they articulate that they listen to music to help them with anxiety: to help them feel calm.

Anxiety is an almost universal symptom when the women arrive at CBH. It can take many forms, whether it is based around triggers, intrusive thoughts, sleeplessness and nightmares, or general feelings of extremely high stress. Music out in the world that is considered calming (e.g. background music in yoga sessions, Radio 3 Unwind, relaxing playlists) tends to be gentle, directionless and floaty. Occasionally, this type of music is exactly what the guests will want, and sometimes it is what they already use, but when they are active in music rather than listening passively, relief from anxiety seems to demand music that is more grounded. One way is the use of steady, repetitive rhythms.

Lika, a woman from India who was kept as a domestic slave in the UK for over two decades, played the same, three-note rhythm on a djembe for sometimes up to twenty minutes at a time. Even if she eventually moved onto other musical activities, every week she would choose to start with the djembe, as though it was an essential ritual she had to go through. Kalaya, who was highly medicated due to trauma-related psychosis as well as depression, rhythmically strummed on the guitar seemingly endlessly. I found their playing impossibly relentless and longed for it to change, but clearly, for them, there was something deeply comforting about the steady, never-ending beat. It replicates a steady heartbeat (in classical music the musical beat is called the 'pulse'); whenever our body moves rhythmically it feels calm and safe; walking steadily, moving with control – it is a sign of a well-functioning organism. It also provided order and stability. Indeed, for many other women at CBH, I worked hard to improve the steadiness of their musical beat, partly to help us connect and play together but also because without it music feels ungrounded, out of control and, of course, anxious.

So much of trauma recovery theory involves helping survivors find ways to feel safe by being able to regulate physiologically, and music's ability to help with this was most clear when comparing how guests were when they were talking, to when they were in music therapy. Guests shared verbally for a variety of reasons. Sometimes, they were feeling so low and were so preoccupied by current challenges that they didn't have the strength to play music. For others, we had built up a trusting relationship, and they chose to share with me, or perhaps something that happened in music reminded them of something they then wanted to share with me. Others would start each session wanting to share, before moving onto music. Often, the music would seem to 'fix' whatever came up verbally, and occasionally guests would also sing their own made up lyrics, so words and music complemented each other. Alina, who suffered quite profound mental health challenges as a result of prolonged abuse, would also arrive every week full of words, but for her talking was, without exception unhelpful. Usually, she would be in tears or extremely angry, and as she talked, her anxiety and tension increased – talking about upsetting things would work her up into a highly emotional, dysregulated state. Consequently, I would do what I could to gently encourage her into music, and as soon as she started to play or sing, her shoulders went down, her breathing slowed, she seemed more embodied, more regulated and in a much healthier emotional space. There was a huge contrast between how she was when she was in her body compared to in her mind.

The other type of music that was often used to relieve anxiety at CBH was big, powerful, loud and exuberant. Estela, who was in her 60s, came from Brazil with her partner, who then abused her physically, emotionally and financially. In sessions, she would take the djembe and play it loudly and powerfully. The music was huge, but it wasn't relentless: she played samba patterns, played with phrasing and was aware of me playing with her. Afterwards, she would laugh spontaneously and gesture physically to show how the tension was released – how the energy had moved down her body and out through the drum. Once, she gleefully said that she could imagine his face on the head of the drum. She told me that she was now the one with the power and the agency – that she had 'won'. She was reclaiming herself. Another guest, also from South America, had a very similar reaction. 'The stress is gone!', she cried out after she had finished playing and also gestured from her head towards her body. She was incredulous, overjoyed, and the sense of relief and catharsis was palpable.

These loud, energetic moments happened with even greater power in group settings. One of the groups created their own mantra: 'we are powerful, we are wonderful, we are beautiful," and would sing and play at the tops of their voices, celebrating not only themselves but also each other. Another group consisted of two young guests from Africa. They adapted a football chant – changing the words to suit them – which started slow, quiet and low and gradually became impossibly fast, loud and high. It would inevitably finish in chaos, with both girls falling about laughing. They loved it so much they shared it at one of the music 'parties'. Laughter, which is common amongst the guests at moments like these, is perhaps the ultimate expression of physical release and relief.

