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Exploring the Benefits of Expressive Arts Therapy with Survivors of Sexual Violence,

A Literature Review

Capstone Thesis

Lesley University

May 5, 2022

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Expressive Arts Therapy

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Abstract

Sexual violence is a common experience throughout the United States. The aftermath of this traumatic experience impacts the entire body, including the emotional, physical, and mental states of an individual. The distressing symptoms of sexual violence can last from weeks to years. The aftermath of sexual violence can make it difficult for victims to complete daily tasks and can lead to disorders such as Depression or Post Traumatic Stress Disorder. This literature review explores the current treatments used with survivors of sexual violence, which include trauma-focused cognitive behavioral therapy, Eye Movement Desensitization and Reprocessing, and other effective treatments. Due to the trauma affecting the entire body, specifically the Broca's area, the verbal part of the brain, this review explores the need for more nonverbal treatment methods. The focus question behind this research is to discover if expressive arts therapy in particular can be beneficial as a treatment for survivors of sexual violence. The growing research on expressive arts therapy shows that it offers a holistic approach that moves beyond verbal expression and utilizes the integration of music, art, drama, and movement. This thesis demonstrates that expressive arts therapy can increase trauma healing through the individual's physical, emotional, and mental parts. Research shows that an integrated, whole-body approach that uses a variety of art forms may be helpful in daily executive functioning, processing, and expressing the trauma, growth, and healing. Additionally, this literature review demonstrates the need for further research to confirm its effectiveness with individuals who have experienced sexual violence.

Keywords: sexual violence, expressive arts therapy, trauma, treatment, whole-body approach

Exploring the Benefits of Expressive Arts Therapy and Survivors of Sexual Violence

Children and adults in the United States experience sexual violence at an alarming rate. According to the Rape, Abuse, & Incest National Network (RAINN; n.d.a), “Every 68 seconds an American is sexually assaulted, and every 9 minutes, that victim is a child. On average, there are 463,634 victims (age 12 or older) of rape and sexual assault each year in the United States” (para. 1). From those who have reported experiencing sexual violence, “More than 1 in 3 women and 1 in 4 men have experienced sexual violence involving physical contact during their lifetimes” (Centers for Disease Control and Prevention [CDC], 2022b, para. 3). Further, one in four girls and one in six boys are sexually violated before 18 years of age (CDC, 2014, as cited in Devlin et al., 2019). These numbers are likely lower than the actual number due to unreported cases (CDC, 2022b, para. 2). Victims may feel ashamed or afraid to tell the police or a friend about their experience due to threats or believing the false notion that they do not have anyone to help them (CDC, 2022b, para. 2).

The trauma that a person experiences from sexual violence affects the body's emotional, physical, and mental state. The imprint that sexual violence leaves on an individual can determine how they will complete daily functions and the symptoms that may manifest in their lifetime. For instance, individuals with severe trauma histories may struggle with their executive functioning skills (Schrader & Wendland, 2012). Further, sexual violence can happen to anyone regardless of age, gender, sex, race, or socioeconomic status. Many times, caregivers overlook the specific needs of these victims, such as the need to feel safe and supported, when treating their physical or psychological symptoms. Due to the prevalence of sexual violence in the United States and worldwide, the need for effective treatment and best practices remains crucial for this population.

Each individual's physical and psychological responses will be displayed in unique ways. Clinicians should consider many variables when facing the impacts of sexual violence, including the “nature and severity of the sexual act,” (Hall & Hall, 2011, p. 2) the number of times a person was sexually violated, and the age at which the abuse first occurred. Harris (2014) explained that the higher the number of Adverse Childhood Experiences (ACE), which includes experiencing sexual violence at a young age, the higher the risk is for heart disease, cancer, and other health problems. High doses of adversity, especially during childhood, “not only affect brain structure and function, they affect the developing immune system, developing hormonal systems, and even the way our DNA is read and transcribed” (Harris, 2014, 9:08). Shapiro (2002) discussed many factors that may explain the level of impact, such as genetic predispositions, resiliency, and if emotional support occurred immediately following the event. The individual's internal and external resources, including the level of family and community support, will also impact the severity of symptoms that appear over time (Hall & Hall, 2011).

Current treatments proven effective with victims of sexual violence include cognitive behavioral therapy, group psychotherapy, and Eye Movement Desensitization and Reprocessing (EMDR) (Adeniyi, 2014, as cited in Haynes, 2020). Because the trauma from these situations affects the brain and specifically the Broca's area, the part that allows verbal communication, therapists should question whether these traditional methods of psychotherapy, primarily using verbal communication, are enough for these survivors. Expressive Arts Therapy provides a holistic treatment that goes beyond verbal expression. This thesis explores what benefits Expressive Arts Therapy may have for this particular group of individuals regarding their healing process, physically, mentally, and emotionally. Treatment for these survivors should engage the entire body, mind, and brain (van der Kolk, 2014), which can be achieved through Expressive

Arts Therapy as it supports “the natural healing ability in the body that has been used for thousands of years” (Malchiodi, 2020, 19:44).

This literature review will explore the traumatic effects that sexual abuse survivors face by identifying what happens in the brain and body when they encounter sexual violence. This research also explores the benefits of using Expressive Arts Therapy with victims of sexual violence, including domestic violence, rape, and sex trafficking. This research aims to explore the reasons why expressive arts therapy can be helpful for victims of sexual violence as they complete daily executive functioning, process, express, grow, and heal. First, this literature review defines the terms used regarding sexual violence. Second, this thesis explores the impact of sexual violence on the body, brain, and society. Third, this literature review provides an overview of expressive arts therapy, its history, and how it may be beneficial as treatment for victims of sexual violence.

Definitions

The terms used to describe populations are essential to consider when reflecting on the depth of the impact of sexual violence and honoring the individual being impacted. The term “sexual violence” is an all-encompassing, non-legal term that refers to crimes like sexual assault, rape, and incest (RAINN, n.d.b). According to the CDC (2022b), “sexual violence is sexual activity when consent is not obtained or not freely given” (para. 1). Sexual violence is a broad term that includes sexual aggression towards another individual. The word “violence” highlights the severity of the incident because it involves physical force over another individual, and pain is typically inflicted on the victim, which can cause lasting physical and mental damage.

