

**THE USE OF THE CREATIVE THERAPIES
WITH SEXUAL ABUSE SURVIVORS**

THE USE OF THE CREATIVE THERAPIES WITH SEXUAL ABUSE SURVIVORS

Edited by

STEPHANIE L. BROOKE, PH.D., NCC



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PREFACE

Inspired by Brooke's (1997) work, *The Use of the Creative Therapies with Sexual Abuse Survivors* is a comprehensive volume that examines the use of art, play, dance, music, and drama to treat trauma related to sexual abuse. The author's primary purpose is to examine treatment approaches which cover the broad spectrum of creative art therapies. The collection of chapters is written by renowned, well-credentialed, and professional creative art therapists in the areas of art, play, dance, music, and drama. In addition, the chapters are complimented with photographs of client art work, diagrams, and tables. The reader is provided with a snapshot on how these various creative therapies are used to treat male and female survivors of sexual abuse, as well as children, teens, and adults. This informative book will be of special interest to educators, students, therapists, and creative art therapists working with traumatized survivors of sexual abuse.

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**THE USE OF THE CREATIVE THERAPIES
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Chapter 1

THE MEDICINE WHEEL APPROACH TO THERAPY

STEPHANIE L. BROOKE

INTRODUCTION

Sexual abuse has a pervasive impact on the developing child (Lubit et al., 2003), family, schools, communities, and society as a whole. This type of trauma can result in Post Traumatic Stress Disorder (Agaibi & Wilson, 2005) as well as post traumatic guilt and shame (Wilson, Drozdek, & Turkovic, 2006). I became interested in sexual abuse and art therapy when I was completing an internship at Wiley Preschool Program for emotionally disturbed children in Bethlehem, PA. I was in the undergraduate clinical/counseling program at Moravian College. I was reading books on art therapy with children at the time. I began to experiment with my 4-year-old clients by having them draw pictures. I remember a boy, I'll call him George, who was sexually abused by his father. Over and over, he drew trains, talked about trains, perseverated on trains. His coco brown skin in contrast to his pale green eyes made him a striking child, but his expression was empty, lacking emotion. I remember how sad I felt when the social worker told me that George would never lead a normal life due to his pervasive abuse issues. Another child, a little girl I'll call Alisha, was sexually abused by her mother's boyfriend. In a repeating pattern, she would draw herself next to her mother. She would end each drawing by taking a black crayon and blacking out the face of her mother. Alisha had strong anger feelings toward her mother. This undergraduate experience would later lead to my curiosity about graphic indicators of sexual abuse. I focused on this in my second book, *Art therapy with sexual abuse survivors*. I will recap that research here (Brooke, 1997).

GRAPHIC INDICATORS OF SEXUAL ABUSE

There has been little research which has focused on graphic indicators of sexual abuse. However, numerous observations have been made by art therapists, psychotherapists, and other mental health practitioners. "The use of art expression has allowed us to explore our hypothesis that sexually exploited children may produce predictable themes and images through their art and that substantiation of this hypothesis might aid greatly in the identification and treatment of victims" (Carozza & Hiersteiner, 1982, p. 167). This section will concentrate on common images in the drawings of child and adult survivors of sexual abuse. Although the intent is to identify possible victims of abuse, the significance of indicators is questioned by some practitioners, primarily due to the fact that identification of indicators is based on case studies rather than research studies. Additionally, many of the observations were made by non-art therapists. Identification of graphic indicators is in the beginning stages. Common images have emerged in the literature. The value of identifying common images is that drawings may aid in the disclosure of sexual abuse (Burgess, 1988; Kelley, 1985).

HUMAN FIGURE DRAWINGS

Human figures drawn by sexual abuse survivors often have recurring themes. Omission of body parts is typical in the artwork of sexual abuse survivors, such as missing hands and feet (Burgess, 1988; Burgess and Hartman, 1993; Chantler, et al., 1993; Jones, 1989; Kelley, 1984; Malchiodi, 1990; Riordan & Verdel, 1991; Sadowski & Loesch, 1993; Sidun & Rosenthal, 1987). Spring (1988) conducted a research study with female, adult survivors and observed fragmented bodies in their art. Some sexually abused clients will portray figures with very detailed emphasis on the face and clothing of the upper portion while neglecting to represent the lower portion of the body (Malchiodi, 1990; Sadowski & Loesch, 1993). This may represent helplessness or lack of support related to the sexual abuse (Klepsch & Logie, 1982; Sadowski & Loesch, 1993) and denial of the sexual self (Brooke, 1997; Malchiodi, 1990). For those survivors who do not draw the lower portion, Spring (1993) observed that this may be a fear of acknowledging the weapon of sexual abuse if it was the penis. Spring stated that this depends on the identification of the figure, whether it represents the self or the perpetrator. I have noticed that the focus for some survivors is on intellect rather than affect, which associated with the body; therefore, some tend to draw only portraits (Brooke, 1997). Malchiodi (1990) attributed the lack of torso to denying the sexual areas of the body.

