



Research article

Featured counter-trafficking program: Kolkata Sanved's model *Sampoornata*

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ARTICLE INFO

Keywords:

Dance Movement Therapy
Sampoornata
Sexual Violence
Empowerment
Wellbeing
Social Development

ABSTRACT

This invited article is one of several comprising part of a special issue of Child Abuse and Neglect focused on child trafficking and health. The purpose of each invited article is to describe a specific program serving trafficked children. Featuring these programs is intended to raise awareness of innovative counter-trafficking strategies emerging worldwide and facilitate collaboration on program development and outcomes research. This article describes Kolkata Sanvedan India-based organization dedicated to utilizing a special form of dance movement therapy (DMT), *Sampoornata*, as a form of trauma therapy for survivors of trafficking and sexual violence. The *Sampoornata* model has been employed to promote healing and wellbeing through integration in the individual's social framework and encouraging comprehensive wellbeing.

1. Programme description

Kolkata Sanved (KS) is a women-led organization (based in Kolkata, India) that uses Dance Movement Therapy (DMT) to contribute to the fields of mental health, gender equality and livelihood development. What started as a dream for the author grew into a full-blown project, culminating in the establishment of KS, along with five survivors of sexual violence and trafficking, in 2004. This non-government organization (NGO) has created a culturally contextualized model of Dance Movement Therapy (DMT) known as *Sampoornata*, for the recovery of survivors of sexual violence, abuse, and exploitation, including sex trafficking. The major target audience of the model is female survivors of trafficking and sexual violence (both children and adults). Model *Sampoornata* adopts the four core principles of global DMT practice, which are: *creative methodology*, *body-based methodology*, *going beyond the hegemony of verbal creation* and *experiential methodology*. These principles are combined with therapeutic elements of Indian dance forms (such as: traditional hand gestures, footwork, nine emotions, healing touch and yoga and breathing techniques), to address the physical, emotional, cognitive and social health needs of survivors (Chakraborty, 2019). KS has broken new ground by taking its work to care homes for the marginalized, open communities, mainstream schools and mental hospitals, and by collaborating with 50 organizations and governments across South Asia, 20 of which directly work with survivors of trafficking. The organization's vision is to form a healthy, violence-free, gender-equal, creative society of empowered individuals. The mission is to build the ecosystem for DMT across Asia, and create leaders and change-makers in the field, especially from underprivileged communities. In an effort to achieve this, KS is aiming to set up a Centre of Excellence on DMT in India and South Asia.

2. Programme activity

The core of KS's work takes place in community settings. This involves conducting DMT sessions for survivors of human

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<https://doi.org/10.1016/j.chiabu.2019.104169>

Received 14 June 2019; Received in revised form 27 August 2019; Accepted 28 August 2019

Available online 06 October 2019

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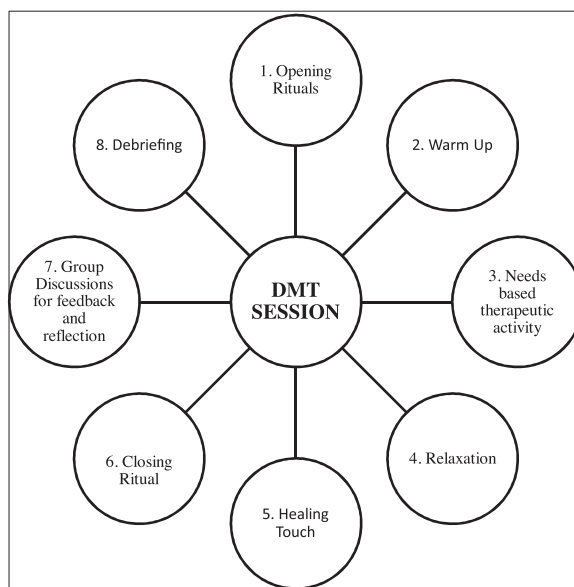


Fig. 1. Core Activities of every DMT Session (Fig. 1).

