ART THERAPY FOR ADULT SURVIVORS OF CHILD SEXUAL ABUSE

Cherie Ferguson
California State University - San Bernardino, fergc300@coyote.csusb.edu

Follow this and additional works at: https://scholarworks.lib.csusb.edu/etd

Part of the Social Work Commons

Recommended Citation
Ferguson, Cherie, "ART THERAPY FOR ADULT SURVIVORS OF CHILD SEXUAL ABUSE" (2014). Electronic Theses, Projects, and Dissertations. 56.
https://scholarworks.lib.csusb.edu/etd/56

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.
ART THERAPY FOR ADULT SURVIVORS
OF CHILD SEXUAL ABUSE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Cherie Danielle Ferguson
June 2014
ART THERAPY FOR ADULT SURVIVORS
OF CHILD SEXUAL ABUSE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Cherie Danielle Ferguson
June 2014

Approved by:

Dr. Laurie Smith, Faculty Supervisor, Social Work
Dr. Rosemary McCaslin, M.S.W. Research Coordinator
ABSTRACT

The current study sought to determine the utilization and perceived effectiveness of art therapy with adult male and female survivors of childhood sexual abuse by mental health professionals. A total of 33 therapists were surveyed. A researcher-constructed survey measuring 13 aspects of mental health created by the researcher, was distributed to the participants. Results indicated that participants perceived art therapy to be moderately effective in reducing male and female mental health issues surrounding childhood sexual abuse. No significant differences were found when comparing the effectiveness of art therapy on males versus females. The study also indicated that art therapy is under-utilized. The current study was limited by a small sample size and participant lack of experience with art therapy utilization. This study contributes to social work knowledge by providing an awareness of art therapy treatment utilization with adult survivors of childhood sexual abuse. Future research regarding art therapy should consider mental health practitioners’ lack of knowledge and possible under-utilization of art therapy in order to determine its true effectiveness.
ACKNOWLEDGMENTS

I would like to thank, from the bottom of my heart, the individuals who assisted me in finishing this project. A special thanks I give to the agencies who granted me permission to submit my surveys and collect data. I would especially like to thank Mary Hickey, from Asante Family Agency in San Bernardino, California. She truly fulfilled her role as a social service worker by providing me with resources, as well as additional participants for my research study.

I would like to express my thanks and appreciation to all the instructors and staff at California State University, San Bernardino. I appreciate the knowledge and humor demonstrated throughout the courses. It made learning the material fun and motivated me to get out there and make a difference in individual lives. Special thanks is given to my academic advisor, Dr. Laurie Smith. Her guidance and advice assisted me in completing my project on time.

Saving the best for last – I express my deepest love and appreciation to my family and friends. To my mom, who pushed and motivated me to just take the next class and write the next page; to my stepdad, who quietly stood back and financially supported me through this program; to my dad, Karen, my brother and sisters who listened to me complain about how hard this was, thanks for giving me a listening ear and being supportive; to my little miss Destiny, who sacrificed a lot of mommy time and attention while I focused on schoolwork, I love you more than life itself; and to Devin, who has been there every step of the way, holding my hand and encouraging me to keep going. I can’t thank you enough for your support and patience with me while I fell apart. Hugs and kisses to all of you!
DEDICATION

This project is dedicated to my niece, Coralita Ferguson. She is just a sweet child and yet so strong and resilient in the face of such abuse. The project is also dedicated to all children who grow up to become adult survivors of childhood sexual abuse. May they find peace and serenity within themselves on their journey to recovery.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ABSTRACT</th>
<th>iii</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>viii</td>
</tr>
</tbody>
</table>

## CHAPTER ONE: INTRODUCTION

Problem Statement.......................................................................................... 1

What is Art Therapy? ..................................................................................... 2

How Paint, in Particular, can be Utilized during Therapeutic Sessions .......... 4

Who Engages in Art Therapy? ......................................................................... 5

Art therapy Utilization and Adult Survivors ........................................... 6

Purpose of the Study ..................................................................................... 8

Policy Context .............................................................................................. 9

Practice Context ........................................................................................ 10

Significance of the Project for Social Work ............................................ 12

## CHAPTER TWO: LITERATURE REVIEW

Sexual Abuse Defined .................................................................................. 13

Sexual Abuse and Effects on Children ....................................................... 14

Sexual Abuse and Effects on Adults ........................................................ 16

Communication .......................................................................................... 16

Anxiety ......................................................................................................... 17

Depression, Self-Esteem and Self-Efficacy ............................................. 18

Intimacy ...................................................................................................... 19

Fear of Abusing Own Children.................................................................. 20
<table>
<thead>
<tr>
<th>Chapter Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shame and Relationships with Family Members</td>
<td>21</td>
</tr>
<tr>
<td>Internal Locus of Control</td>
<td>21</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>22</td>
</tr>
<tr>
<td>Sexual identity</td>
<td>23</td>
</tr>
<tr>
<td>Conclusion</td>
<td>24</td>
</tr>
<tr>
<td>CHAPTER THREE: METHODS</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>25</td>
</tr>
<tr>
<td>Study Design</td>
<td>25</td>
</tr>
<tr>
<td>Sampling</td>
<td>26</td>
</tr>
<tr>
<td>Data Collection and Instruments</td>
<td>26</td>
</tr>
<tr>
<td>Procedures</td>
<td>29</td>
</tr>
<tr>
<td>Protection of Human Subjects</td>
<td>29</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>30</td>
</tr>
<tr>
<td>Summary</td>
<td>30</td>
</tr>
<tr>
<td>CHAPTER FOUR: RESULTS</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>31</td>
</tr>
<tr>
<td>Results of Descriptive Analysis</td>
<td>31</td>
</tr>
<tr>
<td>Results of Items on Art Therapy Effectiveness</td>
<td>35</td>
</tr>
<tr>
<td>Results of Inferential Analyses</td>
<td>40</td>
</tr>
<tr>
<td>CHAPTER FIVE: DISCUSSION</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>42</td>
</tr>
<tr>
<td>Discussion</td>
<td>43</td>
</tr>
<tr>
<td>Implications for Future Research</td>
<td>49</td>
</tr>
<tr>
<td>Strengths and Limitations</td>
<td>50</td>
</tr>
</tbody>
</table>
Conclusion......................................................................................................................................... 51
APPENDIX A: QUESTIONNAIRE .................................................................................................. 53
APPENDIX B: INFORMED CONSENT .......................................................................................... 60
APPENDIX C: DEBRIEFING STATEMENT ................................................................................... 63
APPENDIX D: AGENCY LETTERS ................................................................................................. 65
REFERENCES................................................................................................................................... 70
LIST OF TABLES

Table 1. Demographic Information of Participants ........................................ 33
Table 2. Survey Results ..................................................................................... 38
CHAPTER ONE
INTRODUCTION

Problem Statement

Child sexual abuse is an ongoing concern in the United States. The effects have been known to significantly impact daily functioning, interpersonal relationships, and overall mental health and well-being of adult survivors. Therefore, it is crucial for adult survivors of childhood sexual abuse to receive effective mental health treatment. Multiple treatment modalities have been utilized, all with varying degrees of success for adults sexually abused as children.

There is a tendency toward secrecy and shame related to childhood sexual abuse. Due to this secrecy and shame, adult survivors of childhood sexual abuse may be reluctant to engage in the traditional methods of therapy provided in the mental health setting. Given societal expectations, adult male survivors of childhood sexual abuse may be even more ashamed. Clients who tend to safeguard the secrecy and shame associated with their childhood sexual abuse experiences, as well as clients who suffer from repressed emotion and/or Post Traumatic Stress Disorder (PTSD), may also be reluctant to engage in traditional therapeutic methods. Therefore, it is crucial to explore alternative interventions that will lead to effective treatment for adult survivors of childhood sexual abuse.
Finding alternative interventions that will engage the adult survivor of childhood sexual abuse, while simultaneously protecting the client’s emotions and sense of self is an important task. When traditional therapeutic interventions fail, either during the initial engagement sessions, or during progress in later sessions, alternative therapeutic interventions must be implemented. One such therapeutic intervention is art therapy. This form of treatment may be useful during the initial engagement phase, or in later sessions when the client becomes emotionally blocked.

What is Art Therapy?

According to the American Art Therapy Association (2013), art therapy is a mental health profession. The art therapist utilizes art to “explore feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, reduce anxiety and increase self-esteem.” (p. 1). Art therapy is practiced in multiple settings and with various populations. Hospitals, rehabilitation centers, wellness centers, crisis centers, senior communities and even forensic institutions may provide art therapy. Art therapy may be beneficial to trauma survivors such as veterans or severely abused individuals, as well as those with chronic illness such as cancer. Individuals diagnosed with autism and/or dementia may also benefit from engaging in art therapy.

Art therapy may be beneficial to adult survivors of childhood sexual abuse as it involves little to no verbal communication. This would relieve the
adult survivor from struggling to find the right words to express painful thoughts, feelings and emotions. Through creating art, the adult survivor may be able to express feelings that have been locked inside. In time, this might naturally stimulate verbal communication. It is hoped that adult survivors of childhood sexual abuse who engage in art therapy will experience a cathartic release, thus becoming free to have a higher quality of life.