We can, therefore, surmise that the absent torsos were not the result of cognitive limitations. Alice's omission is clearly related to her sexual victimization and points to her use of denial. She uses this primitive defense mechanism in an attempt to keep unconscious the painful experience to which she was subjected. (Kaufman & Wohl, 1992, p. 55)

Some researchers have noted that the absence of body parts indicated denial (Carozza & Hiersteiner, 1982; Levick, 1983). Separation of trunk may also reveal sexual abuse (Kaufman & Wohl, 1992). Generally, drawings by survivors depict poorly integrated figures (Chantler et al., 1993; DiLeo, 1983; Hibbard & Hartman, 1990; Stember, 1980).

According to Kelley (1984), a registered nurse working with children, shading of the figure suggests preoccupation, fixation, and anxiety. Signs of anxiety in children can take other forms according to Briggs and Lehmann (1989): omissions, distortions, heavy lines, turned down mouth, raised arms, and arms turned inward. Kelley (1984) found that sexually abused children shade the genital and chest areas of figures.

Explicit depiction of genitals by children has been used as an indicator of abuse by some clinicians (Burgess, 1988; Faller, 1988; Hagood, 1993; Hibbard & Hartman, 1990; Hibbard et al., 1987; Kelley, 1984; Miller et al., 1987; Yates, et al., 1985). "It must be cautioned that, although the presence of genitalia in a child's drawing should alert one to consider the possibility of sexual abuse, it does not prove it, just as the absence of genitalia does not exclude abuse" (Hibbard et al., 1987, p. 129). Exaggeration or minimalization of sexual features were also widespread in children's art products (Chantler et al., 1993; Dufrene, 1994; Cohen-Liebman, 1995; Riordan & Verdel, 1991; Yates, et al., 1985). Sexual connotations in children's art work can take other forms such as depicting figures wearing sexy clothing or make-up, or with long eye-lashes that conveys seductiveness (Howard & Jakab, 1968; Malchiodi, 1990). On the other hand, some children may avoid sexualization, thus, creating figures with ambiguous sexuality (Faller, 1988; Kelley, 1984). With male survivors whose perpetrator was also male, I have observed that gender confusion or questions about sexual identity surface in their art work. Additionally, I have found that facial features sometimes have female connotations for some male survivors (Brooke, 1997).

Other themes include the lack of a mouth, which may relate to the secrecy surrounding the abuse; this was observed in the art of children and adolescents (Briggs & Lehmann, 1985; Sidun & Rosenthal, 1987). Huge circular mouths are often drawn by children when oral sex was involved (Briggs & Lehmann, 1985). Spring (1993) felt that the circular mouth may be related to the silent scream. Riordan and Verdel (1991) found both the emphasis on the mouth and the omission of the mouth in the work of child survivors. Drachnik (1994) noted that some sexually abused children have

drawn protruding tongues in their art; yet, this graphic indicator has not been empirically validated.

Spring (1988) found that sexually abused adults were more likely to draw eyes. Her research study utilized 225 drawings and included a control group. The survivors included two groups: fifteen rape victims and fifteen women who experienced multiple sexual abuse incidents. All thirty women were diagnosed with Post Traumatic Stress Disorder. Their drawings were compared to a control group of fifteen women who did not experience sexual abuse or other life threatening events or illnesses. Spring (1988) associated the disembodied eye, highly stylized eye, or tearful eye to guilt within the context of sexual abuse. Earlier literature in the field revealed an association between eyes and sexuality or sexual abuse (Dax, 1953; Garrett & Ireland, 1979; Hammer, 1978; Howard & Jakab, 1969; Nederlander, 1977; Stember, 1980).

Low self-concept may be a characteristic of sexual abuse survivors. One way low self-concept was graphically portrayed was by representing the self as a small figure. DiLeo (1983) supported the view that small figures drawn at or near the lower edge of the paper indicated feelings of inadequacy, insecurity, and even depression. Hibbard and Hartman (1990) reported that sexually abused children will draw tiny figures more often than nonabused children, which they credited to shyness or withdrawal.

Kaufman and Wohl (1992) observed that some sexual abuse survivors will often shade hair heavily, possibly revealing difficulty controlling impulses. Although other others have not made mention of this fact, Kaufman and Wohl (1992) related thinning hair at the top of the head to possible sexual abuse.

Clown images sometimes characterized the work of child survivors (Burgess & Holmstrom, 1979; Hagood, 1993; Stember, 1980). "This concealment device often appears among severely traumatized female victims who are maintaining a facade of smiling exuberance" (Kelley, 1984, p. 424). Although abused girls depict more clown images, sexually abused boys also depict concealment through football helmets, sport equipment, or other protective gear. Kaufman and Wohl (1992) found that abused girls were significantly identified more often than abused boys using human figure drawings.

