

Theses and Dissertations

2018

Studying the phenomenon of expressive arts with male survivors of childhood sexual abuse

Megan Hogg

Follow this and additional works at: <https://digitalcommons.pepperdine.edu/etd>

Recommended Citation

Hogg, Megan, "Studying the phenomenon of expressive arts with male survivors of childhood sexual abuse" (2018). *Theses and Dissertations*. 960.

<https://digitalcommons.pepperdine.edu/etd/960>

This Dissertation is brought to you for free and open access by Pepperdine Digital Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Pepperdine Digital Commons. For more information, please contact bailey.berry@pepperdine.edu.

Pepperdine University
Graduate School of Education and Psychology

STUDYING THE PHENOMENON OF EXPRESSIVE ARTS WITH MALE SURVIVORS OF
CHILDHOOD SEXUAL ABUSE

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Megan Hogg

June, 2018

Thema Bryant-Davis, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Megan Hogg

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Thema Bryant-Davis, Ph.D. Chairperson

La Tonya Wood, Ph.D.

Kathleen Watkins, Ph.D.

© Copyright by Megan Hogg (2018)

All Rights Reserved

TABLE OF CONTENTS

	Page
LIST OF TABLES	vi
ACKNOWLEDGMENTS	vii
VITA	viii
ABSTRACT	xii
INTRODUCTION	1
Definition and Prevalence of Males with a History of Childhood Sexual Abuse	1
Dynamics and Effects of Trauma on Males with Childhood Sexual Abuse	3
A Review of the Trauma-focused Expressive Arts Literature	5
Existing Treatments for Childhood Sexual Trauma	9
What is Missing in the Literature	13
METHOD	15
Participants	15
Procedures	16
Data Analysis	18
RESULTS	21
The Male Survivors	21
Focus on Trauma	24
Focus on Expressive Arts	38
Focus on Self	64
Focus on Relationships	69
DISCUSSION	76
Usefulness of Expressive Arts for Male Survivors	76
Critique of Expressive Arts for Male Survivors	82
Experience of Expressive Arts for Ethnic Minority Male Survivors	84
Differences in Experiences Among Participants	86
Strengths and Limitations	88
Suggestions for Future Research	90
Conclusion	92
REFERENCES	93
APPENDIX A: Extended Review of the Literature	106

APPENDIX B: Recruitment Flyer	172
APPENDIX C: Sample Email for Permission to Post Flyers	174
APPENDIX D: Online Recruitment Advertisement	176
APPENDIX E: Screening Questions	178
APPENDIX F: Interview Questions	181
APPENDIX G: Demographic Questionnaire	184
APPENDIX H: Trauma Symptom Checklist-40	186
APPENDIX I: Master Table of Themes from Qualitative Interviews	189
APPENDIX J: Trauma Symptom Checklist-40 Results Table	192
APPENDIX K: Informed Consent	194
APPENDIX L: IRB Approval Notice	199

LIST OF TABLES

	Page
Table I1. Master Table of Themes from Qualitative Interviews	188
Table J1. Trauma Symptom Checklist-40 Results Table	191

ACKNOWLEDGEMENTS

I would like to thank my dissertation chair, Dr. Thema Bryant-Davis, for her inspiration, guidance and wisdom throughout this process, and for providing me with the opportunity to conduct this meaningful study. I thank Dr. La Tonya Wood and Dr. Kathleen Watkins for their feedback and contributions while serving on my committee. I want to thank my family and friends for their ongoing love and support throughout this long journey. I would also like to acknowledge Rosette Lee, my OASIS lab partner, for her assistance in data analysis. Lastly, I would like to thank the male survivors who, through their courage and generosity, offered to share their stories and provide valuable contributions to the literature on expressive arts therapy. I extend my heartfelt gratitude and appreciation to you all.

VITA
EDUCATION

Pepperdine University Los Angeles, CA	2014 – 2018
Doctor of Psychology (Psy.D.) <i>Clinical Psychology APA-Accredited program</i>	
University of Southern California Los Angeles, CA	2012 – 2014
Master of Marriage & Family Therapy (M.M.F.T)	
University of California, Los Angeles Los Angeles, CA	2008 – 2012
Bachelor of Arts (B.A.) <i>Psychology Major Anthropology Minor</i>	
Orange County School of the Arts Santa Ana, CA	2004 – 2008
High School Diploma <i>Classical/Contemporary & Commercial Dance Conservatories</i>	

GRADUATE CLINICAL EXPERIENCE

Casa Pacifica Centers for Children and Families	2017 – 2018
Doctoral Psychology Internship Program APA-Accredited program <i>Pre-Doctoral Intern</i>	
<ul style="list-style-type: none"> - Provided trauma-informed care and psychological services to adolescents within a Level 14 residential treatment facility, including emotionally disturbed children in the Nonpublic School. - Administered comprehensive psychological assessments to adolescents in the residential programs. - Led therapy groups on Mindfulness and DBT Skills Training, and participated in DBT consultation. - Received training in assessment and treatment of youth with Major Depression, PTSD, complex trauma, Bipolar Disorder, Reactive Attachment Disorder, anxiety disorders, eating disorders, substance use disorders, Gender Identity Disorder, ADHD, ODD, and Conduct Disorder. - Provided crisis intervention and de-escalation for suicidal and homicidal youth. - Gave ongoing case management and consultation to parents, behavior specialists and treatment team. - Didactic training in Life Space Crisis Intervention, NeuroRelational Model, Expressive Arts Therapy, Sexual Orientation and Gender Identity (SOGI), Dialectical Behavior Therapy (DBT), Animal Assisted Therapy, and psychological assessment measures. - Gained experience in DMH paperwork, productivity and insurance billing. - <i>Supervised by: Erin Haven, PhD, Sean Schoneman, PhD, and Robert Kretz, PsyD.</i> 	
UCLA Semel Institute of Neuroscience & Behavior	2016 – 2017
Adolescent Serious Mental Illness Practicum <i>Psychology/Neuropsychology Extern</i>	
<ul style="list-style-type: none"> - Administered clinical and neuropsychological assessments to adolescents and adults (ages 11-30) with severe psychopathology, including those who are at high-risk for developing psychotic disorders. - DSM-5 diagnostic experience with patients with Major Depression, Bipolar Disorder, ADHD, Autism Spectrum Disorder, substance use disorders, eating disorders, anxiety disorders and psychotic spectrum disorders. - Neuropsychological assessment for children and adults (ages 6-30) with 22q11.2 deletion syndrome. - Assessment report writing for research lab, as well as writing of external reports for patient, parents & schools. 	

- Provided feedback sessions and psycho-educational sessions for patient and parents, and conducted case management and professional consultations in order to provide patients with referrals and community resources to manage symptoms and reduce risk of psychotic disorders.
- *Supervised by: Carrie Bearden, PhD, and Danielle Denny, PhD*

Pepperdine University | West Los Angeles Clinic

2015 – 2017

Psychology Practicum Student

- Provided individual psychodynamic psychotherapy to adults within a community-counseling center.
- Gained experience in the psychotherapeutic treatment of depression, anxiety, and personality disorders from psychodynamic models and interventions.
- Received weekly supervision and video/audio recording evaluation within a group setting.
- Utilized psychodynamic psychotherapeutic techniques, drawing upon the following theoretical frameworks: object relations theory, ego psychology, Transference-Focused Psychotherapy and Mentalization-based treatment.
- Experience with crisis intervention, suspected abuse reporting, and on-call clinic services.
- *Supervised by: Edward Shafranske, PhD, ABPP*

The Bella Vita / A Beautiful Life Psychology Group

2015 – 2016

Psychology Extern

- Treated adolescents and adults with eating disorders (Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Avoidant/Restrictive Food Intake Disorder) and other co-morbid disorders, including Body Dysmorphic Disorder, depression, anxiety, Obsessive Compulsive Disorder, and trauma-related disorders.
- Provided individual, group, and milieu therapy at the partial hospitalization and intensive outpatient (PHP/IOP) levels of care with an interdisciplinary team.
- Gained experience in integrative, holistic, and evidence-based practices for the treatment of eating disorders, drawing upon: Cognitive Behavioral Therapy, Family Systems, Dialectical Behavioral Therapy, Trauma Resiliency Model, object relations theories, developmental models, as well as behavioral management strategies.
- Led therapy groups for patients and families designed to provide them with psycho-education on eating disorders, as well as skill-building activities and experiential exercises to enhance learning.
- Created material for several Multi-Family Groups through integration of research literature and evidence-based practice models, including groups on “Trauma and Eating Disorders,” “Adaptive Functions of Eating Disorders,” and “Family Roles, Boundaries and Eating Disorders.”
- *Supervised by: Lori A. Schur, RN, PhD*

Wiseburn School District

2014 – 2015

Psychology Practicum Student

- Provided individual psychotherapy for children & adolescents (7-12 years) within the elementary school setting.
- Conducted intake interviews with parents, wrote intake reports and formulated DSM-5 diagnoses for children with Adjustment Disorder, Generalized Anxiety Disorder, ADHD, and Autism Spectrum Disorder.
- Gained experience in evidence-based practices, including Cognitive Behavioral Therapy (i.e., Coping Cat), behavioral contingency management systems, and social skills training.
- Taught mindfulness and coping-skills through age-appropriate methods, including play therapy techniques and mindfulness (MindUp curriculum) methods.
- Presented and participated in weekly case conferences with other doctoral students.
- Conducted professional consultations with teachers, staff and other treatment providers.
- *Supervised by: Keegan Tangeman, PsyD*

RESEARCH EXPERIENCE

Pepperdine University | OASIS Lab **2015 – 2018**

Doctoral Candidate

- Completed a doctoral research project using a mixed-methods study on the use of expressive arts interventions in the treatment of trauma for male survivors of childhood sexual abuse. Utilized interpretative phenomenological analysis (IPA) as the primary research approach, with concurrent quantitative psychological measures (i.e., Trauma Symptom Checklist-40).
- Also assisted another advanced graduate student in data analysis for her qualitative study on expressive arts therapy as a treatment for trauma survivors of human sex trafficking.
- *Dissertation chaired by: Dr. Thema Bryant-Davis, PhD*

UCLA | Center for the Assessment & Prevention of Prodromal States (CAPPS) **2016 – 2017**

Psychology/Neuropsychology Extern

- Conducted clinical intake screens to determine patient appropriateness for the North American Prodromal Longitudinal Study (NAPLS) and the Adolescent Brain-Behavior Research Clinic (ABBR) study.
- Administered and scored clinical and neuropsychological assessments for children and adolescents in the 22q11.2 Deletion Syndrome (Velocardiofacial Syndrome) cognitive function and brain structure research study.
- Presented cases in national conference calls for NAPLS study inclusion.
- Attended didactic trainings on scoring of research assessment measures in order to adhere to research protocol and maintain inter-rater reliability across sites.
- *Supervised by Carrie Bearden, PhD, and Danielle Denny, PhD*

UCLA | Language & Cognitive Development Lab **2010 – 2011**

Undergraduate Research Assistant

- Performed research experiments related to infants' perception & input of language in relation to their environment & parental upbringing.
- Assisted in creating stimuli for experiments, and running experiments on infants (2-18 months) using advanced eye-tracking technology within the UCLA Baby Lab.
- *Supervised by: Emily Thom, PhD*

UCLA | Bjork Learning & Forgetting Lab **2010 – 2011**

Undergraduate Research Assistant

- Assisted in running experiments, creating digital stimuli for projects, and coding data for cognitive psychology research related to learning & memory in relation to educational practices.
- Engaged in weekly team meetings and didactic training on cognitive research literature.
- *Supervised by: Robert Bjork, PhD*

RELEVANT EMPLOYMENT

Casa Pacifica | Pre-Doctoral Intern **2017 – 2018**

Building Bridges | Developmental Interventionist **2012 – 2015**

Developmental Dynamo | Behavior Interventionist **2012 – 2013**

PROFESSIONAL AFFILIATIONS

American Psychological Association (APA)

APA Division 56 | Trauma Psychology

APA Division 10 | The Society for the Psychology of Aesthetics, Creativity, and the Arts

ABSTRACT

Male childhood sexual abuse (CSA) is a traumatic experience that is prevalent, under-reported, and under-treated. CSA leaves males with feelings of shame, low self-esteem, and interpersonal problems, which put them at risk of developing mental health disorders that persist into adulthood. Although expressive arts therapy has been used as a treatment for trauma in children and adolescents, existing literature on the use of expressive arts with adult CSA survivors is limited to female survivors. The current study aims to explore the experiences of male CSA survivors who have participated in expressive arts therapy, including the effects that expressive arts has on their sense of self, relationships, and trauma symptoms. Participants ($N = 8$) were recruited from the Greater Los Angeles area, and included in the study if they were male CSA survivors and had previously been in expressive arts therapy. A mixed-methods approach was used, using interpretative phenomenological analysis (IPA) as the primary research approach, which generated emergent themes that were supported with concurrent measures, including the Trauma Symptom Checklist-40 and a demographics measure. Results suggested that male survivors perceived expressive arts to be a positive experience and useful tool in the therapeutic process. The study provided exploratory findings on the use of expressive arts as a way for male survivors to release emotions, find their voice, rediscover their self, reconnect interpersonally with others, and facilitate a sense of empowerment. Results also suggested that male survivors perceive judgment and limited art modalities to be negative experiences in expressive arts therapy. Since the sample included primarily ethnic minority men, this study also provided contributions to the literature on the use of expressive arts with ethnic minority male survivors. Due to these findings, it is recommended that further research be conducted on the use of expressive arts with male survivors.