According to Ream (2008), art therapy is an expressive therapy. The focus is on achieving mental and emotional health through utilization of art. The emphasis is not on how well the client draws a picture, but rather how the client is able to express feelings and thoughts when he/she doesn’t have the verbal words. Ream states, “Expressive therapies can be more powerful than verbal therapy alone” (p. 1). Art therapists have their clients create collages, paint, draw and sculpt with clay to express deep rooted feelings that may be difficult to verbally express. Ream (2008) points out that being creative assists clients in learning coping skills and regaining power. Thus the goal of participating in art therapy is to assist the client reach resolution and healing. The art therapist may utilize many artistic mediums. These include music, dance and other creative art, such as drawing, painting, sand sculpting or use of clay and creating collages. Paint is often used to release emotions, tell stories and discover one self.
How Paint, in Particular, can be Utilized during Therapeutic Sessions

Utilizing paint may help adult survivors of childhood sexual abuse explore the abuse and its lingering effects. According to Ream (2008), multiple methods can be utilized which include: throwing single or multiple colors of paint by hand onto a large sheet of paper or fabric; shooting paint onto paper or fabric with a squirt gun or water bottle; smearing paint; and/or drawing with paint using hands, stylus or paintbrush. The adult survivor should have the opportunity to choose his/her preferred art method, as well as the colors that will be meaningful to his/her experience. This will assist the adult survivor in feeling a sense of empowerment, power and control, all things that were taken away during the childhood sexual abuse experience.

The use of paint may also be a healing factor for the adult survivor of childhood sexual abuse as it is somewhat symbolic of the sexual abuse experience. For example, feeling the paint on their hands may be reminiscent of fluids felt during the sexual abuse. Throwing the paint away from the self may assist the adult survivor in releasing painful memories and emotions, thus becoming free from the traumatic experience. Watching the paint splatter onto paper or fabric can spark verbal communication, as the adult survivor explores emotions and feelings that have been locked deep inside.

A second form of art therapy is utilization of music. Strehlow (2009) discusses use of musical instruments in the treatment of an eight year old girl. The young child had been sexually abused by her mother’s partner. The child
entered therapy with a therapist who utilized music to assist in communication. The child was able to choose what instrument she wanted to play, and determine how loud or soft to play. The child utilized a recorder, cymbal, drum, piano and congas. The therapist found that utilizing music with a sexually abused child provided an alternative way to express feelings, as well as a way to process and work through the trauma.

Who Engages in Art Therapy?

Populations that have experienced trauma and developed post-traumatic stress disorder as a result may benefit from art therapy. Such populations may include war veterans and severely abused children and adults (male and female) who have survived childhood sexual abuse. Pretorius and Pfeifer (2010) discuss the use of art in a group therapy setting with elementary aged girls. The researchers point out that young children often lack the skills to adequately describe and/or discuss the traumatic experience of sexual abuse. They simply lack the developmental maturity to process the experience, let alone think about how to talk about it. Therefore, alternative interventions are necessary for treatment.

Art therapy has been utilized as an alternative intervention for working with sexually abused children. Research studies demonstrate a perception of success in assisting children to process and talk about their sexual abuse experience. Results from prior research show that art therapy reduces some symptoms, such as depression and anxiety in young girls. While there is a
perception of success in utilization of art therapy and children, mainly girls, few studies have looked at adults, including men and women.

**Art therapy Utilization and Adult Survivors**

Art therapy has been underutilized and understudied with adult populations, including adult survivors of childhood sexual abuse. One explanation for this, according to McGregor, Julich, Glover and Gautam (2010) may be decreased awareness regarding the presenting problem. Too often adult survivors of childhood sexual abuse seek treatment for medical or physical problems, or are referred to treatment for depression and anxiety. The authors point out that health professionals simply do not think to ask about a client’s sexual abuse history. In fact, a research study involving general practitioners and obstetricians-gynecologists found that less than six percent asked clients about a sexual abuse history.

Another explanation provided by McGregor, et al. (2010) is the disclosure rate is low. The common reason given was due to a lack of inquiry by a health professional. It's not just health practitioners who don’t think to ask about sexual abuse history. Mental health professionals often do not think to ask clients about this type of history. In fact, in a study where one third of adult survivors of childhood sexual abuse were seeing mental health professionals, 75 percent were not even asked about sexual abuse histories.

However, some mental health professionals have become aware of the need to ask about and work with adult survivors of childhood sexual abuse.
Some have discovered alternative treatments such as art therapy. However, the few studies that have been conducted are limited to individual case studies and small groups. The existing studies are almost two decades old. The focus of art therapy then was on increasing self-esteem and relieving post-traumatic stress disorder symptoms. For example, Howard (1990) discusses a case regarding an adult woman who presented with post-traumatic disorder due to childhood sexual abuse.

The woman not only engaged in individual art therapy sessions, but also attended group therapy. During the individual sessions the woman engaged in art therapy, with the goal to increase personal control and self-esteem. The woman was allowed to choose her form of media during treatment hour. She chose markers and collage to express her feelings and process the sexual abuse. At the end of the client’s treatment, the client reported an increase in joy. She felt that therapy was a healing process for her. However, Howard (1990) points out that determining the effectiveness of utilizing art during sessions was tainted, due to the fact that the client also attended group therapy.

Brooke (1995) discusses the use of art therapy with a small group of women, also with a focus on increasing self-esteem. The women could choose between crayons, watercolor, chalk and/or pencil. Participating in the art sessions provided a safe place to explore powerful emotions. Yet because the group mainly focused on self-esteem, deeper emotions such as guilt, shame
and anger were not fully processed with the therapist or the other group participants.

Art therapy may be an effective form of treatment for adult survivors of childhood sexual abuse who tend to struggle with disclosure about the sexual abuse. Art therapy may be an effective form of treatment due to the nonverbal expression of traumatic experiences, and the physical exertion of a hands-on creation of art. Art therapy may also prove to be effective with adult survivors of childhood sexual abuse who continue to carry the secrecy, guilt and shame stemming from the abuse. Art therapy may be a useful intervention for relieving Post-Traumatic Stress Disorder symptoms and stilted emotions.

Purpose of the Study

The purpose of the current study is to determine the utilization of art therapy by mental health professionals, and its perceived effectiveness in successfully treating male and female adult survivors of childhood sexual abuse. Many adult survivors of childhood sexual abuse experience long term effects that leave a significant impact on functioning and mental health. Women and men who have experienced childhood sexual abuse often experience psychological issues stemming from the abuse.

Adult survivors of childhood sexual abuse may experience difficulty with finding and keeping employment, maintaining interpersonal relationships and suffer from depression. The adult survivor may also harbor painful emotions such as secrecy, shame and guilt. Some even suffer from Post-Traumatic
Stress Syndrome (PTSD) and may experience suicidal ideations with or without past or present attempts. Some adult survivors will seek mental health treatment, while others will not. For those adult survivors who do seek out treatment, it is imperative for the mental health professional to employ effective therapeutic services.

The current study will be quantitative in nature, so as to explore the effectiveness of art therapy in treating adult survivors of childhood sexual abuse. The use of a researcher-constructed survey regarding utilization of art therapy, and effectiveness with adult survivors will be targeted to mental health professionals, as well as social workers in San Bernardino County, California.

**Policy Context**

Lamoureux, Jackson, Hobfoll, and Palmieri (2012), reported that 25.3 percent of women in the United States have been affected by child sexual abuse. In addition to this number, it has been reported that 60 percent of males and 53.2 percent of females high school age (grades 11-12) have experienced some form of child sexual abuse. This is interesting because the percentage of males is slightly higher than that of females, leading to the fact that males can be and are victims of child sexual abuse. According to Collin-Vezina, Daigneault and Hebert (2013), obtaining services for survivors of sexual abuse remains difficult due to the lack of a clear definition of child sexual abuse.
Collin et al. (2013) explains that because age of consent varies from state to state and country, it is hard to determine if sexual abuse has occurred. In some countries, the age of consent is 12 or 13, while in the states, it is generally 17 or 18. The lack of consistency regarding age of consent results in little to no reports of child sexual abuse to the proper authorities. When reports are made, there are many steps that authorities must take in order to confirm that actual abuse has occurred. All too often, the reports are overlooked and so services are never provided to the victims.

The other issue is not all cases are investigated. For example, if the alleged perpetrator is not the child’s caregiver, child welfare workers are not responsible for conducting an investigation. Other reasons cases are considered unsubstantiated may be due to an unreliable or questionable testimony from the child him/herself. Lastly, gender is considered when deciding to rule out a case. Child welfare workers are more likely to dismiss a case involving a male victim than a female. (Collin et al. 2013). All too often, reports are overlooked or victims do not disclose the sexual abuse. Therefore, services are not provided to the victims. Yet, the children grow up into adulthood still carrying the after effects of the abuse.

Practice Context

Adult survivors of childhood sexual abuse are in need of mental health services. Individual and group therapy are well known interventions for childhood sexual abuse survivors. However, a great number of adult survivors
are not participating in mental health services. This is most likely due to low disclosure rates and feelings of stigmatization (Grossman, Lundy, Bertrand, Ortiz, Tomas-Tolentino, Ritzema & Matson, 2009).

According to McGregor, Julich, Glover and Gautam (2010, p. 245), one of the reasons for not disclosing sexual abuse histories is that health practitioners fail to ask about it. Surprisingly, out of one third of clients seeing a mental health therapist, 75% were never asked about sexual abuse. When asked about disclosure to health practitioners, 52% of women reported not disclosing childhood sexual abuse due to “feelings of embarrassment, shame, unworthiness and didn’t think the practitioner would help.” The women also reported a perception of being thought crazy by the practitioners. In addition, Grossman, Lundy, Bertrand, Ortiz, Tomas-Tolentino, Ritzema and Matson (2009) point out that males feel stigmatized relative to their sexual abuse histories. They often feel that mental health services are geared to meet the needs of females. Therefore, they do not disclose the abuse, nor do they seek out therapeutic services.