Chase (1987) examined human figure drawings of thirty-four female incest survivors, ranging in age from five to sixteen, with a matched sample of twenty-six emotionally disturbed subjects and thirty-four subjects with no history of sexual abuse or emotional disturbance. When compared with the emotionally disturbed subjects, sexually abused children significantly drew more hands omitted, fingers omitted, clothing omitted, and presence of phallic like objects. When compared to nonabused children, sexually abused subjects significantly drew large circular eyes, mouth emphasized, long neck, arms omitted, hands omitted, fingers omitted, clothing omitted, and presence of phallic-like objects.

FAMILY DRAWINGS

The Kinetic Family Drawing (KFD) has revealed several common themes in the artwork of sexual abuse survivors. Kaufman and Wohl (1992) found that the KFD significantly identified male and female survivors of sexual abuse. Goodwin (1982) reported evidence of isolation, role reversals, and encapsulation in the KFD's of child survivors. Cohen and Phelps (1985) discovered that the child will often omit self from the KFD. In my work with adult survivors, omission of self was especially common if the person was struggling to remember aspects of the traumatic situation (Brooke, 1995). Burgess and Hartman (1993) found that the KFD may reveal family conflicts. Isolation, barriers, encapsulation, and sexual themes were also portrayed in the KFD's of children and adolescents (German, 1986; Johnston, 1970). Encapsulation and compartmentalization were repetitive features in KFD's of sexually abused children (Kaufman & Wohl, 1992). "The omission of the trunk and appendages in these family members is important since these are instruments of power with which to manipulate or be manipulated" (Wohl & Kaufman, 1985, p. 74).

Goodwin (1982) used the KFD when evaluating possible sexual abuse survivors. Although she implemented a series of drawings in the evaluation, only the KFD will be discussed. She examined nineteen female children who were suspected sexual abuse survivors. Goodwin (1982) found evidence of isolation, compartmentalization, and role reversals in the drawings of sexual abuse survivors. Additionally, she observed that these children drew themselves larger than their mother.

Chase (1987) compared the KFD's of twenty-seven female incest survivors, ranging in ages from five to sixteen, with a matched sample of thirty-seven emotionally disturbed children and thirty-seven subjects with no history of sexual abuse or emotional disturbance. When compared to the emotionally disturbed sample, incest survivors significantly drew encapsulated figures. When compared to the nonabused sample, survivors significantly depicted nurturance of self and mother.

Kaplan (1991) examined the drawings of fifty-one males and fifty-four females ranging in age from seven to fourteen years. Thirty-five children were sexually abused, thirty-five emotionally disturbed, and thirty-five were "normal" children. Three objective raters identified the presence of designated graphic features in the drawings. The two most significant indicators were the *family engaged in sexual activity* and *family engaged in intimate activity*.

Hackbarth (1991) and colleagues found that the KFD significantly differentiated between abused and nonabused children. Thirty children, ranging in age from six to thirteen years, classified as sexually abused by the Department of Human Services, were compared to thirty unidentified children in a public school district. They ranged in age from six to eleven years. The subjects were

matched with those in the experimental group: twenty-five girls and five boys (twenty-six were white and four were black). Mothers also completed the KFD. Using the Like to Live in Family (LLIF) rating procedure (Burns, 1987), five counselors scored the KFDs on desirability of family life. Sexually abused children drew significantly less desirable family situations compared to their mothers. Mothers of sexually abused children drew significantly less desirable family settings than did mothers of unidentified children. Mothers and their unidentified children did not significantly differ in their KFDs. "The KFD shows enough promise as an evaluation tool in the area of sexual abuse that elementary counselors may want to consider this instrument for inclusion in their repertoire of assessment skills" (Hackbarth et al., 1991, p. 260).

HOUSE DRAWINGS

Some clinicians have discovered that red houses are sometimes drawn by child survivors (Cohen & Phelps, 1985; Hagood, 1994; Silvercloud, 1982). Also, children who were sexually abused tend to omit bedrooms or if bedrooms are present, indicate bizarre sleeping arrangements or lack of privacy (Goodwin, 1982). One window treated differently on a house or crossed out windows may be possible indicators of childhood sexual abuse, as observed by some clinicians (Cohen & Phelps, 1985; Hagood, 1994; Kaufman & Wohl, 1992; Silvercloud, 1982). The inclusion of circles, in general, was also another possible indicator (Sidun & Rosenthal, 1987). According to Horovitz (1996), red curtains and/or doors were depicted in the drawings of child and adolescent survivors.

TREE DRAWINGS

Kaufman and Wohl (1992) conducted a pilot study with fifty-four children: eighteen identified survivors of sexual abuse, eighteen children from a mental health organization, and eighteen children randomly drawn from the community. They discovered that tree drawings significantly identified male survivors of sexual abuse as compared to females. "The later may be clinically valid when we understand that the tree, as a growing vegetative form, may at some level relate to the 'growing' shape of the erect penis and that the injury to a male's sense of his virility may be unconsciously connected to the tree" (Kaufman & Wohl, 1992, p. 34). Additionally, Kaufman and Wohl observed that younger children, four to six years, were significantly identified using the tree portion of the HTP as compared to older children, seven to ten years. Generally, the separation of the trunk from the crown, dead trees, and absence