These examples demonstrate music's ability to relieve anxiety and help the guests self-regulate by getting them out of 'their head' and into their body. This, in my opinion, is key to music's

efficacy in trauma recovery. The physicality of playing or singing, the aural resonance of the sound, the rhythm connecting us to the fundamentally rhythmic nature of our bodies, the fact that you are in 'now' – all of these are inherent to being actively involved in music. Through playing music that was strong and rhythmic, the women were also reclaiming their own power. The energy, the joy, the laughter outlined above – these qualities are life affirming. They reflect confidence, boldness and the strength to walk through the world with your head held high. They are also indicative of music's power to help people feel more alive and animated. As Ansdell outlines:

> One of the most pernicious aspects of [traumatic life experience] is the erosion of the will or of the sense of oneself as still being able to be spontaneous, creative and sometimes joyful. The potency of music as a help in this situation… is [its] unexplainable power to animate not just the flesh but also the spirit – to give an impulse which makes someone want to act, want to respond, want to create.[60]

Almost without exception, the guests arrive at CBH with a sense of self that has been eroded and belittled. Whatever type of modern slavery they have been subjected to, shame is an inherent part of their experience. Yvonne, who was kept in domestic servitude, suffered terrible physical abuse, but what she seemed most upset about was when her boss's children mocked her in front of their friends. Other women felt the shame of having been tricked, still others the shame of sexual violence. And for many, belief in their worthlessness went back into early childhood, as they often came from abject poverty and from cultures where women are second-class citizens, blamed for every violence against them. Helping the women regain a sense of self-worth, a belief in their own power, agency and value, is central to my work, and there is something about the inherent qualities of music that seem to help. As one guest said, in the context of thanking me for our work together: 'in life I am shy but in music I am not'. She was grateful to have experienced the feeling of being able to communicate without self-consciousness and self-doubt.

Diana, who was only 19 when she came to CBH, was also very shy. She spent most of her time in her room on her phone, found it hard to look people in the eye and was exceptionally reserved and unmotivated. In contrast, in the music therapy sessions she became more and more animated and confident. In music, she was happy, connected, alive and thriving – quite different from in other parts of her life. Leonora was another guest who had extremely low self-esteem. She had been given drugs in return for prostitution for many years and admitted she wouldn't have been able to escape without the help of the police. Pregnant when she arrived, she was very conflicted – full of shame for her need to self-medicate to dim the horror of what she had been through, while also desperate to 'improve' for the sake of her unborn child. She loved music and knew endless songs. When she sang, she connected to the most hopeful and healthy part of herself – free, expressive, flowing and hopeful. This was not because she was a trained or particularly confident musician – quite the opposite – but because being in music made her feel able to take on her and rise above her challenges: it 'animated' her 'spirit' and gave her hope and confidence.

Of course, feeling this way in music does not suddenly fix all problems and challenges. Leonora's stay at CBH was curtailed because she couldn't resist using certain drugs; Diana, although she improved hugely over her stay at CBH, still remained quite reserved when outside of music. However, particularly with victims of human trafficking and modern slavery, surely anything that gives them a visceral sense of their own worth – even if only momentarily – is part of the long journey to recovery?

There are echoes here of an approach to mental health treatment known as the 'Recovery Model', which has been increasingly adopted by practitioners over the past few decades. While the traditional 'medical model' focuses primarily on pathology, treating the person as an invalid who needs to be cured (usually by an outside 'expert'), the concept of recovery poses that by 'focusing on existing and potential strengths, skills and resources, an individual can pursue what they consider to be a satisfying and meaningful life.[61] The roles are switched so now the patient is the expert, and focusing on their strengths is a vital part of their recovery. Within the field of music therapy, the parallel is 'resource-oriented music therapy':

> Resource-oriented music therapy emphasizes the development and stimulation of client's strengths and resources rather than the reduction of symptoms or cure of pathology. Thus, the focus in therapy is positive experiences, mastery, and coping rather than on difficult emotions, psychological conflicts, and problems.[62]

It is one thing to feel strong and confident in yourself, but it is even more powerful to see that strength recognised by others. In the group sessions, each member had a chance to lead and also share songs from their culture. Music is closely tied to identity, and the huge diversity of countries of origin was a source of strength and celebration in the groups, with the women curious to learn about each other's music and cultures and proud to share and teach each other. Some of the most magical and joyful moments were when the women taught each other how to do certain dances. Luisa, who was very self-conscious, shy and anxious, came into her own showing women from the other end of the world how to dance samba. It changed the perception others had of her, and hopefully in so doing also changed her self-perception.