Grossman et al. (2009) point out that mental health practitioners need to be aware of this population and the various service programs available to assist with their unique needs. Specific interventions that are useful with adult survivors of childhood sexual abuse are individual and group therapy. This is where mental health practitioners can utilize art therapy as an intervention to reduce and treat symptomology related to the sexual abuse.
Significance of the Project for Social Work

Childhood sexual abuse has been an ongoing concern in the United States. Providing effective treatment for victims has been of prime importance. However, mental health professionals are now recognizing that effects of childhood sexual abuse are staying with the child long into his/her adulthood, impacting functioning and well-being. Therefore, there is a need to provide effective mental health treatment to adult survivors of childhood sexual abuse.

Multiple treatment interventions have been utilized and have even been successful in treating adult survivors of childhood sexual abuse. Yet, there are adult survivors who are hesitant to engage in traditional methods of therapy. Art therapy is an alternative form of therapy that has apparently been underutilized in treating adult survivors of childhood sexual abuse. Therefore, it is important to explore this form of therapy in order to test its possible effectiveness in treating adult survivors of childhood sexual abuse. It is hypothesized that Art Therapy will be effective in treating adult survivors of childhood sexual abuse, both male and female.
CHAPTER TWO

LITERATURE REVIEW

Sexual Abuse Defined

Child sexual abuse, or CSA, as it is commonly expressed, is a form of abuse in which an adult engages in intercourse, fondling a child or making them touch adult sexual organs, penetration of the vagina or anus with a penis or other object (not otherwise used for medical purposes) as well as exposing child to pornographic material or sexual acts, masturbation and prostitution of child or using the child to film or photograph pornographic material (Lamoureux, Jackson, Hobfoll, & Palmieri, 2012).

Coulson and Morfett (2013) provides a definition of childhood sexual abuse from The National Society for the Prevention of Cruelty to Children. Sexual abuse includes contact, as well as noncontact touching, masturbation and/or penetration by an adult or peer. Noncontact includes exposure, voyeurism and watching child pornography. Statistics show that 24.1 percent of young adults have experienced sexual abuse. Coulson and Morfett report that 70 percent of women who seek mental health services have been sexually abused as children. Although there is not a specific number percentage, it is also reported that a “significant number of men are survivors of childhood sexual abuse” (p. 14).

The occurrence of sexual abuse is also commonplace in foreign countries such as Africa and Mexico. Pretorius and Pfeifer (2010) report that
the prevalence for childhood sexual abuse appears to be high in Africa, particularly in the Northern Province, Limpopo. The researchers found that between the years 2007 and 2008, an estimated 16,000 cases of child rape (birth to age 18) were reported to the police. A child is defined as anyone from newborn infant to age eighteen. While children are being raped in Africa, women and children are experiencing violence, including sexual violence in Mexico.

According to Tucker and Trevino (2011), over 24 percent of families in Mexico report domestic violence, including sexual violence. Yet because these incidents occur frequently within the family, Mexican women believe that this is just their way of life and do not see it as abnormal. The researchers report that half (50%) of violent acts occur within Mexican families. Among the half that report domestic violence, 24% report sexual violence as well. While sexual violence and child rape is commonplace in foreign countries, such as Africa and Mexico, incidences of child sexual abuse do occur in the United States.

Sexual Abuse and Effects on Children

Due to the high occurrence of child sexual abuse, many researchers have studied the effects of the abuse on the children. Research has also been conducted on treatment modalities and their effectiveness on changing psychological and behavioral traits. For instance, Pretorius and Pfeifer (2010) point out that sexually abused children display difficulty in affect, behavior, cognition and with interpersonal relationships. These children are generally
anxious, guilty, depressed and suffer from post-traumatic stress. Thus they act out with irritability, sexualized behavior, frequent bed wetting, and even suicide attempts. The above researchers conducted a study to evaluate their treatment program (group art therapy) for sexually abused South African girls. The program was designed to lessen the difficulty young girls aged 8-11 had regarding behavior and relationships and included perspectives from multiple therapeutic theories including Humanistic, Gestalt, Client Centered and Abuse focused.

The program was eight sessions in length with each session covering a specific theme. For example, one session focused on exploration of feelings while another focused on sexual behavior and preventing revictimization. During the sessions the young girls engaged in some form of art to express who she was and her feelings related to the sexual abuse. For example, the girls painted, played with clay and painted happy and unhappy boxes in which to place feelings and engaged in role plays. Results demonstrated that anxiety, depression and sexual trauma in the girls were reduced. However, self-esteem remained low as the group art therapy program did not show a significant improvement in this area. The authors suggest further studies examine effectiveness of art therapy for children who have been sexually abused.

From past research, it can be understood that child sexual abuse impacts children, and that the experience stays with the child into adulthood.
In order for mental health professionals to provide effective treatment, it is essential to understand how the abuse has impacted the adult. Many forms of therapeutic treatments have been utilized with sexually abused children, including art therapy. Results have shown a perception of effectiveness in reducing symptoms such as depression and anxiety in the children.

Sexual Abuse and Effects on Adults

However, there have been few research studies conducted to determine if art therapy would be successful in reducing effects of the trauma on adult survivors of child sexual abuse. Most of the treatment interventions with adults include cognitive behavioral or psychotherapy, in other words, talk therapy. Many professionals have not thought about using art to treat adults. The few studies that have been conducted with adults sexually abused as children, have examined use of art and reduction of various effects.

Communication

For instance, Winder (1996, p. 2) studied men who had been sexually abused as children. She found that the “men experience depression, anxiety, denial, shame, guilt, low self-esteem and difficulty with intimate relationships and sex.” Because men tend to struggle with communicating strong emotions, they often act out in anger. Winder found that journaling, writing stories or autobiographies helped males to better express feelings. In addition, use of
molding clay and coloring with crayons on paper were useful in helping men communicate more effectively.

Anxiety

Gough and Bell (2005) also studied adult males who had been sexually abused as children. However, they focused on behavioral, cognitive restructuring and psycho-educational techniques. The goal of these interventions was to reduce self-blame, anger and anxiety. Results from the interventions demonstrate that most male participants did reduce these symptoms. At the six month follow up, the males demonstrated maintenance of symptomology reduction. It is unknown if utilization of art therapy would also have proved to be effective in reducing self-blame, anger and anxiety in the men.

Rojas and Kinder (2009), studied social anxiety in adults sexually abused as children. Social interaction is an important factor in becoming a well-functioning adult. It impacts education, career and interpersonal relationships. Adults who display social anxiety symptoms experience difficulty with these areas of life.

Participants for this study included adult males and females aged 18-36 enrolled in an undergraduate Psychology program in Florida. The participants were instructed to fill out the Child Sexual Experience Questionnaire and Social Phobia and Anxiety Inventory, as well as, the Social Interaction Anxiety Scale. Of the 250 participants 31.6% reported a sexual abuse history. From
the questionnaires, the researchers found that child sexual abuse impacted females and males differently. Females tended to display increased social anxiety versus the males. However, an interesting finding was that adult males and females who had been sexually abused as children did not fall into the “at risk for social anxiety” category. The researchers provide an explanation for why this may be. The participants were college students in a psychology program. Despite their sexual abuse histories and experiencing social anxiety, these male and female adults may have developed effective coping skills that have assisted them in becoming resilient.

Depression, Self-Esteem and Self-Efficacy

Howard (1990) discusses a case study involving one adult female client who participated in art therapy. The client presented with depression, anxiety, grief, low self-esteem and self-efficacy. The client was able to choose her own art materials during the sessions. Often, she chose markers, paint or making collages. The author reports that engaging in this type of therapy was effective in increasing the client’s self-esteem and in helping her process feelings of grief and anxiety. She was able to experience happiness towards the end of treatment.

Hodges and Myers (2010) add to the research on adult survivors of childhood sexual abuse. They find that women often experience depression, anxiety, low self-esteem, low self-efficacy, and struggles with intimacy and guilt. The authors utilize a wellness approach and analyze its effectiveness in
one case study. It is a strength-based intervention that focuses on personal responsibility and choice. Results demonstrate that the woman in the study improved relationships with her family and increased her self-esteem and self-efficacy.

Intimacy

Kia-Keating, Grossman, Subsoil and Epstein (2005) studied adult male sexual abuse survivors. They point out that 80% of males do not disclose sexual abuse histories and suffer from the after effects. Kia-Keating et al. were particularly interested in issues of masculinity and intimacy with a partner. Participants were recruited from male responders to flyers posted throughout the community, institutions, and to local therapists. One specific requirement for participation was that the men were functioning well in at least one area of life, i.e. intimate relationships, career. Participants ranged in age from 24 to 61 and were ethnically diverse. The study included males of Caucasian, African American, African Cuban, Puerto Rican, Mexican American and one part Native American.

The men were interviewed in depth regarding their experience and how they maintained their masculinity and dealt with fear of intimacy. Almost half of the participants considered themselves to be homosexual. Results indicated that connecting with others really helped. The men reported that they had to reconstruct what it meant to be masculine and challenge cultural norms. These men made conscious efforts to connect with others, find healthy ways
to deal with their anger and remain violence free. Making a conscious decision to seek out connections with others was a huge factor in letting go of the fear of intimacy.

Mills and Daniluk (2002) studied adult women who had been sexually abused as adults. In particular, they studied dance therapy and issues of intimacy. The women reported that engaging in dance helped them feel free. Thus they were able to open themselves up and connect with others. Participants felt a sense of intimacy with the others and they reported that this helped them to heal.

Fear of Abusing Own Children

Once in a relationship, men and women who have been sexually abused as children may worry about their children becoming victims of the same type of abuse. Price-Robertson (2012) discusses how men with sexual abuse histories fear having children of their own. He found that the majority of men feared becoming a perpetrator with their own children. In regards to having a female child, the men were uncomfortable demonstrating affection. They were afraid to touch their daughters for fear others may think they are sexually abusing their child. The author found that some men opted to not have children due to this fear. The men reported that participating in psychotherapy did not help relieve their fears.
Shame and Relationships with Family Members

Many adult survivors grow up with a sense of shame, embarrassment and guilt related to their sexual abuse experience. Survivors also demonstrate difficulty in relating to the non-offending family members. Coulson and Morfett put together a therapeutic group for women who had been sexually abused as children. They utilized art such as painting, writing and clay modeling. Not only was this therapeutic group helpful in reducing guilt and shame in the women, it also helped the women process feelings of abandonment and rage toward non-offending family members.

