Reclaiming Voice Following Sexual Trauma Utilizing Photo Narrative Therapy: A Literature Review

Mikayla G. Crieger
mikaylacrieger1@gmail.com

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses

Part of the Social and Behavioral Sciences Commons

Recommended Citation
https://digitalcommons.lesley.edu/expressive_theses/402

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.
Reclaiming Voice Following Sexual Trauma Utilizing Photo Narrative Therapy: A Literature Review

Capstone Thesis

Lesley University

28 April 2021

Mikayla Crieger

Art Therapy

Vivien Marcow Speiser, PhD, BC-DMT, REAT, NCC
Abstract

In this critical literature review, the question of how to reclaim voice and re-empower self following singular or multiple experiences of sexual trauma by means of utilizing photo narrative therapy is explored. Cognitive processing therapy, a general trauma-informed framework, narrative therapy, and a creative arts therapy lens, specifically art therapy, focusing on the use of photography and writing, is used to analyze this topic. Sexual trauma and violence is pervasive, with research often focusing on women and involving traditional methods of psychotherapy as treatment. Photography, phototherapy, and narrative have become emerging interventions that have a place in helping individuals grow post-trauma due to the fact that meaning is created subjectively, and all experience is individualized no matter if a trauma is collective. Throughout this thesis, an underlying theme of necessary agents to create change and further post-traumatic growth emerges. An art therapy-based methodology utilizing a photo narrative technique is proposed, taking an autoethnographic approach to using this methodology and the literature reviewed.

Keywords: art therapy, creative arts therapy, empowerment, grief, personal narrative, photography, photo narration, sexual trauma
Reclaiming Voice Following Sexual Trauma Utilizing Photo Narrative Therapy: A Literature Review

Introduction

In this critical literature review, the question of how to reclaim voice and re-empower self following singular or multiple experiences of sexual trauma by means of utilizing photo narrative therapy is explored. More specifically, how photography may contribute to the documentation of a sexually traumatic experience’s impression on mind and body is analyzed. Assessing how such can become a way of transcending the initial narrative to a restructured version focusing on the concept of post-traumatic growth following experience, and developing on toward empowerment, and resiliency is further examined. Through an autoethnographic approach, the exploration of how photo narrative therapy alters perceptions of self within the context of a trauma narrative is investigated. Due to limited research in this specific domain, to the best knowledge of this writer, it is the goal that through this exploration, that a methodology or an outline for one may be proposed and expounded upon in the future.

For the purpose of this thesis, the broadened term of sexual trauma is used to encompass completed or attempted sexual abuse or assault, child sexual abuse (CSA), adult sexual assault (ASA), molestation, rape, being forced to penetrate another, commercial sexual exploitation (CSE), non-consensual sexual acts, etc. The terms sexual violence, sexual assault, and sexual trauma are used interchangeably throughout this thesis. While general definitions of each of these actions are typically agreed upon, there is inevitably some variation, and it is important to remember that in the United States of America, legal definitions of what constitutes as a sexually violent act differ, thus may affect the survivor’s experience (Rape, Abuse, and Incest National Network [RAINN], 2021). It is generally agreed that a sexual violation is an inherent “use and
abuse of power, enacted by individuals, but supported by dominant norms in society,” (Hong & Marine, 2018, p. 23) and violates multiple boundaries of an individual.

To constitute as a trauma, a singular experience, repeated events, or a series of circumstances are perceived as a distressing or disturbing experience which, in turn, negatively alters future experience in one, all, or some of the functional domains. Such domains include biological, cognitive, developmental, social and emotional, or mental and physical health (including spirituality). It is possible, however, that a traumatic experience may threaten the physical or mental safety or livelihood of the individual, though it is viable that a traumatic experience does not place one in immediate danger so long as the condition of persistent negative functioning is present as a consequence due to interaction with one’s life story (K. Ramirez, personal communication, February 1, 2021; SAMHSA, 2014). In the Diagnostic and Statistical Manual of Mental Disorders 5th edition [DSM-5] (American Psychiatric Association [APA], 2013), the diagnoses under the umbrella of trauma- and stressor-related disorders all have the diagnostic criteria of being exposed to a traumatic or stressful event, though not all who experience a trauma will necessarily meet diagnostic criteria; this is to make the statement that these diagnoses can only be apparent in the face of these adversities.

Photo narrative therapy, in the context of this thesis, is an art therapy-based intervention that combines the use of photography as an artistic medium and narrative de-construction and re-construction. The images taken for a photo narrative purpose act as a method of storytelling in which the individual orchestrating the production of the images creates a limited series, either through process of elimination or via carefully directed image making. These images act as expressions of a common experience, which hold the potential to take the form of thematic elements or more specific events, as a means to articulate incidence. It is often the case that
photographs and the subjects of such are viewed as extensions of the self and allow for one to overcome shortcomings of memory or of implicit biases (Peljhan & Zelić, 2015). The creative arts, largely, act as a vessel to contain emotion, hold the ability to convey internal states of being, and allow a means to express what cannot otherwise be articulated, which is congruent with the writer’s belief and experiences. In general, photography can act as a technique for projection, a tool for exploration, conversation, and personal narrative development (K. Ramirez, personal communication, January 25, 2021). Through the combination of photography and phototherapy, the author postulates the possibility that these evasive thoughts, feelings, and perceptions can be made tangible, visible, and heard.

The genesis for this thesis culminated from the author’s personal experience, both with sexual traumas and the use of photo narration as a method to investigate and address unresolved and maladaptive cognitions and behaviors which have resulted from the aforementioned experienced traumas. In addition to lived experience, the author also bore witness to testimony from peers who had also faced sexual trauma, either through the means of written word, spoken word, or artmaking. It was through both the lived and witnessed testimony that a curiosity arose as to how this method of creation can be brought into a therapeutic space. It became a strong belief of the author’s that human beings are creatures of habit and crave homeostasis in the functional domains. When that routine is disrupted, especially in the face of a trauma, one often becomes disoriented and is catapulted into a state of unrest until inner turmoil can be resolved to some extent. The author’s experience with photography as a preferred artistic medium and use of photography as a tool to express narrative was most effective in empowerment and reclamation of voice when paired with personal creative writing (i.e., journal keeping, recording process, poetry, creating titles and captions, etc.). Due to the personal connection to the subject, there lies
the potential for inherent biases to emerge specifically in the realm of efficacy of treatment proposed, medium used, and supporting theory. It is in the author’s opinion that, generally, image without accompaniment of written or spoken word decreases the chances of imparting conceptions or notions of the other onto the self. Written word, however, can be utilized and still adhere to this impression of universality if it is done in such a way that removes the self. In the realm of a therapeutic space, it is the author’s belief that such considerations are not as relevant, as the art being created is for the purpose of the individual, their treatment, and growth.

