

Expressive Therapy with Children who were Sexually Abused: An Overview

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Abstract— Child Sexual Abuse (CSA) is considered a grave issue demanding immediate attention and action to attenuate the prevalence rate. Despite of increasing level of awareness regarding Child Sex Ratio (CSR), the imbalance in this ratio in India and other parts of the world are increasing [1, 2]. Also, even though there are initiatives taken at the primary preventive level, there is a dearth of focused research on exploring the intervention approaches for psychological healing of children who have been sexually abused. Therefore this paper is just a drop in the ocean, attempting to provide a review of the current research base of Expressive Therapies with children who were sexually abused. This overview attempts to familiarize practitioners with various options of contemporary approaches other than therapies based on cognition and behavioral. It also provides support for the effectiveness and feasibility of Expressive therapies with children who have experienced sexual abuse.

Index Terms—child , expressive-therapy, sexual abuse

I. INTRODUCTION

Defining sexual abuse in children seems to be a convoluted process. It can differ along a number of dimensions like age at onset, frequency, duration and nature of act. There are different connotations attributed to the terms, child, sexual and abuse forming the main term CSR. While few experts assert that a child victim's age should be 14 years or younger, other experts hold a more liberal age criterion of younger than 18 years and furthermore other experts consider the age difference between the victim and perpetrator of the abuse in order to come to a conclusion whether the victim is a child or not. The term 'sexual' is often ramified on the basis of contact and non-contact acts. In addition, few experts aver that any act that is directed towards children and is intended to sexually gratify the adult is considered to be an act of sexual abuse which would also take account of voyeurism, exhibitionism and use of children for sexually explicit pictures or videos. Often an act is considered abusive only if there is physical force or coercion for a sexual act. However few experts don't limit abuse to only a forceful act but as any sexual activity toward children and adolescents, even if the act is seemingly performed willingly [3]. The World Health Organization refers CSR as any activity of sexual nature that involves a child that he or she does not fully comprehend, is unable to give informed consent to, or that violates the laws or social taboos of society. This may include the inducement or coercion of a child to

engage in any unlawful activity, exploitative use of a child in prostitution, pornographic performances and materials, and other unlawful sexual practices, but is not limited to these acts only.

As per observation, there is consensus about the prevalence of CSA being high, but computing the number continues to be a challenge [4]. As per the findings of Crimes Against Children Report in 2011, it is alarming and disheartening to find a 24% increase in cases of crime against children from 2010 to 2012, with a total of 33,098 cases of crimes against children as compared to 26,694 cases during 2010 [5]. One of the studies stated that 7.9% of men and 19.7% of women globally experienced sexual abuse prior to the age of 18. The highest prevalence rate of child sexual abuse geographically was found in Africa (34.4%) whereas Europe showed the lowest prevalence rate (9.2%). America and Asia had prevalence rates between 10.1% and 23.9% [4]. It was found that nine girls and three boys out of 100 are victims of forced intercourse [6]. Every second child is being exposed to one or the other form of sexual abuse and every fifth child faces critical forms of it in India [7].

CSA can have short-term as well as long-term harmful mental health impact. The short-term effects that are reported and observed among adolescents include sexual dissatisfaction, promiscuity, homosexuality, and an increased risk for revictimization. Depression and suicidal ideation or behavior also appears to be more common among victims of sexual abuse [8]. In long-term effects, CSA is found to contribute to between 4% and 5% of the burden of disease in males and between 7% and 8% of the burden of disease in females, for each of the conditions depression, alcohol abuse/dependence and drug abuse/dependence. The attributable fractions were higher for panic disorder (7% for males and 13% for females) and higher still for PTSD (21% for males and 33% for females). For suicide attempts attributable fractions were 6% for males and 11% for females [9]. To avert short terms psychologically associated symptoms from developing into a more severe state, a follow up care of the victim by providing individual counseling, family therapy and rehabilitation [10] can contribute towards wellbeing of the child. Hence, there is a need for psychotherapeutic intervention in order to prevent further psychological disturbances and thereby aiding in overall development and growth of the child.

The treatment issues for child sexual abuse that a therapist might encounter are "Damaged Goods" syndrome, guilt, fear, depression, low self-esteem and poor social skills, repressed anger and hostility, impaired ability to trust, blurred role boundaries and role confusion, pseudo-maturity couples

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with failure to accomplish developmental tasks, and self-mastery and control [11]. For this wide range of therapies are used such as Child-centered therapy, Group therapy, Cognitive Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Expressive Therapies (ET).