Introduction

Definition and Prevalence of Males with a History of Childhood Sexual Abuse

According to a national study by Briere & Elliott (2003), 14.2% of men in the United States have been sexually abused before the age of 18. Another study conducted by the U.S. Centers for Disease Control reported that about 16% of adult males were victims of sexual abuse prior the age of 18 (Dube et al., 2005). Although research suggests that one in six men are survivors of childhood sexual abuse, this statistic is likely an underestimate due to the lack of disclosure and underreporting of male childhood sexual abuse (G. R. Holmes, Offen, & Waller, 1997; Widom & Morris, 1997). Definitions of child sexual abuse vary among researchers and organizations. The National Child Abuse and Neglect Data System (NCANDS) and American Humane define child sexual abuse by the legal definition used in most states: "an act of a person, adult or child, who forces, coerces or threatens a child to have any form of sexual contact or to engage in any type of sexual activity at the perpetrator's direction" (American Humane, 2003, p.1). These types of sexual abuse range from "extreme" sexual abuse that may include intercourse, to less severe forms of sexual abuse that may include non-touching sexual offenses (American Humane, 2003, p. 1). 1in6.org, an organization dedicated to provide information and support to male survivors of childhood sexual abuse, defines childhood sexual abuse (CSA) as one or more experiences in which a child is subjected to unwanted sexual contact. These types of unwanted sexual contact involve either force, threats, or a large age difference between the child and the perpetrator (1in6, 2015).

Since males who experience CSA are less likely to disclose compared to females, male CSA is a problem that is common, under-reported, under-recognized, and thus under-

treated (G. R. Holmes et al., 1997; W. C. Holmes & Slap, 1998). The underreporting of CSA likely begins with the lack of admitting or remembering that the abuse occurred. About one in three incidents of CSA are not remembered by adult survivors, and the younger the child was at the time of abuse, or the closer the relationship with the perpetrator, the greater likelihood the abuse was not remembered (Williams, 1994). It is estimated that only 16% of men with documented histories of sexual abuse, such as those documented by social services agencies, even consider themselves to have been sexually abused, compared to 64% of women with similar documented histories (Widom & Morris, 1997). Male survivors of CSA are also subjected to both types of sexual abuse, including incestuous sexual abuse and abuse from a person outside of the family, with both types being underreported (Spataro, Moss, & Wells, 2001). Even if the abuse is reported, male survivors are at a disadvantage for receiving help or services. Unfortunately, underreported male CSA leads to only 4% of males, compared to 20% of females, being protectively removed from abusive situations after the abuse has occurred (Spataro et al., 2001). Legal and clinical actions taken after disclosure of the abuse are also severely lacking among male survivors (W. C. Holmes & Slap, 1998), which likely leads to further underreporting and victimization. Although male survivors of CSA come from a variety of sociocultural backgrounds, those at highest risk for sexual abuse are those younger than 13 years old, non-white, of lower socioeconomic status, and those not living with their fathers (W. C. Holmes & Slap, 1998). In a more recent study by Putnam (2003), similar risk factors were found in addition to those with physical or mental disabilities and parental dysfunction. Male CSA typically occurs in the victim's home, is repeated, and is perpetrated by someone known yet unrelated to the victim (W. C. Holmes & Slap, 1998). Although females are reported to experience higher rates of sexual

abuse, males are often the victims of more physically severe abuse involving penetration and force (Spataro et al., 2001). This widespread problem of high prevalence, underreporting, lack of action and under-treating leaves male survivors of CSA at risk for several mental health, interpersonal and occupational difficulties later in life.

Dynamics and Effects of Trauma on Males with Childhood Sexual Abuse

Despite male survivors of CSA being the victims of more physically severe abuse involving penetration and force, studies on the long-term effects of sexual abuse on males is very limited compared to that of women (Spataro et al., 2001). What is known, however, is that CSA is recognized as a traumatic experience that results in a number of adverse psychological effects (Diehl & Prout, 2002). CSA trauma leaves the victim feeling emotionally, cognitively and physically overwhelmed, which results in feelings of helplessness, pain, guilt, and self-blame in the survivor, as well as longstanding difficulties in trusting others (Briere & Elliott, 1994; Pearlman & Saakvitne, 1995). Men who have had CSA are at much greater risk for developing symptoms of post-traumatic stress disorder, depression, alcoholism or substance abuse, suicide, problems in intimate relationships, as well as an underachievement in work and school (Briere & Elliott, 2003; Dube et al., 2005; Felitti et al., 1998; Lisak & Luster, 1994; Widom, 1999). Based on Draijer & Langeland's (1999) research, those with documented histories of "repetitive, overwhelming and life-threatening trauma at a sensitive developmental stage of childhood" (p. 373) often exhibit high rates of dissociative disorders and post-traumatic stress disorder (as cited in Lev-Wiesel, 2005). According to Cole & Putnam (1992), self-integration and self-regulation of affect are threatened when sexual abuse occurs during major developmental transitions from infancy to middle adulthood. There is also a high risk for developing severe

psychopathology when survivors use denial and dissociation as a way of coping with sexual abuse that they have endured (Cole & Putnam, 1992). Unfortunately, male survivors commonly use denial as a coping strategy for CSA, in addition to believing that it better to keep the abuse to themselves as opposed to disclosing (G. R. Holmes et al., 1997).

Although not all perpetrators of sexual abuse are victims of CSA, sexual victimization may be an important contributing variable for the cycle of sexual abuse (Glasser et al., 2001). According to Glasser et al. (2001), 35% of perpetrators reported themselves to be victims of childhood sexual abuse. Of all reported victims of CSA, Glasser et al. (2001) found that pedophile victims (61%) were more likely than incest victims (51%) to eventually become perpetrators, with combined incest and pedophilia (75%) being the highest indicator for later perpetration. Due to the negative impact of CSA on the mental health of male survivors and the increased risk for later perpetration, intervention is necessary in order to help these victims heal from their early traumatic experiences and foster psychological health. Unfortunately, a vast majority of male survivors of CSA do not receive this treatment. Although treatment is available, only small percentages of children receive counseling services after being sexually abused (Turner, Finkelhor, & Ormrod, 2007). In adulthood, men are even less likely to seek out treatment due to shame, questioning of their sexuality, fear of homosexuality, as well as conflictual feelings about perceiving themselves as victims in a society that expects men to be powerful, aggressive and self-reliant (Krugman, 1998; Spataro et al., 2001). This shame and reluctance can create difficulties even once in treatment when attempting to access and process early traumatic memories.

Additionally, those who are at greater risk of experiencing CSA, such as ethnic minorities and those from lower socioeconomic status, have decreased access to health care, which may contribute to their overall barriers to treatment. According to the Center for Disease Control (2014), Hispanic and Black populations were more likely to be uninsured than White populations, and also had the highest prevalence for experiencing serious psychological distress. Watson's (2014) qualitative study, which looked at the perceptions of young African-American males, found that the greatest barriers to health care were these men's lack of financial assistance and overall distrust of medical practices. Another study by Whitley, Samuels, Wright, and Everhart (2005) also found that poor ethnic minority men experience disparities in healthcare access, including financial barriers, as well as difficulties related to fear, beliefs about manhood, and experiences of racism that prevent them from accessing treatment. Despite greater risk for experiencing psychological distress, these males are less likely to have access to care and receive treatment after experiencing CSA.

A Review of the Trauma Focused Expressive Arts Literature

The current literature suggests that expressive arts therapy is a promising intervention for early trauma. Expressive arts therapy, also known as creative arts therapy, is the use of expressive art as a form of therapeutic intervention (Malchiodi, 2012). These alternative forms of therapy include therapeutic use of art, music, dance or movement, drama, and poetry or writing, as well as intermodal or multimodal approaches (Malchiodi, 2012). According to Green (2001), both art and music therapy can be beneficial for trauma survivors suffering from post-traumatic stress disorder. Due to their inability to verbally express their traumatic memories, expressive arts interventions can allow both children and

adults to externalize their stories and process their emotional experiences through “sensory means” (Green, 2001, p. 14). Similarly, the making of physical therapeutic dolls as an expressive arts intervention has also given trauma survivors a means for working through their complex trauma histories (Stace, 2014). In a case study, Stace (2014) supplemented traditional talk therapy with therapeutic doll making, which added a focused on sensory and body-oriented processes, and was beneficial for the processing of traumatic experiences. This integration of body awareness through sensorimotor processing has become increasingly more beneficial in the practice of trauma therapy. According to Elbrecht & Antcliff (2014), “touch is one of the fundamental human experiences” (p. 22), which can either facilitate a secure attachment or violate the self through sexual trauma. Touch can even stimulate biofeedback and facilitate access to nonverbal and sensorimotor processes that are negatively impacted by trauma (Elbrecht & Antcliff, 2014). This tactile process can be facilitated through the use of clay in expressive arts therapy, and lead to further healing through sensory awareness and expression. Since psychological trauma can result in the dissociation of the self, and interpersonal effects that attach the trauma survivor to the perpetrator, it is important for interventions to gain access to traumatic memories and reintegrate these memories into the trauma survivor's sense of self (D. R. Johnson, 1987). Artistic expression through sensorimotor processing, whether with clay or drawing, can be used as a useful tool for reintegration of these experiences and “rejoining the world” (D. R. Johnson, 1987, p. 11).

Existing literature also suggests that expressive arts interventions are useful for children and adolescents exposed to different types of childhood trauma. According to Rymaszewska & Philpot (2006), incorporating expressive arts into an integrated therapy

model for abused children can foster verbal, non-verbal and symbolic communication. By using modalities ranging from play, movement, art, drama, music and therapeutic story-work, children are better able to address guilt, increase self-esteem, establish trust, as well as reduce problematic aggressive behaviors. In a study by Lyshak-Stelzer, Singer, St. John, and Chemtob (2007), it was found that adjunctive trauma-focused art therapy interventions reduced chronic child post-traumatic stress disorder symptoms in adolescents. Similarly, Miller (2007) found multimodal expressive arts to be beneficial in the treatment of post-traumatic stress disorder in an adolescent, as well as a useful tool for establishing safety and uncovering countertransference within the therapeutic relationship. Expressive arts therapy has also been particularly beneficial for children and adolescents in foster care (Gonick & Gold, 1991). Due to the insecure attachment and vulnerability seen in children exposed to the foster care system, the special relationship allowed through creative expression improved these children's ability to believe in themselves and overcome their traumatic experiences. A case study by Greenwood (2011) also illustrated the benefits of using artistic mediums in the treatment of early relational trauma. Additionally, not only can the use of sand tray as an expressive arts intervention be used in traditional play therapy with children, but it can also have the potential to be adapted to adult clients who have experienced trauma in their past (Garrett, 2014). These findings on the use of expressive arts with children and adolescents indicates the potential benefits for expressive arts therapy for trauma survivors, specifically in providing safety within the therapeutic relationship, fostering nonverbal communication of trauma, as well as reducing symptoms related to early trauma.