The creative arts have historically served as a method for communicating and externalizing the experience and emotions surrounding traumatic experiences for the author, as verbal expression became too difficult, which is common following a trauma. It is important to note that this experience is individualized, in that no one other than the author had the same exact experience, though there are others who undoubtedly have similar trauma histories. While experiences may be similar, they are not generalizable, as those that have experienced sexual trauma form a heterogeneous grouping and there is no such thing as a ‘normal’ population.

The critical literature review that will be presented in the next section is organized by focusing on the specific themes that emerged in the readings. These themes are grouped into the following categories: definition, prevalence, and effects of sexual trauma; the roles of gender, sexuality, and sexual orientation; grief and loss related to trauma; trauma-informed therapeutic approaches; creative arts-based approaches in trauma-work; and photography as a medium to explore narrative. An underlying theme present throughout the literature review is mention of necessary agents of change in post-trauma life. A creative arts therapy lens is applied when reviewing literature on posttraumatic life, trauma, and identity formation. In this thesis, creative arts therapy will be defined as “a form of expressive therapy that uses the creative processes of
making art to improve a person’s physical, mental, and emotional wellbeing.” (Ebere-Anaba, 2016, para. 3) with visual art, specifically photography, and writing being the creative processes addressed. This thesis will also reference art therapy as the American Art Therapy Association [AATA] (2017) defines it: “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (About, para. 3). The terms creative art(s) therapy and art therapy will be used interchangeably in this thesis unless explicit differentiation is provided. It is hoped that this thesis will lend itself to becoming one of the first bodies of work that synthesizes information from these multiple domains into a preliminary piece exploring a fairly limited and unresearched realm of the expressive arts therapies.

The author acknowledges and thanks those who have aided in the process and creation of this thesis: Susan Tritell, PhD. for being thesis consultant; Vivien Marcow-Speiser, PhD, BC-DMT, REAT, NCC, for being academic thesis advisor and encouraging the practice of self-compassion throughout the thesis writing process and for providing feedback; Jodie Goodnough, MFA, Assistant Professor of Art and Art History, Photography at Salve Regina University, for unconditionally supporting the author’s journey utilizing this method and for providing arts-based resources; Kelvin Ramirez, PhD., ATR-BC, for teaching phototherapy at Lesley University and making the art medium accessible in the time of a pandemic; Kelly Schwager, MA for peer editing and processing key concepts with the author; fellow cohort members in GEXTH-7017-16 for providing alternate views and seeing this thesis through all iterations; and all friends and peers that have been supports and sounding boards for thoughts and ideas.
Literature Review

Sexual Violence and Trauma

Prevalence and Definition

Sexual violence and what constitutes as such has multiple definitions, but many of these definitions have commonalities with the most crucial being the absence of consent (Centers for Disease Control and Prevention [CDC], 2021; National Sexual Violence Resource Center [NSVRC]; 2010). Using definitions provided by NSVRC (2010) and CDC (2021), sexual violence is defined in this thesis as an act or acts of sexual activity in which an individual is forced, manipulated, or coerced into performing such activity or activities where consent is not present or freely given, or when previously given consent has been revoked and is not acknowledged by the perpetrator. “Reasons someone might not consent include fear, age, illness, disability, and/or influence of alcohol or other drugs” (NSVRC, 2010, para. 1), though it is ultimately up to the individual to give, withhold, or rescind consent. If one is unable to do so for whatever reason, the act is automatically considered non-consensual (CDC, 2021). It is known that sexual trauma and violence can affect any population or individual, regardless of age, gender expression and identity, sexual orientation, income or profession, level of education, etc., and can occur virtually (i.e., using various forms of technology) or in person (CDC, 2021; NSVRC, 2010). It is of note that social inequities and the intersections of such have the tendency to heighten one’s risk of victimization (CDC, 2021; NSVRC, 2010). Most often, perpetrators are individuals known to the survivors, and may be friends or peers, present or past intimate partners, colleagues, neighbors, family, or other trusted individuals, though it always remains a possibility for a stranger to be the perpetrator (CDC, 2021; NSVRC, 2010). Those who have
experienced sexual trauma at least once have an increased likelihood for incidence of
revictimization at some point in their lifetimes (CDC, 2021).

It is near impossible to gain a true and accurate understanding of the prevalence of sexual
trauma and violence, both nationally and internationally, using a singular source; in order to
gather the most succinct versions of data, multiple data sources are often compiled to create a
comprehensive and representative body (NSVRC, n.d.). It is recognized that incidence of sexual
violence and trauma outweighs incidence of reporting (CDC, 2021). There are many possible
explanations as to why underreporting occurs, including but not limited to survivors’ feelings of
confusion, shame, helplessness, or embarrassment; fear of telling or involving law enforcement
or trusted others (i.e., friends and family); and/or threats made by perpetrators if survivors seek
out help (CDC, 2021; Pemberton & Loeb, 2020). The rate of reported rapes and other sexual
assaults to the police in the United States dropped from 40.4% in 2017 to 24.9% in 2018
(Morgan & Oudekerk, 2019). Society and patriarchal systems also play large roles in
underreporting; “[s]exual assault does not occur in social and cultural isolation: we live in a rape
prone culture that propagates messages that victims are to blame for the assault, that they caused
it and indeed deserve it” (Campbell et al., 2009, p. 226). According to the National Intimate
Partner and Sexual Violence Survey [NISVS] 2015 data brief (Smith et al., 2018), the most
updated version of this document, nearly 79.8 million United States residing individuals, both
male and female identifying individuals, have had a lifetime experience, or experiences, of
contact sexual violence (i.e., rape, sexual coercion, being made to penetrate, and/or undesired
sexual contact). It is also noted that these statistics are likely under representative of true
numbers due to underreporting and acknowledged limitations of the survey. In the United States
alone, more than 1 in 3 women and nearly 1 in 4 men will experience or have experienced sexual trauma in their lifetimes (CDC, 2021).