Rogers (1993) defined ET as using “ various arts-movements, drawing, painting, sculpting, music, writing, sound, and improvisation- in a supportive setting to experience and express feelings [12]. Congruently, The National Coalition of Creative Arts Therapies Association (2004) defines ET as ‘Creative Art Therapies’ , which includes the use of art, music, dance/movement, drama, poetry/creative writing, play and sand-tray within the context of psychotherapy, counseling, rehabilitation or health care [13].

While the use of expressive therapies can be tracked ages back, it is now that its popularity and use is catching momentum. For thousands of years, healers have integrated a variety of creative arts into their therapeutic practices. In ancient Greece and Rome, drama and comedy were prescribed for individuals suffering from disorders such as depression and anxiety. Tribal dances have long been used for healing individuals [14]. Fleshman & Fryrear mentions in 1981 about the Egyptians encouraging people with mental illness to engage in artistic activity [13]. Music has been used to alter mood for hundreds of years [14]. Fleshman & Fryrear (1981) aver that the idea of using arts as an adjunct to medical treatment emerged in the period from 1800s to 1900s alongside the advent of psychiatry. This was the period when the approach focused on providing a more humanely treatment of people with mental illness, and ‘ moral therapy’ included patient involvement with the arts. This was followed by the inception of psycho-drama by Joseph Moreno in 1923, Florence Goodenough’s study of children’s drawings as measures of cognitive development, Lowenfeld’s proposition of sand-tray therapy laying foundation for play therapy and followed by many other contributing therapists. The creative arts therapies became widely known during the 1930s and 1940s and today expressive therapies have an increasingly recognized role in mental health, rehabilitation and medical settings as both primary and adjunctive forms of treatment [13].

McNiff (1981) suggests that expressive therapies are those that introduce action to psychotherapy and that “action within therapy and life is rarely limited to a specific mode of expression” [13]. ET is based upon the interrelatedness of arts based on common ground of imagination, play, and self-expression [15]. Expressive Therapies is therefore an umbrella term for a set of therapies that make use of one or more eight intelligences i.e. they make use of different modes of expression. These modes can work as an independent approach or with other modes of expression (intermodal expressive arts) or can be unified with other therapies that are based on talk.

Art and play has always been part of a child’s formative years. Children who are sexually abused are characteristically silent victims. Most of the times as a result of being manipulated by the adults or situation, they often hesitate to

voice their internal distress. Sometimes they lack the verbal ability to put their experience in words. This disturbance is often gets noticed through problematic behavior, signaling their need for protection. Often children undergo years of suffering, unable or unwilling to compromise their safety or their belief that disclosure will bring feared consequences such as family disintegration, loss of familial love or harm to self or significant others [15]. Howard and Jacob (1969) recognized stated that children who are sexually abused have little difficulty in expressing the trauma they have experienced through art modalities. They observed that art therapy helps children to relieve their tension and anxiety and assisted the flow of verbal therapy [19]. Due to the uniqueness, flexibility and expressive approach without the pressure of verbal conversation, ET proves to provide a safe space for children to emote and express. ET add a unique dimension to psychotherapies and counseling because they have specific characteristics that are not always found in strict verbal therapies, including but not limited to, they are self-expression, active participation, imagination and mind-body connection [13].

Infants and preverbal children encode memory through visual and sensorimotor channels and there is evidence that at times of intense stress and terror, the cognitive memory system may be bypassed in all age groups. Art therapy offers visual and sensorimotor media that may more easily allow repressed traumatic memories to surface. Art therapy is often used with children and adolescents to overcome resistance, build trust, reduce tension, and stimulate memory [18]. Art Therapy here refers to the field of visual arts. The field of visual arts comprises many forms of art making such as painting, drawing, sculpting, collage-making, and photography. It may also include the use of existing art pieces to stimulate self-exploration [14].

The effectiveness of Music therapy is reflected in the actual experiences of the survivors as they reclaim their voices, their lives and their true spirits [22]. Music therapy can provide a medium for victims to draw out communication in expressing their emotions and feelings regarding their traumatic experiences. Music is helpful in processing of emotions regarding their traumatic experiences according to researchers (Bannister, 2003; Gill, 1991). And being able to process the traumatic event and put meaning to the event, they are able to reach their potential which is indicative of the child moving to the next phase of emotional and cognitive development. The sensitive nature of the topic of sexual abuse may make it difficult to overcome the feelings of isolation that a child may have in a group situation, and therefore the use of music in group therapy is beneficial [23]. Drama Therapy aims to use imaginative play at the highest possible level, strengthen self control and affect regulation and help individuals put feelings and behavior into words [29].

