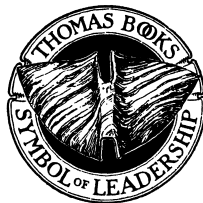


**THE USE OF CREATIVE THERAPIES
WITH SURVIVORS OF
DOMESTIC VIOLENCE**

THE USE OF THE CREATIVE THERAPIES WITH SURVIVORS OF DOMESTIC VIOLENCE

Edited by

STEPHANIE L. BROOKE, PH.D., NCC



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PREFACE

T*he Use of the Creative Therapies with Survivors of Domestic Violence* is a comprehensive work that examines the use of art, play, music, dance/movement, drama, and supervision with respect to treatment issues relating to family violence. The author's primary purpose is to examine treatments approaches which cover the broad spectrum of the creative art therapies. The collection of chapters is written by renowned, well-credentialed, and professional creative art therapists in the areas of art, play, music, dance/movement, and drama. In addition, some of the chapters are complimented with photographs of client art work, diagrams, and tables. The reader is provided with a snapshot of how these various creative art therapies are used to treat male and females suffering from domestic violence. This informative book will be of special interest to educators, students, therapists as well as people struggling with family violence issues.

S.L.B.

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**THE USE OF CREATIVE THERAPIES
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Chapter 1

INTRODUCTION: ART THERAPY ASSESSMENTS WITH A CHINESE SURVIVOR OF DOMESTIC VIOLENCE

STEPHANIE L. BROOKE

In 2005, I had the opportunity to present on art therapy assessments at the first International Creative Arts Therapy conference in Beijing, China. The conference was designed for professionals who used or were interested in the arts as a method of healing. I was one of two “foreign” friends presenting at the conference. Profession Fucius, the chair of the conference, arranged for the foreign friends to do individual sessions with a client. I had the opportunity to do art therapy assessments with a 41-year-old Chinese woman who presented with the problem of debilitating menstrual pain. This chapter will describe the one session I had with this woman, who we later discovered was a witness to domestic violence. She gave permission to discuss this case and publish her artwork.

Sue, not her real name, started off by discussing the painful periods she had each month. Right off the bat, she related the fact that she had two abortions. In talking about this pain, which she had no explanation for and had been checked by a doctor, she related about the recent breakup with her boyfriend. “Why do I always end up with this sort of man?” she exclaimed. She seemed exasperated. In taking a transactional view, she would often play the parent role and care taker of the man in her life. The parent role forced the boyfriend into the child role and power struggles ensued. This was a repeating pattern in her life. I decided to try a few assessments with her: the Kinetic House-Tree-Person Test (Burns, 1987) and Family Centered Circle Drawings (Burns, 1990). I started off with some baseline exercises such as the affective color chart, which I developed when working with clients, and line drawings representing the emotions (sad, happy, angry, fearful - see Appendix). I will start off with a brief review of the assessment covering the purpose, validity and reliability as determined by the author, desirable features, undesirable features, and overall evaluation. For a more in depth review of the assessments, please see my book, *Tools of the Trade: A Therapist’s Guide to Art Therapy Assessments* (Brooke, 2004).

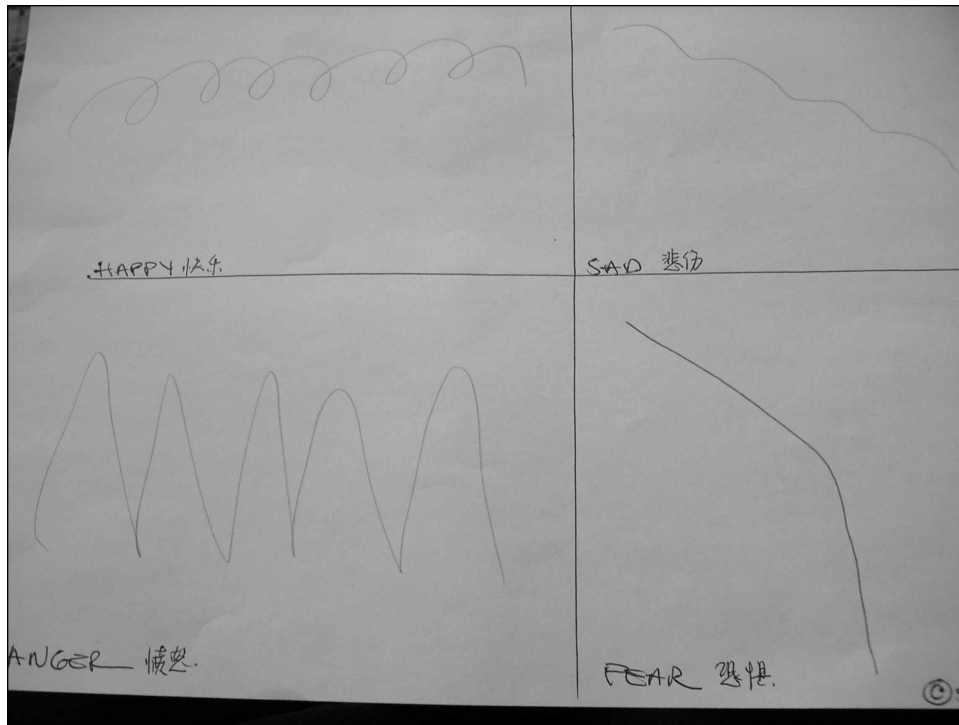


Figure 1. Line Drawings.