Other terms used in the literature are sexual abuse, sexual trauma, and sexual assault. Morisson (2020) discussed that using the word “abuse” shifts the focus toward the perpetrator,

and the word “trauma” focuses more on the effects of the event(s). For this paper, the term “sexual violence” is primarily used as an umbrella term for all types of sexual violations. The word “trauma” is an even broader term than “sexual violence” because it does not describe what happened to the person. However, trauma is the “lasting negative effect on the self or psyche” resulting from a stressful event that occurred in a person's life (Shapiro, 2002, p. 14). Maté (2021) explained trauma as “not what happens to you, it is what happens inside you” (0:01). The trauma from sexual violence is a “sensory experience” in the entire body (Steel & Malchiodi, as cited in Richardson, 2016, p. 35). Steel and Malchiodi (as cited in Richardson, 2016) described trauma as being unable to transform implicit memories of distress into explicit memories, where they can be reframed and managed, and being unable to differentiate between what is happening now and what is happening then. Additionally, trauma can make it difficult for individuals to verbally express their experiences (Richardson, 2016).

Within sexual violence, sex trafficking and exploitation are common occurrences worldwide. Sex trafficking is defined as “a commercial sex act...induced by force, fraud, or coercion” (U.S. Department of Justice, n.d., para. 3). Sex trafficking is a form of sexual violence that, many times, is repeated with the same or different offenders, which means that the level of stress and trauma it has on an individual dramatically increases. These terms and definitions discussed above are used throughout this paper to help further the understanding of the topic. When discussing the topic of sexual violence, it is essential to address that all ages, genders, social classes, and nationalities can become victims (Devlin et al., 2019).

Literature Review

The Effects of Sexual Violence and Trauma

When looking at the effects of trauma, one must realize that all life events shape their view of the world and themselves. Additionally, human bodies are made up of complex systems equipped for survival through the biological and psychological need to be safe in the world (Richardson, 2016). When facing a stressful situation, the human body automatically chooses the response, typically a fight, flight, or freeze response. Additionally, a fourth response, coined by Pete Walker (2003), is the “fawn response”, which is focused on pleasing the aggressor and being unable to express their own needs and rights (para. 2). However, repetitive or very severe traumatic events may cause damage to the functioning of these systems. The trauma from sexual violence can affect one's ability to function as a healthy individual in society (Schrader & Wendland, 2012). Victims of sexual violence experience psychologically, emotionally, and physically distressing symptoms following the incident, lasting from a couple of weeks to many years. These symptoms can be more severe if the victim is a child (Harris, 2014). Most individuals “who seek psychiatric care have been assaulted, abandoned, neglected, or even raped as children, or have witnessed violence in their families” (van der Kolk, 2014, p. 24). Since the effects of sexual violence are severe, victims of sexual violence can seek psychiatric care to address lingering traumatic effects. According to the U.S. Department of Justice (2014), approximately “70% of rape or sexual assault...victims experienced moderate to severe distress resulting from their victimization,” which is a higher percentage of distress than for any other violent crime (p. 3). The neuroscience research clarifies the necessity for counselors to receive training in trauma-informed practice (Perryman et al., 2019). Additionally, therapists should have, at the very least, a basic understanding of the neuroscience of trauma (Perryman et al., 2019).

These stressful and disturbing symptoms of the trauma that stems from sexual violence range from person to person, and many factors can contribute to the outcome. For example, it is important to note if the event affected an individual, a group, or a community. Individuals may not receive that same kind of social support as a collective community, and the individual is less likely to report the incident due to feelings of shame and isolation (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). The kind of support and compassion a victim of sexual violence receives can significantly impact their recovery process (SAMSHA, 2014). Another factor includes whether the trauma occurred as a single event or as multiple events, such as being sexually violated by a family member repeatedly.

Loue (2012) described sexual issues as one of the most challenging areas in social work and that sexual issues expose deep vulnerabilities of the individual. This is true because “Sexuality and all of its various dimensions encompass the discovery of pleasure as well as the experience of pain” (Loue, 2012, p. xi). When clinicians in the mental health field work with victims of sexual violence, it is crucial for them to understand the specific symptoms displayed, such as depression, suicidal ideation, lack of trust, and shameful feelings.

Because sexual violence involves coercion and, many times, physical force, this blocks the body's response system that allows a person to go into fight or flight mode to escape from the danger. Especially if the victim is a child, the victim is more likely to freeze or comply (Richardson, 2016). A child's response to a threat would typically be to call for help from their caregiver. However, if the caregiver is the aggressor, they do not have other options to escape (Richardson, 2016). When a person is trapped or held down, the brain

keeps secreting stress chemicals, but the body cannot act (van der Kolk, 2014). The “brain may keep sending signals to the body to escape a threat” long after the event has passed and the threat no longer exists (van der Kolk, 2014, p. 54). This is a crucial aspect of sexual violence that stands apart from other traumatic events where a person can escape or be rescued from immediate danger. Van der Kolk (2014) explained that “being able to move and do something to protect oneself is a critical factor in determining whether or not a horrible experience will leave long-lasting scars” (p. 55). When fight or flight behaviors are not options in a particular situation, the individual will most likely turn to freeze mode, which can lead to dissociation to deal with threats throughout life (Richardson, 2016). If the victim of sexual violence cannot run away or fight, that “energy gets stored in the nervous system” and can remain there for many years (Richardson, 2016, p. 41). If this energy, resulting from the trauma, stays in the nervous system without being tended, it can become problematic, causing health problems or a mental illness (Richardson, 2016).

The Impacts on the Body

One of the immediate results of sexual violence can be a physical injury in which the victim may need to be hospitalized or see a doctor. The World Health Organization (WHO; 2021) reported that “42% of women who experience intimate partner violence [report] an injury as a consequence of this violence” (para. 14). Women who are victims of sexual violence can experience unintended pregnancy and gynecological problems (WHO, 2021). Additional health consequences of sexual violence “include headaches, pain syndromes (back pain, abdominal pain, chronic pelvic pain), gastrointestinal disorders, limited mobility, poor overall health, and sexually transmitted diseases” (WHO, 2021, para. 14). Women who became pregnant due to the violence are twice as likely to have an abortion (WHO, 2021). If a woman is pregnant during the

sexual violence, the likelihood of miscarriage, stillbirth, or pre-term delivery increases (WHO, 2021).