Forms of dramatic intervention include activities such as storytelling, improvisations, puppetry, enactment and role-play of significant events [14]. Drama therapy can be used with children who were sexually abused in order to reduce depression and increase self-esteem and interpersonal trust [30].

Dance/Movement therapy emphasizes on the associating the mind and body. Hence the primary mode of expression, interpretation and conflict resolution in Dance or Movement therapy is through movements. Susan Loman (2005) defines Dance/movement therapist as a creative and action-oriented process that encourages new behaviors and symbolically communicates hidden emotions, releases anxiety, and serves as a vehicle to integrate body, mind, and spirit [32].

Play Therapy is defined as the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients vent or resolve psycho-social difficulties and achieve optimal growth and development as per the Association of Play Therapy.

One of the approaches of ET is Integrative ET which explores the benefits of using many expressive modes for the mental health treatment of children and attempts to bridge the verbal gap in communication between the child and therapist through the use of many expressive modes [17]. Here the therapist emphasizes on inter-modal nature of the arts, acknowledging that working in any art form necessarily involves other forms and that purposeful integration of more than one artistic form can offer a wide array of therapeutic possibilities [14]. All art forms are available to the child to express himself for any purpose, be it simply for play, for healing or for maintaining health and vibrancy on life's journey [15]. The American Art Therapy Association (2004) suggests that while Art therapy uses art media, images, and the creative process, Music therapy uses music, Drama therapy makes use of systematic and intentional use of drama and theatre processes, Dance/movement therapy works on the body-mind relationship using movements, Poetry therapy and bibliotherapy makes use of poetry and literature, play therapy makes use of play and sandplay therapy makes use of sandbox and large collection of miniatures. Although these approaches have independent goals during the therapeutic process, but they share a common motive, and that is to eliminate pain and conflicts, achieve catharsis, improve social functioning, and promote optimum growth and development.

II. METHODOLOGY

For the current study, online databases such as PubMed, Research-Gate, Google Scholar and Google Books were used to extract relevant studies on Expressive Therapies. Relevant studies were included in order to investigate the efficiency of the Expressive Therapies by examining the areas of the therapeutic relationship, session factors, approaches and specific techniques, and client experiences.

III. DISCUSSION

A. Art Therapy

Powell and Faherty (1990) designed a 20 session treatment plan for sexually abused girls with a goal of strengthening their ego. Self-portraits, puppet play, role play and drawing perpetrators were just a few of the exercises that appeared to be promoting positive, empowering and dramatically corrective resolutions in the treatment of sexually abused girls when administered in combination with norms of group

therapy [19]. A study conducted in 2002, integrated art therapy and group process to reduce the long and short-term effects of sexual abuse in child and adolescent victims of sexual abuse. The results showed a reduction in the symptoms commonly associated with childhood sexual abuse following 10 weeks art therapy intervention sessions [20]. A more recent study in 2010 also highlighted the use of group art therapy as an intervention technique aiming to reduce depression, anxiety, sexual trauma and low self-esteem among 25 sexually abused girls aged 8–11 years [21]. The treatment goals for group art therapy with sexually abused children is designed on the basis of number of factors such as the age, sex of the child, the severity of abuse, the extent of trauma and the child's cognitive stage of development. Decisions about whether to have a structured or unstructured group, limited time period or ongoing, should be made on the basis on the group goals. Being able to conceptualize realistic treatment goals according to the child's ability to process at a particular stage of development will attempt to depathologize the child, and normalize the child's reaction to abuse [13]. Along with the advocating the use of art materials with sexually abused children, Conerly (1986) notes that possibilities for using them are limited because they can be messy and are difficult to transport if itinerant [19].

