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# Drawing Out Trauma: Visual Arts Therapy for Child Sexual Abuse Victims

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## Abstract

Child sexual abuse (CSA) is a global problem that can have lasting effects cognitively, physiologically, and emotionally for the victim. If the psychological damage from CSA goes untreated, it can lead to an unstable self and to unstable relationships with others. Sexually abused children often have difficulty verbalizing traumatic incidents. Visual arts therapy offers a potentially effective alternative to strictly verbal therapies, countering dissociation and promoting healthy emotional regulation.

*Keywords:* child sexual abuse, visual arts therapy

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*Drawing Out Trauma*

According to the US Centers for Disease Control, approximately one in four girls are sexually abused before the age of 18 (US Department of Justice, 2014). Depending on the severity of sexual abuse, the resulting trauma can cause substantial and lasting effects cognitively, physiologically, and emotionally in the child (Rosen Saltzman, Matic, & Marsden, 2013). Definitions of child sexual abuse (CSA) vary, making it difficult to find consistent criteria. For the purpose of this review, I defined it as follows: sexually molesting or assaulting a child (that is, an individual under the age of 18), encouraging or forcing physical contact with a child as a form of sexual gratification, or exposing a child to sexual activity (Visser & Plessis, 2015).

### Effects of CSA

CSA can be extremely traumatic for children and may be difficult for them to recover from on their own. The effects can be long lasting and pervasive, including the development and retention of negative lifestyles, habits, and coping mechanisms (Rosen Saltzman, Matic and Marsden, 2013). These factors are associated with the victim's increased risk of substance abuse, suicide, low self-esteem, and the perpetration of child sexual abuse (Coleman & Macintosh, 2015). Researchers (e.g., Visser & Plessis, 2015) have reported that early intervention following the occurrence of CSA can teach victims how to express and release emotion, thereby reducing the likelihood of clinical dissociation, including the fragmentation of identity and depersonalization. Gantt and Tinnin (2008) observed that, because posttraumatic disorders are largely nonverbal, the use of traditionally verbal therapies may be contraindicated.

### Visual Arts Therapy

Visual arts therapy is a psychotherapeutic process in which clients are invited to engage with different forms of visual art-making techniques that do not require verbalization (Gerge & Pedersen, 2017), and thereby allows victims of child sexual abuse to express deep, overwhelming emotions without requiring

words. Thus, clients may learn to cope with memories without the same degree of repression that would otherwise prevail in verbal interaction. Such non-direct methods may enable clients to trust in the possibility of recovery and in the therapist (Armstrong, 2013).

In the literature review that follows, I focus on the nonverbal aspects of visual arts therapy and on emotional expression within it. Moreover, I considered theoretical perspectives and empirical findings.

### **Method**

I first reviewed articles published in peer-reviewed articles within the last 25 years. Each article was related to either visual art therapy and its neurological benefits, its effects on CSA, the effects of exposure therapy on CSA, or on dissociative phenomena in CSA. Online search terms included visual art therapy, creative art therapy, sexual abuse, sexual trauma, child sexual abuse, child sexual harassment, and sexual assault. Articles were initially identified using the journal database PsychINFO, which yielded 52 articles. I evaluated them in terms of the relevance of (a) the title, then (b) the abstract, then (c) the full paper. I determined that 26 were relevant and drew from them in authoring this review.

### **Results**

#### **Visual Art Therapy as a Nonverbal Treatment for Trauma**

Childhood is a period of time when crucial development occurs. Many changes are neurological (Nelson, Kendall, & Shields, 2014). Experiencing major forms of trauma, like CSA, may cause structural changes in the brain that ultimately inhibit emotional processing. Becker (2015) reported a pilot study in which five CSA clients received exposure therapy (a verbally intensive therapy) in which visual art tasks were included. Each subsequently reported a reduction in presenting symptoms.

Combining and integrating visual art therapy allows for multiple levels of nonverbal expression to occur. The process of creating artwork illustrates an inner state and gives structure to implicit emotions through an unspeakable language (Gerge &

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Pedersen, 2017). The victim is not only able to express the trauma but also to nonverbally build relationships as well. Victims of CSA may have difficulty trusting authority figures, making the traditional approach to the verbal therapy process less impactful over time. Art therapy may offer a solution to this barrier. According to Schore (2011) and (Armstrong, 2013) communication in visual art therapy is largely nonverbal and may be viewed as paralleling the early caregiver-infant relationship. This suggests that the art therapy process may lead to meaningful change.

Diamond and Lev-Wiesel (2016) asked whether positive effects of visual art therapy are short-lived or tended to endure. They followed up with 20 CSA victims who had received visual art therapy as a child or adolescent. Fourteen reported a positive, long-term effect. Several stated that it had been an experience they had continued to reflect on and turn to throughout their life. In another follow-up study, Piffalo (2006) found that visual art therapy helped reduce traumatic symptoms in the long term. This long-term effectiveness is likely due to the nonverbal aspect that enabled victims to express emotions and developed trust which promoted lasting change and healing to take place.

Lasting change may be difficult for CSA victims to achieve solely through verbal methods such as typical forms of communication, and exposure therapy. Traumatic memories contain unique properties as they are encoded in a pictorial fashion that make it difficult for victims to express them verbally; traumatic experiences can be relived through fragments causing flashbacks and terrors that were caused by “triggers” (Pifalo, 2007). Oftentimes, when these traumas are re-experienced, they tend to appear in memories that are in a visual photographic form and can replicate the exact traumatic experience (Pifalo, 2007). Pifalo (2007) explains that those who experience photographic forms of memories often experience verbal barriers, as the victim attempts to explain the vivid and traumatic memories they are seeing. Art making processes access the same brain areas where these traumatic memories are often stored, this facilitates a translation of traumatic memories into symbols; which can distance children from their pain allowing them

to stop re-experiencing the trauma as a present threat (Coleman & Macintosh, 2015). For victims of CSA who experience these forms of flashbacks, it may be necessary to add visual art therapy techniques to their healing process for the victims to properly articulate trauma emotions and thus promote greater healing.