Cultural considerations in expressive arts. The use of arts as a mode of healing and communication appears to be longstanding and universal across cultures. According to

Rappaport (2009), the roots of art therapy can be traced to indigenous cultures, and have been used in rites of passage, healing ceremonies, and early modes of communicating experience prior to the creation of Westernized art therapy as a profession. Multiple mediums of artistic expression have been used to create symbolic representations in the process of healing and the creation of “protective power” (p. 65) amongst many cultures (Rappaport, 2009). According to Rappaport (2009), “Art is a universal language and transcends words” (p. 168), and this demonstrates the importance of its nonverbal nature, and utilization across individuals with different cultural backgrounds. Despite this universal use of art in healing, clinicians still must be sensitive to cultural differences when practicing expressive arts therapy. It is important for clinicians to be sensitive to the client’s degree of acculturation, socioeconomic status, gender, disability, religious or spiritual affiliation, sexual orientation, and intersection of these various identities (Malchiodi, 2012; Rappaport, 2009). Clinicians should be mindful when selecting art materials so that their art media is adaptable for clients of various cultural backgrounds. These materials may include, but are not limited to, drawing materials in a range of tones that approximate different skin color, clay, fabric, yarn, beads or jewelry, decorative boxes, as well as collage materials that reflect a variety of cross-cultural images (Malchiodi, 2012). By providing clients with a wide range of artistic materials and mediums that can reflect their cultural identity, they may be better equipped to express themselves creatively and openly within the therapeutic setting. For example, Elligan (2000) found that using rap music as an expressive arts medium with young African American men allowed them to reflect “the reality of their lives and struggles” (p. 28) through lyrical expression that is congruent with their cultural background. A survey by Bermudez & ter Maat (2006) also found that Hispanic children and adults found art therapy to be “helpful” or “very helpful” (p. 166) for self-expression and connecting with their

culture, with the most beneficial techniques being three-dimensional projects. These included the creation of masks, sewing, the use of clay and craft making. Pallaro's (1997) study also found dance and movement therapy to be useful with Asian American because it provided an opportunity to explore "culturally determined, interpersonal dynamics" (p. 239), and allowed them to become grounded in their "own personal and cultural sense of identity" (p. 239). Similarly, Barber & Campbell (1999) assert that the use of color in art-making "allows for an embodiment of identity beyond words" (p. 32) when exploring one's race and identity. In regards to diversity in gender and sexual orientation, the use of expressive arts therapy appears to be promising for clients of lesbian, gay, bisexual and transgender backgrounds (Addison, 2002). This is because art therapy makes what was once invisible, painful and secretive, now visible for those who were once questioning their sexuality and identity (Addison, 2002). Despite there being little research devoted to the effectiveness of expressive arts therapies among specific ethnic or gender minority groups, what is known is that the universality of artistic mediums are a promising avenue for artistic and therapeutic expression.

Existing Treatments for Childhood Sexual Trauma

Current evidence-based treatments for childhood physical and sexual abuse typically incorporate a trauma component within a cognitive-behavioral approach (Berliner & Elliott, 2002; Cohen, Murray, & Mannarino, 2013; Czincz & Romano, 2013; Drewes, 2009). These interventions are usually directed towards the child and adolescent population, and if so, frequently incorporate group, art, play or recreation modalities (Drewes, 2009; Finkelhor & Berliner, 1995; Rust & Troupe, 1991). Although the incorporation of expressive arts in therapy has been shown to be effective among children and adolescents, little research has been done on the effects of these alternative modalities on adult survivors of CSA, specifically adult males. In

the words of Finkelhor & Berliner (1995), "sexual abuse is an experience, not a disorder" (p. 1415). This means that there is no one specific diagnosis nor one-size-fits-all treatment for survivors of CSA. Rather, treatment for severe childhood abuse, specifically CSA, needs to tailor to the unique needs of the individual, all while taking place in the context of what Briere (2002) calls the "therapeutic window" (p. 10). This therapeutic window is an area within the treatment that challenges and motivates "psychological growth, desensitization, and cognitive processing" (p. 10), but does not overwhelm and re-traumatize the survivor (Briere, 2002). According to Briere's (2002) self-trauma model, treatment should also involve a sense of safety within the therapeutic relationship, identification of traumatic events, gradual exposure to abuse-related material (direct exposure or explicit memories, and indirect exposure or implicit memories), emotional activation, as well as emotional and cognitive processing of the events. Fortunately, expressive arts therapy, also known as creative arts therapy, utilizes alternative forms of therapy that help individuals express themselves and communicate in ways that traditional forms of talk therapy have difficulty achieving (Malchiodi, 2013). This makes the use of expressive arts enormously helpful in uncovering and processing early traumatic memories in psychological treatment. The expressive arts can be used to access traumatic material with enough distance and control that can provide the survivor with a sense of containment while in therapy (Lev-Wiesel, 1998), which fosters both safety and a therapeutic window. According to Briere & Elliott (1994), CSA often leaves the victim feeling overwhelmed and confused, which results in the adult survivor's suppression of memories and the need for deep cognitive structures to be processed in therapy. Since the expressive arts utilize visual or sensory modalities, the arts may help survivors access deeper traumatic material stored in implicit memory or sensory-based forms (D. R. Johnson, 1987), in addition to the explicit narrative memories that are more easily explored in

talk therapy. Survivors of CSA may experience alexithymia, a trauma-related condition that inhibits the ability to express one's feelings in words, and so the expressive arts may provide a safe "transitional space" (p. 11) that can encourage these survivors to express their traumatic memories in a nonverbal format (D. R. Johnson, 1987). Since many victims of childhood sexual trauma are also left with dissociative symptoms after their traumatic experience, the use of creative process and visual language in art therapy also can be used as a means to help individuals with their dissociative symptoms resulting from CSA (Spring, 2001). Expressive arts therapy, whether standalone or in conjunction with other evidenced based practices, such as cognitive behavioral therapy, may have the potential to be beneficial for adult male survivors of CSA, who experience shame and difficulty in processing their early traumatic experiences.

Expressive arts with survivors of childhood sexual trauma. Although research is limited, existing studies suggest that the use of expressive arts therapy is a promising treatment for survivors of childhood sexual trauma. Although little is known about the benefits for male survivors, existing literature demonstrates its value on children and adult female survivors of CSA. Pifalo has also found art therapy to be a promising treatment for child and adolescent victims of sexual abuse (Pifalo, 2002; Pifalo, 2007). Their studies have demonstrated the effectiveness of using art therapy techniques in combination with cognitive behavioral therapy in order to reduce symptoms associated with childhood sexual abuse (Pifalo, 2002, 2006, 2007). Another study by Pretorius & Pfeifer (2010) also found art therapy within a group format to be beneficial in the reduction of depression and anxiety symptoms in sexually abused children. Group therapy utilizing an expressive arts-based model was also found to be effective in the treatment of domestic violence survivors and their children, specifically mothers and their young children (Lai, 2011). In this study,

artistic expression and psychodrama techniques improved coping and relationships with the mothers and their children, suggesting that these artistic modalities can be effective for both children and adult victims of physical and sexual abuse. A study by Coulson and Morfett (2013) found that using art in group therapy with adult female survivors of CSA helped to lessen their anxiety, guilt and shame associated with their traumas. Since guilt and shame are seen as a barrier to seeking treatment in male survivors of CSA, Coulson and Morfett's (2013) finding may provide insight into the usefulness for expressive arts modalities for adult males. In another study by Brooke (1995), they also found that the use of art therapy was effective in improving females' communication skills. Although this effect has never been studied among the adult male population, Winder (1996) and Ferguson (2014) suggest that this may have the potential to be beneficial for men who have difficulty communicating their emotions surrounding their traumatic experiences. In a recent study by Ferguson (2014) that interviewed clinicians working with survivors of CSA, results indicated that clinicians perceived art therapy to be moderately effective in reducing both male and female mental health issues surrounding childhood sexual abuse. Although the use of art therapy is typically noted as effective in reducing symptoms of anxiety and depression in women, Ferguson (2014) surprisingly found that men were perceived to benefit due to their ability to express their emotions through artistic mediums. Since men are more "action oriented, the physical act of creating art may be cathartic" (p. 45) for them in expressing their traumatic experiences (Ferguson, 2014). Unfortunately, these potential benefits are often overlooked, and thus, the use of art therapy for adult males is under-utilized. This may be due to a combination of underreported male childhood sexual abuse, and the tendency for clinicians to utilize various artistic interventions (painting, writing, clay modeling, dance) more so

with women due to bias or lack of research on this population (Brooke, 1995; Ferguson, 2014; Mills & Daniluk, 2002). Although Ferguson (2014) found clinicians to view the expressive arts as beneficial for adult male survivors of CSA, no other studies have looked into the potential benefits of expressive arts on this population, nor the views of the adult male survivors themselves.

What is Missing in the Literature?

Use of expressive arts with male survivors of childhood sexual abuse. Existing research shows that integration of expressive art therapies into treatment is promising and especially useful for children and adolescents with early trauma including childhood sexual abuse. However, there is a lack of information regarding the use of expressive arts therapy in adult survivors of CSA, especially within the adult male population. Although nearly one in six men is a victim of childhood sexual abuse (Dube et al., 2005), very little research is dedicated to discovering the effectiveness of treatments on this population compared to that of women. Liebmann (2002) discussed a case study in which an adult male with a history of sexual abuse benefited from art therapy because “it was a way of expressing himself when words were simply not available” (p. 199). Ferguson’s (2014) recent findings that men also benefited very much in the same way as women when exposed to expressive arts therapies demonstrates the importance for further research in this area. According to Liebman (2002), art therapy has a lot to offer men because it allows them a safe space to purposefully and actively access their feelings, communicate and self-reflect in a way that verbal therapy cannot. Additional knowledge on male CSA survivors’ experiences of expressive arts therapy is needed in order to ascertain what they find useful about incorporating expressive arts mediums into their psychological treatment. Further research is needed in order to gain the male survivor’s perspective into what artistic

mediums were most useful and how they were particularly useful in fostering safety in therapy, disclosing and identifying traumatic memories, as well as emotionally and cognitively processing their early traumatic experiences. It is also important to discover if the expressive arts interventions, whether alone or incorporated into other forms of psychological treatment, aided in the survivors' reduction of symptoms from trauma, including common feelings of shame and guilt felt among male survivors of CSA.

Methodology

This study aims to explore the experiences of male CSA survivors who have participated in expressive arts therapy. The intent is to discover what these survivors perceive to be the benefits or downsides of integrating the expressive arts in their psychological treatment. Since little is known about the use of expressive arts intervention for the treatment of male survivors of CSA, the purpose of this study is to better understand what their experiences are, and the effects that expressive arts have on their sense of self, trauma symptoms, and ability to process their trauma.

This study utilized a mixed-methods approach, using interpretative phenomenological analysis (IPA) as the primary qualitative approach (Smith, Flowers, & Larkin, 2009), which was converged with concurrent psychological measures. A concurrent procedure (Creswell, 2013) was used, whereby both sets of data were collected at the same time to be later converged and integrated in order provide a more comprehensive analysis. The qualitative data set was gathered from open-ended interviews with the male survivors, and combined with the quantitative data set gathered from the close-ended survey measures, the demographics and Trauma Symptom Checklist-40 (Briere & Runtz, 1989).

Participants

Male survivors of childhood sexual abuse (8 men, age: 18 and older) were recruited through flyers [Appendix B] posted in various community centers, coffeehouses, as well as psychological and substance abuse recovery facilities in the Greater Los Angeles Area. Permission to post recruitment flyers in the community was obtained via written letter or email prior to posting [Appendix C]. Participants were also recruited through free online recruitment methods, including posting web-based recruitment ads [Appendix D] on research recruitment

sites, local online classifieds, trauma related websites (e.g., 1in6.org), and social networking sites. Once initial informants were identified, the study also utilized a snowball sampling recruitment technique, which identifies potential informants through initial informant referrals (Smith et al., 2009). Male participants were considered if they disclosed having a history of one or more incidents of unwanted sexual contact prior to the age of 18 years old, which included either force/coercion or a large discrepancy in age (5 or more years) between themselves and the perpetrator. Participants were included in the study if they were currently or previously in art therapy, expressive arts therapy or had the expressive arts integrated in their psychological treatment, including individual or group therapy formats. Participants were excluded from the study if they were under the age of 18 years old, did not currently identify as male, endorsed current symptoms of suicidality, or if they showed signs of being in an altered state due to the influence of substances or alcohol on the day of the interview.

Twenty-six men responded to recruitment advertisements, including ten from web-based ads, nine from psychological or substance abuse recovery centers, three from the Los Angeles LGBT center, and one from a community library. Eleven of these twenty-six men were excluded for reasons such as age at sexual trauma (older than 18), inability to interview in-person due to geographic location, or no history of expressive arts therapeutic treatment (i.e., art used only as a hobby). Out of these fifteen potential candidates, seven chose not to participate due to scheduling difficulties or discomfort with disclosing their story, and the eight participants fully participated in the study.