**Prevalence in Culturally Diverse Communities.** Basile et al. (2016) studied rates of sexual violence among Black and African American women. This study revealed 53.7% of women interviewed experienced rape or sexual victimization, with 44.8% of participants having been sexually coerced at some point in their lives (Basile et al., 2016). Of the women who reported rape or sexual coercion, nearly three quarters were victimized for the first time prior to age 18 (Basile et al., 2016). In a study with a population of Asian American women aged 18- to 35-years-old, 14.3% reported having had an experience of sexual violation (Hahm et al., 2017). Among the nearly 4,000 Native Americans and Alaska Native men and women from the survey conducted by Rosay (2016), 56.1% of females and 27.5% of males had identified lifetime sexual trauma and victimization. Further, Sabina et al., (2015) used data from the Sexual Assaults Among Latinas study [SALAS] revealing that 11.8% of Latinx women respondents, 13% of ethnically Mexican women respondents, and 6% of ethnically Cuban women respondents have experienced a lifetime prevalence of sexual violence.

**Effects on Mental, Physical, and Sexual Wellbeing**

It has been documented that sexual trauma has direct correlation to inimical chronic psychological and physical health and subsequent conditions (CDC, 2021; Pemberton & Loeb, 2020; Smith et al., 2018). Deleterious mental health consequences that can potentially arise from sexual trauma can exist as short-term, long-term, or both (Campbell et al., 2009; Pemberton & Loeb, 2020). Some of the short-term effects may be acute or delayed onset and include many feelings and behaviors such as “shock, disbelief, confusion, shame, guilt, self-blame, withdrawal, flashbacks of the assault, and insomnia” (Basile & Smith, 2011 as cited in Pemberton & Loeb,
2020, p. 116). Fear and anxieties are conjunctively observed in individuals post-trauma typically presenting as profound uneasiness in relation to the perpetrator, dread and anxiety about potential additional assaults, and angst as it relates to divulgence of experience (Basile & Smith, 2011 as cited in Pemberton & Loeb, 2020). Other common presentations in some survivors are congruent with posttraumatic stress disorder (PTSD) symptomatology, though it is not to say that every individual with these post-trauma symptoms has or will develop PTSD (Koss et al., 1994 as cited in Pemberton & Loeb, 2020). Presentation can include hypervigilance, circumvention of indications of incident, interruption to routine, and/or being emotionally disconnected (Koss et al., 1994 as cited in Pemberton & Loeb, 2020).

There is a heightened risk for sexual violence survivors to develop “numerous long-term adverse psychological outcomes, including posttraumatic stress disorder [PTSD], depression, generalized anxiety disorder [GAD], substance use disorders, eating disorders, sleep disorders, anxiety disorders, and suicide attempts, regardless of the age of the victims at the time of the assault” (Chen et al., 2010, Sarkar & Sarkar, 2005, & Zinzow et al., 2012 as cited in Pemberton & Loeb, 2020, p. 116; CDC, 2021). The studies examined and conducted by Campbell et al. (2009), though primarily focused on women with lifetime history of sexual trauma, show that anywhere from 17% to 65% of females develop PTSD post assault; diagnostic criteria for depression are met in 13% to 51% of individuals; 73% to 82% develop some type of fear and/or anxiety related to the trauma; GAD is experienced in 12% to 40% of survivors; “[a]pproximately 13% to 49% of survivors become dependent on alcohol, whereas 28% to 61% may use other illicit substances” (p. 226); suicidal ideation is present in around 23% to 44% of those who have been victimized, with suicide attempts occurring anywhere from 2% to 19%. According to Basile & Smith (2011) as cited in Pemberton & Loeb (2020), there is evidence that the genesis of
certain psychological diagnoses, such as PTSD and depression, differ pursuant to conditions around the incursion. Adverse shifts in perspective, of world and of self, as noted by survivors and the effects these nocent alterations of beliefs can have on survivor wellbeing has also been a marked concern (Basile & Smith, 2011 as cited in Pemberton & Loeb, 2020).

Psychological and physical effects following sexual trauma often coincide but are frequently isolated in research (Pemberton & Loeb, 2020). In direct relation to the act of a contact sexual assault, one may experience physical marking and injury such as bruising, genital injury, abrasions, and/or broken bones (CDC, 2021; Sommers, 2007, Weaver, 2009, & Basile & Smith, 2011 as cited in Pemberton & Loeb, 2020). It is not uncommon for survivors to present to physicians with physiological ailments such as musculoskeletal pain, headache, gastrointestinal issues, and pelvic discomfort (Loeb et al., 2018 as cited in Pemberton & Loeb, 2020). Conjointly, gastrointestinal disease and inflammatory bowel syndrome, increased risk for certain cancers (i.e., cervical), cardiovascular disease, and chronic pain above the shoulders and back pain are all associated with having an experience of sexual violence (CDC, 2021; Coker et al., 2009 & Koss et al., 1994 as cited in Pemberton & Loeb, 2020). Further, the CDC (2021) identifies negative health behaviors linked to sexual trauma, including increased likelihood of tobacco or nicotine usage, alcohol abuse, substance use and abuse, and/or engagement in unsafe or risky sexual behavior.

For individuals with biological, or biologically presenting, female sex organs, gynecological complications that may arise post-trauma can include pregnancy, and anyone may experience sexually transmitted infections (STIs) or transmission of HIV (Basile & Smith as cited in Pemberton & Loeb, 2020; CDC, 2021). Pemberton & Loeb (2020) further cite Hawks et al. (2019) and the National Institute of Health [NIH] & National Institute of Allergy and
Infectious Diseases (2015) presenting concerns of STI transmission, particularly the association “with long-term health complications, including pelvic inflammatory disease, infertility, cervical cancer, tubal or ectopic pregnancy, and perinatal or congenital infections in infants born to infected mothers… infection with some STIs actually increases risks of HIV transmission” (p. 117).

Closely related to physical health is sexual health. For individuals who identify as female or have female reproductive organs, subjection to penetrative incursion coincide with higher reports of ovulatory and menstrual aberrancy, endometriosis, painful intercourse (dyspareunia), and persistent pelvic pain than in those who have not experienced rape (National Institute of Health [NIH] & National Institute of Allergy and Infectious Diseases, 2015 & Weaver, 2009 as cited in Pemberton & Loeb, 2020). Pemberton & Loeb (2020) go on to cite Becker et al. (1986) noting that, “[o]ther sexual health problems include reduced interest in or avoidance of sex as well as less frequent arousal and orgasms” (p. 117). Not all individuals who have had an experience of sexual trauma will go on to have chronic medical, physical, mental, or sexual health symptomatology; all people will be affected differently due to individuation (NSVRC, n.d.). Some will be able to go on with previously established routine and have minimal negative reactions, “while others may suffer the effects throughout their lives, such as turbulent relationships, employment problems, increased rates of substance abuse, and increased medical costs” (NSVRC, n.d., Sexual Violence and Health, para. 10).