A few times a year we have open music sessions, and here the element of performance is more formal. It means I have to be more careful – to make sure the women feel confident and supported enough – but it is also more powerful. Again, the women surprise themselves as well as each other. One guest performed a song she had written for her baby daughter, and the response to it (cheers and tears) shifted her sense of self, giving her a new-found feeling of self-worth and pride. They also inspire each other: another guest was driven to write her own song after this, and often someone feeling too shy or self-conscious to want to perform will change her mind after hearing others. The staff join in too and witness the changes in the guests – how their voices have become stronger and their confidence has grown. It is these moments that stay in the memory and so have a lasting impact on the women and their sense of self.

60 G. Ansdell, *Music for Life: Aspects of Creative Music Therapy with Adult Clients* (London: Jessica Kingsley Publishers, 1995), 87.

61 Humber Recovery College, "The Recovery Model" (toolkit), accessed August 20, 2026, https://humberrecoverycollege.nhs.uk/downloads/toolkit.pdf.

62 R. Rolvsjord, "Resource-Oriented Perspectives in Music Therapy," in *The Oxford Handbook of Music Therapy*, ed. Jane Edwards (Oxford: Oxford University Press, 2016).

While performing to each other is powerful it is another way to really play together, with mutual give and take, leading and responding. Music is inherently social, and much of the work with victims of trafficking and modern slavery involves rebuilding healthy ways to relate to others. This starts with me listening intently, like in any therapy, but I am active in my listening: I show it in my music by copying, matching and being led by the guest's music. Consequently, the guest will 'hear themselves being heard.'[63] It is also concurrent – I am listening and being led, but we are playing together. Particularly with the language barrier, this can be a very powerful experience. One guest said she felt that I really 'knew' her despite us not understanding a word each other said. The guests, through their music, show me how they feel but without having to tell me anything - there is connection without revelation. This is particularly important for this client group, where shame is such a large part of their experience, but also as they so often have to tell their story to the authorities.

Some guests found interacting in music very challenging, which usually reflected the interpersonal challenges they had outside of music. Yvonne, who was still plagued by debilitating flashbacks two years after escaping her abuser, found it very difficult to lead. She was only comfortable when following me – obediently fitting in with me – and she would wait for me and follow my playing, even as I was trying to do the same to her. It meant there was a lack of flow to her playing (which was reflected in her life). Our work centred around helping her gain confidence, assertiveness and ease, particularly in relation to me and therefore hopefully with others.

Other guests were the opposite and seemed hardly to hear me. As mentioned above, Lika liked to play a continuous, unchanging beat on the large drum. I would join her beat but try at the same time to offer her music with a less rigid sense of organisation – music in predictable phrases. I also tried to offer her a huge variety of music to enrich her experience after the incredibly restricted life she had led. Although she would sometimes look up at me, her playing didn't change in response to what I did, and when she finally came to a stop, it would rarely fit with the phrases I was playing. What worked better was a 'copy me' game on the drums. We would take turns to play (more like a verbal conversation), one of us exactly copying the other. When she was leading, she had a palpable sense of being in control; when I was leading, I could find different ways to play, thus giving her a richer experience. She loved this game – would suggest it every week, and it made her face light up.

Kalaya also played with the same unchanging beat for a long time, and again I started by playing with the pulse but offering her more expressive musical material, but it wasn't until I really matched the energy of what she was offering – joining her relentless lack of expression and vitality – that something shifted and she felt the need to move out of it and into something more dynamic. The result was a different kind of 'game', where we would try to start and stop exactly together, but without any cues. The musical result was quite chaotic – we often didn't quite manage it – but the experience was animated, very connected, and playful, which was exactly what was lacking before.

The word 'play' is of course the verb we use for making music, and with good reason. Playfulness can be a challenge to many of the guests at CBH. The music Kalaya and I made together was messy and imperfect. It involved letting go, taking risks and trusting that if it didn't work, that was OK. Given the life experience of the women, it is understandable that quite a few of them find this extremely difficult. Alina had particular difficulties in relating to others. She tried hard to be kind but was often upset by other's reactions. Consequently, she could be quite controlling, which understandably went down particularly badly in CBH. In her early sessions, Alina insisted on singing with her phone (not my speaker, as it sounded different) because 'music is sacred… It must be perfect'. I was allowed to join in by singing in unison with her but really was only there as a witness: her need for control shut out the possibility of interaction with me. Over the weeks, trust built up and she allowed space for improvisation within the sessions.