Procedures

Prior to data collection, approval was obtained by the Institutional Review Board of Pepperdine University [Appendix L]. Participants were initially screened on the phone in

order to verify their eligibility for inclusion in the study, which was conducted with the use of standard screening questions [Appendix E]. Individual interviews took place at the Pepperdine University West Los Angeles Clinic. Informed consent [Appendix K] was provided prior to the interview, and informed the participants of the limits to confidentiality and mandated reporting laws. The interviewer informed the participants about the interviewer's counseling experience, and provided them with information on psychological resources. The participants were also informed that they would be digitally recorded during the interview process.

The interviews were conducted at the Pepperdine University West Los Angeles Community Counseling Center on an individual basis, and varied in length, ranging from one-and-a-half to two hours. Two psychological measures were given prior to the semi-structured interview in order to gain information about the participants' demographics and trauma symptoms. These measures include: demographics [Appendix G] and the Trauma Symptom Checklist - 40 (Briere & Runtz, 1989) [Appendix H]. The semi-structured interview contained open-ended questions in order to gather information on the participants' trauma history, specifically regarding their childhood sexual abuse experience, psychological treatment history and expressive arts history [Appendix F]. Information was gathered regarding the frequency and duration of the abuse, perpetrator characteristics, and the quality of the participants' life since the abuse. Other information was gathered on their expressive arts therapy experience, including which types of art were used, how they were used in treatment, as well as what they found particularly beneficial from using the arts. The interviewer strived to end positively in order to assist the participants in viewing themselves as being empowered with something to offer rather than distressed. Specifically, the final

interview questions asked the participants to offer words of advice for expressive arts therapists, as well as advice for other male survivors of childhood sexual abuse. Throughout the interview process, the researcher also screened for participants' distress, such as assessing for verbal and nonverbal signs of anxiety, discomfort, dissociation, anger and emotional dysregulation. If participants were determined to be psychologically distressed, the researcher took steps to reduce their distress by addressing their discomfort, offering psychological resources, and allowing the option to conclude the interview early. All interviews were digitally-recorded and later transcribed. Once transcribed, the participants were de-identified, and identified by code for confidentiality purposes. The content of the interviews was quoted, but the participants' voices were not shared or distributed.

Data Analysis

In order to gain information on the participants' experiences of expressive arts, a phenomenological approach was used in the collection of qualitative data. This phenomenological approach helped ascertain the meaning for several individuals of their lived experiences of the phenomena (Smith et al., 2009), which in this case was male survivors' experience of expressive arts therapy. Data was collected from 8 participants in order to develop a composite description of the essence of the experience of all individuals, specifically "what" they experienced and "how" they experienced it (Moustakas, 1994). In addition to the interviews, other data was obtained through expressive arts mediums shared or brought in by the participants. According to van Manen (1990), the everyday lived experience of individuals can be derived through these other forms of data, such as drama, poetry and novels. Various expressive arts mediums collected by participants included quotes from poems or music lyrics written by the participants, as well as their verbal

description of their drawings, paintings, sculptures and photography during the interview process. An interpretive phenomenological analysis (IPA) approach was used in order to analyze the qualitative data. According to Smith & Eatough (2007), the purpose of IPA is to “explore in detail individual and personal lived experience and to examine how participants are making sense of their personal and social world” (p. 53). Here, not do participants make sense of their world, but the researcher also engages in a dynamic process, or “double hermeneutic” (p. 53), where the researcher also tries to make sense of how the participant makes sense of their world (Smith & Eatough, 2007). Rather than relying on straightforward data, the researcher also tried to make sense of the participant’s “mental and emotional state” (p. 54) in order to get richer and more complex data about their lived experience, including their trauma and experience in expressive arts therapy (Smith & Eatough, 2007). Through this IPA approach, the data was analyzed and coded by summarizing and condensing the interview content into emergent themes.

Each interview was analyzed separately in order to ascertain their own unique themes, and then a table of larger superordinate themes was created. For example, emergent themes included types of trauma experienced by the victim, form of expressive arts used, the survivor’s experience of expressive arts, and the impact of expressive arts on the survivor’s current psychological health. After each transcript was analyzed, a final table of superordinate themes of all the interviews and artistic mediums, if applicable, was created. Validity of the research was determined through the process of triangulation. According to Cho & Lee (2014), triangulation is one of the basic strategies for enhancing the quality and effectiveness of qualitative analysis. Interviewer responses and phenomenological themes

were checked against one another in order to determine inter-rater reliability, as well as checked against existing research found in the existing literature.

Information was integrated and converged with the quantitative data set taken from the demographics measure [Appendix G] and Trauma Symptom Checklist-40 [Appendix H]. According to Creswell (2013), this convergent method allows for phenomenological and complementary data to be collected and either cross-validate or confirm findings. These quantitative measures provided additional data about the participant's general demographic information, as well as valuable information regarding their current trauma symptoms. The TSC-40 (Elliott & Briere, 1992) is a 40-item self-report research measure developed to measure post-traumatic symptoms in adults, specifically symptomatic distress arising from childhood or adult traumatic experiences, including childhood sexual trauma. Due to its ease in administration and scoring, as well as reliability (alpha of 0.89 and 0.91) and validity in assessing for trauma symptoms, the TSC-40 will be used to gather valid data regarding the participants' current trauma symptoms and integrated into the qualitative data gathered from their open-ended answers. Data from the TSC-40 provided additional information on what trauma symptoms continue to linger from the participants' abuse histories following their expressive arts treatment.

Results

The first research question for this study asked what male CSA survivors' experience of expressive arts therapy was. To answer this question, I focused on identifying how expressive arts was used to process their trauma and express their emotions, as well as identify what mediums were used, how the expressive arts impacted the therapeutic relationship, and what was generally helpful or unhelpful about using the expressive arts. The second research question for this study asked what male CSA survivors' current experience of themselves and their trauma is since engaging in expressive arts therapy. To answer this question, I focused on how the participants spoke of themselves and their relationships, as well as their trauma history and the effects it had on them and their current symptoms.

The results of this study are based on themes identified through an interpretative phenomenological analysis (IPA) approach, whereby emergent themes were identified through three layers of coding analysis that focused on the content, linguistic qualities, and conceptual or interpretative coding of the interviews (Smith et al., 2009). These emergent themes were then organized into larger superordinate themes that could be analyzed between participants. These larger themes were then defined, given examples from the transcripts, and associated with the number of participants who endorsed each theme [Appendix I]. Lastly, information from the concurrent measures, such as the Trauma Symptom Checklist-40 and demographics measure, was integrated and converged to provide further validation or confirmation of findings from the qualitative data [Appendix J].

The Male Survivors

In this section, I will describe the eight men who participated in this study. These men identified as adult male survivors of childhood sexual abuse who have previously participated in

expressive arts therapy. For the purpose of this section, I will provide information on their demographics and a brief background of their trauma and experience in expressive arts.

Participant 1. The first participant in the study is a 48-year-old African-American male who identifies as heterosexual. He reported that he is divorced and identifies as “spiritual.” He is employed as a marketing analyst, has a bachelor’s degree, and makes less than \$60,000 a year. He considers himself to be an artist, which he engages in as a hobby, and seeks out therapies that incorporate the expressive arts. He spoke of using the expressive arts while in recovery treatment for his drug addiction. In regards to his trauma, he reported experiencing a single incident of childhood sexual abuse in his early childhood, as well as additional traumatic experiences of homelessness, incarceration, and physical assault in his adulthood.

Participant 2. The second participant in this the study is a 42-year-old African-American male who identifies as heterosexual. He reported that he is single and a Baptist. He is unemployed, but has most recently worked as an administrative assistant making less than \$60,000 a year, and has completed some college. He reported that he first participated in expressive arts therapy as a child after his parents enrolled him therapy for his sexual abuse. He also participated in an expressive arts group in adulthood which was focused on stress management. He reported enduring bullying and one incident of childhood sexual abuse, which was perpetrated by a peer who bullied him at a summer camp.

Participant 3. This next participant is a 44-year-old African-American male who identifies as homosexual. He reported being divorced and is not religious. He is unemployed, but has most recently worked as a driver making less than \$60,000 a year and has graduated high school. He also identified himself as an artist, and reported being placed in expressive arts therapy groups while he received psychological treatment for his symptoms related to his trauma

and schizoaffective disorder. This participant endorsed a significant amount of trauma, including physical, sexual and psychological abuse by his biological and foster parents throughout his childhood, and ongoing physical and sexual abuse in adulthood.

Participant 4. This participant is a 44-year-old Caucasian male who identifies as heterosexual. He reported being single and is not religious. He stated that he works “odd jobs,” as well as being a brand ambassador, making less than \$60,000 a year, and has a master’s degree. He identified himself as an artist who engages in performance art, and has recently moved to explore new career opportunities. He reported engaging in an expressive arts therapy group several years ago after receiving a recommendation from his individual therapist. As for his trauma history, he reported being bullied in childhood, and experienced one incident of childhood sexual abuse in his adolescence, which was perpetrated by an adult coworker.

Participant 5. This participant is a 53-year-old Latino (Cuban-American) male who identifies as homosexual. He reported being divorced and is active in his Buddhist faith. He is a television producer, making more than \$100,000 a year, and has a master’s degree. He reported recently engaging in an expressive arts therapy group, which was focused on processing his trauma of childhood sexual abuse. This experience has also led him to create his own expressive arts therapy projects aimed at letting go of his sexual abuse. He reported experiencing ongoing childhood sexual abuse throughout his childhood until his early adolescence, which was perpetrated by his uncle whom he “loved.” He stated that his uncle would take him away to practice art and visit art shows while also perpetrating the abuse.

Participant 6. This participant is a 43-year-old Persian-American male who identifies as heterosexual. He reported being single and practices Judaism. He volunteers as a group facilitator, making less than \$60,000 a year, and has a bachelor’s degree. He reported recently

becoming involved in expressive arts therapy in both individual and group formats through his current treatment center. His positive experiences from his treatment has led him to volunteer at senior centers as a group facilitator teaching dance and music. In regards to his trauma history, he reported experiencing bullying, as well as childhood sexual abuse that was perpetrated by his music teacher.

Participant 7. This participant is a 38-year old Latino male who identifies as heterosexual. He stated that he was single and is not religious due to his abuse history. He reported being self-employed, working in promotion and management, making less than \$60,000 a year, and is currently working towards his GED. He was recently released from prison and is in the process of focusing on bettering himself through education and involvement in the arts community. He also stated that he has recently benefited from having an emotional support dog, which has been more beneficial to him than engaging in gang-related activity. He stated that he experienced multiple instances of childhood sexual abuse as an adolescent, which was perpetrated by a priest and negatively impacted his relationship with the church.

Participant 8. The last participant is a 28-year-old interracial (African-American and Caucasian) male who identifies as heterosexual. He reported being single and is not religious. He is employed as a sales representative making less than \$60,000 a year and has a bachelor's degree. He reported participating in both individual and group expressive arts therapy with a visual arts focus, which was aimed at treating his trauma. He reported that his childhood sexual abuse was perpetrated by his father, and still remains a significant source of distress.

Focus on Trauma

When I listened to the survivors discuss their trauma history, themes emerged from their stories about their traumatic experiences and the ways they coped with these experiences prior to

engaging in expressive arts therapy. In this section, I separated themes into the following 3 categories: multiple traumatic experiences, negative effects of childhood sexual abuse (CSA), and methods for coping with CSA in childhood.

Multiple traumatic experiences. As the men spoke about the negative experiences they had in their lifetime, I noticed that all of the participants identified several other traumatic experiences in addition to childhood sexual abuse. These experiences ranged from bullying in childhood to homelessness and incarceration in adulthood. Although this study focuses on survivors of childhood sexual abuse, these participants are also survivors of complex trauma as discussed in the following themes. Eight out of eight participants endorsed at least one sub-theme in this larger category.