Sexual violence can be especially harmful for children. Harris (2014) explained that the more stressful an event a child experiences, the more likely they will develop heart disease or cancer, even when not engaging in risky behavior or substance use. She explained that this is attributed to the “hypothalamic–pituitary–adrenal axis, the brain's and body's stress response system that governs our fight-or-flight response,” which is discussed further in the next section (Harris, 2014, 7:49). Studies have shown that victims of childhood sexual abuse have difficulty with daily functioning, educational achievement, and behavior (Devlin, 2019). Additional research concludes that adult victims of sexual violence have struggled with hallucinations due to not being able to interpret daily situations and manage their bodies’ reactions (Devlin, 2019).

The trauma of experiencing sexual violence can lead to depression, Post Traumatic Stress Disorder (PTSD), anxiety disorders, sleep disorders, eating disorders, self-harm tendencies, and even suicide (WHO, 2021). Victims of childhood sexual abuse are four times more likely to develop substance use problems, risky behavior, and PTSD as adults (WHO, 2021; Zinzow et al., 2012). Even though a variety of mental illnesses can result from childhood sexual trauma, the most prominent diagnoses include PTSD, anxiety, and depression (Devlin, 2019). The diagnosis of PTSD occurs due to experiencing a traumatic event, and “intense psychological distress occurs as a result of re-experiencing the event” (Chivers-Wilson, 2006, para. 4). As reported by Riggs (as cited in RAINN, n.d.a.), “94% of women who are raped experience symptoms of PTSD during the two weeks following the rape” (para. 7). Clinicians typically diagnose a patient with PTSD when the symptoms last longer than one month (Chivers-Wilson, 2006).

Sexual violence can have a tremendous impact on a survivor's emotional well-being. Along with mental illness, individuals are also likely to suffer from self-blame, low self-esteem, and mistrust in relationships (Delvin, 2019). These emotions can directly influence the risk of suicidal ideation and self-harm tendencies. In addition, victims of sexual violence often have difficulty with sexual activity (Delvin, 2019). Survivors of sexual violence may try to avoid stimuli that provoke distressing reactions and feelings, and this avoidant behavior can harm their daily life (Chivers-Wilson, 2006).

The Impacts on the Brain

The trauma that stems from sexual violence creates neural changes in the brain, resulting in delayed development, disorders, executive functioning, and memory difficulties. Specific areas impacted by sexual trauma include the nucleus accumbens, the pleasure and reward center of the brain, the prefrontal cortex, which is needed for impulse control and executive functioning, and the amygdala, the brain's fear response center (Harris, 2014). When a person suffers from trauma, the individual may find it challenging to find the words to explain what happened to them and how they feel about it. Victims of violence may sit frozen in emergency rooms, and traumatized children may refuse to speak (van der Kolk, 2014). Even after years following the incident(s), victims of sexual violence could still have difficulty telling their stories. Their bodies might “re-experience terror, rage, and helplessness, as well as the impulse to fight or flee, but these feelings are almost impossible to articulate” (van der Kolk, 2014, p. 43) because trauma creates a disconnect between experience and language. Additionally, when an individual is still in an aroused state, it is difficult to process information, and their concentration and focus become impaired (Richardson, 2016).

Sometimes people can talk about the tragedy, but their story may be disorganized, and they might not be able to separate the past from the here and now. This is because the Broca's area, one of the brain's speech centers, is damaged. Van der Kolk (2014) completed a brain study with trauma survivors. Through neuroimaging scans, when flashbacks of the trauma were triggered, they noticed that the Broca's area was inactive. Van der Kolk (2014) explained, "Without a functioning Broca's area, you cannot put your thoughts and feelings into words" (p. 43). These scans also showed activation in the right hemisphere and deactivation in the left hemisphere (van der Kolk, 2014). The right brain is intuitive, emotional, and visual, while the left brain is linguistic, sequential, and analytical (van der Kolk, 2014). If the left brain is deactivated, it is difficult for an individual to explain and process the traumatic event logically. When the person remembers the past, the right brain reacts as though it is happening in the present moment, and the left brain is unable to logically organize the feelings and perceptions into words (van der Kolk, 2014). Additionally, victims generally hold traumatic experiences within implicit memory and cannot transform into explicit memory without adequate trauma processing, which is explained later.

If a victim relives their experiences, whether by choice or force, PTSD symptoms can worsen (Devlin, 2019). The individual may not be aware that they are reenacting the experiences from the past and may not feel safe in the present. This also means that the victim may find it challenging to regulate their emotions because the left brain fails to logically decipher real time events and does not know how to create a coherent plan of action. This dysregulation results in disconnection and possibly dissociation from what is going on in the present (Wymer et al., 2020).

Individuals with PTSD find it difficult to regulate themselves in all major systems in the body, including the neural, endocrine, and immune systems (Chivers-Wilson, 2006). The hypothalamic–pituitary–adrenal axis—the brain's stress response system—which turns on the fight or flight response system (Harris, 2014), plays a crucial role in regulatory functions, and it controls all three of these systems (Chivers-Wilson, 2006). The amygdala, the brain's fear response center, activates the hypothalamic–pituitary–adrenal axis (Weidenfeld & Ovadia, 2017). Harris (2014) reported that this axis is directly related to the development of heart disease or cancer when faced with high levels of stress, such as the trauma brought on by sexual violence. Harris alluded to a situation in which one encounters a bear in the forest, activating their fight or flight response, but Harris noted that when dealing with sexual violence, it is as if the bear comes home to the individual every night. When in continual survival mode, the cognitive resources in the brain are not fully accessible (Richardson, 2016). Harris (2014) explained that this repeated stress is incredibly impactful on children because of the ongoing development of their brains and bodies, which poses additional health risks. She noted that “High doses of adversity not only affect brain structure and function, they affect the developing immune system, developing hormonal systems, and even the way our DNA is read and transcribed” (Harris, 2014, 9:03).