B. Music Therapy

Music Therapy may include clients to actively compose and create their own music, or they may be led in directed music activities by the therapist [14]. The music therapy technique of feminist analysis can be particularly effective in the process of recovery from childhood sexual abuse. This feminist analysis focuses on abuse as well as broader issues such as family love, anger, power, romance, healing, resistance, recovery and empowerment (Curtis, 2000). Lyric analysis also contributes to feminist analysis [22]. Lyric writing or song writing is proposed to be a beneficial technique that can be applied with children who have been sexually abused [23] as it increases expression of feelings and builds self-esteem [24, 25]. In one of the lyric and feminist analysis technique, the music used is restricted to songs written and performed by women. In listening to other women's voices and stories, music therapy participants can hear their own experiences validated. In listening to powerful women, music therapy participants can break their isolation and see the abuse not as a personal problem, but as a socio-political one. Singing these songs is even more powerful as it evokes a combined physiological-cognitive-emotional response that permits internalization of the song's meaning [22].

The use of music therapy in both individual and group therapy sessions provides an outlet for victims of sexual abuse to express their emotions, memories and feelings related to their trauma [23]. When music is used with clinical perception in individual music therapy with a sexually abused child, it may help children in evolving [26]. An individual music therapy case study on an 11-year-old girl, a sexual abuse survivor, emphasized the use of spontaneously improvised songs in music therapy. This article illustrates how the child's defensive modes of expression are worked on musically and psycho-dynamically towards a more emotionally expressive and authentic sense of self and an

unconscious aspects of her-self and the healing potential of individual music therapy across a span of 14 months [27].

Although the principles and practice from music therapy are under-represented [28], it appears that the use of music therapy with children who are sexually abused has increased in comparison to previous years.

C. Drama Therapy

A drama therapy session provides a safe space for the client in which exploration of feelings, behaviors, and thoughts may actively takes place. Victims are often encouraged to play out the parts of themselves that they typically inhibit or censor [14]. Drama and role play are powerful techniques for helping a child explore family relationships, as well as his or her role within the family system [31].

D. Dance/Movement Therapy

Movement as a modality for psychotherapy is workable with sexually abused children [34]. Movement is utilized in the therapeutic process that encourages the physical, emotional and cognitive integration of the mover [33]. The development of body image, self-awareness, and awareness of others are important components of DMT sessions [35]. This therapy is effective on four areas of traumatic impact that are relationship patterns, self-esteem, sexual identity, and body image [34]. Although this modality has been proposed to be a useful form of support and intervention for these children [33], the review of literature indicates that research in this area is scarce.

E. Writing/Poetry/Bibliotherapy

Expressive writing can take different forms including the composition of both prose and poetry. It typically involves the use of therapist-provided prompts for the clients. Poetry therapy and bibliotherapy are related forms of creative therapies and involve the use of specifically chosen works for client reading [14].

Poetry therapy can be considered in both expressive (writing, speaking) and receptive (reading, listening) modes [37]. DeMaria (1991) examined poetry as a phenomenological access point to the world of the abused child and suggested that poetry serves as “a window into the child’s world, a way to track the abused child’s progress along the recovery process, and a tool for transforming the abused children’s world, by allowing them to find their own unique voice” [36]. The utilization of the poetry writing in clinical practice must aids in building trust, provide sense of safety, improve communication, and socialization skills, raise self-esteem and therapeutic orientation [37]. The use of poetry in individual treatment serves as an ego-supportive technique and in group modalities, it is specifically focused on cohesion, universalization, and self-expression [36, 37].

Bibliotherapy can have several positive outcomes [38]. Bibliotherapy brings about affective change and to promote personality growth and development [39]. Hearing stories about another child who was sexually abused helps children understand that they are not alone in their feelings associated with the maltreatment. Modeling through stories helps a child see how others learn to cope with conflicting feelings and learn how others have learned to gain control over similar situations. Stories may also provide a means of desensitizing the child to the anxiety related to the abuse. Effectiveness of

bibliotherapy also depends a lot on the stories that are selected. One of the setbacks of the stories selected for children, is often vague, indirect and focus more on common issues surrounding sexual abuse. The metaphorical approach can be anxiety provoking for the child as it might lead to more confused feelings and thoughts [38].

F. Play Therapy

Play is a developmental process which passes through the stages of embodiment play, by the use of a transitional object, to projective play and then to the development of role play. Through this process, the child can discover symbols and metaphors to make some sense of her world and these metaphors are embodied, projected and enacted through the medium of play [23]. Often play therapist conduct a session following a specific theoretical model such as psychoanalytic, child-centered, cognitive-behavioral, prescriptive and family play therapy [40].