Childhood sexual abuse (CSA). Eight out of eight participants endorsed this theme, which is defined as having experienced unwanted sexual contact involving either force, threats or a large age gap between the child and the perpetrator (Lin6, 2015). As expected from selection criteria, all of the participants endorsed this theme. Some of the participants endorsed experiences of molestation by figures of authority in their childhood, including teachers to religious figures. Two of the following quotes illustrate their experience. Participant 6 stated, “There were a couple situations where he touched me inappropriately. In the beginning, I thought he’s just, he’s my teacher and I’m not gonna say anything.” Participant 7 reported on his experience in the following quote:

So he’s like a priest from a different country ... One day it was just me and him, and he touched me. And then, it was like, I was scared. I didn’t know what to do. For the first time in my life, I was like oh shit. I was little. So I didn’t say nothing. And then after that he touched me a second time.

Another participant reported experiencing significant complex trauma since childhood, including sexual and physical abuse, that had significantly negative impact on his mental health.

Participant 3 addresses this abuse in the following quote:

There were a lot of instances of molestation for me growing up... But when I was, the first time I was molested, it was.. I don't want to go through the details, but I've hallucinated most of life. But in your household, you weren't "crazy," you were "bad" and got your butt whooped.

Two other participants reported experiencing sexual abuse by their family members. For one participant, this abuse was perpetrated by his uncle whom he "loved" and felt confused by.

Participant 8 reported enduring sexual abuse by his father in the following quote: "I was sexually abused when I was younger... by my father. I liked to mask it up, you know." Participant 2 reported that his abuse occurred in addition to bullying by an older peer, where there was a significant power differential and level of intimidation used. Participant 1 spoke of his story of sexual assault, where he and his brother were penetrated by a babysitter. Participant 4 reported that his childhood sexual abuse was perpetrated by an adult coworker while he was in his adolescence, which caused confusion due to it appearing consensual at the time. However, all participants reported during the interviews that their childhood sexual abuse experiences were negative. Additionally, seven out of eight participants endorsed trauma symptoms on the SATI (Sexual Abuse Trauma Index) Subscale on the TSC-40, which suggests that the majority of the participants continue to experience symptoms related to their sexual abuse trauma.

Bullying. Three out of eight participants endorsed this theme, which is defined as identifying one's prior experience of bullying in childhood, including feeling intimidated, teased or humiliated by peers, as a traumatic experience. Participants who endorsed this theme often

described a noticeable power differentiable between themselves and the bullies. The following statements illustrate this theme. Participant 4 reported, “So I was teased, bullied as an adolescent, which was extremely traumatic. Um. Just, I had a lot of emotional problems as an adolescent, and a teenager and young adult. And it’s just affected my whole life.” Participant 6 stated:

Most of it, was the experience was in high school and middle school because, I think, one of the reasons was that I was very shy and didn't have much friends back then, and everyone was picking on me at school. Bullying and other things.

Participant 2 also reported on this experience in the following quote:

Yeah, it was a single incident. But prior to that he was bullying. He pushed me, tried to fight me. You know. And the bullying occurred in the day camp. It just kept occurring, occurring, occurring... and I was in the restroom.

Incarceration. Two out of eight participants endorsed this theme, which is defined as identifying one’s history of incarceration as a negative and traumatic experience. For Participant 1, incarceration was traumatic because he felt out of place. The following quote highlights their experience:

Going back and processing that was traumatic when I had a lot of trauma going on in front of me. Oh yeah, and incarceration... You can add that too to the list of traumatic experiences. Cause that was, to go from being a Stanford guy to that... It was huge. I felt out of place. I got through it just fine, but yeah, at first it was one of those things and what it meant. The assimilation. All that kind of stuff.

Another participant endorsed his incarceration as a traumatic experience due to its lingering effects. The following quote speaks to his trauma: “Sometimes when I wake up, I think I wake

up in jail still. Like, whoa, I'm not in jail... So, it's like, uh, just having nightmares thinking I'm still locked up." For him, his history of incarceration continues to cause anxiety and nightmares.

Homelessness. Two out of eight participants endorsed this theme, which is defined as having experienced trauma due to homelessness, including lack of or instability in housing for a period of time. Participant 3 reported being homeless due to his experience of complex trauma and running away in his adolescence. He addresses this in the following statement: "Ugh. I'd been homeless out here, and I feel like, a lot of homeless people aren't given a chance to change ... I was a runaway, really. That's how I really coped with my experience." Similarly, Participant 1 also endorsed being homeless or having instability in housing, and how the experience was negative. The following quote provides an example of the complexity of Participant 1's experience of being homeless:

And homelessness was in 1997, second time was in 2008, and um, recently it was in January after a breakup I willingly chose that from the madness I was in. In my experience, I had a gym membership so I went to meetings and worked all day and showered in the gym at the time. So, it wasn't like your typical homelessness. I know there's some people who walk around with a cart and carry their worldly possessions with them and can't go anywhere because of their stuff. There's those that are mentally ill, and drug addicted on the streets. And then there's those that are there because they're going through some stuff, some turmoil, but they're still trying and fighting and staying in the mix. Then there's those who have dropped out and given up. So, there's no one answer that can define what homelessness is. It's absolutely the absence of having a stable residence. But think of people who are motel hopping or those who are staying on

people's couches. They're technically homeless, but is that the same experience as someone sleeping outside? No. But that's what I'm saying.

Physical abuse or assault. Two out of eight participants endorsed this theme, which is defined as having experienced a trauma involving physical abuse or physical assault by another person in childhood or adulthood. One participant reported experiencing a significant amount of physical abuse by family members during his childhood. The following quote highlights Participant 3's traumatic experience: "Uh, I was physically, sexually and mentally abused a lot of my life, a lot of my youth, and into my adult life. Now I um, maybe I cause it to happen? Um, uh... I don't know." Another participant endorsed this theme as well due to experience of physical assault in adulthood. The following quote speaks to Participant 1's traumatic experience of physical assault:

Oh, uh, physical. Physical. I had, I was a victim in a fight, and I guy brought 12 of his homeboys. So, I had that. That's why I have that scar... See that scar? It wasn't this but I got a baseball bat in the eye. And I got kicked in the eye and it, it shattered my orbital. So, they had to take bone from my skull in order to reconstruct my orbital.

Negative effects of childhood sexual abuse (CSA). When discussing their experience of childhood sexual abuse, the participants spoke of highly negative emotions and effects related to their trauma. These negative effects are detailed in the following themes. Eight out of eight participants endorsed themes in this larger category.

CSA had negative impact on sense of self or self-esteem. Five out of eight participants endorsed this theme, which is defined as perceiving childhood sexual abuse as having a negative effect on oneself, including low self-esteem and lack of self-integration or identity. The

following statements provide examples for this theme. Participant 8 stated, “I just felt less like myself. And I felt like life was less at the time.” Participant 4 reported:

But it’s still very traumatic, like it really affected how I felt, how I interacted with other people, how I felt about myself. I think it caused probably a lot of low self-esteem, a lot social problems from that. Um, so, it had, I think it had a very negative impact.

Participant 6 also reported on his experience in the following quote:

The outcome was that it was an art class and we liked to learn, but the thing made me like not do art for a long time anymore. And I wanted to do art, but it’s like, it made me forget about art. Like, either I’m not good at it or I shouldn’t be doing it anymore. So, I didn’t do that much painting or art anymore.

For these participants, the abuse caused them to perceive themselves, their lives and their abilities in a negative way. Consistent with these results, six out of eight participants endorsed an item on the TSC-40 that is indicative of low self-esteem (i.e., “Feelings of inferiority”).

CSA negatively affected ability to trust or relate to others. Five out of eight participants endorsed this theme, which is defined as perceiving childhood sexual abuse as having a negative effect on one’s ability to trust others or connect to others interpersonally. The participants who endorsed this theme directly stated that their trauma negatively affected their ability to relate in relationships. For example, the following quote by Participant 5 describes how it negatively impacted his relationships due to the conflicted feeling it created:

And because I didn’t understand that it was a trade-off, it fucked me up in terms of loving because I loved him. As my uncle, I loved him. And I doted on him because he loved me. I still knew it was wrong, and so it just created this total confusion about loving men. And my brothers, I hated them. And I hated my father, and I hated men because of that.

But I loved him. And so it created this constant struggle of love and hate that was always misappropriated. And so when I started having a sexual relationship, they just ambushed it. It created constant fear of abandonment and constant fear of stupidity, and false fears because they were not happening.

This participant also reported how enduring this negative impact was, and how it made him relate differently from those who have not experienced such abuse:

But it is important, and it lingers in every relationship that you have. And then the ones that never had the abuse, they don't quite understand what the fuck you're doing or why you are ambushing this, or why you're not in it, or why you're emotional around it when it's not meant to be emotional at particular times.

Similarly, Participant 3 also spoke about how his sexual abuse negatively affected his relationships and means of relating to others. In the following example, he discusses his confusion with whether or not he is responsible for his abuse due to his repeated experience of being abused:

Um, uh... I don't know. It was something that happened to me, more so as the result of my mother's choices when I was a kid. And these days, I can't decide if I change people or if I choose people that are, that I put myself in situations where I'm going to be violated, maybe physically, maybe sexually. Uh, yeah, it's confusing.

Voice silenced by CSA. Four out of eight participants endorsed this theme, which is defined as experiencing one's voice or ability to communicate or verbally express themselves to become silenced due to the traumatic effects of childhood sexual abuse. These participants indicated difficulties with communicating in general, as well as challenges with sharing the abuse with others. For example, Participant 8 indicated that he could not share his experience of

the abuse because he feared for his father getting in trouble. Participant 1 also shared that he never spoke about the abuse because of “yelling and screaming and slamming” that he remembered occurring after his parents discovered the abuse, which led to fearing talking about it. Participant 3 also shared how his trauma negatively impacted his ability to communicate, as he addressed in the following quote:

But really, all of a sudden I couldn't communicate with other people, and I never had a problem with public speaking before. But all of a sudden I was shaking like a leaf, um, and I couldn't seem to have a point. Like I was all over the place, and I didn't have a beginning, end or middle. I was just nonsense.

For this participant, the abuse had a significantly impact on his ability to make sense of his experience with words and verbally express his experience. He also spoke of feeling “shell-shocked” when trying to express himself.

Lack of control. Three out of eight participants endorsed this theme, which is defined as feeling a lack of control or agency over oneself, their body and their decisions due to experiencing childhood sexual abuse. For example, one participant stated that he felt as though his choices were taken away as a result of his sexual abuse. The following quote illustrates Participant 5's experience:

It was wrong that I wasn't allowed to make my own choices and make them at my own timing. I had this great sense of having been, like, taken away. And I had a huge talent when I was 5 years old. And I could paint like this and he would use that talent to take me out of town, and tell my mother he was taking me to an art show or to an art class. But it wasn't. It was just sex.

Similarly, Participant 8 offered a feeling that he lacked choice or decisions following the sexual abuse: “Yeah, just like, my sense of self was less. Like I wasn’t able to be my own man, or make my own decisions. Like, I couldn’t do that.” Another participant indicated a significant amount of difficulty with feeling a lack of control or agency of himself. This participant spoke about challenges with being viewed as a sexual object and repeatedly being taken advantage of throughout his life. The following quote demonstrates the negative impact that the abuse had on Participant 3’s sense of control within intimate relationships:

But there are situations where I don’t feel as though I have that much control. Um. And I’m a bold person, I’m an aggressive person. But sometimes my desire doesn’t really feel like my desire. It might be someone that I’m in love with. Sometimes it feels like I can feel the weight of their intention, and I can’t assert my own intention. So it may, so I may get in a situation that I can’t get out of.

Fear and anxiety. Four out of eight participants endorsed this theme, which is defined as having intense and distressing emotions of fear, worry, anxiety or panic as a result of trauma.

Participant 8 endorsed current feelings of anxiety, as he describes in the following quote:

“Sometimes it feels like the walls are closing in.” Two other participants reported having social anxiety and fears in their interpersonal relationships as a result of their trauma. These are stated directly in the following quotes. Participant 5 stated, “It created constant fear of abandonment and constant fear of stupidity, and false fears because they were not happening.” Participant 3 also reported, “I was shell-shocked. I could communicate with people, I could speak in front of people.”

Two other participants also reported experiencing nightmares throughout their childhood and adulthood as a result of their childhood sexual abuse. These experiences are addressed in

Participant 7's report, "Nightmares. Yeah, nightmares. Uh, not sleeping good at night," as well as Participant 3's quote: "Just for this period of time, I started having really bad nightmares and sleepwalking." Results from the TSC-40 suggest that many of the participants struggle with anxiety and sleep difficulties. Seven out of eight participants endorsed symptoms of anxiety on the Anxiety Subscale of the TSC-40, with Participant 7 and 8 endorsing the highest levels of anxiety on this subscale, as well as symptoms of "Anxiety Attacks." As for sleep difficulties, five out of eight participants endorsed having "Nightmares," and seven out of eight endorsed other sleep difficulties (i.e., "Restless Sleep").