The Social Impacts

The trauma associated with sexual violence can overwhelm individuals and change their perspective of the relationship to self and others in their world (Richardson, 2016). The aftermath of sexual violence also affects the victim's family and community. Family and friends who know what happened will likely experience emotional distress when reacting to the event and may find challenges supporting the individual during the recovery process (SAMHSA, 2014). If the

perpetrator were a family member or close friend, for instance, this could impact the relationships within the community, and the victim may display “betrayal trauma,” which is the realization that someone who was meant to love them is the one who hurt them (Devlin, 2019). Often, families may ignore the abuse to protect family members instead of advocating for the victim (Schrader & Wendland, 2012).

Additionally, the attachment infants have with their caregivers forms the foundation for healthy brain development and their relationships with themselves and their world (Richardson, 2016). Attachment styles are categorized in two ways, organized and disorganized (Prior & Glaser, 2006). Organized attachment between the parent and child is secure, meaning that the child knows that the parent will be caring and available when they need them. A disorganized attachment is insecure and either categorized as avoidant or resistant behavior (Prior & Glaser, 2006). When a child is stressed, the caregivers provide emotional regulation until they are old enough. However, when the caregiver is the aggressor or unable to regulate themselves, the child will turn to more unhealthy ways of trying to regulate themselves (Richardson, 2016). If individuals grow up in this environment, they will likely be unable to trust others and regulate their emotions, and their world becomes unsafe (Richardson, 2016). This leaves the individual in a constant state of stress. Understanding the type of attachment style the victim has, whether organized or disorganized, can say a lot about their current state and relationships with others.

Victims of sexual violence experience issues in work or school and with relationships. According to RAINN (n.d.a), “38% of victims of sexual violence experience work or school problems” and “37% experience family/friend problems, including getting into arguments more frequently than before” (para. 8) and not feeling able to trust their family or friends in the same way as they did before the crime. The social and economic costs of sexual violence can spread

throughout the victim's community. The WHO (2021) reports that women may experience an “inability to work, loss of wages, and a limited ability to care for themselves and their children” (para. 17). The CDC (2022b) estimated the cost of rape to be \$122,641 per victim (para. 3) and the total cost of child sexual violence in the United States to be at least \$9.3 billion (2022a, para. 4). These costs include medical, criminal justice, and other expenses (CDC, 2022b, para 3).

Current Treatments with Survivors of Sexual Violence

Prior to the late 20th century, research provided little information about the physical and psychological effects of sexual violence. Treatment included general counseling that focused on the problem, which often consisted of preexisting psychopathology before the sexual trauma occurred (Cowan et al., 2020). More recently, research has revealed the effects of sexual violence and questioned the effectiveness of previous treatments. Currently, treatments for survivors of sexual violence fall into specialized types of psychotherapy. These treatments have become evidence-based, and counselors are currently using these with survivors of sexual violence. The most popular psychotherapy treatments include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing Therapy (EMDR), and other effective treatments, such as psychodynamic psychotherapy, group psychotherapy, and pharmacotherapy (Chivers-Wilson, 2006; Cowan et al., 2020). These treatments have many benefits, but they also have some drawbacks, which are discussed below. It is essential to realize the biopsychosocial consequences of sexual violence to develop holistic and individualized treatments to assist in alleviating the “physical and emotional pain following the trauma of rape” (Chivers-Wilson, 2006, para. 1).

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Focused Cognitive Behavioral Therapy is a form of Cognitive Behavioral Therapy (CBT) primarily focused on trauma healing. The goal of CBT is to change thought patterns and decrease negative emotions. Additionally, clinicians focus on developing coping skills with anxiety and negative thoughts, restoring social skills, and developing ways to manage strong emotions and other trauma symptoms (Chivers-Wilson, 2006). Following sexual violence, the victim's cognitions significantly affect the onset, severity, and outcome of PTSD (Chivers-Wilson, 2006). These cognitive factors include mental defeat, confusion, negative emotions and response to others, and avoidance tendencies (Chivers-Wilson, 2006). Cognitive Behavioral Therapy can help target these cognitive patterns to lower the PTSD symptoms and increase daily functioning skills.

Trauma-Focused Cognitive Behavioral Therapy has the most substantial evidence-based data proving the effectiveness of its model through randomized controlled trials (Reece, 2014). Research has shown that TF-CBT significantly reduces trauma symptoms in the child and has improved parenting skills and caregiver support (Reece, 2014). TF-CBT focuses explicitly on the trauma that occurred. The model includes brief resilience-building, and the goal is to collect the trauma narrative that describes the story of the traumatic experience (Cowan et al., 2020). Additionally, the model addresses the caregiver's emotional reactions and skill deficits when relating to the child (Reece, 2014). Similar to CBT, this model is designed for children, adolescents, and their caregivers (Cowan et al., 2020).

Trauma-Focused Cognitive Behavioral Therapy is typically given in 8 to 20 sessions, but modifications are required for specific populations (Reece, 2014). The sessions include individual work with the child and the parent and group work together. The first part of the treatment focuses on engagement, psychoeducation, parenting skills, relaxation, affective

expression and modulation training, and cognitive coping. The second part of the treatment includes processing the trauma narrative and “in vivo mastery of trauma reminders” (Reece, 2014, p. 36). The trauma narrative allows the therapist and client to identify cognitive distortions (Cowan et al., 2020). The final part of treatment involves conjoint parent-child sessions and a focus on skill-building to instill future safety and development (Reece, 2014). The therapeutic alliance is vital for the client to feel safe enough to work through the painful processing of trauma (Cowan et al., 2020).

Eye Movement Desensitization and Reprocessing Therapy (EMDR)

Eye Movement Desensitization and Reprocessing Therapy is a form of psychotherapy developed by Francine Shapiro in 1989 (Haynes, 2020; Wilson et al., 2018). Shapiro discovered that eye movements could cause de-arousal effects and then developed EMDR based on this discovery. Eye Movement Desensitization and Reprocessing Therapy is a “trans-diagnostic, integrative psychotherapy” researched extensively and has proven effective as a treatment for adverse experiences such as PTSD and other trauma symptoms (Wilson et al., 2018, p. 2). This therapy model uses Adaptive Information Processing, which reports that poorly processed memories of past traumatic experiences are the primary source of psychopathology (Wilson, 2018). Shapiro (2002) explained that individuals would dysfunctionally react to present experiences because the responses from past events were “physiologically encoded” in their brain (p. 8). Shapiro reported that the thoughts related to not feeling lovable or worthy come from past trauma and experiences.