trafficking, sexual violence, people with mental illnesses and other marginalized communities. The majority of these individuals do not have access to holistic trauma care in psychosocial rehabilitation. The model uses creative body movement as a form of expression, allowing participants to free their bodies and leverage the connection between body and mind. Participants are able to release emotion and engage in non-verbal articulation through movement, with improvisation being a very powerful tool for this (Chakraborty, 2019). Props, music and other means of creative expression are also used. Verbal reflection that takes place after the movement enables participants to get greater clarity about their experience during the session (Chakraborty, 2019). *Sampoornata* is implemented in groups, through a series of weekly sessions and monthly workshops, in open community and care homes. The DMT implementation plan is designed as per the needs of each group and consists of 12–48 sessions. Each group is comprised of twenty participants and two facilitators. Groups whose members have gone through severely traumatic experiences- such as sex trafficking and other forms of sexual violence- are limited to ten participants with two facilitators (Chakraborty & Ghosh, 2016).

The *Sampoornata* process (Chakraborty, 2019) comprises of the following:

- 1 Needs assessment
- 2 Developing a plan of implementation
- 3 DMT session (Fig. 1 attached with the file, indicates the elements of the DMT Session)
- 4 Documenting the process
- 5 Evaluation

DMT, and *Sampoornata* in particular, is especially significant as a methodology for the rehabilitation of survivors of human trafficking. When an individual experiences sexual violence, one's entire being is affected and all the physical and emotional boundaries are broken. This directly impacts one's daily life (Bernstein, 1995). The trauma of these experiences is associated with hatred for the body as 'impure' and disassociation from the body and with the world around (Chakraborty, 2019; Valentine, 2007). This is complicated by feelings of guilt and shame as well as the normalization of experiences of violence in the patriarchal context (Chakraborty, 2019). In such a situation, it is not possible for survivors to equip themselves with skills for livelihood and to negotiate their place in mainstream society (Chakraborty, 2019).

Sampoornata model of DMT redefines a survivor's relationship with her/his body and helps her to overcome trauma. Traumatic emotions are often stored within the body itself, bypassing the conscious mind and therefore cannot be addressed only through verbal approaches (Beausoleil & LeBaron, 2013). DMT enables participants to access those parts of the body and release those emotions that verbal therapy is unable to reach (Valentine, 2007). The body-based methodology allows survivors to reconnect with the body and experience a sense of freedom and autonomy within the body (Chaiklin & Wengrower, 2009; Chakraborty, 2019). The creative process also helps to build self-esteem amongst survivors so that they can empower themselves (Chakraborty, 2019; Valentine, 2007).

Sampoornata focuses on overall development of the individual and the group (Chakraborty, 2019). It is non-clinical since it does not look at diagnoses but instead focuses on the holistic well-being of the five core aspects of all participants: physical, emotional, cognitive, social and spiritual. *Sampoornata* also addresses the problems individual survivors face within patriarchal social systems. Participants are able to move on from experiences of violence and oppression by regaining a sense of control over their own bodies, sensations, emotions, and movements. They are allowed to express themselves in whichever way they want and are respected as active agents (Chakraborty, 2015; Chakraborty & Dasgupta, 2016). Creative tools are used as a means to learn to use one's voice,

explore and 'act out' rights and to form cohesive empowered communities (UNICEF, 2016). With a new positive outlook, a set of life skills and knowledge of their rights within society, participants are empowered to choose the kind of future that they want and live their lives with confidence and positivity. Through sessions, participants are able to overcome the restrictions imposed on them by patriarchal society. It ultimately aims at emancipation of participants (Chakraborty, 2019).

Sampoornata not only makes DMT more relevant to the Indian context but also makes it accessible to marginalized communities. In contrast to clinical DMT practice, DMT sessions in *Sampoornata* are done in groups. This, along with the fact that a large infra-structural investment is not needed- all you need is your body- makes *Sampoornata* ideal for implementation in low-resource settings. Moreover, the non-diagnostic, non-verbal approach to mental health makes *Sampoornata* more accessible to individuals who may not have had a high degree of education. So, it is especially relevant for survivors of trafficking (Chakraborty & Dasgupta, 2016).