Improvisation is a central tool for music therapists, and we are encouraged to have an 'improvisational approach' even when playing songs and pre-written music. As Rob Broderick explains, 'when you're improvising, you're not thinking, and there is an alchemy in that…. You're building creativity by listening'[64]. Neuroscientist Dr Charles Limb has used fMRIs to prove that when improvising, the part of the prefrontal cortex that self-censors is deactivated, while the part that relates to the sense of self is more activated.[65] Alina became less fussy and restrictive, and created beautiful resonances on many different instruments. She would listen to what I offered and respond naturally and easily. Although still quite demanding (the resonance had to be 'just right'), she found a way to interact with me healthily.

Miranda also found it hard not to be perfect, and consequently she too shied away from improvising. She arrived every week with a list of songs and sang them brilliantly – characterful, strong, and exactly like the recording. Even when she shared thoughts and feelings with me verbally it felt rehearsed – like she had planned what she was going to say. She was 'performing' for me, and seemed at least in part to be using music as a mask to hide what else was going on. As usual, this mirrored her behaviour outside of music. She would act fun and animated, confident and always helping others, no matter what was going on inside. She also admitted to following her head not her heart so as not to 'get too sad'. And although music helped provide this mask, it also, over time, helped it slip. She would start to sing a song and then, through singing it, would realise how she was actually feeling. Consequently, she abandoned her playlist and would choose something she hadn't planned to bring, which somehow reflected more how she felt. Although she still preferred to stick with songs, as she became less interested in being perfect, she began to sing them in her own way, and, importantly, to respond in real time to what I offered. This process demanded trust, and a desire for honesty over the need for perfection. It became an important element in her healing, which involved having the strength to face the honest truth of what she had been through, despite it being very difficult, but in so doing realising that she had the inner resources to face it and move forward with hope.

63 G. Ansdell, *Music for Life* (London: Jessica Kingsley Publishers, 1995), cited in J. Graham, "Communicating with the Uncommunicative: Music Therapy with Pre-verbal Adults," *British Journal of Learning Disabilities* 32 (2004): 24–29, https://doi.org/10.1111/j.1468-3156.2004.00247.x.

64 Rob Broderick, quoted in "Stick to the Script," Sideways, BBC Radio 4.

65 "Charles Limb, MD: Mapping the Creative Minds of Musicians," Arts and Mind Lab, accessed August 20, 2026, https://www.artsandmindlab.org/charles-limb-md-mapping-the-creative-minds-of-musicians/.

The above examples of how music therapy has worked with guests at CBH are by no means exhaustive, and leave out more than they include, as every guest and every session brings up something different, but perhaps what they illustrate is how some of the specific affordances of music can help this population. There are many ways that music can be unhelpful. For example, insecurity can result in a desire to be 'good' (something shared by all arts therapies – I feel the same insecurity when it comes to drawing), which is not helpful.[66] Also, the performative element of music can provide a mask, as it did with Miranda. My aim as a music therapist is to create an environment where I minimise these issues: I aim to help music to help. As Verney says: 'It's often the mutual commitment to music that both therapist and client show which makes this work so powerful.[67] An example is Alina, who arrived one day feeling extremely angry. When I suggested she played the drum, she was worried she would break it. She didn't break it – instead she played it loudly and powerfully but also musically – phrasing beautifully and being rhythmically inventive. The drum responds best when your hand bounces, which is not an aggressive gesture. Her instinctive response to the way the drum and music work changed her anger into strength, her aggression into power.

I have also questioned whether sessions can sometimes be too joyful considering what the guests have been through. Once, I asked a guest how she was feeling and she clearly articulated that she didn't want to answer. Her music therapy session, she told me, was a time for her to be free from all her troubles and anxieties rather than bring them up and in so doing draw attention to them. Part of me worried about this: was she deflecting and not facing her 'true feelings', particularly as she came from a culture where it was not natural or allowed ever to express oneself, particularly as a woman? Besides, surely the therapy space is the space to confront all the trauma? However, there are increasing opinions within the trauma recovery world that working with and resolving all trauma memories is not key to recovery. It can even be dangerous if the survivor finds it hard to regulate.[68] Also, the women are admitting that their trauma is being carried with them throughout the day (and often the night). Music, in some cases uniquely, offers them respite from the awful feelings of anxiety, shame and fear that they are carrying around at all times.