Internal Locus of Control

Valentine and Feinauer (1993) studied adult women survivors of childhood sexual abuse. They point out that 40% of survivors suffer effects so serious that therapy in adulthood is necessary. Yet, many adult women survivors manage to move past the child sexual abuse without therapeutic intervention. How were these women able to move forward and develop an internal locus of control? Valentine and Feinauer conducted in depth interviews with 22 Caucasian women all about the age of 39 to answer this question. The women had all experienced sexual abuse as children and suffered from depression, anxiety and trouble with interpersonal relationships.

A critical factor in moving forward for these women was finding supportive friends outside of the family. These friends helped the women develop some faith and belief in themselves. They looked for “healthy” people
to serve as a role model. (p. 218). School and activity in church also played a major part in helping the women. In fact, church was a pretty significant factor. Through church the women were able to receive a support network and find meaning in their experience of the abuse, as well as, relieve feelings of self-blame and guilt. Through activity in church, the women were able to develop deeper perspectives and internal locus of control. They came to realize that they had power within themselves to let go of the things out of their control, and to change the things that they could.

Suicidal Ideation

While many adult men and women survivors of child sexual abuse are able to develop resiliency and lead happy productive lives, there are many others who still suffer and struggle with the effects. Some adult survivors display suicidal ideations and attempts. Martsolf and Draucker (2005) found from a number of prior studies that adults sexually abused as children displayed symptoms of depression, emotional and behavioral problems and suicidal ideation/attempts. Participation in group therapy with cognitive, trauma focused, empowerment and psychotherapy interventions helped reduce symptoms of depression and low self-esteem. However, the therapeutic groups were not effective in reducing suicidal ideation. In fact, many of the participants who held such thoughts were often excluded from the research study.
Sexual identity

Kia-Keating et al. (2005) report that childhood sexual abuse of men leaves a big impact on their sexual identity and sense of masculinity. The authors interviewed 16 adult men to determine how they came to resolve issues surrounding masculine identity. The majority of the participants were homosexual. Traditionally, to be masculine means to be aggressive, powerful, strong and in control. After the abuse, men tend to feel weak and powerless. To compensate they often become “hyperaggressive, overcontrolled, unemotional and abusive to others.” (p. 170). Yet there was still a desire to connect with others and have a sexual relationship. This was difficult for the men, as some wanted to avoid sex. Many of the men struggled with their identity. Were they gay, bisexual or straight? Often they assumed because they had been perpetrated against by males, they were automatically homosexual. In order to deal with issues surrounding sexual identity and intimate relationships, some engaged in therapy, while others just made a conscious choice to not be a perpetrator and to develop a happy and loving relationship. Kia-Keating et al. found that participating in psychotherapy groups, individual counseling and 12 step programs really assisted the men in resolving issues surrounding masculinity and sexual identity. Deconstructing and reconstructing ideas of masculinity during therapy sessions also played a role in resolving identity issues.
Conclusion

To conclude, there are many therapeutic interventions that can be, and are utilized with adult survivors of childhood sexual abuse. The interventions address many aspects of mental health such as grief, intimacy, internal locus of control and suicidal ideation. The majority of the interventions are cognitive and/or behaviorally based. In effect, the survivors are engaging in talk therapy. Sometimes, talk therapy is difficult for adult survivors and moving forward toward recovery is stalled. There is a need to explore other treatment interventions, such as art therapy. It has been demonstrated from prior research studies that play and art therapy is an effective intervention for working with children who have been sexually abused. It is perceived that children who engage in art therapy show a reduction in symptoms of anxiety, depression and trauma. However, few researchers have studied utilizing art as a therapeutic intervention for adults sexually abused as children. Therefore, the current study will examine the utilization and perceived effectiveness of art therapy among therapists, with men and women who have experienced sexual abuse during childhood.
CHAPTER THREE

METHODS

Introduction
This chapter will address the methods employed in the current research study. The study design, sampling and collection of data will be discussed. Data analyses will then be described. Lastly, the chapter addresses the protection of human subjects who participated in the current research study.

Study Design
The intention of the current research study is to determine the utilization of and treatment effectiveness of art therapy with male and female adult survivors of childhood sexual abuse. The two main research questions for the current research study are: Do mental health professionals utilize art therapy in treating adult survivors of childhood sexual abuse and how effective do they perceive it to be? Also to be addressed, is there a difference relative to gender? Effectiveness is defined as the mental health professionals’ perceived amelioration of the client’s presenting issues, for instance depression, shame, guilt and struggles with sexual identity. The researcher hypothesizes that utilization of art therapy will be effective in treating and ameliorating presenting issues of adult survivors, both male and female, of childhood sexual abuse. As the current research study was quantitative in nature, a questionnaire created by the researcher was used for data collection. The questions in the
researcher-constructed survey were formed after studying previous research and finding 13 similar themes regarding symptomology of adult survivors of childhood sexual abuse. Additionally, a cumulative score was acquired by adding up the total scores of all thirteen questions for parts three and four of the self-constructed survey.

After data were collected, they were examined through the use of SPSS 21 software for measures of central tendency, as well as, differences in the means related to males and females.

Sampling

The current study is interested in all mental health professionals, including social service practitioners who provide therapeutic services to adult survivors of childhood sexual abuse. Social Service and mental health counseling agencies throughout San Bernardino County were utilized to obtain participants. The participants were mental health professionals, licensed and unlicensed who implement experiential treatments, including art therapy, with adults aged 18 to 60 who have been sexually abused as children.

Data Collection and Instruments

The current research seeks to improve the knowledge of mental health and social work practitioners regarding the utilization of experiential therapies, specifically art therapy. A data collection instrument was constructed and distributed to mental health professionals across San Bernardino County. The
data collection instrument was divided into four parts. Part one of the instrument asked demographic questions which were used to screen participants for level of education and licensure. Part two of the data collection was designed to ascertain whether or not the mental health professional A) works with adult survivors of childhood sexual abuse and B) whether or not the mental health professional uses art therapy with adult survivors of childhood sexual abuse. Part 3 of the data collection instrument asked questions of the mental health practitioner regarding his/her professional opinions concerning the efficacy of art therapy with male clients. Part 4 of the data collection instrument asked questions of the mental health practitioner regarding his/her professional opinion concerning the efficacy of art therapy with female clients. As the hypothesis of the current study was that art therapy would be effective in the treatment of adult survivors of childhood sexual abuse, the dependent variable was whether or not the mental health professional, in his or her professional opinion, perceived utilization of art therapy to be effective in the treatment of adult survivors of childhood sexual abuse. Twenty six variables were measured at the interval level.

Part three of the data collection instrument measured thirteen variables identical for adult males and females. All questions were answered by the mental health professional using a seven point Likert scale. Question one asked the mental health professionals perceived efficacy of art therapy in assisting male and female adult survivors (of childhood sexual abuse)
overcome communication barriers. Question two asked the mental health professionals perceived efficacy in the treatment of depression in males and females. Question three asked how effective art therapy was in helping male and female adult survivors process shame and/or guilt associated with the sexual abuse. Question four asked how effective art therapy was in improving male and female self-esteem. Question five asked how effective art therapy was in helping male and female adult survivors improve their self-efficacy. Question six asked how effective art therapy was in reducing anxiety in male and female adult survivors of childhood sexual abuse. Question seven asked how effective art therapy was in assisting male and female adult survivors to process the grief associated with sexual abuse. Question eight asked how effective art therapy was in helping male and female adult survivors process sexual identification issues. Question nine asked how well art therapy helped male and female adult survivors process/confront fear of inappropriate contact with their own children. Question ten asked how effective art therapy was in assisting male and female adult survivors establish healthy intimate relationships with a partner. Question eleven asked how effective art therapy was in assisting male and female adult survivors improve relationships with current non offending members of their immediate family. Question twelve asked how effective art therapy was in helping male and female adult survivors overcome suicidal ideations associated with the sexual abuse. Question thirteen asked how well art therapy helped adult male and female
survivors develop an *internal locus of control*. Part four of the data collection instrument asked 13 identical questions regarding utilization and effectiveness of art therapy with adult female survivors of childhood sexual abuse.

**Procedures**

Primary data was collected using a data collection instrument as described in the methods section (above). The data collection instrument was distributed among mental health practitioners at various social services and counseling agencies throughout San Bernardino County.

Approximately 50 surveys were distributed to the participating agencies. However, a total of 33 surveys were completed and returned to the researcher. The data collection instruments were collected three to four weeks after distribution. The data collected was then analyzed using SPSS 21 software in the computer laboratory during the winter 2014 quarter at Cal State University, San Bernardino.

**Protection of Human Subjects**

Informed consent consisted of a page attached to the data collection instrument informing participants of the potential risks and benefits to completing the survey. An approval for the research study was necessary and thus was obtained from the School of Social Work Sub-Committee of the CSUSB Institutional Review Board (IRB). Only data relevant to the current study was obtained, and no personally identifying data was collected during
this study. Additionally, all data collection instruments and all data collected were destroyed after completion of the study.

Data Analysis

A quantitative design was used to study the relationships between the overall effectiveness (DV) of art therapy in helping adult survivors of childhood sexual abuse and the effectiveness of art therapy in helping adult survivors of childhood sexual abuse overcome various issues and symptoms associated with the abuse (IV’s). Descriptive statistics including frequency distribution and measures of central tendency were used to describe the data. ANOVA was used to measure the effectiveness of interval level independent variables upon the dependent variable. Pearson’s r and t-test were also used to measure the effects of linear relationships between the dependent and independent variables.