Role of Gender, Sexuality, and Sexual Orientation

Due to sexual violence and trauma being a global pandemic, no one sociodemographic population is exempt from potentially experiencing its effects, either being victim to, witnessing, or perpetrating (CDC, 2021). While sexual violence disproportionately affects females and
female identifying individuals, especially in the United States, those with other gender identities (i.e., male, transgender, non-binary, gender non-conforming, two spirit, genderfluid, etc.) are also affected by sexual violence, though research on such populations is often not prevalent (CDC, 2021). The research that is available denotes that individuals who identify as lesbian, gay, bisexual, transgender, or queer or questioning (LGBTQ+) “face disproportionate high percentages of victimization” (Hong & Marine, 2018, p. 23).

As it relates to gender, Tillapaugh (2016), using a narrative constructivist inquiry, conducted interviews with fifteen cisgender and transgender male survivors of sexual violence (MSSV) on college campuses in the United States between the years of 2005 and 2015 with the aim of shedding light on the various crucial influences that played roles in post-trauma life. Congruent with past research regarding posttraumatic growth, Tillapaugh (2016) concluded that formation of identity post-trauma is a continual and individualized process, with the four critical influences of situational variability, institutional resources, community, and agency playing distinctive roles in personal narrative construction and reconstruction following sexual trauma. In another study using a sample population of both male and female identifying Canadian survivors of CSA, Guyon et al. (2020) too revealed that survivors of CSA do not form a cohesive population evidenced by the emergence of various groups, each with distinctive external variable patterns related to sexuality and sexual self-concept as well as there being the tendency for gender differences among survivors. Easton & Parchment (2021) specifically focused on male perceptions to disclosure of CSA utilizing a sample population of 487 men as a means to discover themes that can be considered helpful in responses, expressly in the therapeutic setting. Much like with any form of sexual trauma, disclosure of CSA is not a singular occurrence and is a process that occurs over time (Easton & Parchment, 2021). The emergent themes these men
found to be helpful in discussions of disclosure include experience of whom they were
discussing with, the personality characteristics of the discussant (i.e., compassion and empathy,
being emotionally transparent, etc.), specific actions taken by the discussant (i.e., genuine belief
and active listening, validation of feelings, displaying empathy, and promoting positive help-
seeking behaviors), the therapeutic interventions used, and any insights that may have arisen as a
result of the disclosure (Easton & Parchment, 2021).

Hackman et al. (2020) conducted a qualitative study by which to examine and begin to
better understand views and ramifications of sexual assault among LGBTQ+ college students. It
is noted those who identify as sexual minority male students “are over nine times as likely to
have experienced sexual assault as heterosexual male students, and students who identify as
sexual minority women are over twice as likely as heterosexual female students to have been
sexually assaulted” (Beaulieu et al., 2017 as cited in Hackman et al., 2020, p. 1). There are also
disproportionate rates of sexual assault among transgender college students as opposed to
cisgender college students, with racial and ethnic factors also contributing to higher rates of
victimization (Hackman et al., 2020). According to a Human Rights Campaign [HRC] report
(2019a), among Black and African American LGBTQ+ youth ages 13- to 17-years-old, 18%
were “forced to do unwanted sexual acts including 27% of transgender and gender-expansive
youth and 14% of cisgender LGBQ youth…[while] 13% have been sexually attacked or raped
and 62% have experienced unwanted gestures, jokes, or comments” (p. 14). The HRC (2019b)
report that focused on Asian and Pacific Islander [API] youth ages 13- to 17-years-old, showed
that 16% were forced to participate in unwelcomed sexual acts, with 23% of these individuals
identifying as transgender or gender non-conforming and 13% being cisgender lesbian, gay,
biseexual, or queer individuals. The report also makes note that 8% of API youth have
experienced a sexual attack or rape, completed or attempted (HRC, 2019b).

Findings from the study Hackman et al. (2020) conducted show that, among the sample
used, LGBTQ+ students and individuals may be reticent to disclose sexual trauma due to
concerns of how others will react, social and psychological sequelae, reluctance to involve
institutional supports post trauma, sense of community or lack thereof, cisheteronormativity, and
the need for bettered institutional supports for survivors and LGBTQ+ identifying individuals.

Grief and Loss Related to Trauma

The notions of grief and loss are broader than death, and can extend to the loss of fantasy,
that being the loss for experience that could have been (K. Ramirez, personal communication,
January 25, 2021). Rogers (2007b) asserts that “…it must be acknowledged that grief can come
from many different losses…Change creates loss and grief is how we react. Grief is the internal
reaction to loss and mourning is the process or outward manifestation of grief” (p. 22). Grief and
loss are highly personal processes, shaped by event, culture, and conscious workings, and it
presents, feels, and is perceived differently in each individual, much the same that a traumatic
experience affects an individual (Brown, 2016; Rogers, 2007a). Common losses experienced
among survivors of sexual trauma is loss of sense of self, a part of self, and loss of boundaries;
these particular violations of limits and meaning can lead to dissociation and fragmentation of
psyche or self (Chopra, 2006). Losses can be immediate, occurring at the time of the incursion
(i.e., loss of virginity, loss of innocence in the case of CSA, loss of voice and choice, etc.), or
they can be considered ongoing losses (i.e., loss of ability to connect with others, loss of routine,
loss of sense of safety, etc.), arising post-trauma and permeating multiple domains of life
(Ebrahim et al., 2018).
It is commonplace in the presence of grief for words to evade and make communication, even simplistic verbalization, near impossible (Rogers, 2007a). When coming to terms with loss, in this case, associated with sexual trauma, it is imperative that one first recognizes the experience and event as a loss; it is from there that the sensations, physical and mental, directly connected to this loss can be explored, and further, routine and narrative can be adjusted to accommodate the part of one’s life that experienced loss (Rogers, 2007a). Creating and making meaning as it relates to the experience can aid in individuals finding a sense of reality where it may have been lost prior (Chopra, 2006).