Also, with any client, but in particular with those who have experienced modern slavery, my most important job is to be truly client-led. While I set out my own clinical aims, and reflect upon these at every session, all I can do is offer. For example, one guest tended to play and sing quite gently, and I hoped she would find more strength in her music. One week, when I heard her singing slightly increase in volume, I also increased the volume of my playing to encourage more. She resisted quite definitively by verbally saying 'I have a headache'. I had 'pushed' her too much and since then have stayed much closer to her in music and felt less need to change her natural gentleness. Conversely, I would sometimes try to lead Estela, whose music tended to be big, loud and very high energy, to a gentler place in music – offering her the chance of another way of being.

Occasionally, she responded, but mostly she didn't. The group quoted above also tended to be in a loud, exuberant space at all times but for them, when I offered music that was quieter and gentler, they spontaneously (all without words) took me up on this offer. It developed – led by them – to the creation of a gentle, reflective space in each session. They lay in the dark, heads on cushions, listening to me improvise; or they would share their own breathing exercises; or we listened to the Tibetan gong as the sound gradually faded into silence. The collective calm was magical, and often the women finished by hugging themselves – the ultimate gesture of self-care.

Music therapy at CBH is, I hope, about using music in every helpful way – to calm, to animate, to feel strong in oneself and to be able to share, to release and to accept. Perhaps it is OK to enjoy oneself! Clive Robbins quotes a client they worked with – Audrey – who explained how:

> *These guys [Nordoff and Robbins] help them to enjoy themselves and to realize themselves through music." In saying, "enjoy themselves", Audrey did not simply mean that clients in therapy should just have a good time, but that they become enabled to enjoy their selves. To enjoy 'one's self' means to become aware of the authenticity of one's identity in a new way, to live with a natural appreciation for one's self and ones abilities, to gain a feeling of well-being and a sense of attainment*[69]

A final note...

In mid-2024, two core group members moved on from CBH. They had both enjoyed changing words to songs to fit how they were feeling. For example, Busy Signal's reggae song, 'One More Night', became 'No More… [Stress/Pain/Anxiety/Worry…]'. One of them had been practising the keyboard and in music therapy she learned the chords to Ed Sheeran's 'Perfect', so they adapted the song with these words for CBH. It is a fitting tribute to the refuge and how much it helped them.

Perfect House
I found a house, for me
This is Bakhita, helping me heal.
Well, I found some friends, beautiful and sweet
I never knew they were people waiting for me

Cause we were lost when we found this place
Not knowing what it was
We will not give up anymore.
Art, yoga and English too,
Hand reflexology,
drama and music therapy.

Baby, thank you the food
Thank you for the love
Together every day, eating all our favourite meals
Thank you for your care, so wonderful to share
Bakhita you are perfect for us.

66 Consequently, some of the women want me to teach them, which of course I do and it can bring its own benefits, but I need to approach the teaching very carefully and it usually works best when mixed with freer music making.

67 R. Verney, *Conversations on Nordoff-Robbins Music Therapy* (Gilsum, NH: Barcelona Publishers, 2010), 67.

68 B. Rothschild, *Revolutionizing Trauma Treatment* (New York: W. W. Norton, 2021).

69 Clive Robbins, *A Journey into Creative Music Therapy* (Gilsum, NH: Barcelona Publishers, 2005), 102.

Conclusion

In sum, the four key themes identified from the interview analysis included Musical biographies: exclusion, access and belonging; Music therapy as a space for safety, freedom, and agency; Music therapy for emotional regulation; and Music as an enduring resource for self-care. Additionally, observational data highlighted the music gatherings as sites of social interaction. These themes align with themes identified by the music therapist, which included: emotional regulation, embodiment, building resilience, and supporting social interaction. Whilst the interviews were able to capture data specifically related to the questions asked, the theme of embodiment identified by the Music Therapist offers an additional aspect of how emotional regulation – relieving anxiety, self-regulating – supports the women in coming 'into contact with their bodies because of its physical nature: rhythm inspires movement, melody inspires breath, and active involvement in music means using your body (and breath)' (Daisy Valataro, in this study). As a therapist, she was able to witness the embodiment of communication and expression as the women engaged with the various instruments in the therapy sessions. In this way, it is possible to see that the interview data, observations and insights from the music therapy complement each other and show how the healing process has multiple layers which can be accessed through different modalities.