Summary

This chapter discussed the methods and instruments used to collect data for the current study. This chapter also discussed the variables explored, as well as their levels and the inferential and descriptive statistics used to examine the relationships of the variables. The data collection and sampling procedures used in the current study are also examined. Lastly, protection of human subjects and confidentiality was discussed.
CHAPTER FOUR
RESULTS

Introduction

The purpose of the current research study was to determine mental health professionals and social service practitioner’s perceptions regarding effectiveness in utilization of art therapy with adult survivors of childhood sexual abuse. This chapter provides a description of the analyses used by the researcher, as well as the demographics of the participants. The researcher provides a description of inferential and descriptive analyses used. The researcher then provides a summary of the results of the analyses.

Results of Descriptive Analysis

The current study consisted of 33 participants from San Bernardino and Riverside Counties. Responses were examined using descriptive analyses, and missing data was excluded. Table 1 shows the background variables of the participants. These variables include: education level, theoretical orientation, experience in years and hours per week participants work with adult survivors of childhood sexual abuse. Results show that over half (51.5 percent) held a Masters of Social Work degree, while one-third (33.3 percent) were Marriage and Family Therapists and a small percentage (3.0 percent) held a Ph.D. From the total number of participants (N = 33) (9.1 percent) were unstated but held a Master’s level degree. The majority of respondents (69.7
percent) reported holding a license (LCSW, MFT). Respondents reported that they had from 1 to 40 years of experience, with a mean score of (10.48) years (N = 33).

Concerning theoretical orientation, the majority of respondents (45.2 percent) reported a Cognitive Behavioral orientation which included Cognitive Behavioral Therapy, Rational Emotive Therapy, or Cognitive Behavioral-Dialectic. Respondents stated a Humanistic orientation which included Solution-Focused, Narrative, Choice, or Rogerian theories (15.2 percent) of the time. Participants who stated a Freudian orientation included Positive Psychotherapy, Psychodynamic, or Adlerian theories (12.1 percent) of the time. Eclectic theories were stated by respondents (24.2 percent) of the time. Respondents also stated that they worked with Adult survivors an average of (4.62) hours a week (n = 32, M = 4.62), with a range of from 4 to 40 hours per week.

In total, 24 (72.7%) of the 33 respondents stated that they worked with male adult survivors of child sexual abuse, while 28 (84.8%) of 31 respondents stated that they worked with female survivors of childhood sexual abuse with 2 (6.1%) not answering. Of the 33 respondents 12 (36.4%) reported using art therapy with adult survivors of childhood sexual abuse. Of the 21 respondents that did not use art therapy with survivors of childhood sexual abuse, 18 (85.7%) reported that they would be willing to try art therapy with clients, while 3 (14.5%) reported that they would not. Of the 33 respondents 7 (21.2%)
stated that they used group therapy for adult survivors, and 4 (57.1%) of those 7 reported using art therapy in those groups at least occasionally. Concerning group gender, no respondents reported using groups for males (0.0%), two reported using groups for female survivors of childhood sexual abuse, eight (24.2%) reported using coed groups, and one (3.0%) reported using groups for males and females at different times. Please see table 1, below.

Table 1. Demographic Information of Participants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSW</td>
<td>17</td>
<td>51.5</td>
</tr>
<tr>
<td>MFT</td>
<td>11</td>
<td>33.3</td>
</tr>
<tr>
<td>Unstated</td>
<td>3</td>
<td>9.1</td>
</tr>
<tr>
<td>MA</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Licensure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>23</td>
<td>69.7</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>30.3</td>
</tr>
<tr>
<td>Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive</td>
<td>14</td>
<td>42.4</td>
</tr>
<tr>
<td>Humanistic</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>Eclectic</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>Freudian</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td>Unstated</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>Variable</td>
<td>Frequency (N)</td>
<td>Percentage (%)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Group therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>75.8</td>
</tr>
<tr>
<td>Yes</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>Unstated</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Use Art as Part of Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstated</td>
<td>21</td>
<td>63.6</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td><strong>Male Clients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>72.7</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td><strong>Female Clients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>28</td>
<td>84.8</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>9.1</td>
</tr>
<tr>
<td>Unstated</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td><strong>Use Art Therapy in Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>63.6</td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>36.4</td>
</tr>
<tr>
<td><strong>Willing to Try</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>85.7</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>14.5</td>
</tr>
<tr>
<td><strong>Group Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coed</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>Male, Female at different times</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Results of Items on Art Therapy Effectiveness

A researcher-constructed survey was created by the researcher that included 13 variables relating to the effects of childhood sexual abuse on males and 13 identical variables relating to the effects of childhood sexual abuse on females, making a total of 26 variables. Each variable was rated by the participant on a 7 point Likert scale. Results indicated a median score of 3.5 overall. Participants rated art therapy more effective with females than males on 9 of the 13 variables and more effective on males on 4 of the 13 variables. The largest trend, however, was the large number of participants that had no opinion and were thus excluded from the means scoring as stated in Table 2 (below).

Concerning the effectiveness of art therapy on male and female clients’ communication skills, 18 respondents (54.5%) reported a mean score of (4.44) for males and 23 (69.6) reported a mean score of (4.65) for females. Relating to male clients, 15 (45.4%) respondents reported having no opinion, while 10 (30.0%) respondents reported having no opinion relative to female clients.

Respondents rated the effectiveness of art therapy on depression in males and females, with 18 respondents (54.5%) reporting a mean score of (4.1) for males and 23 respondents (69.6) reporting a mean score of (4.26) for females. Of the 33 respondents, 15 (45.4%) had no opinion relative to males and 10 (30%) had no opinion relative to females.
Concerning the effectiveness of art therapy on male and female issues of shame, 19 participants (57.5%) reported a mean score of (4.42) for males and 23 (69.6%) participants gave a mean score of (4.26) for females. For male clients, 14 (42.4%) respondents reported no opinion and for females 10 (30%) respondents had no opinion.

Participants rated the effectiveness of art therapy on male and female self-esteem issues. For females, 23 (69.6) respondents reported a mean score of (4.65). For males, 18 respondents (54.5%) reported a mean score of (4.44) with 15 (45.4%) respondents having no opinion. In regards to females, 10 (30.0%) respondents had no opinion.

Respondents rated the effectiveness of art therapy on males and females self-efficacy with 17 respondents (51.5%) reporting a mean score of (4.47) for males and 23 (69.6) giving a mean score of (4.48) for females. Of those respondents who had no opinion, 16 (48.5%) were for males and 10 (30%) were for females.

Participants rated the effectiveness of art therapy on male and female clients’ anxiety with 18 (54.5%) participants rating a mean score of (4.11) for males and 23 (69.6%) giving a mean score of (4.35) for females. Concerning males, 15 (45.4%) respondents had no opinion and 10 (30%) respondents had no opinion for females.

Concerning the effectiveness of art therapy on male and female grief issues, 20 respondents (60.6%) reported a mean score of (4.70) for males and
22 (66.6%) respondents reported a mean score of (4.64) for females. For males, 13 (39.3%) respondents reported no opinion and for females, 11 (33.3%) reported no opinion.

Respondents rated the effectiveness of art therapy on females and males sexual identification issues. Concerning females, 20 (60.6%) participants gave a mean score of (4.00). Concerning males, 18 respondents (54.5%) reported a mean score of (4.28). For males, 16 (45.4%) respondents had no opinion and for females 13 (39.4%) respondents gave no opinion.

Concerning fear of sexually abusing their own children, respondents rated art therapy effectiveness for males and females. For females, 18 (54.5%) participants rated a mean score of (3.67) while 15 (45.4%) having no opinion for effectiveness with males, whereas 19 (57.5%) gave a mean score of 3.84 and 14 (42.4%) had no opinion for females.

Concerning the effectiveness of art therapy on male clients’ intimacy issues, 16 respondents (48.4%) reported a mean score of 4.06 with 17 (51.5%) respondents having no opinion. Concerning the effectiveness of art therapy on female clients’ intimacy issues, 21 respondents (63.6%) reported a mean score (4.24) with 12 (36.3%) having no opinion.

Participants rated the effectiveness of art therapy for helping male clients to improve their relationships with non-offending family members with 17 (51.5%) participants rating a mean score of 4.00 while 16 (45.4%) having no opinion. Respondents rated the effectiveness of art therapy on helping
female clients to improve their relationships with non-offending family members with 19 (57.5%) giving a mean score of 4.05 and 14 (42.4%) having no opinion.

Respondents rated the effectiveness of art therapy on males suicidal ideation with 18 respondents (54.5%) reporting a mean score of 4.28 while 16 (45.4%) had no opinion. Respondents rated the effectiveness of art therapy on females’ suicidal ideation with 20 (60.6%) respondents rating a mean score of 4.00 with 13 (39.4%) having no opinion.

Participants rated the effectiveness of art therapy for helping male clients to improve their internal locus of control with 18 (54.5%) participants rating a mean score of 3.61 while 15 (45.5%) having no opinion. Respondents rated the effectiveness of art therapy on helping female clients to improve their internal locus of control with 21 (63.6%) giving a mean score of 4.10 and 12 (36.4%) having no opinion. Please see Table 2, below.