Shame. Three out of eight participants endorsed this theme, which is defined as an intense negative emotion characterized by embarrassment, shame and humiliation as a result of trauma. Examples of these feelings of shame and embarrassment endorsed by the participants are illustrated in the following quotes. Participant 5 reported, "Not only the pain, but the shame. Definitely the shame aspect, because it's not something that guys want to talk about." Participant 4 stated, "I felt really ashamed about it. I didn't talk about it with anybody. But it's not something that I thought about really specifically that I thought had an affect on me." Participant 7 also reported, "I never told nothing to nobody 'cause I was scared and embarrassed." These participants also spoke of difficulties in sharing their trauma with others, especially in childhood, due to these feelings of shame and embarrassment.

Anger. Three out of eight participants endorsed this theme, which is defined as having intense feelings of anger, rage or hostility. These participants either endorsed feelings of anger related to their trauma, or difficulties controlling their anger or volatility in their adulthood. Participant 7 who endorsed this theme spoke of intense rage that involved an externalization of his emotions toward the perpetrator, as stated in his following quotes:

I aint gonna say what happened, but I was gonna have my gang all up in there and smoke this fool. And I didn't wanna tell why, but I had to tell my brother. And afterwards he was all, "Oh, I understand why. I understand that reaction." Like, they said they never see me like that. Like I was a pit bull. Yeah, like I was gonna bite and not let go. Yeah, I was like fuck that.

That fuckin' idiot that touched me. Not only that but he got beat down, fucked up bad. It was over. My brother in law, he was the manager. When I see that fool. I was like, "What?" And I cracked that fool.

For this participant, he also spoke of expressing his anger in his expressive arts therapy experience, as he stated, "Anger stuff. Lots of drawings of anger." Another example comes from Participant 1 and his ongoing difficulties with anger in adulthood. He described himself as "volatile," and stated, "Some would describe me as belligerent or hostile." Participant 1 also reported engaging in expressive arts therapy to work on his anger management through role-play and acting out his anger in more effective ways. Additionally, five out of the eight participants endorsed an item indicating difficulties with anger (i.e., "Trouble controlling your temper") on the TSC-40, which suggests that more participants may experience anger than those who reported it during the interviews.

Sadness and grief. Two out of eight participants endorsed this theme, which is defined as having negative emotions of sadness, mourning, and loss as a result of trauma. These two participants identified the loss of their parents as painful experience, and endorsed significant feelings of sadness during the interview. For example, Participant 1 cried during the interview when speaking about regret and the loss of his mother. He addressed his ongoing struggle with sadness in the following statement: "I still cry over the loss of my mom and my dad almost on a

daily basis. And so I'm going through that right now, some grieving issues." For him, sadness was a powerful and difficult emotion to express, as he was observed to cry and apologize for crying repeatedly during the interview. This is also congruent with his results from the TSC-40, where he endorsed 6 out of 9 items on the Depression Subscale (i.e., "Sadness" and "Uncontrollable crying"). In regards to the other participants, seven out of eight endorsed the "Sadness" item on the TSC-40 and other items on the Depression Subscale.

Methods for coping with CSA in childhood. The themes in this larger category focus on the various methods or activities that the participants used to cope with their sexual abuse during childhood and adolescence. Seven out of eight participants endorsed at least one of the following sub-themes in this category.

Arts as coping. Five out of eight participants endorsed this theme, which is defined as having used the arts in childhood as a method for coping with one's sexual abuse trauma. Many of the participants identified themselves as creative, and enjoyed partaking in artistic activities during their childhood. As Participant 5 stated, he used "painting" to cope because he was "creative." For Participant 1, he enjoyed engaging the arts because it allowed him to have his own special time to create and express, as stated below:

Yeah, I really think that I took to all those arts and crafts. I never really wanted to be an artist, but I enjoyed making things, whether it was pottery or ceramics. We'd make bowls and stuff too... And popsicle frames, and I just embraced all that stuff. It was my time.

For Participant 3, he enjoyed using the arts as a way to both make money, as well as keep connected with others and reduce feelings of isolation that resulted from his complex trauma.

This use of art for coping is addressed in the following quote:

It's really the human interaction. Keeping me from being isolated. Now in life it had been, I'd been as a result of being abused, I had been on my own from a really young age... And maybe I'd be overwhelmed or so lonely or so misunderstood, and might make something and be in a position where I don't know where I'm going to sleep or eat next, and compromising myself so might I'd make something if someone came by and bought whatever it was I was making at the time. Maybe something that would make me feel worse about myself.... That was the benefit of art in my life growing up. It was a reoccurring thing as well.

Although these participants identified varying reasons for using the arts in their childhood, they all identified the arts as a positive tool for coping with their abuse.

Athletics and physical activities as coping. Three out of eight participants endorsed this theme, which is defined as having used athletics, sports and physical means of expressing during childhood and adolescence as a method for coping with one's sexual abuse trauma. The use of athletics and physical expression or activities was a common strategy for coping with trauma in these participants. The following statements illustrate some of the physical activities that they used to cope with their trauma in childhood. Participant 5 reported, "I mean, at that time, I went on the cross country running team. I exercised a lot. I mean, I did like athletic kind of things. That would probably be the closest thing to coping with it." Participant 2 also stated, "Riding a bicycle. Yeah, that helped a lot. You know, therapy sessions helped me a lot. And my parents got me into sports after that. I played basketball. They had me in a lot of basketball related activities." Participant 7 said, "Uh. Probably music. Art.... Basketball." When describing their use of athletics in childhood, the participants often spoke of them as activities to both distract from their feelings, as well as ways to physically express themselves and their emotions that was

healthy at the time. Overall, athletics were viewed as a positive source for coping with their trauma.

Focus on Expressive Arts

When I listened to the survivors discuss their lived experience in expressive arts therapy, themes emerged that facilitated greater understanding of what was generally helpful and unhelpful about their expressive arts therapy experience. For the purpose of this section, I separated these themes into the following larger categories: positive elements of expressive arts therapy, negative elements of expressive arts therapy, expressive arts used to nonverbally express emotions, expressive arts used to process trauma, understanding oneself through expressive arts therapy, positive experience of expressive arts group, using multiple art mediums, and effect on the therapeutic relationship.

Positive elements of expressive arts therapy. The themes under this larger category focus on the general positive experiences or elements found in expressive arts therapy as shared by the participants from their subjective experience. These elements were viewed as helpful for both progress and retention in therapy, with several relating directly to their trauma, such as helping regain control and increasing self-esteem. Eight out of eight participants endorsed at least one of the sub-themes in this larger category.

Expressive arts as a positive experience. Seven out of eight participants endorsed this theme, which is defined as viewing expressive arts therapy as an overall positive, helpful and meaningful experience. This theme was observed in participants who used positive descriptors when reflecting on their participation in expressive arts therapy. The following quotes illustrate two of the participants' positive experiences following the use of expressive arts. Participant 5 stated,

It was really good. Again, the whole experience was really lifting. Like in the beginning each session, somebody could be in a rotten mood or less than happy mood, and by the end of the period of time, which I believe was only around 40 minutes, um, usually our spirits were lifted.

Participant 8 also reported on his experience:

Yeah, I mean, I think that, like it just helped. Like, I was going through troubles. Just to like, you know, do colors and, I don't know, art and something different. Art's a fun thing, uh, you know. Art is imaginative. It's not something you see or do on an everyday basis. Like a Monet or an abstract, so it's like, it just takes you out your own world and puts you into another.

These particular participants spoke of their expressive arts experience positively due to it helping them change their mood or allowing them to experience something different. Participant 2 described his experience as “helpful,” while Participant 4 described his as “meaningful.”

Expressive arts used to soothe and relieve anxiety. Three out of eight participants endorsed this theme, which is defined as perceiving expressive arts as a means for alleviating stress or anxiety. Some of the participants described the expressive arts as a way to soothe themselves and bring about good feelings. The following two statements help illustrate these soothing and stress-relieving effects. Participant 1 stated, “The expressive arts was used... and I'm gonna say two-fold. Not only the visual art aspect of looking at different types of affirmations, like a sunset perhaps, or a beautiful sky to soothe you from anxiety.” Participant 7 also said, “I use it because it relieves stress, and cause I like art. I think it's cool.”

Another example of this is directly pulled from a poem shared by Participant 6, which he wrote during his expressive arts therapy experience:

We are dedicated artists. Peaceful art.

We came to the famous artist room to soothe our souls.

Preserving our state of being.

To erase our bad memories.

We draw, we draw, we draw. Now and Then.

We fall into deep ecstasy, to start up our emotions.

Now our good feelings.

In this poem, Participant 6 speaks about the group coming together to soothe themselves and experience positive feelings through the use of expressive arts therapy. This participant also stated that he could use the expressive arts whenever he is thinking about something “that is not good or stressing” him due to it helping him “feel good” and “change his mood.” This is congruent with his endorsement of items on the TSC-40, where he scored 0 on the Anxiety Subscale, indicating that he does not currently experience anxiety symptoms.

Empowerment through expressive arts. Three out of eight participants endorsed this theme, which is defined as having a sense of gaining power or agency of oneself through the use of expressive arts therapy. These participants endorsed feeling empowered or proud while in expressive arts. This sense of empowerment is illustrated in the following examples. Participant stated,

To me, again, I like it. I enjoy it. And to me that was very empowering, very empowering. They can see a different side to you. And and they could see that you, you know, that it’s something you do well.

Participant 6 also reported, “It was a very good experience. It was, it was something that I think I am proud of myself doing it. Proud of myself.” Participant 5 also endorsed a feeling of

empowerment through expressive arts, but in a way that reflects a feeling that his art is his own. In this participant's story, he spoke about feeling controlled and judged in his artistic career, where the arts were not used for his own expression. This participant stated that expressive arts therapy allowed him to regain that sense of power of expression that is purely for him, as seen in the following quote:

It's helpful specifically because it's an expression, and it doesn't really have... what I do for business has a very specific box that you have to express within, and a specific purpose which is financial. And it can't be personal in a broad way... And so this thing, which has no purpose, is only for myself.

Expressive arts used to increase self-esteem. One out of eight participants endorsed this theme, which is defined as experiencing an improvement in one's self-esteem and self-worth throughout the use of expressive arts therapy. Participant 6 emphasized numerous times that the expressive arts helped him feel better about himself and his abilities, as illustrated below:

The arts helped me feel good about myself, that I'm not, you know, I'm not a hated person. Because when I was young and going to go to university, I thought I'm not good or it's like, I don't have much, much experience. How do you say... I didn't have... I don't, I won't be good enough to get job or do anything positive. But that art therapy and mandalas, and collage-making and poetry made me feel better about myself that I'm actually good for something. That I have creativity and I can do something nice too, you know.

In this participant's story, he spoke about having to stop participating in art after being sexually abused by his art teacher, which he falsely attributed to his own fault and lack of artistic abilities. This participant stated that the expressive arts helped him regain self-esteem and worth through

exploration and reconnection with his artistic abilities and talents. This finding is consistent with the results from the TSC-40, where Participant 6 did not endorse “Feelings of inferiority.” This suggests that he do not currently experience difficulties with low self-esteem.

Freedom of expression as an important element in expressive arts. Three out of eight participants endorsed this theme, which is defined as freedom and limitless expression in art making and sharing of emotions or ideas as an important factor when using expressive arts therapy. The following quote highlights Participant 6’s emphasis on freedom of expression:

I could say, like, to let them be free about expressing the art. And notice, in advance, that these people might feel a little bit of, the clients might feel a little bit of hard about it. A lot of people have a lot of limits inside, but if they let them express themselves freely without limits, and not limit them to one or two subjects and let themselves express freely then good things might come up in session. And something very good might happen at the end. A lot of people have so many hidden talents, and it just a matter of expressing them or letting them to be discovered all these different things they can do. So it’s good to let them be free and let them discover their way of art, and somehow they could express themselves in a good way that they didn’t even know what they could do. It’s good to let them be free, but once they do something good they will do it forever.

Participant 4 also spoke positively about freedom of expression in terms of having the expressive arts be “open-ended” and without “rules.” For these participants, they endorsed this as a positive experience that they had in their expressive arts experience, and also provided advice for expressive arts therapists to encourage freedom and limitless expression.