**Trauma-Informed and -Focused Approaches**

One of the first therapies theorized to directly focus on and treat symptoms of PTSD among individuals who had experienced sexual trauma, particularly survivors of rape, was cognitive processing therapy (CPT), posited by Patricia Resick and colleagues in the early 1990s (Resick & Schnicke, 1992; Resick & Schnicke, 1993; Resick, 2016). Studies utilizing CPT show clinically significant decreases in both depressive and PTSD symptomology, with these changes being maintained over long-term periods (Resick & Schnicke, 1992). These findings were one of the first of their kind in the treatment of sexual trauma, especially when considering the majority of participants had chronic presentation and responses (Resick & Schnicke, 1992). As opposed to cognitive therapy, as proposed by Beck et al. (1979), CPT has a focus on recognizing and altering conflicts that arise in the advent of new information, that is the assault, which clashes with prior schemata, and that these conflicts cause emergence of PTSD symptomology (Resick & Schnicke, 1992). Cognitive therapy is not completely disregarded in CPT, but rather has been adapted to be one of the key components alongside exposure to event(s) through detailed writing and reading, though imagery may be used in some cases, and information-processing theory.
(Resick & Schnicke, 1992). Specifically, “[t]he cognitive component includes training in identification of thoughts and affect, techniques for challenging maladaptive beliefs, and specific modules for five areas of beliefs: safety, trust, power, esteem, and intimacy” (Resick & Schnicke, 1992, p. 750).

Closely mirroring the modules of belief in CPT are the concepts found in the trauma-informed framework presented by the Substance Abuse and Mental Health Services Administration [SAMHSA] (2014). Rather than procedures, SAMHSA (2014) proposes six principles that are crucial to a trauma-informed approach: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. This framework comes from the acknowledgement that trauma, especially such that is unresolved, permeates multiple life domains, often coexisting, and holds the potential to cause negative lasting effects specifically related to physical health, immunological response, neurocognition and neurodevelopment, and behavior (SAMHSA, 2014). This whole-person and mind-body interconnectedness is reflected upon by Strauch (2001) as cited in Saltzman et al. (2013) saying,

“... all aspects of a human being are connected, and thus traumatic events create ripples of adverse effects upon all dimensions of the individual. The reactions contained in the body… affect the unique and individualistic understanding of the events that have transpired for the survivor. The information at the time of the trauma is imparted into the body and the mind but not necessarily integrated” (p. 226).

This realization developed in conjunction with the recognition that merely holding an “understanding of trauma and trauma-specific interventions is not sufficient to optimize outcomes for trauma survivors” (SAMHSA, 2014, p. 9). SAMHSA’s (2014) guideline and
conception of a trauma-informed approach additionally identifies that many social systems and institutions, while well-intending, are often causes for retraumatization to those that have been exposed to a prior trauma, or can induce a traumatic experience, and is another necessary consideration in the conceptualization of the framework. This trauma-informed framework is a “non-pathological and non-victim-blaming approach [that] enables the client to be less judgmental and more empathetic regarding their trauma-responses” (Walker, 1990 as cited in Pemberton & Loeb, 2020, p.121; SAMHSA, 2014). Trauma-focused therapy approaches have the potential to show raised consistency of narrative, which conversely, can lead to decreases in PTSD symptomology, effective trauma recovery, and boosts in eudaemonia (Briere & Scott, 2006; Amir et al., 1998; Pennebaker, 1993; & Stanton et al., 2002 as cited in Jirek, 2017).

Therapists and mental health workers using a trauma-informed practice typically open space to allow for a collaborative relationship in which individuals may feel safer or the concept of safe enough, seen, and heard (Alessi & Kahn, 2019).

Pemberton & Loeb (2020) speak to interventions centered around a trauma-informed framework of cognitive behavioral therapy (CBT), as this model is often inclusive of narrative (i.e., personal story and how the individual places themselves within the world) and reframing methods of cognition. An individual’s narrative is derived from a combination of internal and external (i.e., political, historical, social, economic, and cultural environments) subjective perceptions of reality and the content of or meaning placed behind said experiences (Jirek, 2017). Jirek (2017) cites Polkinghorne (1988) to emphasize the point that each event in an individual’s life holds the potential to alter story and self in a way that will be congruent or incongruent with previously structured narrative, though most times such events fit into existing schemata and do not cause significant alteration. In the case of trauma or other such events that are discordant
from narrative, one may find the capacity to construct meaning of the event to be cognitively strenuous and discover it to be challenging when trying to incorporate it into existing narrative, thus causing a fragmentation (Neimeyer, 2001 as cited in Jirek, 2017). Following trauma and the disruption of narrative, individuals are required to begin a process of restructuring and recreating personal stories and, congruently, beliefs about self, others, and the world in order to move through the recovery process (Jirek, 2017). It is the innate drive for individuals to make sense of their experiences or find the meaning within adversity that allows for the eventual reconstruction of narrative post-trauma, thus eventually incorporating the trauma information into their existing narrative (Calhoun & Tedeschi, 2006; Neimeyer, 2001; & Sewell, 1997 as cited in Jirek, 2017).

Creative Arts Therapy Approaches to Trauma-Work

Rogers (2007a) states, “[a]rt has been a form of expression for humans since the earliest times… Often the art and the myths found in many of our stories express that which cannot be expressed through mere words” (p. 3). Due to this difficulty of verbal expression, especially following sexual trauma, the creative arts therapies act as a vehicle by which survivors can reconnect with the memory of the trauma and convey the psychological anguish encountered in an ameliorative and unobjectionable way that will further promote change, typically avoiding retraumatization (Binkley, 2013 as cited in Ikonomopoulos et al., 2017; Saltzman et al., 2013). Rogers (2007a) goes on to remark that “[i]t is in the unconscious, in the mystery of life, that expression of the deep wounds and tragedy of loss is found,” (p. 3) and it is through creative expression that can offer a mode to tap into the unconscious. Through this creative arts process, what was otherwise verbally inexpressible and intangible will be brought into the here-and-now utilizing components of art making, in whatever form that may be (Saltzman et al., 2013). Creative arts therapies, specifically art therapy in this case, also provide a means to externalize
the trauma and address it in a different space, that is, in the artwork or materials, rather than by means of verbal communication or rumination (Saltzman et al., 2013).