The group treatment model leads to effective treatment outcomes for sexually abused children [41]. It utilizes a non-directive play therapy approach and identifies treatment goals outlined focus on both healing the wounds of the past and meeting the child’s emotional needs in the present and future. This type of treatment allowed new group member to begin at any time in the treatment process. Directive play therapy has been endorsed as a means of ensuring that trauma issues are specifically addressed in order to bring about a decrease in symptoms and in the child’s risk of further abuse. Ramussen and Cunningham (1995) advocate the integration of non-directive and focused strategies in the treatment of sexually abused children as it provides the child with the emotionally safe environment necessary for the process of healing to begin [42].

Gil (2003) advocates the use of projective play. Children use projection to both distance and address difficult emotional material by distancing themselves from perception, cognitions, or affects that feel uncomfortable, overwhelming or threatening [42]. Sand-tray therapy is defined as an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and interpersonal issues through the use of specific sand-tray materials as a nonverbal medium of communication, led by the clients and facilitated by a trained therapist [43]. In sand-play, children can replay the horror and create the hope. They can express the scream of pain, fear, anger and find beauty, peace, safety giving a platform to re-member, re-experience, and re-work on their own terms [42]. Also, family dynamics can be effectively explored as each child creates a scene in the sand tray depicting his or her family members doing something together [44].

G. Integrative Approach

Corder (1990) and her colleagues conducted a pilot study using art therapy in conjunction with play therapy with a group of eight sexually abused girls, ranging in age from six to nine, for about 20 group sessions that lasted five months. The study focused on the group coloring books that explored fantasy and reality situations faced by sexually abused children. The researchers reported fewer sleep disturbances, more compliant behavior and more assertive verbalization [19].

CBT approaches are currently at the forefront of

empirically based treatment. However, literature in the field of child sexual abuse repeatedly emphasizes that children have difficulty articulating their abuse or addressing it directly. Adding to it, along with children's natural resistance to talking about the abuse due to shame, guilt, fear or lack of awareness that abuse is inappropriate, evidence also suggests that trauma memories are imbedded in the right hemisphere of the brain, and the right hemisphere of the brain is most receptive to nonverbal strategies that utilize symbolic language, creativity, and pretend play. Thus art, play, sand, and other expressive therapies can be considered as necessary components of trauma treatment [45].

Treatment techniques based on an integrated approach combining cognitive-behavioral and expressive therapy approaches help children select adaptive responses for coping with the effects of traumatic experiences [46]. A group treatment supporting the combined use of art therapy (AT) and cognitive behavioral therapy (CBT) was found to be an effective intervention to reduce symptoms most often associated with childhood sexual abuse [47, 48]. Among the individual treatment modalities available, play therapy, psychodynamic psychotherapy, cognitive and behavioral therapies, and medication hold the most promise [49]. Stien and Kendall (2004) suggest that although cognitive or behavioral interventions address problematic behaviors and help the child build new skills, psychodynamic interventions are needed to help integrate traumatic memories and emotions along with buried parts of self [45].

Steele and Raider (2001) described their sensory integration for traumatized children, which included reliving the incident (exposure), telling the story (trauma narrative), and reordering the experience in a manageable way (cognitive reframing). This approach is suggested to be most congruent with trauma-focused play therapy in which children are encouraged to utilize play in order to externalize their areas of distress (exposure), learn to tolerate and release affect (abreaction) and to compensate for injuries and create feelings of mastery (management and restoration of power) [45].

One of the study proposed that evidence was insufficient to determine the effectiveness of play therapy, art therapy, pharmacologic therapy, psychodynamic therapy, or psychological debriefing in reducing psychological harm and that there is strong evidence supporting the use and effectiveness of individual and group cognitive-behavioral therapy as it can decrease psychological harm among symptomatic children and adolescents exposed to trauma [50].

IV. CONCLUSION

Overall, there is couple of concluding points that the review of literature suggests. Firstly, an integrated approach can yield better outcomes. Secondly, group treatment models appear to be most effective and most used treatment of choice for children who are victims of sexual abuse. Third, among the different approaches of expressive therapy, play and art therapy appear to have more supporting data for effectiveness of the therapy in comparison to other approaches. Lastly, even though expressive therapy appears to be a successful

treatment approach with children who are sexually abused, the literature and use of expressive therapy is sparse. Therefore there is a need for well-designed studies focusing on integrative inter-modal use of expressive interventions that encourage creative nonverbal explorations as it can be helpful which children who are abused or traumatized.

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