Reflections on progress and future development plans

Communal music gatherings: new practices and innovation/s that emerged from the work

As noted, the communal music gatherings evolved organically over the course of the study and continued to be integrated into the annual calendar at CBH, Summer and Christmas. They have proven to be exceptionally powerful in creating a safe space in which the women can practice performing a different side of their identity, or perhaps, expressing parts of their inner world previously hidden from view. Their impact on the energy and sense of community over the 3 years of the study have been commented on several times in the above report. In addition, two key reflections on the music gatherings are important to acknowledge.

The first of these concerns how they developed during this time from facilitated to participant-led music-making. Although the sessions usually begin with some structure facilitated by the music therapist, they have increasingly become spontaneous and led by guests themselves.

The second point concerns how they contributed to a greater connection through communication without a focus on words. This theme of music as enabling connection, giving voice and creating a stronger sense of belonging was evident during and after every session. The value and benefits of the music gatherings included communication across languages, mutual support, expressions of confidence, and sense of belonging and acceptance.

These benefits should not be underestimated. Perhaps it is a case of having to be present to truly understand what it's like to participate in these sessions, to see the expressions of emotion on the faces of the women as they sing, both joy and pain, to understand how the sessions have evolved, how each session is unique, how the women have taken the lead, how we all, including me, confront our fears about singing in public, how music enables and empowers all present to feel the music and passion, and experience the joyful presence. How these sessions evolved over the course of the grant, and how they contributed to new insights about the power of music as a mode of 'alternative' communication, especially for those with little English, is a testament to music's power to overcome barriers and create a common language that is inclusive and respectful.

Going forward, the plan is to continue to offer these gatherings, potentially more frequently. It is also intended that the music therapist will continue to offer one-to-one and group therapy sessions, as well as sessions for women who have moved on and wish to continue. The research will be developed to incorporate a more comprehensive and focused participant observation element, alongside exploring possibilities to include other creative methods for gathering data on experiences of music in CBH. The music therapist and researcher will work more closely together, and with consent, share insights about the women gained from interviews, observations, other music activities, and therapy to develop a more cohesive approach to understanding the role of music in the women's recovery journey.

Discussion

These findings begin to reveal the benefits of music therapy for guests at CBH and go some way to substantiate that music therapy is a critical piece in the jigsaw puzzle of resources that people in an often-fragmented journey of recovery from exploitation and trauma can benefit from. The interviews, case studies, observations and reflections provide substantial evidence of the value of this approach to the women who identified empowerment, emotional self-regulation, providing opportunities for experiencing joy and overcoming trauma as the positive outcomes of engaging with music therapy. They discussed their earlier experiences with music, and, even for those with limited opportunities to engage in musical activities or music lessons, their love for music was evident, witnessed without exception in every music gathering. They overcame their fears, embarrassment, self-judgement and anxiety to perform their chosen songs. The songs were sung in many languages, with accompaniment by everyone in the room on multiple and varied instruments. Sometimes there was a specific focus as in the Happy Birthday session for Cardinal Vincent Nichols, or a focus on the babies and singing baby songs. Other times it was a 'free for all', with a mixture of funny songs with actions, or love songs with passionate expression. Many times, tears were shed. We were all equal in those moments - human beings sharing in the magic of music as a mode of communication that cuts across barriers and boundaries.

Returning to the question introduced earlier about what music can do and illuminating 'the manifold ways in which music can be health promoting'[70] resonates deeply with this current study. Arguably, it shines a light, – if only a candlelight – on how powerful music can be for health: physical, psychological and psychical. It also concurs with earlier discussions about the neurological and psychological mechanisms of music and music therapy, recapped briefly here. In its ability to automatically capture attention, music can distract from negative experiences such as pain, anxiety, worry and grief by modulating activities of limbic and para-limbic brain structures involved in the initiation, generation, maintenance, termination and modulation of emotions.[71]. The women in this study demonstrated how this process operates within the music therapy sessions. In addition, how music leads to the release of endorphins to the brain, boosting positive feelings, reducing fear and sadness and improving overall emotional states has been captured in this study. The creativity and imagination inherent in the music therapy offers a trauma informed intervention in a therapeutic and safe environment. The musical language, through the different brain processes involved, acts on feelings, causing an internal movement in the person. The music therapist in particular has captured the somatic, embodied nature of change and movement in the women, providing insights into how this movement initiates change, promotes maturity and confidence building, and pacifies traumas[72].