While creating, specifically around memories of sexual trauma, areas of the brain are stimulated (Saltzman et al., 2013). Activation of the amygdala occurs during memory recollection of assault as a fear response to the threat being recalled, with the prefrontal cortex attempting to act as a mediator to adjust heightened emotions (King-West & Hass Cohen, 2008 as cited in Saltzman et al., 2013). Additionally, hippocampal functioning is diminished during trauma and prior to trauma recovery, which may lead to sensations of dissociation, that is, having difficulty distinguishing between past and present as the hippocampus plays the primary role in memory and how such are perceived (King-West & Hass Cohen, 2008 as cited in Saltzman et al., 2013). The act of creating in a visual arts-based medium provides a way for these memories and emotions to be transferred and contained externally (Johnson, 2000 & King-West & Hass Cohen, 2008 as cited in Saltzman et al., 2013). This eventually leads to desensitization of the aspects explored as if through a diluted form of exposure therapy, congruent with the exposure component of CPT (Johnson, 2000 & King-West & Hass Cohen, 2008 as cited in Saltzman et al., 2013).

Chan et al. (2012) makes note that early narrative therapy techniques utilized a form of writing in which letters were written, now referred to as therapeutic documenting. Rogers (2007a) cites Neimeyer (2000) stating, “[r]esearch has supported that writing about our suffering and trauma can have positive implications for the growth required to move through the grief and loss” (p. 5). Pennebaker (1990) as cited in Pizzaro (2004), after analyzing a series of studies using therapeutic writing about a trauma or stressor recognized that this method was a steadily favorable way to reduce physical and psychological health issues as well as persistent thought
over that which causes stress and anxiety. Through various studies it has been shown that therapeutic journaling holds the capacity to act as a method to search for significance in hardship (Pizzaro, 2004). Ikonomopoulos et al. (2017) performed a case study specifically utilizing creative journal arts therapy with survivors or witnesses of domestic violence with the goal of developing resiliency and lessening clinical symptomatology. It was concluded that the use of creative journal arts therapy was effective in allowing participants to explore and share narrative related to their trauma with others, examine and reconstruct meaning related to narrative, increase focus on positive aspects that emerged through the art and writing processes, expand self-awareness as it directly relates to these aspects, and further develop a sense of resiliency and self-worth while also decreasing adverse mental health symptoms (Ikonomopoulos et al., 2017).

Art therapy specifically has been shown to be effective when treating those who have experienced trauma (Walsh et al., 2004 as cited in Ikonomopoulos et al., 2017). A vital component to this modality is the tangible product that comes as a result of the process which further acts as a holding vessel for the emotions poured into it during the process of creation (Walsh et al., 2004 as cited in Ikonomopoulos et al., 2017). A specific art therapy framework that incorporates a trauma-informed lens is Adlerian trauma art therapy, “a multimodal approach to treatment because it entails visual, linguistic, symbolic, sensory, and kinesthetic expression” (Saltzman et al., 2013, p. 226). Through the multisensory approach, this form of art therapy provides benefits of desensitization and exposure via the imagination, in turn supporting candid interaction with the individual trauma narrative, while also maintaining the value of client-centered approaches and how interpersonal (i.e., the therapeutic relationship between client and therapist) connections are vital to growth post-trauma (Appleton, 2001; Chapman et al., 2001; & Pifalo, 2007 as cited in Saltzman et al., 2013). Through the process of art making, it is theorized
that survivors are disseminating archetypical thoughts, feelings, and behaviors as it relates to their trauma experience; via this creative interpretation of trauma and its psychic components, symptoms associated with trauma- and stressor-related disorders or other psychiatric ailments can begin to be addressed (Saltzman et al., 2013). Within Adlerian trauma art therapy lies the notion that if art is a method of connection and communication, there must be an other to witness and observe, which is the therapist within the therapeutic space (Saltzman et al., 2013). It is recommended to use the creative arts therapies in conjunction with a trauma-informed or trauma-based approach, such as CPT to increase effectiveness of treatment, both short- and long-term (Ikonomopoulos et al., 2017).

Photography as a Medium to Explore Narrative

Perception is subjective and this idea translates to viewing and taking photographs; things and moments that we deem as important in any way, positive or negative, will be imprinted, while those that are not as important may be forgotten, though in the case of photography, all moments have equal opportunity to be captured (Weiser, 1999). Where words fail in translating the emotional aspect of events, “[p]hotographs… have the power to capture and express feelings and ideas in visual-symbolic forms, some of which are intimately personal metaphors” (Weiser, 1999, p. 6). Photographs are a language in themselves, and while it remains visual as opposed to verbal, photography and imagery act as a point of connection links that which is verbally inexpressible to the outer world in a way that allows for communication to be built (Peljhan & Zelić, 2015). The medium of photography, additionally, provides a method to view experience and events from an alternate perspective, allowing for the potential to thus reframe narrative as it relates to the sexually traumatic experience (Peljhan & Zelić, 2015).
Rather than traditional talk psychotherapy, photography and art making allow for those who do not yet hold the capacity for verbal communication, especially as it relates to trauma, or self-witnessing to begin the process of posttraumatic growth (Ginicola et al., 2012a; Ginicola et al., 2012b). The photographic image becomes a way for the other, such as the therapist, to witness the internal workings of the survivor’s mind (Ginicola et al., 2012a). Eventually, later on in the process, in order to convey what has been expressed visually, one must engage in verbal communication as a way to allow others to enter their psychic space and internal thought processes (Weiser, 1999). Using photographs in a therapeutic space holds the capacity for empowerment in sexual trauma survivors due to the sense of self-direction provided in the process and the environment (Stevens & Spears, 2009). Weiser (1999) and Ginicola et al. (2012a) make the point that taking photographs, in any capacity, allows for personal reflection and development, and when used in therapy, photography and the use of such is guided by the therapist in a way that it becomes a treatment method. In this process of externalization, one is thus able to confront and examine their trauma from a more objective viewpoint (Ginicola et al., 2012b). It is possible to use the practice of phototherapy within the context of other therapeutic frameworks as a means to explore different aspects of the psyche, behavior, and being (Ginicola et al., 2012a).