Eye Movement Desensitization and Reprocessing Therapy is especially beneficial to survivors of sexual violence because it is designed to lower distress when traumatic memories are recalled (Cowan et al., 2020). Cowan et al. (2020) explained that the therapist uses their

finger to move back and forth in front of the client as the client follows with their eyes, called bilateral stimulation. While the eyes move, the client recalls the traumatic event. Rhythmic techniques may also be used during this process, such as using a metronome or tapping their foot. This focus on both the traumatic event and the stimulation allows the processing to change and anxiety levels to decrease (Chivers-Wilson, 2006). As negative thoughts may arise, the client is encouraged to consider more positive ones (Cowan et al., 2020). This reprocessing treatment through bilateral stimulation allows the client to build self-soothing skills and increase self-confidence as a survivor of sexual violence (Cowan et al., 2020).

Wilson et al. (2018) conducted a systematic literature search of databases for studies that showed EMDR helps improve PTSD diagnoses by lowering PTSD symptoms and other trauma-related symptoms. Two meta-analyses and four Randomized-Controlled Trials completed between 2014 and 2017 were chosen for review (Wilson et al., 2018). Researchers conducted these studies with individuals from various cultures within the United States and in other countries. All the individuals had PTSD, and some had additional diagnoses. Most of the studies were completed with adults, but one study was conducted with adults and children. The results displayed EMDR as a more effective treatment than other trauma treatments, specifically reducing depression, anxiety, distress, paranoid thoughts, and severe fatigue (Wilson et al., 2018).

Even though this model has displayed great effectiveness, it does possess some limitations. Research has only focused on adults of limited populations, and little research shows effectiveness with children and adolescents (Wilson et al., 2018). Eye Movement Desensitization and Reprocessing Therapy appears to have an advantage compared to other treatments because it does not depend on language, and when compared to CBT, it is equally effective in a shorter

amount of time (Haynes, 2020). Because PTSD has been associated with the inability to process the trauma sufficiently, EMDR could be beneficial for reprocessing (Chivers-Wilson, 2006).

Other Effective Treatments

Additional effective treatments have been used with victims of sexual violence, including psychodynamic psychotherapy, group psychotherapy, and pharmacotherapy. Research has shown that psychodynamic psychotherapy is effective for individuals with PTSD that results from sexual violence (Cowan et al., 2020). This model focuses on the emotional conflicts that arise following the incident and provides a space for a non-judgmental exploration of recurring themes that may clarify these feelings. Working through the experience, like other treatments of sexual violence, is a crucial element of this model (Cowan et al., 2020). Psychodynamic psychotherapy assists the individual in developing self-esteem, healthy ways of thinking and coping, and strategies for managing PTSD symptoms (Chivers-Wilson, 2006). However, because this model focuses heavily on the past and research shows poor adjustment and present control when focusing on the past trauma, psychodynamic psychotherapy might be less effective than other treatment methods (Chivers-Wilson, 2006).

Chivers-Wilson (2006) described group therapy as an effective treatment that helps survivors focus on the present moment and share their experiences with others who have gone through similar situations. This atmosphere provides clients with a safe and empathetic space to share their stories. Czamanski-Cohen (2010) displayed how group therapy can provide a sense of normalcy by working and relating with people from similar experiences. Yalom and Lesecz (as cited in Wadeson, 2018) claimed that group therapy provided curative factors such as hope, universality, socializing techniques, interpersonal learning, and group cohesiveness.

Medication treatments also prove helpful in managing PTSD symptoms and improving quality of life. Chivers-Wilson (2006) explained how the main goals for drug treatments include reducing anxiety symptoms, stress resiliency, enjoyment of life, and reducing comorbidity and other difficulties. For example, specific drugs help lower hyperarousal and stress responses from flashbacks, nightmares, and re-experiencing the traumatic event (Chivers-Wilson, 2006). Hansen and Wallis (2018) described the strong support for using medication with children who have PTSD and other disorders. Additionally, pharmacotherapy should be considered an effective treatment, depending on the degree of severity.

Van der Kolk (2014) explained that over the past 100 years, every psychology and psychotherapy textbook has recommended the method of talking about distressing feelings to resolve them. However, as more research is conducted, traumatic experiences continue to disrupt this traditional talk therapy model. Even when an individual develops insight and understanding, “the rational brain is basically impotent to talk the emotional brain out of its own reality” (van der Kolk, 2014, p. 68). Because trauma disrupts the part of the brain that allows verbal expression, the treatments listed above may have some limitations in treatment following sexual violence (Malchiodi, 2020). Of all the treatments listed in this section, EMDR, which includes stimulation in the body, may be the most effective treatment because it is not solely dependent on verbal communication. However, as this thesis shows, expressive arts therapy could also be an effective tool when working with victims of sexual violence.

Defining Expressive Arts Therapy

Expressive arts therapy as an independent profession is relatively new. Even though people have used integrated art forms for centuries, it was not until 1970 that expressive arts therapy began to develop as its therapeutic practice. The first expressive arts therapy training

program began at Lesley College in Cambridge, Massachusetts, developed by Shaun McNiff, Paolo Knill, Norma Canner, and others (Levine, 1999). Expressive arts therapy continued to spread to other countries, and as more clinicians entered the field worldwide, experts developed the International Expressive Arts Therapy Association in 1994 (Levine, 1999). Expressive arts therapy is an intermodal or integrated approach that uses all art forms within the therapeutic process (Levine, 1999; Richardson, 2016). Levine (1999) described expressive arts therapy as being grounded in the appropriate response to human suffering instead of being grounded in one particular technique. Expressive arts therapists are not specialized in one modality, such as music therapy or dance therapy, although some therapists may have multiple licenses. However, they are specialized in the intermodal process of knowing when and how to move to a different art form to provide a more profound experience for their clients (Levine, 1999). Therefore, expressive arts therapists work with sound, image, movement, enactment, and writing to further the therapeutic goals (Levine, 1999). The use of integrated art forms provides individuals with more awareness of their “behavioral patterns and a deeper understanding of themselves” while also “fulfilling the human need for self-expression” (Perryman et al., 2019, pp. 82–83). Additionally, expression through various art forms therapeutically releases strong emotions, calms the mind, lifts one's spirits, and provides a higher level of awareness (Rogers, 1993). The art forms provide a nonthreatening tool for accessing and expressing the trauma of sexual violence (Perryman et al., 2019).