Table 2. Survey Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>Reporting (N)</th>
<th>Reporting (%)</th>
<th>Mean Score</th>
<th>No Opinion (N)</th>
<th>No Opinion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Skills</td>
<td>Male</td>
<td>18</td>
<td>54.5</td>
<td>4.44</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>23</td>
<td>69.6</td>
<td>4.65</td>
<td>10</td>
</tr>
<tr>
<td>Variable</td>
<td>Reporting (N)</td>
<td>Reporting (%)</td>
<td>Mean Score</td>
<td>No Opinion (N)</td>
<td>No Opinion (%)</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>54.5</td>
<td>4.11</td>
<td>15</td>
<td>45.4</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>69.6</td>
<td>4.26</td>
<td>10</td>
<td>30.0</td>
</tr>
<tr>
<td>Shame</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>57.5</td>
<td>4.42</td>
<td>14</td>
<td>42.4</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>69.6</td>
<td>4.26</td>
<td>10</td>
<td>30.0</td>
</tr>
<tr>
<td>Self Esteem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>54.5</td>
<td>4.44</td>
<td>15</td>
<td>45.4</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>69.6</td>
<td>4.65</td>
<td>10</td>
<td>30.0</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>51.5</td>
<td>4.47</td>
<td>16</td>
<td>48.5</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>69.6</td>
<td>4.48</td>
<td>10</td>
<td>30.0</td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>54.5</td>
<td>4.11</td>
<td>15</td>
<td>45.4</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>69.6</td>
<td>4.35</td>
<td>10</td>
<td>30.0</td>
</tr>
<tr>
<td>Grief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>60.6</td>
<td>4.70</td>
<td>13</td>
<td>39.3</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>66.6</td>
<td>4.64</td>
<td>11</td>
<td>33.3</td>
</tr>
<tr>
<td>Sexual Identification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>54.5</td>
<td>4.26</td>
<td>16</td>
<td>45.4</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>60.6</td>
<td>4.00</td>
<td>13</td>
<td>39.4</td>
</tr>
<tr>
<td>Fear of Abusing Own Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>54.5</td>
<td>3.67</td>
<td>15</td>
<td>45.4</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>57.5</td>
<td>3.84</td>
<td>14</td>
<td>42.4</td>
</tr>
<tr>
<td>Fear of Intimacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>48.4</td>
<td>4.06</td>
<td>17</td>
<td>51.5</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>63.6</td>
<td>4.24</td>
<td>12</td>
<td>36.3</td>
</tr>
<tr>
<td>Relationship with Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>51.5</td>
<td>4.00</td>
<td>16</td>
<td>45.4</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>57.5</td>
<td>4.05</td>
<td>14</td>
<td>42.4</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>54.5</td>
<td>4.28</td>
<td>16</td>
<td>45.4</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>60.6</td>
<td>4.00</td>
<td>13</td>
<td>39.4</td>
</tr>
</tbody>
</table>
### Variable Reporting

<table>
<thead>
<tr>
<th>Variable</th>
<th>Reporting (N)</th>
<th>Reporting (%)</th>
<th>Mean Score</th>
<th>No Opinion (N)</th>
<th>No Opinion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Locus of Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>54.5</td>
<td>3.61</td>
<td>15</td>
<td>45.5</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>63.6</td>
<td>4.10</td>
<td>12</td>
<td>36.4</td>
</tr>
</tbody>
</table>

**Results of Inferential Analyses**

The variables were compared using inferential analysis. Paired samples t-test was performed comparing males and females across each variable. Participants that selected “no opinion” on the survey were excluded from analysis.

The researcher compared art therapy’s effects on males’ versus females’ communication skills. No significance was found \( t(17) = -1.37, p > .05 \). Similarly, the researcher compared the effects of art therapy to males’ versus females’ depression. No significance was found \( t(17) = -1.69, p > .05 \). The effects of art therapy on males’ versus females’ shame was then compared. No significance was found \( t(18) = -0.22, p > .05 \). Art therapy’s effects on males’ versus females’ self-esteem was then examined. No significance was found \( t(17) = -0.72, p > .05 \). The effects of art therapy on males’ versus females’ self-efficacy was examined \( t(16) = .52, p > .05 \). The researcher then compared the effects of art therapy on males’ anxiety and compared it to that on females’ anxiety. No significance was found \( t(17) = -1.05, p > .05 \). The effects of art therapy on males’ grief was compared
to that on females’ grief. No significance was found $t(18) = .00, p > .05$. The effectiveness of art therapy treatment on males’ sexual identity issues was compared to its effectiveness on females’ sexual identity issues. No significance was found $t(16) = 1.00, p > .05$. The effectiveness of art therapy on males’ fear of having inappropriate sexual contact with their own children was compared to its effectiveness on females’ fears. No significance was found $t(14) = -1.00, p > .05$. The effectiveness of art therapy on males’ versus females’ fear of developing intimate relationships was then compared. No significance was found $t(15) = .25, p > .05$. Art therapy’s effectiveness for helping males’ versus females’ in building relationships with non-offending family members was then examined. No significance was found $t(15) = -.62, p > .05$. The effectiveness of art therapy in helping males’ versus females’ reduce suicidal ideation was compared. No significance was found $t(15) = -1.25, p > .05$. On developing their internal locus of control, the effects of art therapy were examined on males versus females. No significance was found $t(16) = -1.23, p > .05$. In sum, results indicated that there were no significant differences in regards to perceived effectiveness of art therapy utilization with adult males versus females.
CHAPTER FIVE
DISCUSSION

Introduction

This chapter discusses the results of the study in terms of art therapy utilization and perceived effectiveness. Implications for social work policy and practice are discussed, as are the implications for future research. Lastly, the chapter discusses the strengths and limitations of the study. The researcher hypothesized that art therapy would be effective in treating men and woman adult survivors of childhood sexual abuse. The current study found that this is at least moderately true, as participants who rated art therapy’s effectiveness gave mean scores above midline for each area of treatment (e.g., depression, suicidal ideation, etc.). This finding is largely in line with previous research, although comparison studies are difficult to find.

The main results indicate that a large number of participants reported no opinion in terms of art therapy effectiveness and adult survivors of childhood sexual abuse. The mental health professionals who did provide an opinion perceive art therapy to be more effective with females versus males on the majority of the independent variables. However, the differences were not significant.

The most significant finding in the current study is the large lack of knowledge in the therapeutic community concerning art therapy. Many mental health professionals simply do not use art therapy and claim no opinion about
its effectiveness. They seem to rely on those therapeutic approaches taught to them in school. Therapists may be untrained or unaware of expressive therapeutic techniques such as art therapy.

Discussion

The purpose of this study was to determine if mental health professionals, including social workers and marriage and family therapists, utilize art therapy and if they perceive it to be an effective form of treatment for male and female adult survivors of childhood sexual abuse. The researcher hypothesized that utilization of art therapy would be effective in treating both male and female adult survivors of childhood sexual abuse. The researcher found that art therapy was perceived to be effective with both male and female adult survivors. However, no significant differences were found regarding effectiveness of art therapy utilization with males versus females. Previous research related to perceptions of art therapy utilization has demonstrated positive results. When working with elementary age children who have been sexually abused, prior research has shown that use of art assists the children in processing and talking about their sexual abuse experience. However, past research studies regarding utilization of art therapy with adults who have been sexually abused as children are few. Therefore, the current study addresses this need. The results of the current study are compared to past research with sexually abused children.
In the current study, the researcher found that participants rated the use of art therapy (painting, writing, clay modeling) to be effective in reducing symptoms of anxiety and depression in adult women. These results are similar to a study conducted by Pretoruis & Pfeifer (2010) who found that art assists sexually abused children in processing and talking about their experience. Therapists saw a reduction in depression and anxiety. Additionally, Coulson and Morfett (2013) studied use of art with adult females and found it reduced anxiety. This appears to demonstrate that utilizing art provides a cathartic release of emotion. Perhaps engaging in art techniques releases emotions that have been bottled up and denied for a long period of time.

The current study asked participant's opinions for both male and female clients in relieving feelings of guilt and shame. The researcher found that art therapy is perceived to be effective with both males and females in relieving feelings of guilt and shame. Coulson and Morfett (2013) also found that using art as part of the group therapy helped lessen guilt and shame associated with the childhood sexual abuse, although they studied only females. Together, these findings indicate that art therapy is effective in reducing feelings of guilt and shame. Interestingly, the current study found that art therapy is perceived to help males more than females, although not significantly more. Since art therapy is not used as often with males, there is a dichotomy. While males
may benefit more they receive art therapy less often. Perhaps a valuable
treatment tool is being under-utilized.

Although the current study found that respondents perceive art therapy
to be more effective in assisting females with communication skills,
respondents also gave a high rating for males. For instance, Winder (1996)
found that use of art therapy was highly effective in improving male clients’
communication skills. The men were able to express their emotions through
coloring with crayons and molding clay. Brooke (1995) also supports the
current study findings, as she has found that use of art improves female
client’s communication skills. This makes sense as women tend to be more in
touch with emotions than males. However, as men tend to be more action
oriented, the physical act of creating art served to be cathartic for the men.
Again, it appears that art therapy is effective in treating males, yet it is not
used as often.

The current research found that art therapy was effective in increasing
self-efficacy and self-esteem, in both males and females. Previous work by
Brooke (1995) found that utilization of art increases self-esteem in her adult
female clients. These findings are supportive of the current study. By using art,
clients may be able to reconcile with the past and recreate themselves, thus
experiencing a higher quality of life.

Concerning fear of developing intimate relationships, the current study
found that mental health practitioners perceive art therapy to be moderately
effective in relieving fears. While the use of art (dance) helped females more than it did males, there was not a major difference. These findings are agreeable with past research. For example, Mills and Daniluk (2002) found that utilizing dance therapy (a form of art) with adult females helped them to let go of this fear of intimacy and develop healthy intimate relationships. Thus it appears that engaging in art therapy helps clients "let go" and form new connections. Letting go of inhibitions and just letting your body feel sensations and learning to be "ok" with this, is liberating. As for the use of art being moderately more effective with females versus males, this can possibly be explained by the implication that many males do not engage in arts and dance within a therapeutic setting.