From a fine arts perspective, Lauren Kelly’s series, “Echoes: Growing Up With PTSD” (n.d.), photographs of setting, body, and clothing are juxtaposed with written transcriptions of accounts of sexual trauma, acting as a container of evidence for those who participated and the wider population of sexual trauma survivors by highlighting personal memory, simultaneously leaving the viewer to construct a narrative using the photographic and journalistic elements laid forth (Echoes, n.d.). Following Kelly’s creation of the series she explained the cathartic
properties of photographs as being tangible objects that are able to relay a reality that is not otherwise communicable (Echoes, n.d.). This echoes Ginicola et al. (2012a; 2012b) who asserts that the physicality of art making supports methods of palpable expression and manipulation of medium. The photographs and series serve as a means to bring the other into the conversation through the viewing of the images during which a sort of active listening to experience occurs (Echoes, n.d.; Robertson, 2017).

In a similar, but more scientific and therapeutic based process, Kahn & Lowe (2020) highlight four case studies focusing on photographers who worked with individuals who survived weaponized rape, that is, rape as a weapon of war. The purpose of these photographers working with these individuals, and Kahn & Lowe (2020) writing this article, was to bring attention to the viewer as a means to bear witness to trauma by proxy. Through this aesthetic witnessing, the subjects of the photographs or the individuals working with the photographer to create the image are able to present their story in a way that allows for reclamation of voice and resistance to their perpetrators (Kahn & Lowe, 2020). Different aesthetic avenues were pursued in image making (Kahn & Lowe, 2020). Such include allowing the viewer to place themselves in the space specifically focusing on the importance of setting as it relates to the experience; environmental portraits featuring the subjects and their families post-interview; conceptual psychological portraits that are symbolic of experiences; and detailed black-and-white portraits of both the survivor’s hands being held in a protective gesture, obscuring identity, and close-up portraits of their faces (Kahn & Lowe, 2020). All of these images are used as a method to convey a universal concept of bringing survivors’ past trauma to the present in a call for action (Kahn & Lowe, 2020).
Discussion

Limitations of Current Research & Future Recommendations

As in all studies, a number of limitations were present in the research reviewed. To begin, the NISVS is designed as a household survey and does not reach populations such as those who are institutionalized, experiencing houselessness, or are residing in healthcare facilities, shelters, military bases, etc. (Smith et al., 2018). Consequently, the statistics gathered are severely limited, as the NISVS is one of the main resources for comprehensive statistics on sexual assault and violence in the United States. Effects of sexual trauma generally focus on how women are affected, with very limited research on how other gender identifying individuals are affected both chronically and short-term. Particularly, among the research focusing on effects of sexual trauma, there was a heavy focus on the clinical diagnosis of PTSD. This runs the risk of further stigmatizing and pathologizing sexual violence survivors.

Statistics and research, likewise, tends to mainly focus on those who are heterosexual, cisgender males and females, which adheres to dated societal norms of gender binaries, and a further toxic concept of cisheteronormativity, upholding the dominant narrative. As discussed, sexual trauma does not occur in a vacuum and does not avoid affecting any one population; all can be subjected to this act. With this being said, there is very minimal research on how sexual trauma and violence affects those who do not adhere to the gender binaries (i.e., non-binary, transgender, intersex, genderfluid, two-spirit individuals, etc.) or are part of the LGBTQ+ community. Among the research that does branch out and look at sexual trauma among men and LGBTQ+ individuals, the majority of such is done in a population of those pursuing higher education, either at public or private universities and colleges. Analogous to sexuality, sexual orientation, and gender identity, sexual trauma is not exclusive to one level of education. In a
similar vein, a vast majority of the research available has a focus on those who are White identifying, though that is not to say all; there is a disproportionate favor for published research to be focused on this racial and ethnic population. Among the research focusing on prevalence in culturally diverse communities, there was a predominant focus on females and female identifying individuals, with very limited research done with male identifying survivors. The research available that focuses on non-White individuals is primarily from outside the United States or focuses on weaponized rape, which acts as a method of othering.

Due to the knowledge that sexual trauma and violence is not isolated to a particular sociodemographic group, it is in the author’s opinion that it would be beneficial for future research to be more inclusive rather than maintain out of date norms of binaries and separation. This would include studies that are more representative in the realms of gender, sexuality and sexual orientation, age, race and ethnicity, preexisting mental health concerns, socioeconomic status, and level of education. It is of the author’s belief that it is vital to look at all components of an individual as it relates to experience of a trauma, ideally taking an intersectionality approach, because each aspect of self play significant roles in how sexual trauma is internalized and processed, and how posttraumatic growth emerges.

Limitations to the research on grief and loss include the fact that the majority of research available focuses on grief and loss following death and is heavily rooted in original concepts of the stages of grief rather than postmodern approaches to dealing with emotions loss brings about. While there is some literature related to grief and loss experienced from sexual trauma, it is very minimal and difficult to find.

Though CPT was presented as one of the overarching approaches in this thesis, there are a number of limitations to this framework. To begin with, it was developed as a method to treat
female rape victims; in the context of this thesis, this does not account for the various other types of sexual trauma one can experience, nor the various other populations that may experience it. It has since been adapted to be used with individuals who have a diagnosis of PTSD, but again, this runs the risk of saying that because one has experienced a trauma, they must then develop PTSD or some sort of trauma- and stressor-related disorder. This also further perpetuates the harmful notion that pathology must arise from adverse experiences, or that pathology must be present for one to be taken seriously. CPT, while widely successful, is also not a completely effective treatment model. Alpert et al. (2020) studied predictive factors for dropout rates of CPT, finding that predictors of higher dropout rates include hyperarousal of physiological distress in the initial stages, exaggeration of cognitions, and avoidance of trauma-focused narrative work. This suggests that some individuals who engage in this form of therapy may not have the skills that allow for cognitive processing without harm for retraumatization or lingering emergence of unaddressed symptoms and thoughts.

A limitation to the use of creative arts therapies is that one may not wish to engage in visual or creative expression as a means to process trauma for whatever reason, and they may do so within their own right. The creative arts therapies, specifically creative journal art therapy, has an emphasis on visual, linguistic, and fine motor skills. There are numerous reasons why one may not be able to engage in these tasks following sexual trauma or due to previous life experience, for example, limited or diminished physical or visual ability, language barriers, inability to read or write, etc. This further extends to the field of art therapy, though there are a number of adaptations and accommodations that can be made so that one can experience the benefits of engaging with an art therapist. Similarly, phototherapy and photography are highly sight based and utilizes fine motor skills, making adaptations necessary for those who have
alternate visual or physical abilities to any degree. It is also crucial, in this author’s opinion, to make photography, and the creative arts in general, a more widely accessible medium to anyone who wishes to use it rather than continuing to isolate access as this maintains separation and dominant narrative. Additionally, before one can engage in the creative arts, their most basic needs of shelter, sustenance, and safety must be met.