The Appalachian Expressive Arts Collective (2003, as cited in Richardson, 2016) described expressive arts therapy as the “practice of using imagery, storytelling, dance, music, drama, poetry, movement...and visual arts, in an integrated way, to foster growth, development, and healing” (p. 3). Richardson (2016) explained that full expression and healing could occur

within a person when using art forms sequentially or simultaneously. When one moves from one art form to another art form, transformation then occurs (Richardson, 2016). In fact, throughout human history, the arts have been used in an interdisciplinary way, whether for healing or ritual (Levine, 1999). The specialization of expressive arts therapy focuses on the interrelatedness of each art form, which is grounded in play, imagination, and self-expression (Richardson, 2016). The client has a variety of ways to express, whether it be for prevention, maintenance, or healing (Richardson, 2016).

Richardson (2016) explained that using the arts is not just for individuals with artistic ability. The arts belong to everyone as an individual and community, and they are utilized for uniting, celebrating, grieving, and any other expression. Furthermore, Rogers (1993) alluded to expressive arts therapy as not being about creating a beautiful picture or performing a stage-ready dance or poem ready for an audience. In contrast, expressive arts refers to utilizing outer forms such as visual art, movement, sound, writing, or drama to express our inner thoughts and feelings and discover the unknown or unconscious parts of ourselves (Rogers, 1993).

Levine (2019) described the power of expressive arts as a way to enter the individual's imagination. The imagination goes beyond our everyday concerns and enters a “decentering” experience (Levine, 2019, p. 38). Knill (1999) explained “decentering” as focusing on the inner psyche of an individual, conscious or subconscious. Furthermore, the imagination expresses itself through a variety of forms. Whether fantasy, dream, or artwork, the imagination uses all the senses to create new meaning (Levine, 1999). Ultimately, “imagination is intermodal in its very essence” (Levine, 1999, p. 11), meaning that one can hear sounds, see movements and images, and speak messages (Knill, 1999). Essentially, the body that experiences every situation is the

same body that moves, listens, sees, and speaks. Full expression includes the unity of the entire body (Levine, 1999).

Levine (2019) explained that entering the world of imagination is crucial to finding new ways of being and going beyond the surface of the issues. For example, a session may begin by looking at the current problem, then “decentering” will occur by entering the imagination through play. After, an individual returns to the present to reflect on what was learned, also known as “harvesting.” What was “harvested” can then be applied to the specific circumstance in a new form (Levine, 2019). This is different from other psychotherapies, focusing on the preexisting psychic state. Expressive arts therapy brings about the discovery of something new through the work itself displayed through the individual's expression (Levine, 2019).

Due to the emotions being on the right side of the brain and the logic and sequence on the left side, imagery and nonverbal methods provide the individual with a powerful alternative strategy for self-exploration and communication (Rogers, 1993). These nonverbal methods will help bring about awareness and organization where the left brain may fall short due to the effects of the trauma. The therapist can find the meaning of the art not by their interpretation alone but through the client's narrative that arises through the image (Richardson, 2016). Richardson (2016) communicated the importance of listening to the client's story as they share and that the significance of each creation will be unique to each individual. As the therapist moves from one art form to another, the expression deepens, and the story unfolds further. According to Richardson (2016), the longer the therapist and client stay in this process of using various modalities, the clearer the meaning becomes and the more significant potential “to learn something new from the experience” (p. 18). Further, the art is more than just a reflection of the inner state. Within the art emerges “the potential to tell a new story, offer resources, or identify a

fresh way of viewing an old struggle” (Richardson, 2016, p. 6). This transformation is what provides a space for something new to arise within the individual. Additionally, integrating the entire body by using various art forms allows for a broader range of possibilities exceeding the limitations of a single modality or art form (McNiff, 2009).

Malchiodi (2020) explained that even though language is a necessary means of communication, it is only an estimation of one's traumatic experiences. However, the body profoundly knows and feels the effects of anxiety, terror, dissociation, and other symptoms related to the aftermath of traumatic experiences (Malchiodi, 2020). While verbal therapy focuses on emotional troubles and maladaptive behavior, expressive arts therapy adds another dimension, using the sensory, kinesthetic, conceptual, and emotional parts of the body and imagination to help clients move beyond their issues and take constructive action (Rogers, 1993).

Expressive Arts Therapy with Survivors of Sexual Violence

For a long time, the expressive arts have been marginalized and misunderstood as a field. However, recent research has proved why the expressive arts and an integrated, embodied approach are practical when addressing trauma (Malchiodi, 2020). Evidence shows that the emotions, intellect, the unconscious, and the body are connected (Mills & Daniluk, 2003). Since traumatic stress is held within the body, professionals have developed a growing realization that treatment should include a full-body approach (Malchiodi, 2020). Traditional approaches have ignored the body even though experiences are reflected in how individuals breathe or carry themselves in the world (Mills & Daniluk, 2003). Further, words are not enough to describe the depth of what the brain and body have experienced through sexual violence. People have used integrative arts as a healing method for thousands of years and provide verbal and nonverbal

methods focusing on the body's response to trauma (Malchiodi, 2020). Traumatic experiences are held within the body and brain, and even if repressed, eventually, the body will display the impact in various ways (Mills & Daniluk, 2003). Mills and Daniluk (2003) conducted a qualitative, phenomenological study that explored how women survivors of childhood sexual abuse experienced dance/movement therapy. The study revealed that the women had unconscious memories and motivations stored in the body and were more accessible through physical and sensory expression (Mills & Daniluk, 2003). Since we know that verbal communication and mental processing prove difficult for survivors of sexual violence, the arts provide a way to find healing without relying on these skills (Schrader & Wendland, 2012). For example, Schrader and Wendland (2012) explained that music could bring about behavioral and physiological changes without the pressure of language, such as instrument playing for expression or music listening for relaxation and self-soothing strategies.