Considering the social and psychological mechanisms at play, the study has shown how the music therapy has contributed to trust building, providing spaces which enable the expression of trauma through music. The women have encountered others with similar experiences, potentially contributing to self-acceptance[73]. Music therapy has helped survivors practice autonomy and take back control of their lives, through a person-centred and trauma informed approach that prioritises the participant's comfort and emotional well-being[74]. In the fragmented journey of recovery, music therapy, and music more broadly, has provided safe spaces in which to be creative and steadfast, despite the interruptions, unevenness, and barriers faced by survivors of modern slavery, human trafficking and all forms of exploitation.

Recommendations

- Continue to offer music therapy at Caritas Bakhita House.
- Continue to develop the music gatherings and consider more frequent meetings.
- Consider additional modes of data collection for future research e.g. creative methods to gather more detailed insights into the musical lives of the women.
- Create a space for the music therapist and the researcher to share insights and experiences in a safe manner in order to contribute to a more cohesive understanding of the music therapy programme.
- Seek further opportunities for ongoing sharing of learning from the music therapy project, which may include presenting at conferences; writing and sharing briefings and reports; identifying new partnerships to explore opportunities to increase impact for a wider audience; organising of online events to reach a wider audience including other organisations working with victims of trauma

In summary, the study has offered valuable insights into the power of music therapy in a safe house setting, at Caritas Bakhita House. It may be useful as a tool in other similar settings in which people can gain access to alternative modes of expression that support their growth, empowerment and sense of belonging.

70 DeNora and Ansdell, "What Can't Music Do?," 1.
71 Ibid., 3.
72 A. Giménez-Castells, J. A. Jauset-Berrocal, and E. Casas-Bertet, "Music Therapy as a Treatment for a Woman Victim of Sexual and Psychological Abuse: A Case Study," *Voices: A World Forum for Music Therapy* 23, no. 3 (2023): 3, https://doi.org/10.15845/voices.v23i3.3747.
73 Alexandre et al., "Bouncing Back after Trauma," 7.
74 Giménez-Castells, Jauset-Berrocal, and Casas-Bertet, "Music Therapy as a Treatment," 8.

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Appendix 1

The BRIGHT study revealed music over time as able to:

1. provide a pretext for social relating
2. provide opportunities for demonstrating skill
3. provide opportunities in which to receive praise
4. provide metaphors and subject matter for personal and group-historical narratives (as we saw in the quote above)
5. provide means for shifting mood, individually and collectively
6. provide opportunities for bodily movement and bodily display, including dance and quasi-dance
7. provide opportunities for doing other things (eating and drinking, dressing up, making noise, getting out of CBH or ward)
8. develop skills that are transferrable to things other than musical activity (such as being able to develop and present a musical/para-musical persona or presentational style)
9. provide a means for renegotiating one's identity and/or role within group culture or organization (e.g., 'I didn't know you could sing like that' or as in taking on a musical persona in variance with the ways one is otherwise known within a group [e.g., 'I am channelling Elvis'])
10. provide a set of events that can be recalled and thus contribute to a sense of accumulating identity (e.g., 'You are actually a lot like Elvis')
11. provide opportunities for interaction with others (and thus opportunities to forge relationships)
12. provide basic occupation
13. provide opportunities for musicianship
14. provide opportunities for activities linked to the original musical activities
15. provide opportunities for performing/demonstrating success
16. provide medium for reframing identities
17. provide a means for sharing information that might be harder to share through talk alone[75]

75 DeNora and Ansdell, "What Can't Music Do?," *Psychology of Well-Being: Theory, Research and Practice* 4 (2014): 23.

Appendix 2

Questions/topics for music therapy evaluation [for F2F, introductions, reiterate consent, etc]

- What is your favourite kind of music?
- What music did you listen to growing up?
- Did you spend time with family/friends/community/others listening to /making/dancing to music? (Prompt to expand if yes)
- Did you ever play an instrument including your voice – singing? (Prompt for more information if yes)
- Why did you choose to participate in music therapy?
- What were your expectations – what did you think it would be like?
- Can you recall what your first session was like? How were you feeling about it?
- What are the best things about music therapy?
- What if anything have you learned – this might include reflections on anything you've learned about yourself, your musical abilities, your relationship with the music therapist?
- Is there anything you find difficult or challenging about music therapy? Anything you'd like to change?
- If you were asked to recommend music therapy to another guest in Bakhita House, what would you say to them?
- Any other reflections about music in general or music therapy in particular you'd like to add?