**Proposed Methodology**

Using the reviewed literature and research in conjunction with personal experience, the author, taking an autoethnographic approach, is proposing a formulation for a preliminary therapeutic methodology. The writer’s personal experience, while experienced at an individual level, was the guiding factor for the research presented, which at its core, is inherently generalized to accommodate the population of sexual trauma survivors. The arts-based genesis for this proposed creative arts therapy intervention arose from an assignment done in an undergraduate Photography III class focusing on documentation and narrative, termed a ‘visual diary assignment.’ The original assignment was to take sixty (60) images, go through a process of editing to get it down to a series of twenty (20) images, at which point one could rearrange the images as a means to tell a story or multiple stories (J. Goodnough, personal communication, January 24, 2021).

Drawing from this assignment, the work of Lauren Kelly’s “Echoes” (n.d.), and of the four photographers highlighted by Kahn & Lowe (2020), the proposed methodology will consist of taking forty (40) images, with a focus on setting and body in an obscured or abstracted way. The next step is to edit out images that do not fit or serve the purpose of the series to ten (10) to fifteen (15) images, as Weiser (1999) notes, “we usually [will not] keep photos around that we [do not] like or that [do not] matter” (p. 5). From there, it is possible that one can take an
experience and re-orient it with a beginning, middle, and end, as well as having a tangible externalization and method to process as opposed to keeping everything bottled up (J. Goodnough, personal communication, January 24, 2021). In the end, these photographs, in whatever order they live, will serve as a reflection of the individual’s inner world and allow, in the therapeutic space, for the therapist to begin to ask questions as they relate to both art and experience (Weiser, 1999). Accompanying the photographs may be a written account, in whatever form is comfortable (i.e., poetry, script, creative writing, journaling, stream of consciousness, etc.) that speaks to feelings and emotions brought up during the process of taking photographs. An alternative may be to create a written account of the sexual trauma before the photo taking process begins. As narrative is explored by use of photography and writing, order of images may be rearranged to better fit into the individual’s newly emerging and re-constructed personal narrative. This methodology can be adapted to accommodate any number of images, that is, less or more than ten (10) to fifteen (15), depending on resources available.

The purpose of emphasizing setting and body in this methodology lies in multiple domains. Foremost, the act of sexual trauma is one against the physical body, as well as the psyche, and it can be asserted that all experiences occur in an environment. In the case of sexual trauma, the environment in which it occurred, or those that bear resemblance to it, can activate memories and emotions that accompanied the individual at the time of the initial act. As noted by Pemberton & Loeb (2020) sexual trauma has the potential to cause malingering somatic symptoms alongside psychological, and the act of using the self and body as photographic subject holds the potential to reinvent positionality to the situation. Similarly, the use and emphasis on setting allows for the individual to physically reposition themselves in the space and metaphorically within their narrative, perpetuating some level of change necessary in de-
construction and re-construction of narrative. The process of rearranging images is pivotal to this intervention; when taking one of the core concepts of narrative therapy into consideration (i.e., construction, de-construction, and re-construction of dominant narrative into a personally dominant narrative), it becomes clear how the theoretical framework has lent itself to influence this methodology.

It is of great importance that this exploration of narrative through the use of photographic images heavily relies on the ability of sight, making this a significant limitation for those who are vision impaired or part of the Blind community. Alterations can be made, although these options have not yet been explored.

The proposed methodology of photo narrative exploration is not to be used as the only tool in the therapeutic space, but rather in conjunction with other tools and interventions. Sexual trauma survivors form a heterogeneous population and, while a blanketing framework may be helpful for treatment, it is part of the continuous process of being an art therapist to have knowledge of a wide array of tools available for clients so that if one is not effective, others can be drawn upon. This is in accordance with the trauma-focused approach of client-centered therapy and catering to the client’s needs which will differ on an individualized basis.

It is hoped that, when applied in the field of mental health counseling and art therapy, this thesis can aid in creating a more attuned connection where treatment plans are individualized and take on a more person-centered approach, ultimately leading to survivors’ voices being upheld and empowered. Drawing from the lenses of art therapy, photography, narrative therapy, and trauma, it is possible that this thesis will be one of the first bodies of research to lend a voice that integrates all of these aspects. With this being said, this thesis is not comprehensive, but rather acts as a starting point for future research to be based in and upon which to be expanded.
References


[https://doi.org/10.1080/02650533.2017.1400959](https://doi.org/10.1080/02650533.2017.1400959)


[https://doi.org/10.1016/j.beth.2019.11.003](https://doi.org/10.1016/j.beth.2019.11.003)


[https://doi.org/10.1023/A:1024415523495](https://doi.org/10.1023/A:1024415523495)


[https://doi.org/10.1080/07421656.2001.10129454](https://doi.org/10.1080/07421656.2001.10129454)


[https://doi.org/10.1080/10926771.2015.1079283](https://doi.org/10.1080/10926771.2015.1079283)


[https://doi.org/10.4236/psych.2017.811114](https://doi.org/10.4236/psych.2017.811114)


[https://doi.org/10.1007/BF01542303](https://doi.org/10.1007/BF01542303)


[https://doi.org/10.1080/15401383.2013.821932](https://doi.org/10.1080/15401383.2013.821932)


[https://doi.org/10.1080/15228878.2019.1567351](https://doi.org/10.1080/15228878.2019.1567351)


Echoes- Lauren Kelly gives voice to the pain of women with PTSD due to being raped. (n.d.) FotoRoom. Retrieved February 3, 2021, from [https://fotoroom.co/echoes-growing-up-with-ptsd-lauren-kelly/](https://fotoroom.co/echoes-growing-up-with-ptsd-lauren-kelly/)


https://www.bjs.gov/content/pub/pdf/cv18.pdf


[https://doi.org/10.1097/GRF.0b013e3181bf4bfb](https://doi.org/10.1097/GRF.0b013e3181bf4bfb)


THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student's Name: Mikayla Crieger

Type of Project: Thesis

Title: Reclaiming Voice Following Sexual Trauma Utilizing Photo Narrative Therapy: A Literature Review

Date of Graduation: May 22, 2021
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Vivien Marcow Speiser