Kinetic House-Tree-Person Test

Because of the limitations of the House-Tree-Person Test (HTP) and the Draw a Person Test (DAP), researchers moved toward the development of kinetic assessments. “Projective, non-kinetic techniques are criticized because they restrict the depiction of important family dynamics that provide the greatest insight into a child’s feelings and perceptions, and his family’s roles, influences, and interactions” (Knoff & Prout, 1985, p. 51). One assessment that incorporated a kinetic component was the Kinetic House-Tree-Person Test (KHTP).

As opposed to the HTP, the KHTP combined all three images, house, tree, and person, on one page. In addition, the drawing introduced physical activity of family members. Despite the clinical value of the HTP, Burns (1987, p. 5) remarked on a few limitations:

1. The HTP was standardized on patients in a psychiatric setting. Literature on the HTP focused on diagnostic labeling such as “Organics, Schizophrenics, etc.”

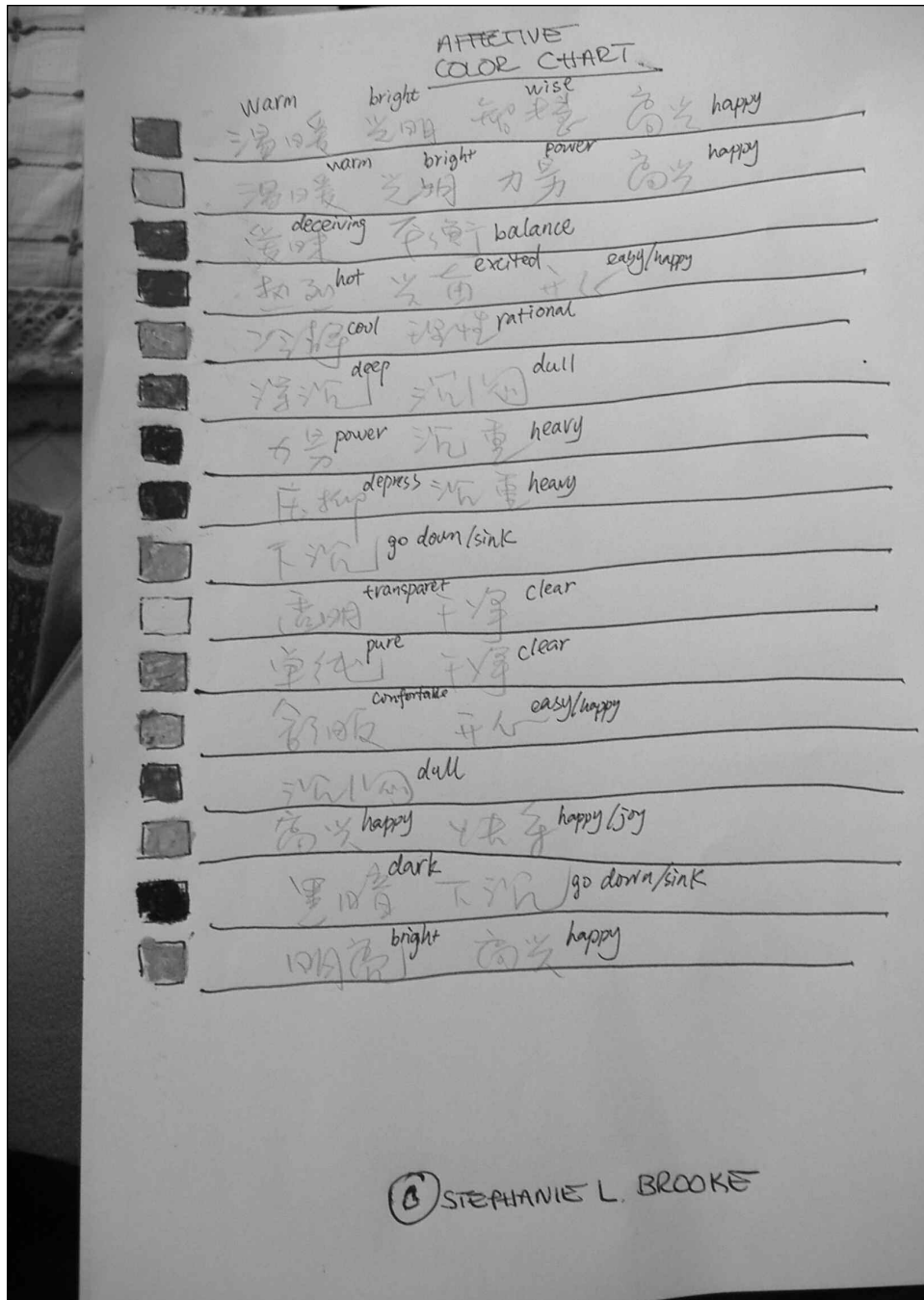


Figure 2. Affective Color Chart (see also Appendix).