Van der Kolk (1994) explained the importance of becoming aware of one's inner states to cause change. Because the trauma lingers inside the nervous system and implicit memories, expressive arts therapy can be helpful in identifying and processing these traumatic experiences. Further, victims can share and process traumatic experiences through various verbal and nonverbal approaches, utilizing the entire body (Machiodi, 2021). This provides individuals with a more profound experience beyond verbal psychotherapy. The intermodal experience within expressive arts therapy enables the survivor of sexual violence to move between the “realms of consciousness” in ways that are not possible when relying solely on verbal communication (McNiff, 2009). Malchiodi (2021) described the need to work with all the senses in the body—sound, taste, touch, smell, and sight—to effectively treat victims of sexual violence. As Malchiodi (2021) further explained, the expressive arts have the capability of supporting “the

natural healing ability in the body that has been used for thousands of years... The body does know how to heal, but the mind gets in the way” (12:37). In fact, throughout history, the arts have been used through ceremonies, rituals, or traditions to respond to trauma to bring back wholeness and healing in the body (Malchiodi, 2021). Today, neuroscience proves why these acts are helpful when facing the effects of sexual violence (Malchiodi, 2021). Mills and Daniluk (2003) explained that due to the impact that sexual violence has on the body, it is crucial to focus on reconnection, self-care, self-esteem, and recreating the body's sexuality to allow healing to occur within the process.

Malchiodi (2021) developed a sensory, body-based approach to expressive arts therapy. She used action-oriented and nonverbal experiences that can be felt and expressed in the entire body through rhythm, movement, and sensory integration. She described the importance of focusing on the senses because they typically get disrupted after sexual violence, and talking is usually not enough to address these issues. Because the body is directly violated and impacted by the violence, the body must be a significant focus in trauma healing (Schrader and Wendland, 2012). The expressive arts model that Malchiodi developed includes an action-oriented and body-based approach that heavily utilizes sound and movement to help the individual take back the disconnection they lost in the body due to the trauma. This approach echoes what van der Kolk (2014) discovered about victims of trauma lacking the ability to overcome the experience until they can identify what they are feeling and thinking about themselves and the world in the here and now. The use of art can also help with avoidance or intellectualization behaviors in order to fully access emotions (Tripp, 2021).

Additionally, when a person is traumatized, they are continually feeling the traumatic effects as they go through life. In order to break free from re-traumatization, treatment must

engage the entire body, mind, and brain (van der Kolk, 2014). Along with this focus on treating the whole body, Malchiodi's (2021) approach includes intertwining the essence of community and witnessing to help the individual feel safe and connected. This interrelational connection is crucial to trauma treatment due to the effects of sexual violence and how it often leaves the victim feeling isolated. Further, a solid therapeutic bond between the counselor and the client will provide the necessary grounding for processing the traumatic events and promote less re-traumatization (Perryman et al., 2019).

Richardson (2016) explained the importance of developing a clear framework to provide safety and structure to the therapeutic experience. Survivors of sexual violence may feel a loss of control over their bodies. Therefore, providing a safe, structured environment that sets individuals up for success will promote a sense of security (Schrader and Wendland, 2012). After establishing a framework, flexibility can occur depending on the client's specific needs. Since sexual violence occurs to the body, trauma treatment must focus on the sensory experiences, and the therapist must be aware of these sensations in the body. Richardson explained that due to the effects trauma has on the linguistic and cognitive side of the brain, reasoning and logic are challenging to access. The left brain will be able to feel the emotions through implicit memory, but the right side cannot come up with a story to make sense of these feelings (Perryman et al., 2019). This means that interventions must be sensory-based to lower arousal, release stored energy, and process implicit memories of the traumatic event. For instance, a victim of sexual violence may not know how to process what happened to them verbally. They also may not see the environment as safe, or the therapist as trustworthy. The victim may still live like the trauma is currently happening in the here and now, even though the event may have passed some time ago. This is why it is essential to establish safety and emotional regulation initially.

Moreover, working with the individual by focusing on the body and nonverbal approaches will help the client find awareness and connection in ways that they may not have been able to if they were relying solely on cognitive or behavioral approaches. The integrative arts method provides a way to access both the right and left brains to process the traumatic events and restore the nervous system and healthy functioning skills (Perryman et al., 2019). Having this awareness and understanding of how the trauma has impacted the brain and body and the brain's ability to change is crucial to providing therapeutic interventions that will benefit each client (Perryman et al., 2019).

Richardson (2016) explained the need to educate the clients that their emotions are stronger than their logical brain during a traumatic event. Due to the body's need for survival, their bodies react out of survival mode—fight, flight, or freeze—when facing a stressful situation. This can help the individual realize that their bodies are doing what they are meant to do and did nothing wrong. This can also help the individual to understand that the body may still be in this survival mode and has not quite realized that they are now safe. The client may think they are still in danger, thus, still react in a fight, flight, or freeze mode. It is also essential to determine whether the client is still in contact with the aggressor and recognize that their body is still fighting for survival. They may not be at a place of safety or rest yet. Perry (2006, as cited in Richardson, 2016) discussed the importance of beginning with emotional regulation of the stress response system, and expressive arts offer repetitive and sensory-based experiences.

In order to understand the value of expressive arts therapy, one must understand the implicit and explicit memory system. The explicit memory can express through language, reason, and logic (Richardson, 2016). The thoughts and feelings related to what happened in the past or present can clearly be articulated through words. In contrast, implicit memory is

experienced and expressed unconsciously and individuals cannot explain it through words (Richardson, 2016). When an individual experiences sexual trauma, it is stored in the implicit memory system. Most traumatic experiences are more easily recorded in the implicit memory because the amygdala and hippocampus play critical roles in processing and consolidating the emotions and memories related to stressful events but may not be working adequately due to stress hormones (Richardson, 2016). Richardson further (2016) explained that trauma is the inability to transform sensory experiences from implicit memories into explicit memories.