The hallmark of KS's approach is that it trains survivors of trafficking and violence to become healers and DMT practitioners in their own right. 70% of the core team of KS- including five founder members- have emerged from marginalized communities. This approach means that *Sampoornata* not only works for mental health of survivors of trafficking- it also enables some of them to convert DMT practice into a career option. This also leads to a ripple effect of change, as each individual community-based DMT practitioner can reach many more marginalized individuals.

KS has also launched a Diploma programme in DMT with the Center for Life Long Learning (CLL), Tata Institute of Social Sciences (TISS) Mumbai, to enable individuals from non-marginalised backgrounds to become DMT practitioners. This course, which began in 2013, is the country's first university affiliated Diploma programme on DMT, with a focus on *Sampoornata* (Rajan & Bhogal, 2017).

3. Reflections strengths of the programme

The KS DMT process is holistic as it creates solutions that allow for healing and recovery from trauma through the integration of physical, emotional, cognitive and social aspects of the mind and body. Empowering trafficking survivors to emerge as change leaders is one of the biggest strengths and impacts of KS. It adds enormous credibility to the efforts towards making DMT a viable livelihood option for those from marginalized backgrounds. Furthermore, it allows many more marginalized communities to access *Sampoornata*. Over fourteen years, KS has trained 102 community-based DMT practitioners across India, Nepal and Bangladesh, of whom 27 are actively working in the field. 11 trainee practitioners, who were survivors of trafficking and violence living in a shelter home in Cooch Behar district of West Bengal, even took the initiative to create and facilitate a DMT unit through which they conducted DMT sessions in their district.

While most art-based pedagogies for change remain in the informal domain, KS has enshrined its *Sampoornata* into theoretical frameworks and grounded it in academia, through the collaboration with Tata Institute of Social Sciences (TISS) (Kolkata Sanved, 2015). Apart from conducting the Diploma course, KS, along with TISS launched its Biennial Summit on Dance Movement Therapy for Change: Enhancing an Ecosystem for integrated Art Based Interventions. This Summit brings together practitioners of DMT and other arts as well as medical practitioners, mental health professionals, social workers, leaders, policy makers, and donors to spread awareness and increase acceptance and use of DMT. KS also actively collaborates with the government, and NGOs academicians to strengthen its base. This has given legitimacy to DMT and other expressive art therapies as tools for psychosocial rehabilitation of survivors of human trafficking (Kolkata Sanved, 2016b).

3.1. Program challenges and solutions

The challenges of survivors becoming healers are that survivor-practitioners can get affected by their own traumatic memories and vulnerabilities, even as they transition from survivors into their role as employees. This poses problems for human trafficking survivors who, through *Sampoornata*, livelihood and find a sense of purpose in being DMT practitioners. As a response to this, self care practice for practitioners is an important part of their everyday schedule. Daily movement circles as well as monthly personal growth sessions are conducted by external psychotherapists for all employees. Additionally, practitioners are given regular opportunities to build their capacities in mental health and in different self care techniques (Chakraborty & Sarkar-Munsi, 2018; Fargnoli, 2014).

One major challenge was the lack of acceptance of DMT and other creative arts therapies, especially in the sphere of psycho-social rehabilitation. When KS began in 2004, the idea of DMT itself was very new and unexplored, which led to challenges around widespread acceptance by professionals. However, the organization has advocated for the method and through collaboration with government departments, NGOs and academics, and has emerged as an important stakeholder in the psychosocial rehabilitation process in Kolkata (Chaudhuri & Majumder, 2013). Challenges are also faced in measuring the impact of the *Sampoornata* model. Survivors of trafficking living in care homes keep entering and leaving the home, so it is difficult to access a fixed group of participants for a long period of time. This makes it difficult to conduct a research study as the sample size may change depending on the pace at which rehabilitation and reintegration is completed by the care home (Dasgupta & Chakraborty, 2017).

The most critical challenge faced by KS is the Scarcity of funding in art-based interventions. The organisation constantly engages its existing donors and encourages them to become advocates for *Sampoornata* programme and other arts-based interventions so that awareness is spread and other donors are recruited (Rajan & Bhogal, 2017).