For those men and women in a monogamous relationship that had children, both men and women tended to fear having inappropriate contact with their children. The current study examined this issue. Mental health practitioners perceive the use of art therapy to be somewhat effective in reducing this fear. It appears to help females slightly more than males, but not significantly so. Past researchers who studied this same issue with males have found different results, although the use of art therapy was not included in the research. For instance, Price-Robertson (2012) found the use of psychotherapy to be non-effective in relieving the men’s fears of inappropriate contact with their children. Since art therapy does help with intimate relationship fears, it is therefore useful in working with clients who have fears
of inappropriate contact with their own children. This may be an important finding. Men are not usually seen as victims of childhood sexual abuse, and treatment options seem to be limited. Thus, art therapy is under-utilized in this population.

Not only do men and women who have been sexually abused as children struggle with developing proper relationships with their own children, but they struggle to maintain relationships with non-offending family members. The current study took this issue into consideration. The results demonstrate that mental health practitioners perceive art to be moderately effective in helping males and females with this issue. Coulson and Morfett (2013) studied this issue and included art as part of group therapy. Their results support the current study. Art therapy helps survivors process and express their rage, resentment, feelings of abandonment felt towards non-offending family members. The expression of these pent up emotions is helpful to the clients who can then learn to rebuild family relationships.

The perception of art therapy’s effectiveness in developing an internal locus of control was also examined in the current study. The researcher found that participants perceived art therapy to be moderately effective. There is a lack of previous research regarding this issue. However, research by Valentine and Feinauer (1993) found that female’s internal locus of control improved greatly by finding a support network through attending church. While spiritual undertakings help internal locus of control, perhaps art therapy works in the
same sort of way. Art therapy helps survivors to express themselves and find meaning in their experiences and develop a deeper perspective. Art therapy helps survivors realize that they have power within themselves.

The current study examined the use of art in reducing sexual identification issues in males and females. The researcher found that participants perceived art therapy to be moderately effective in helping males and females with this issue. Participants felt use of art was slightly more helpful with males than females. This makes sense because males in particular suffer from sexual identity issues after surviving sexual abuse. Many times the men identify as homosexual because they have been perpetrated against by other men. Men who have been victimized as children may also feel weak and powerless in a society where masculinity is challenged and homophobia is an issue. Art therapy, especially clay modeling and painting, help the men to process and reconstruct what masculinity means to them.

Lastly, the researcher studied the effectiveness of art therapy and suicidal ideations. The current study found that participants perceived art therapy to be moderately effective in reducing suicidal ideation. The use of art was perceived to help males more than females, however, only slightly. Interestingly, prior research found that participation in various therapeutic interventions other than art therapy were non effective in reducing suicidal ideation in men and women sexually abused as children (Martsolf & Draucker, 2005). The effectiveness of art therapy with survivors who have suicidal
ideation is possibly due to its ability to let them express their inner rage and overwhelming depression. Engaging in art is cathartic; therefore it makes sense that it releases deep rooted emotions. By releasing emotions, it is possible that the adult survivors can process the abuse and more effectively reconcile this part of their lives.

Therefore, art therapy should be considered in treating survivors who have suicidal ideations.

The current study found no significant difference in art therapy’s effectiveness in treating males versus females. Perhaps the lack of significance in art therapy’s effectiveness in treating males versus females may be explained by bias. Participants report using art therapy with females more often than with males. This may be because men do not disclose childhood abuse as often as females. Alternately, participant therapists may simply perceive females as being more open to art and are simply offering art therapy more often to females. They may introduce art therapy to those males who seem more sensitive.

Implications for Future Research

Future researchers should obtain participants from a larger sample of mental health practitioners that specifically use art therapy. This will better assess the effectiveness of art therapy utilization. In addition, future researchers should gather participants from different geographical locations, as this will provide greater test reliability and validity. Further, researchers
must consider the ethnicity of participants, as well as the clientele served. Culture may play a huge part in the perceptions of expressive therapeutic techniques. Lastly, control for bias towards or against use of art therapy should be taken into consideration.

Strengths and Limitations

The current study is limited by a number of factors. Participant bias towards art therapy may have skewed the results of the current study. The sample size was small and the participant’s and client’s ethnicity were not examined. Lastly, all participants came from one geographic area.

Participating therapists in the current study seem to fall into one of two camps: those who use it and those who know nothing about it. A large number of participants claimed no opinion on art therapy’s effectiveness. This may be due to their lack of knowledge regarding art therapy, as well as their favored theoretical orientation. For instance, many mental health practitioners favor cognitive-behavioral interventions in their practices. Those participants who did provide a score on the effectiveness of art therapy actually used it, or were at least familiar with it and/or open to trying it. Obviously, those who use art therapy would score it as being effective, leading to bias.

The current study was limited by a small sample size. Many possible participants simply refused to fill out the survey stating that they had no experience with or knowledge about art therapy. Other possible participants worked only with children and thus had no experience with adult survivors.
Therefore, finding participants proved to be difficult, even with a large number of social service agencies within San Bernardino County.

Ethnicity was not examined in the current study. The ethnicity of either the participant or their clients may affect the efficacy of art therapy, and/or the use of it. The use of art therapy and its efficacy could be dramatically different between ethnic groups. The current study could be biased towards one group or another, although there is no way to test for this.

Finally, participants in the current study all came from the same geographic area in Southern California. Observations made in the current study may not be generalizable to the broader community as perceptions of art, art therapy, and its’ effectiveness will undoubtedly differ across the country.

Conclusion

In conclusion, many mental health professionals have no knowledge or opinion regarding utilization of art therapy or its effectiveness. The researcher found that mental health professionals perceive art therapy to be effective in the treatment of adult survivors of childhood sexual abuse when it is used, and it is perceived to be effective with all variables examined in this study. There was no significant difference in the efficacy of art therapy in regards to treating males versus females, however, therapists use art therapy more often with females than males. Limitations of the current study include a small sample size, participants from the same geographic area which may limit
generalization, and did not take ethnicity into consideration. Additionally, participant bias may affect the findings of the current research. Future social work research should take these limitations, as well as the underutilization of art therapy into consideration.
APPENDIX A

QUESTIONNAIRE
Ferguson study on the perceived effectiveness of art therapy with adult survivors of childhood sexual abuse.

This study is intended to gauge mental health professionals’ use and their perceived effectiveness of art therapy with adult survivors of childhood sexual abuse. For the purpose of this study, effectiveness is defined as a reduction in symptoms such as guilt, shame, depression, anxiety and low self-esteem, as well as an increase in communication and developing intimate relationships and friendships. The survey is in four parts. The first part is demographic in nature. Part two is designed to ascertain the professional’s level of use of art therapy. Part three is designed to collect information from the mental health professional regarding his/her use and perceived efficacy of art therapy in the treatment of adult male survivors of childhood sexual abuse. Part four is designed to collect information from the mental health professional regarding his/her use and perceived efficacy of art therapy in the treatment of adult female survivors of childhood sexual abuse.

We thank you for your participation in this study.

For Information Contact:

CHERIE FERGUSON
760 646 0575
chewy5581@yahoo.com
Part 1
Demographic information

Education level:

Do you hold a license, and if so which license (e.g. LCSW or MFT) do you hold? If you do not hold a license and/or intend to obtain a license, but work with adult survivors of childhood sexual abuse, you may participate in the study.

Yes/No__________ License: __________

What is your primary or preferred theoretical orientation? __________________________

How long have you worked with adult survivors of childhood sexual abuse, in years? __________

How many hours per week, on average, do you work with adult survivors of childhood sexual abuse? ____

Do you use group therapy specifically for adult survivors of childhood sexual abuse? Yes___No___.

B) If yes, do you employ art therapy as a part of the group session, at least occasionally? Yes___ No___

Do you have adult male clients who are survivors of childhood sexual abuse? Yes___ No___

Do you have adult female clients who are survivors of childhood sexual abuse? Yes___ No___

Part 2
Mental health practitioner use of art therapy.

1) Do you use art therapy with adult survivors of childhood sexual abuse clientele?
   Yes___ No____, If no, would you be willing to try it? Yes___No____

2) Do you use group therapy specifically for adult survivors of childhood sexual abuse?
   Yes___No____.

   A) If yes, do you employ art therapy as a part of the group session, at least occasionally? Yes___ No____

   B) Are the members of your group male, female, or is it a co-ed group?
      ________________
Part 3
*Mental health professionals’ perceived efficacy of art therapy concerning adult male clients only.*

1) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse to overcome communication barriers?

<table>
<thead>
<tr>
<th>Not Effective</th>
<th>Very Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle one please:</td>
<td>0  1  2  3  4  5  6  7</td>
</tr>
</tbody>
</table>

Don’t know or no opinion:

2) In your professional opinion, how effective is art therapy in the treatment of adult male survivors of childhood sexual abuse in providing relief from depression?

<table>
<thead>
<tr>
<th>Not Effective</th>
<th>Very Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle one please:</td>
<td>0  1  2  3  4  5  6  7</td>
</tr>
</tbody>
</table>

Don’t know or no opinion:

3) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse process the shame and/or guilt associated with the abuse?

<table>
<thead>
<tr>
<th>Not Effective</th>
<th>Very Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle one please:</td>
<td>0  1  2  3  4  5  6  7</td>
</tr>
</tbody>
</table>

Don’t know or no opinion:

4) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse improve their self-esteem?

<table>
<thead>
<tr>
<th>Not Effective</th>
<th>Very Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle one please:</td>
<td>0  1  2  3  4  5  6  7</td>
</tr>
</tbody>
</table>

Don’t know or no opinion:

5) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse improve their self-efficacy?