Understanding implicit and explicit memories help to see how expressive arts therapy is effective and may be crucial in accessing these sensory experiences held in implicit memory (Richardson, 2016). Implicit memory connected to the trauma of sexual violence is hidden within sensation and imagery, and expressive arts therapy offers nonverbal methods to access, process, and reframe these experiences (Richardson, 2016). Additionally, if the individual produces a concrete product, they may have increased awareness and insight by physically seeing experiences from their implicit memory displayed through the art (Perryman et al., 2019). An individual's world can be witnessed and understood through the representation of the traumatic memory through art forms. Additionally, the arts provide a safe space for dealing with challenging experiences and a way for emotional regulation as intense feelings arise. However, even though art can provide a safer experience, Tripp (2021) explained that challenges will still arise. The therapist must practice using the materials and techniques before presenting them to clients to experience how it feels.

Richardson (2016) provided a four-phase model for working with traumatized children, which can easily be adapted to any individual who has experienced sexual violence. This model provides a resource-oriented, body-centered expressive arts therapy for working with

traumatized victims. The first phase focuses on understanding their world by using assessment tools for information gathering. The second phase is devoted to cultivating safety and resources to help individuals manage their emotions during the therapeutic process by teaching regulation skills to manage arousal. The third phase concentrates on processing the trauma through expressive arts interventions. The goal is to provide a safe way of expressing their trauma story. Finally, the fourth phase is dedicated to reclaiming power, reframing thoughts and feelings, repairing relationships, reorienting their perspective, and celebrating their strengths.

Expressive arts therapy is not only able to uncover hidden memories, beliefs, or feelings but also reveals them playfully and safely so that the individual can manage without being too overwhelmed. Additionally, when a client cannot use words, they can still express what they feel inside through many other forms (Rogers, 1993). Rogers (1993) explained the importance of not pushing the client too far too soon. Just as someone should not peel a scab off too soon after a wound, therapists should also be gentle and patient with the individual as they walk through their healing and growth. Expressive arts therapy has revealed many benefits for helping victims of sexual violence. Each individual is unique and will process and express their trauma differently and at a different pace. The use of expressive arts gives the therapist various tools to offer a unique and personalized trauma treatment.

Discussion

This paper aimed to explore how and why expressive arts therapy could be beneficial for victims of sexual violence. The research has uncovered that the way expressive arts therapy utilizes the whole body through an integrative approach is helpful in daily executive functioning, processing, expressing, growth, and healing. The literature has displayed that an individual experiences emotional, physical, and mental distress from sexual violence and the trauma left

within the body. These effects can determine how a person will be able to complete daily functions and what symptoms may manifest in their lifetime.

As the literature has shown, the trauma from sexual violence affects the entire body, including the brain. Trauma is held within the body (Richardson, 2016) and creates neural changes in the brain (van der Kolk, 2014). Studies show the impact that sexual violence has on victims damages the verbal part of the brain, which makes it almost impossible to process their story through language in an organized way with a beginning, middle, and end. The literature reveals that expressive arts therapy proves helpful in the treatment process due to how it utilizes sensory, kinesthetic, and emotional components of the body and imagination. Even though expressive arts therapy uses cognition, it does not entirely rely on this part of the brain. This is a unique aspect expressive arts therapy offers survivors of sexual violence because even the repressed or unconscious memories can be revealed through visual art, music, movement, or drama (Mills & Daniluk, 2003).

Although there is a need for more evidence based research, professionals in the field see proof of the effectiveness of expressive arts therapy with their clients. Some have registered expressive arts therapists on-site, and are using the integrated method of various art forms. As Malchiodi (2021) explained, the attraction to a variety of art forms might be due to the integration of the arts as part of human existence. Additionally, the body informs the brain of what it needs. The Oasis, a girl's home in Guatemala for survivors of sexual violence, is an example of an organization benefiting from expressive arts therapy (Kids Alive International, n.d.). The Oasis has an expressive arts therapist to help in their healing process. The girls receive trauma-informed psychotherapy through a verbal method and expressive arts method. However, even verbal psychotherapists utilize the arts in their sessions because they see the benefits. Along

with expressive arts therapy and traditional psychotherapy, the girls also receive musical expression classes. Additionally, each child has access to a sensory room during either of these sessions. The staff sees the necessity of treating each child through a full-body, integrated, and trauma-informed approach (Kids Alive International, n.d.). I had the privilege of working at the Oasis for four years which led me to research more about the benefits expressive arts therapy can offer victims of sexual violence.

Over the past 10 years, literature on expressive arts therapy has increased. However, additional research is still needed. More specifically, evidence based research is needed to display the results of expressive arts therapy treatment with victims of sexual, such as the study by Bonnie Meekums, (1999) who explored expressive arts therapy with women survivors of childhood sexual abuse. Studies from singular modalities such as art therapy or music therapy are beneficial when exploring the impact of using the arts when treating trauma. However, they typically fail to show the benefit of the integrated, full-body approach that expressive arts therapy offers. Experts in the counseling field could benefit from more research on expressive arts therapy as an organized treatment field for sexual violence survivors.

The knowledge of expressive arts therapy as a specialized field is essential for counselors working with victims of sexual violence. Counselors can participate in additional training through International Expressive Arts Therapy Association to become registered expressive arts therapists. This would be ideal for counselors to understand using integrated art forms with their clients thoroughly. Nonetheless, even if counselors do not pursue credentialing, they can still benefit from pursuing further knowledge of expressive arts therapy and how to incorporate this into their field. For example, a psychotherapist who does not have a background in a creative art

form can practice drawing independently and learn techniques through professional development and research to use with individuals.

Additionally, a counselor who has a background in an art form such as music can learn to use music therapeutically. Since they already have experience with music, they can easily research how music is therapeutically beneficial, and they can find some specific techniques. Utilizing art forms in the therapeutic process can be challenging to manage, and it is essential to learn how to use the materials appropriately. However, through personal practice and professional development, it is possible to learn a simple or beginner's approach to using the arts with clients. This could help a counselor understand the importance of expressive arts and how they may deepen the therapeutic process for victims of sexual violence. Overall, this thesis reveals the benefit of using expressive arts therapy with victims of sexual violence. My hope is that more counselors will learn about expressive arts therapy and how to incorporate it with their clients.

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