4. Lessons learned

Model *Sampoornata* has played a very significant role in KS's journey of 14 years.. Consistently evaluating the growth and lessons

learnt from *Sampoornata* has helped KS to establish *Sampoornata* as model of psycho-social rehabilitation for survivors of human trafficking. The learning described is divided into two parts below as healing and management perspectives.

Healing perspective:

It is necessary to adjust to the needs of survivors who are being rehabilitated. This applies to the therapy process itself, which should contain elements of local dance, art and music to make it more approachable and viable. Adjustment is also required in the duration of DMT sessions: for survivors who might leave shelter homes and go back to their families very quickly, it is beneficial to have DMT sessions for healing recovery through a series of day-long workshops at a stretch; for survivors who will stay for a long time at the shelter home, weekly DMT sessions, of two hours each, are more beneficial. It is also useful to give creative assignments to participants, in order to retain consistency of the impact of DMT sessions. It is also important to make sure that rapport and trust building activities are carried out between practitioner and participants. At the same time, certain boundaries must be maintained between the practitioner and participant to reduce dependency. Art-based practitioners would benefit from regular workshops on mental health and arts-based training to enhance their capacity. They would also benefit from weekly self care practice. In addition, peer supervision and regular reflection is essential to facilitate personal growth of practitioners. At the organizational level, orientation workshops for care home authorities are a must, in order to increase awareness about and acceptance of DMT and other arts-based therapies (Kolkata Sanved, 2016a).

Management perspective:

Regarding the proceedings within the implementing NGO, KS has found that it is beneficial to hold monthly or bi-monthly meetings that include both DMT practitioners and members of the management. This helps to ensure high quality of the program. Before a program starts, rapport building with government bodies and authorities is a must. In addition, possible challenges, risks and mitigation strategies should be identified. One mitigation strategy could be identifying a pool of creative practitioners to step in, in the absence of regular practitioners. Another could be creating a database of other NGOs working in the project area, who can act as a back up in an emergency. For measurement of results, a flexible research process- that can adapt to continuously changing sample sizes and compositions- needs to be created (Kolkata Sanved, 2016a).

In conclusion, it can be said that Kolkata Sanved's model *Sampoornata* has brought an innovative approach to helping survivors of human trafficking and other forms of trauma to recover and reintegrate into the community. This approach fits into the social development framework, as opposed to the clinical framework, which depends on diagnosis (Chakraborty, 2019). As part of the social development framework, *Sampoornata* aims at psychosocial rehabilitation and overall wellbeing of survivors of trafficking. This body-based methodology enables survivors to work on the deep-seated impact of violence. It also enables them to address the systemic barriers in their lives, and empower themselves as active agents and change-makers (Chakraborty, 2019).

Acknowledgements

I would like to extend my deepest gratitude to Kolkata Sanved for their support and cooperation who shared all the information about the organization. I am extremely grateful to Amanda Timm, Rhea Kaikobad and Sneha Gupta for the editing and proofreading.

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Dr. Sohini Chakraborty, Ashoka Fellow, Sociologist, dance movement therapist and dance activist, is the Founder Director of Kolkata Sanved. Over 22 years, Sohini experimented with breaking the barriers of traditional dance and introduce Dance Movement Therapy (DMT) as a tool for psycho-social rehabilitation to provide a fresh approach in South Asia. This unique and innovative methodology was developed by Kolkata Sanved, under the leadership of Sohini Chakraborty. Honed over the past two decades, the *Sampoornata* model is a pioneering concept in South Asia. She has been felicitated by the Department of Women & Child Development and the Department of Social Welfare, Govt. of West Bengal in 2016. She received prestigious “True Legend Award 2015”, “The Dian Von Furstenberg Award (DVF) on 2011 to transform the lives of other women. She also received the ‘Newsmaker 2012’ award by 24 ghanta (leading news channel of West Bengal) for outstanding achievement and inspiration. Under her leadership, Kolkata Sanved marching towards the establishment of center of excellence in DMT for change in South Asia.