<table>
<thead>
<tr>
<th>Not Effective</th>
<th>Very Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle one please:</td>
<td>0  1  2  3  4  5  6  7</td>
</tr>
</tbody>
</table>

Don’t know or no opinion:

6) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse overcome anxiety?

<table>
<thead>
<tr>
<th>Not Effective</th>
<th>Very Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle one please:</td>
<td>0  1  2  3  4  5  6  7</td>
</tr>
</tbody>
</table>

Don’t know or no opinion:
7) In your professional opinion, how effective is art therapy in helping adult male adult survivors of childhood sexual abuse process grief associated with the abuse?
   Not Effective  Very Effective
   Circle one please:  0  1  2  3  4  5  6  7
   Don’t know or no opinion:

8) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse to process sexual identification issues?
   Not Effective  Very Effective
   Circle one please:  0  1  2  3  4  5  6  7
   Don’t know or no opinion:

9) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse process/ confront fears of having inappropriate contact with their own children?
   Not Effective  Very Effective
   Circle one please:  0  1  2  3  4  5  6  7
   Don’t know or no opinion:

10) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse to establish healthy intimate relationships with adult partners?
    Not Effective  Very Effective
    Circle one please:  0  1  2  3  4  5  6  7
    Don’t know or no opinion:

11) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse improve their relationships with current (non-offending) members of their immediate family?
     Not Effective  Very Effective
     Circle one please:  0  1  2  3  4  5  6  7
     Don’t know or no opinion:

12) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse to overcome suicidal ideation associated with the abuse?
    Not Effective  Very Effective
    Circle one please:  0  1  2  3  4  5  6  7
    Don’t know or no opinion:

13) In your professional opinion, how effective is art therapy in helping adult male survivors of childhood sexual abuse develop an internal locus of control?
    Not Effective  Very Effective
    Circle one please:  0  1  2  3  4  5  6  7
    Don’t know or no opinion:
Part 4
Mental health professionals’ perceived efficacy of art therapy concerning adult female clients only.

1) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse to overcome communication barriers?
   Not Effective □ □ □ □ □ □ □ Very Effective
   Circle one please: 0 1 2 3 4 5 6 7
   Don’t know or no opinion:

2) In your professional opinion, how effective is art therapy in the treatment of adult female survivors of childhood sexual abuse in providing relief from depression?
   Not Effective □ □ □ □ □ □ □ Very Effective
   Circle one please: 0 1 2 3 4 5 6 7
   Don’t know or no opinion:

3) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse process the shame and/or guilt associated with the abuse?
   Not Effective □ □ □ □ □ □ □ Very Effective
   Circle one please: 0 1 2 3 4 5 6 7
   Don’t know or no opinion:

4) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse improve their self-esteem?
   Not Effective □ □ □ □ □ □ □ Very Effective
   Circle one please: 0 1 2 3 4 5 6 7
   Don’t know or no opinion:

5) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse improve their self-efficacy?
   Not Effective □ □ □ □ □ □ □ Very Effective
   Circle one please: 0 1 2 3 4 5 6 7
   Don’t know or no opinion:

6) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse overcome anxiety?
   Not Effective □ □ □ □ □ □ □ Very Effective
   Circle one please: 0 1 2 3 4 5 6 7
   Don’t know or no opinion:

7) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse process grief associated with the abuse?
   Not Effective □ □ □ □ □ □ □ Very Effective
   Circle one please: 0 1 2 3 4 5 6 7
   Don’t know or no opinion:
8) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse to process sexual identification issues?
   Not Effective Very Effective
   Circle one please: 0 1 2 3 4 5 6 7
   Don’t know or no opinion:

9) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse process/ confront fears of having inappropriate contact with their own children?
   Not Effective Very Effective
   Circle one please: 0 1 2 3 4 5 6 7
   Don’t know or no opinion:

10) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse to establish healthy intimate relationships with adult partners?
    Not Effective Very Effective
    Circle one please: 0 1 2 3 4 5 6 7
    Don’t know or no opinion:

11) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse improve their relationships with current (non-offending) members of their immediate family?
    Not Effective Very Effective
    Circle one please: 0 1 2 3 4 5 6 7
    Don’t know or no opinion:

12) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse to overcome suicidal ideation associated with the abuse?
    Not Effective Very Effective
    Circle one please: 0 1 2 3 4 5 6 7
    Don’t know or no opinion:

13) In your professional opinion, how effective is art therapy in helping adult female survivors of childhood sexual abuse develop an internal locus of control?
    Not Effective Very Effective
    Circle one please: 0 1 2 3 4 5 6 7
    Don’t know or no opinion:

This completes the survey. Thank you for your time and participation.
APPENDIX B

INFORMED CONSENT
The study in which you are being asked to participate is designed to investigate the effectiveness of utilizing art therapy in the treatment of adult survivors of childhood sexual abuse. This study consists of a self-constructed survey with 26 questions asking mental health professionals such as LCSW’s and MFT’s if they utilize art therapy in the treatment of adult survivors of childhood sexual abuse. If not, would they be willing to try it. Survey questions also ask if they have used it do they perceive it to be effective in relieving symptoms of depression, shame, guilt, and sexual identity issues. This study is being conducted by Cherie Ferguson under the supervision of Laurie Smith, Ph.D., Director of Social Work department, California State University, San Bernardino. This study has been approved by the school of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The intention of the current research is to determine the effectiveness of art treatment as perceived by mental health professionals.

DESCRIPTION: Participants are surveyed using a self-constructed survey. This survey asks minimal demographic information such as licensure and education level. The survey then asks participants to describe their perceptions of art therapy in the treatment of adult survivors of childhood sexual abuse by answering approximately 26 questions using Likert scales.

PARTICIPATION: Participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits, to which the subject is otherwise entitled.

CONFIDENTIALITY OR ANONYMITY: The researcher has taken the following steps to assure the confidentiality of participants and the data that they provide: No personally identifying information beyond very generic demographic information is collected. Completed surveys will be stored in a secure location.

DURATION: Data collection and analysis will take place from January 2014 until June 2014. It is anticipated that it will take each respondent approximately 10 minutes to complete the survey.
**RISKS:** Risks of study completion may include heightened awareness of past abuse suffered by the mental health professional or possible embarrassment regarding lack of knowledge concerning art therapy.

**BENEFITS:** The only known possible benefit of participation in the current research is a greater consideration of the use of art therapy in their current practice.

**VIDEO/AUDIO/PHOTOGRAPH:** No audio, video, or photographic information will be taken.

**CONTACT:** Cherie Ferguson at fergc300@csusb.edu or Dr Laurie Smith at lasmith@csusb.edu

**RESULTS:** A copy of the findings can be found at the CSUSB campus library, in the thesis room on the third floor after the completion of the current study. The CSUSB library is located at 5500 University Parkway, San Bernardino California, 92407.

**CONFIRMATION STATEMENT:**

I have read and understand the consent document and agree to participate in your study.

**SIGNATURE:**

Please place an “X” on the signature line.

Signature: _______    Date: ___________
APPENDIX C

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

This study you have just completed was designed to assess the perceived efficacy of art therapy in the treatment of adult survivors of childhood sexual abuse. The survey is designed to collect as much information as possible from mental health practitioners such as LCSW’s and MFT’s concerning their perceived efficacy of art therapy in treating symptomology related to childhood sexual abuse such as depression and sexual identity issues.

Thank you for your participation in this study. If you have any questions about the study, please feel free to contact Cherie Ferguson or Professor Dr. Laurie Smith at 909-537-3837. If you would like to obtain a copy of the group results of this study, please contact Professor Laurie Smith at SBS 423 at the end of the Spring Quarter of 2014.
1255 E. Highland Avenue Suite 107
San Bernardino, CA 92404-4652
Tel.: 909-886-3322
Fax: 909-886-3328
eMail: asantetraining@yahoo.com
website: www.asantefamilyagency.org

12/4/2013

To Whom It May Concern,

Cherie Ferguson has permission to administer her survey, Ferguson/Adult Survivors of Childhood Sexual Abuse, to the professional staff at Asante Family Agency.
If anything further is needed from me please feel free to contact me at the number listed above.

Sincerely,

Mary Hickey

Mary Hickey
To whom it may concern,

Catholic Charities administration has reviewed and approved the opportunity for Ms. Cherie Ferguson, a student at Cal State San Bernardino, to recruit Catholic Charities staff to participate in her project titled: “Perceived Effectiveness of Art Therapy with Adult Survivors of Childhood Sexual Abuse.”

Agency approval is contingent on the following criteria:

1. Ms. Ferguson may place documentation regarding the study in designated office lobbies to provide information to staff.

2. Ms. Ferguson will be responsible for making direct contact, if necessary, with interested participants to inform them of the study requirements, informed consent, release of information, and interview protocols.

3. Ms. Ferguson will respect each participant’s right to discontinue participation in the study at any time.

4. Ms. Ferguson will be solely responsible for the collection of completed surveys.

5. Ms. Ferguson will inform Catholic Charities administration immediately in the event that any of these steps violated, there are participation complaints, or any instances in which the safety or comfort of staff becomes apparent.

Lena Bradley Ph.D., LMFT
Associate Director of Clinical Services
February 1, 2014

To Whom It May Concern,

Cherie Ferguson has permission to administer her survey, Ferguson/Adult Survivors of Childhood Sexual Abuse, to the professional staff at the above listed office. If anything further needed from me please feel free to contact me at the number listed above.

Sincerely,

Bill Vanderpauwert
February 1, 2014

To Whom It May Concern,

Cherie Ferguson has permission to administer her survey, Ferguson/Adult Survivors of Childhood Sexual Abuse, to the professional staff at the above listed office. If anything further needed from me please feel free to contact me at the number listed above.

Sincerely,

Fran M Viero
REFERENCES