Non-judgment and safety as an important element in expressive arts. One out of eight participants endorsed this theme, which is defined as feeling safe to express without judgment or

criticism from others as an important factor while in expressive arts therapy. Participant 7, who endorsed this theme, emphasized the importance of feeling safe in expressive arts therapy due to his own challenges with social anxiety in group settings. The following statement illustrates his advice for expressive arts therapists: “Let the person be who they are, and let them share their drawings and read stuff to people. Not one person is the same. So, not to judge.”

Chaos as therapeutic. Two out of eight participants endorsed this theme, which is defined as a disorder, disorganization, or messiness in art or art making as a therapeutic or healing element. This preference for chaos is stated directly by Participant 1 in the following quote:

And I can even tell you what art is more soothing than others, because I do tend to like... that's what I like about the impressionists, it's the busyness that's soothing. And when I see something that's really chaotic, that's soothing. A lot of color, like rich colors, colors. That's why I'm very conscious about colors.

Participant 1 frequently brought up his preference for chaos and its soothing effects throughout the interview, including his preference for impressionistic paintings and creating busy or chaotic art pieces in therapy. The second participant who endorsed this theme, Participant 5, spoke about his preference for being messy in the therapeutic art-making process:

You know, like, I kind of like a mess. And artistically I like a mess so if there were more of like, draw whatever you want to express through... like whether it was fabric, or glue, or whether it was junk or Crayolas, it would give a greater opportunity to tap into your expression.

This participant preferred messiness and chaos in art due to its ability to help him access his creativity and expression. According to him, the opportunity to be messy and color outside the

lines gave him a sense of freedom that was vastly different from his perfectionistic tendencies. For these two participants, an element of disorder and messiness was rather therapeutic.

Negative elements of expressive arts therapy. The themes in this larger category focus on the negative experiences or elements found in one's expressive arts therapy experience as shared by the participants. Five out of eight participants endorsed at least one sub-theme in this larger category.

Fewer expressive arts modalities can limit expression. Two out of eight participants endorsed this theme, which is defined as having few artistic mediums or limited access to mediums is viewed as a hindrance for artistic expression. Since freedom of expression was an element that was valued and viewed positively, a sense of being limited in one's expression due to lack of modalities was identified as a barrier for expression. Two participants offered this criticism when asked to provide advice for expressive arts therapists. Participant 2 reported:

I would suggest they use different techniques. Some people are not into dancing, you know. Like, draw me something, you know, drawing, music, uh, again, if it's an activity. Have them participate in the activity and give their thoughts and how they feel and compare it to a real-life situation. Be creative. Yeah, not just, "Oh, we're just gonna do dance," cause some people are not into that. Different things.

Participant 3 also reported on their experience:

I suggest they not limit it to, or if somebody has a reputation for being an artist, don't just assume that they're going to want to be in some visual art type of thing. Maybe introduce them into some completely new form of artistic expression that might be way more beneficial to them.

Not only was it recommended that expressive arts therapists utilize multiple modalities to facilitate expression, but new modalities for expression were also suggested. Since some individuals may be uncomfortable using a specific modality, or have grown tired using a modality in their artistic profession, exposure to new modalities and multiple options for expression was recommended by these participants.

Interpreting expressive arts as negative. One out of eight participants endorsed this theme, which is defined as interpretation of the client's art by the therapist in expressive arts therapy is perceived as a negative experience. Participant 4 spoke of how he perceived interpretation of his art as a negative experience, specifically when coming from the therapist. He stated, "...giving interpretations about your client's art. I would wanna be cautious about that." This participant noted earlier that reflection from other group members was a positive experience, but suggested that art therapists be cautious when interpreting the meaning of the client's art, as it may elicit judgment or take away from the experience.

Feeling unsafe in group as a hindrance for group expressive arts. One out of eight participants endorsed this theme, which is defined as feeling a lack of safety in expressive arts group as a negative experience or hindrance for benefiting from the expressive arts. Participant 8 who endorsed this theme spoke of his general preference for individual therapy due to his discomfort with social situations in general. He addressed this discomfort when talking about feeling the need to "impress everybody" in the group expressive arts setting, and how "one-on-one" felt better than being in a group environment due to general feelings of unsafety. This participant generally preferred his individual therapy to his group expressive arts, and emphasized that the group or social format was the negative aspect to his expressive arts experience.

Lack of funding in expressive arts as negative. One out of eight participants endorsed this theme, which is defined as insufficient funding or resources negatively impacts the ability to have an effective expressive arts group. Participant 1 spoke of the lack of funding that was available for an expressive arts program while he was in corrections and its negative impact on the resources available for inmates' artistic expression. He stated this directly: "But the arts department was poorly funded. And it sucked because there were so many talented people in there that could benefit from a good arts program." This participant generally spoke of his appreciation for the expressive arts and past experiences of using the arts across multiple settings. Of note, the one negative he addressed involved this lack of funding for the department, which limited the expression of the participants.

Expressive arts used to process trauma. The themes in this larger category focus on how the participants perceived the expressive arts was used to help process their childhood sexual abuse trauma, including how they expressed their emotions and let go of their trauma. Seven out of eight participants endorsed at least one of sub-theme in this category.

Processing trauma through expressive arts. Five out of eight participants endorsed this theme, which is defined as using the expressive arts as a method for processing or understanding one's traumatic experiences. Many of the participants spoke of how the therapist would utilize different art mediums to encourage expression of emotion as a way of processing trauma and related emotions. Participant 5 spoke of how music and coloring mediums were utilized to facilitate emotion related to his trauma:

What happened was that the instructor would use different recognizable music and unrecognizable music to see where your emotions would come out to the music.

Specifically towards the thought of your trauma. And then she would have you at the

same time choose a color, and color like a coloring book, which ironically were American Indian symbols that evoked the emotion without expressing the emotion verbally. So you listen to the music, and you would have whatever human experience that you would have with the music and then choose a crayon according to the emotion, keeping in mind what you experienced. And so, the color would really be the expression of the music, which I thought was an interesting connection.

Similarly, Participant 3 noticed that he was able to associate colors and early experiences related to his trauma through the use of expressive arts, as described in the following quote:

Like sometimes they'd give us a subject matter. I can't remember... Like, think about a specific feeling and associate it with your trauma. And use it as a means of expression. Sometimes they would talk about how colors are associated with different moods and incorporate those colors or whatever. I, uh. Apparently yellow is supposed to be an anxious or angry color. I find that strange. Like, but when I was a kid... colors can stimulate things. Well when I was a kid, I was born in the 70's, so there were a lot of things that were burnt orange. And through a lot of my life, my early life, the color orange made me feel sick physically and made my eyes hurt really bad.

For Participant 3, the expressive arts allowed him to make connections between colors and his early experiences, specifically his emotions and related somatic sensations. This experience with color allowed him to process these memories and feelings more fully. Another two participants spoke of their experience helping them process and express feelings of intense emotions as a means of understanding oneself and their trauma. Participant 1 spoke of the intense emotions that were processed through his expressive arts experience:

But also to process feelings of shame, guilt and remorse by making you more aware of the things that took place or put you in that position of guilt, of all consuming guilt.

For Participant 1, he experienced intense feelings of shame and guilt from his complex trauma, and appreciated that the expressive arts allowed him to process these feelings and come to a place of greater understanding. Additionally, Participant 2 described how his therapist used music and dance mediums to help process his trauma, express emotions and facilitate greater understanding. The following quote helps speak to his experience:

Well, I knew it was regarding the trauma, but I didn't know that the dancing would allow her to understand me better. It was weird at the time. And it was helpful because it allowed me to express how I felt.

Although different mediums and processes were utilized in the participants' various expressive arts experiences, five participants noted that they were able to use the arts as a way for processing their trauma with the help of art mediums in a therapeutic setting.

Letting go of CSA. Three out of eight participants endorsed this theme, which is defined as having used the expressive arts as a catalyst for releasing one's trauma of childhood sexual abuse. This theme involves an experience where the participants felt that they no longer had to hold on to their trauma, including its emotions or sense of burden in life. The following quote by Participant 5 provides an example of this experience of letting go:

I don't want to have it in my system. I don't. I don't know what to do about it, because it's been 40 years of dancing in it. And because I have had, you know, over 40 years with this. But yet, I really have not spent any time getting rid of it. This experience inspired me to get rid of it. And kind of like not have it in the back of my mind any longer, and to finish the other art project, the book of newspapers... to just get

it done so that I can actually be whatever fortune in my life I have left, I actually don't have to be abused anymore. I don't want to be abused anymore.

For Participant 5, he appreciated that his expressive arts therapy experience allowed him to finally begin the process of letting go of his abuse, and functioned as a catalyst for beginning new post-therapy projects focused on releasing his trauma from his being. Similarly, Participant 6 also spoke of how he used expressive arts to let go of his trauma and transform it: "I think art is the best place to release all that tension and depression and making it, you know, feel beautiful." This is consistent with his TSC-40 SATI (Sexual Abuse Trauma Index) Subscale score of 0, which indicated that he did not endorse any current symptoms of sexual abuse trauma. However, Participant 5 endorsed symptoms on the SATI Subscale (raw score of 8), indicating that he is still experiencing symptoms from his trauma, although he is actively in the process of letting go of his symptoms.

Expressive arts facilitated nonverbal expression of emotions. Six out of eight participants endorsed this theme, which is defined as believing art making to be a helpful method for expressing one's emotions without words. The majority of participants noted that they utilized the expressive arts to express their emotions in ways that their words could not. Participant 2 described how the expressive arts was specifically used to facilitate nonverbal expression, as stated in the following quote:

Well she put on some music, from ballet to rap to all types of music. She wanted me to express, um, how I felt. If I felt violated, to wrap my arms. Like she would give commands. If I felt I wanted to cry to end of the time, or whatever, for a long period of time, she'd say, "Well, raise your hands." And it was through that interaction, well it was therapy, but then it was like music. And she wanted to see, and she'd stop the music and

have me get into a pose to represent how you felt at that time. So it was a little different, cause I wasn't really, I didn't really talk a lot. And she'd ask questions and this and that. And that was her way of doing the therapy session.

This participant discussed how he expressed negative emotions (i.e., sadness and feeling “violated”) through dance, music and physical expression. He also noted that this was helpful because of his introversion and difficulty with verbal expression, as stated below:

It allows you to, you know. Depending on the type of person, some people are able to talk about problems. Some people are not really a talker. They bottle up emotions. It's hard for them to express something. Um, whatever's troubling or bothering them. So there's different ways of communicating to them. I guess that's how it's helpful.

Similarly, Participant 3 also spoke of these therapeutic benefits due to his own difficulty with verbal expression:

Like, I'm not a very talkative person or very outgoing person. So like, um, to be able to identify a feeling or relate in an art form, like actually doing something - not very intelligent, you know, it felt kind of curious, or more in line with my personality.

Participant 7 also spoke of how he was able to express his feelings of anger through expressive arts therapy, as stated in this quote: “Drawing and painting. Just putting it on the wall. I think it was, draw what you feel right now. So I'd draw like, draw like some crazy stuff. And drawing anger. I'd draw a lot of anger.” For these participants, the expressive arts was used to nonverbally express their emotions via art mediums in the therapeutic setting.

Expressing and releasing anger in expressive arts. Three out of eight participants endorsed this theme, which is defined as using the expressive arts as a means for expressing the emotion of anger. The participants who endorsed this theme endorsed feelings of anger related to

their trauma, and finding the expressive arts as a useful method for expressing it or even relieving it. This unique theme of anger was identified separately from the previous theme due to these participants' emphasis on the usefulness of expressing their anger. This was due to their reported difficulties with anger or hostility towards others that was unable to be expressed in an appropriate way, which led to incarceration for two of these participants due to their aggression. Participant 7 reported having significant problems with feelings of anger due to his childhood trauma, which led to his history of violence and incarceration. For him, expressive arts allowed him to specifically express his anger in an appropriate manner. He mentions this directly in the following quote: "My art would help me relieve a lot of stress and anger. I'd feel better by doing that." Rather than simply expressing it, the participants also had a felt sense of letting go of their anger via the art medium. Participant 1 also discussed how the arts was used to express his anger, whether through creating visual arts or using acting in a group format. The following quote also shares his idea of how expressive arts can help others express their anger:

So I think where there's creation where you can express. Even if it's like, "What does anger look like?" It shouldn't be a thing. Like, they shouldn't be led to an ideal of what anger is... they should be allowed to make what they think it is.