The inability to process these experiences may be what leads victims to dissociate. Dissociation can be viewed as an avoidance strategy when victims are asked to recall a traumatic experience (Briere, 2006). Hebert, Langevin, and Oussaid (2018) hypothesized that dissociation involves defective emotional regulation, which is related to compulsive behavior, phobic symptoms, somatization, and borderline personality disorder (see Ross-Gower, Waller, Tyson, & Elliott, 1998). This suggests that following a traumatic event, such as CSA, it is crucial to teach victims self-regulation strategies in order to avoid a development of avoidance strategies.

Traumatic situations may often be described and relived in different ways by the same victim or by different victims. It is not unusual for victims to draw from visual memories rather than from a narrative (Van Westrhenen & Fritz 2014). Pifalo (2007) suggested that visual art allows victims to express trauma through imagery and to thereby respond to the images without recourse to narrative. In a case study, Rosen and colleagues (2013) analyzed the cognitive restructuring of traumatic imagery in four victims of CSA. The authors concluded that visual art therapy resulted in clients' recognition of mistaken beliefs about the trauma-eliciting events. All clients reported that creating visual art enabled them to understand visual imagery differently without speaking.

### **Visual Art Therapy and Emotional Expression**

Visual art therapy may also enhance CSA victims' expression of emotion (Armstrong, 2013). Healthy emotional regulation occurs when individuals confront emotionally stressful and overwhelming situations without being impaired or rendered helpless by them (Drake & Winner, 2013). Healthy regulation strategies are commonly methods of distraction, such as doodling or sketching. Unhealthy strategies commonly produce withdrawal,

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that is, individuals avoid stressful events. Children naturally find ways to distract themselves. Katz and Hamama (2013) state that many children use drawing as a form of distraction before the age of 12, which suggests that many children naturally use drawing as a healthy form of emotional regulation. Research shows that traumatized victims found playfulness in using art to counteract the rigidity of traumatic reactions (Huss, Elhozayel, and Marcus 2012). Drawing may be an important tool in continuing to make creative arts a healthy emotionally expressive tool not only for distracting but for processing emotionally stressful situations.

Drawing can affect the mood of young children. This was demonstrated in a study conducted by Drake and Winner (2013), who asked children aged 6-12 to recall a disappointing event (thus evoking a negative mood) and then assigned to draw either (a) to vent by drawing images that related directly to the event or (b) to be distracted by draw images that had nothing to do with the event. The authors reported that drawing for distraction improved mood on a short-term basis when compared to participants who drew as a form of venting. The natural use of drawing to distract improved moods and shows that this may prove helpful in providing a safe barrier for important dialogue to take place between the victim and the therapist. This study also shows that lower short-term moods come from drawing as a means of venting feelings. This may reveal that the very act of creating an image of a negative experience causes the child to relive or dwell on the experience in a diluted way, showing parallels to forms of exposure therapy. This finding supports studies by Becker (2015) and Kramer (2009) that state art therapy could improve the effectiveness of exposure therapy, promoting long term healing from trauma and teaching healthy emotional regulation.

Teaching healthy emotional regulation to CSA victims who dissociate or otherwise avoid may be enhanced by adding visual art tasks to therapy. In Visser and Plessis' (2015) study, six girls in South Africa attended group visual art therapy for 90 min each week over the course of 10 weeks. Two of the girls dropped out due to lack of access to transportation. The authors' goal was to engage the girls in artistic expression in order to improve

self-esteem and interpersonal relationships with other female adolescents who had experienced CSA. They administered the Interpersonal Relationships Questionnaire prior to the 10-week period and upon completion of the 10 weeks. The facilitated process of emotional expression through conversations initiated by creative processes may have helped them in understanding and regulating their emotions, as well as developing healthy trust and relationships with fellow victims (Visser & Plessis, 2015). The group dynamic, combined with creative art processes, may be a crucial tool for victims of CSA in counteracting negative psychological developments from traumatic experiences.

Art therapy, if successful in a group dynamic, may prove to be another effective tool to promote emotional regulation. In a study run by Pifalo (2002), girls ages 11-17 participated in group art therapy for a duration of 10 weeks. While this study was a pilot study, its conclusions are promising and suggest that further research would be beneficial. The art therapy targeted specific issues relevant to victims of CSA, such as anxiety, depression, posttraumatic stress, and dissociation. Treatment plans can be successfully completed in group settings, and in the context of this study, can greatly reduce anxiety stemmed from CSA and show a decreased symptomatology in depression and sexual concerns (Pifalo, 2002). Pifalo (2002) claims that it was through the created images that victims were able to give voice to powerful emotions that were previously suppressed. This study utilized the group dynamic to increase healthy emotional processing, and efficiently reduced trauma symptoms helping to promote emotional healing.

### Discussion

Overall, the articles I reviewed support the claim that the use of visual art therapy with CSA victims promotes healthy emotional expression. However, sample sizes were typically small, resulting in limitations. One limitation was the lack of control groups so as to contrast the use of visual art therapy with traditional forms of verbal therapy. Future research is necessary to better understand how visual art therapy affects victims of CSA positively and how it can be effectively applied on a larger scale to CSA populations.

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