This participant found it particularly helpful to express and release anger due to his ongoing struggle with anger, "hostility" and "volatility" in his relationships.

Understanding oneself through expressive arts therapy. The themes in this larger category reflect the men's experience of expressive arts as a method of self-exploration and transformation. These processes ranged from their increased connection to their authenticity and youth to their greater understanding of how they relate in the world. Six out of eight participants endorsed at least one sub-theme in this category.

Expressive arts created increased understanding of self and others. Three out of eight participants endorsed this theme, which is defined as perceiving that the expressive arts helped facilitate a greater understanding of oneself and others, including greater introspection, insight, enlightenment and awareness into oneself, one's actions, and their relation to others in the world. The following quote by Participant 1 illustrates how he gained a greater awareness of himself:

So we'd show what our emotions were to each other... like passive aggressive, and play them out. And that was cool. Because it alerts you to situations, you know, with people, but it also makes you more aware of your own and how you're approaching. Like, "Am I really trying to bulldoze this situation? Or am I trying to be passive aggressive? Am I, am I volatile? Am I using my size to bully him like that?" And we did this through acting, which was really a cool experience. It was good, and it was great from an anger management standpoint and also just healing. And knowing why you may have done those situations.

For Participant 1, he was able to better understand how others may perceive him and his anger, and also facilitate change in how he approaches others in social situations. Another example of this theme is illustrated in Participant 5's statement on how he believed that expressive arts helped facilitate greater self-understanding and enlightenment:

And so this thing also enlightened me so that I didn't have to make money off of my talent or my creation, good, bad or indifferent. It didn't matter because it's not intended to be necessarily shared. It's only intended to be expressive. Kind of like a journal. So it's just really distracted me like a lightning bulb, that I could actually do something on my own time at home that maybe would help this process of not burdening myself anymore. So. Yeah. I just kind of want to move forward.

For this participant, the expressive arts helped him understand how he could use the arts purely for expression and an avenue for healing or moving forward from his trauma.

Feeling youthful in expressive arts. Three out of eight participants endorsed this theme, which is defined as feeling a sense of youth in expressive arts therapy, including feeling young again. This feeling youthful was often associated with positive valence. For example, Participant 6 shared how his experience facilitated a sense of youth, as stated in this quote:

But I could say that the art therapy at one point and the art and journaling, all that stuff, making me, helped me to feel good about my self-esteem even though I'm past 40, I still feel young inside, like a kid sometimes. Journaling or art makes me feel young, makes me feel good inside.

Similarly, another participant enjoyed how the expressive arts helped him connect with feeling like a child again. The following quote provides an example of this experience:

So it brought me back to that almost childhood thing, where like opportunities are endless, and you can create whatever your version of a thank-you keychain looks like. And we'd have lots of different things to put on it, like charms, and you could see a lot of people like it. So even though it wasn't something to cure something traumatic, it was something that helped people get out of their heads and feel different.

This participant also connected this childhood-like experience with positive feelings, particularly that "opportunities are endless," which facilitated increased expression.

Positive change and decreased blame after expressive arts. Three out of eight participants endorsed this theme, which is defined as noticing a positive change or shift in oneself after expressive arts therapy, including feeling a sense of freeing from blame or responsibility from one's trauma. This shift in thinking is described by Participant 7, who learned

to fully externalize the blame of his trauma. An example of this externalization is seen when he gives advice to other survivors of CSA: “And even if you got touched or whatever, raped or whatever, it doesn’t mean that you’re nothing. It doesn’t mean that you’re not worth nothing. It’s just, you know, shit happens that wasn’t your fault.” Another example of this shift was described by Participant 5, where he became aware of his pattern of re-traumatization and no longer wanted to engage in this destructive pattern anymore. This change is described in the following quote:

So, for me, what I found was, until most recently, was that I sort of accepted abuse on other levels because it was just part of the deal. And then... stepping up and being in the process that I am in exactly right now it’s just not accepted at all from anybody, from whether it’s an Uber driver or a guy on a skateboard. I’m just not willing to be that guy anymore. And so, being seen that I created this huge pattern because when I was 13 I actually stopped it. Like I finally said, “Wait a second, I don’t wanna do that,” but yet it was confusing because I was gay. So, what I did was is I created, I continued the pattern with partners that I chose and now I just don’t wanna have that pattern anymore.

For another participant, he was able to learn to forgive himself and others for various traumas with the use of writing in expressive arts. He spoke about how he learned to forgive himself for the things he did to others in relationships during his struggle with addiction, and also forgave others for the traumas they inflicted upon him throughout his life, including his sexual abuse and physical assault history. The following quote highlights this shift in blame and newfound forgiveness for Participant 1:

Um, well writing to uh, for amends, for amends. Let’s say for an amends process. To forgive myself or to forgive others. And to, I’m sorry... To seek forgiveness not only

from others but for myself, for things that were traumatic and wish I could have done it differently. That's what an amends process is. It's not an apology; it's sort of a declaration to change the way I interact with others, or at least that's gonna be my ideal. It never works out perfect because we are human, but that's the whole process that you're willing to accept responsibility for your actions. And it's like you're declaration that you're more God-centered.

On the TSC-40, two out of these three participants endorsed item 37, "Feelings of guilt," which suggests that they may still struggle with feelings of guilt after engaging in expressive arts therapy. Participant 5, however, did not endorse this item, which is consistent with his recent shift in thinking and ongoing process in releasing his feelings of blame for his abuse.

Connecting to the authentic self in expressive arts. One out of eight participants endorsed this theme, which is defined as feeling an increase in connection to one's authenticity or genuine self in the process of expressive arts therapy, including a connection to one's "inner child" that was once hidden from the trauma of childhood sexual abuse. For Participant 5, the expressive arts allowed him to connect to his authentic and childhood emotions. The following quote illustrates this process:

Because it opened up the curiosity that my emotions might be tied to my expression artistically. Whereas, in my talent, I don't attach my emotions that way. And my talent is in my imagination. And my imagination is not in my reality. And so... it was interesting to try and get in touch with [myself] at 5 years old. It didn't happen. But it was an interesting idea when I was coloring because I loved coloring at that time period. And I was extremely anal about my coloring at that time period, which was to say that I chose specific colors and I wouldn't go out of the lines. And in this process, I could allow

myself to choose colors that were based not only on what I was drawing any longer because it didn't matter because nobody is going to look at it. I actually threw it away. And so, the interesting thing was the idea that I could try and work out something threw an outer expression that was not going to be harmful to myself or somebody else.

This participant also spoke about how the expressive arts was used to connect to his "inner boy," which was an important process to help tap into his "old emotions," although difficult due to his tendency to intellectualize. For him, it was evident that he believed that connecting to his inner child through coloring was a positive therapeutic process.

Expressive arts used to explore opportunities. One out of eight participants endorsed this theme, which is defined as having used the expressive arts as an avenue for exploring one's opportunities in life, including new ways of approaching the world and new paths to take in life. Participant 8 stated this directly: "It gave me something to do other than just think about the sexual abuse all day. Like, I just started thinking about other opportunities in life. And just have, like, different paths I could take." For him, rather than focus on his trauma or negative thoughts, he enjoyed how he could use the expressive arts to think about other things and explore other opportunities.

Positive experiences in expressive arts group. This larger category includes themes that involve general positive experiences from the men's experiences in expressive arts therapy groups as stated by the participants. These themes involve increased connection and communication via feelings of safety within the group setting. Six out of eight participants reported participating in at least one expressive arts therapy group. Five out of these six participants endorsed that their group expressive arts experience was positive.

Connecting with others through expressive arts group. Three out of eight participants endorsed this theme, which is defined as enjoying the experience of connecting interpersonally with other people through the expressive arts therapy group. This increase in interpersonal connection is highlighted in the following quotes. Participant 4 stated, “Yeah, so it was meaningful. It, it, it allows me to connect with people that I wouldn’t normally connect with.” Participant 6 stated in the following quote:

It was nice to see that there is not just me, and they’re not just helping me. That there are other people in a big group doing art. It brings so much joy to do it as a group, much more joy.

Participant 1 also stated, “I thought it was a great bonding experience because we all kind of laughed and had fun doing it. And some couldn’t act as well as others, but it was a lot of fun and a bonding experience.” For these participants, they all spoke directly about their ability to connect to others who engaged in the same group process. This allowed them to have more positive experiences of making meaning, feeling joy, and creating a sense of bonding with others. Two out of these three participants endorsed sometimes “Feeling isolated from others” on the TSC-40, which suggests that they continue to struggle with connecting to others despite their positive experience in expressive arts therapy group.

Expressive arts group helped build trust and safety. Two out of eight participants endorsed this theme, which is defined as perceiving expressive arts therapy to have been a helpful tool for creating a sense of trust, safety and non-judgment with others in a group therapy setting. The following quote illustrates how Participant 4 felt safer by using the arts in his group therapy experience:

So when you're just in group therapy, it's very, you're just focusing on interacting with other people. But with, in this setting, you know, you're painting a picture and then you might discuss it with other people a little bit. So, it's a lot less threatening in a sense because when you're just sitting in a group you sort of have to... You know... You're there with all eyes on you, but when you're painting a picture you're just facing a wall away from everybody painting a picture.

This participant, who endorsed having interpersonal difficulties, appeared to benefit from the expressive arts because it helped him feel less judged or threatened while all of the group members were focused on their art. Another participant also spoke about how arts helped facilitate a sense of trust in the group therapy setting. For Participant 1, he stated that, "the art adds a more personal component to it," which helped facilitate more bonding and intimacy in his expressive arts therapy group.

Received positive feedback in expressive arts group. Two out of eight participants endorsed this theme, which is defined as having received positive feedback, including reflection and information about oneself, from other group members in an expressive arts therapy group. The participants who endorsed this theme specifically noted receiving positive feedback about themselves and their qualities. For example, Participant 4 highlights this experience in the following quote:

I found helpful because it did, you know, it showed me, and the feedback that I got from other people was, "Oh wow, you're doing very creative things. You're a very creative person." You know, I remember getting feedback from another woman we were doing it with saying, "Like, oh you know. You're very extroverted by the way the painting

looks.” Which is, you know, um, I’m often very introverted or shy around other people.

So that was feedback I specifically, from one of the other clients, I remember giving me. For him, he spoke of feeling surprised to hear how others viewed him as creative and his art as “extroverted,” which was a particularly positive experience for him given his prior negative interpersonal interactions and trauma (i.e. bullying) in the past. The second participant who endorsed this theme, Participant 7, also spoke of feeling surprised to hear positive feedback from others in his group. He stated, “It was cool. I was waiting for them to say, ‘That sucks.’ But it wasn’t like that at all. It was cool.” Receiving affirmative feedback from other group members about oneself and one’s artwork was a positive experience in group therapy for these participants.

Overcoming social anxiety through connection in expressive arts group. One out of eight participants endorsed this theme, which is defined as perceiving the expressive arts therapy group as a helpful tool for connecting with others and overcoming one’s social anxiety. Participant 3 reported a significant improvement in his social anxiety following the use of expressive arts therapy, particularly after engaging in acting or improv modalities. The following quote helps illustrate his experience in overcoming social anxiety:

I can tend to isolate and if it just so happens to be a group of actually creative people instead of regular people just doing art for therapy sake, um, that can be really fun to. Or it can be very stimulating artistically for me, and I can feed off of other people’s creative energies.

Participant 3 also reported, “Well um, it helped me relearn to be social and to communicate with others, to respond in situations, to respond to different situations appropriately or timely.” Not only was it helpful for him to engage in the art therapy, but he enjoyed that the group setting

facilitated interpersonal interactions that he could practice within and learn from. Although he experienced a reduction in social anxiety during his expressive arts therapy process, Participant 3's endorsement of items on the TSC-40 Anxiety Subscale (raw score of 7) indicate that he continues to struggle with symptoms of anxiety, as well as other symptoms of "Loneliness," and "Feeling isolated with others," that he endorsed. This suggests that his experience may have been limited to his expressive arts group therapy setting, as opposed to being generalized to his interpersonal relationships outside of therapy.

Communicating verbally through expressive arts group. One out of eight participants endorsed this theme, which is defined as believing that art making in expressive arts helped to share or communicate one's experience with others verbally. Participant 3 spoke of how the expressive arts helped him learn to communicate again with others, which was especially helpful due to his difficulty with words and communicating overall. The following quote highlights his experience:

And then it got to a point where I couldn't, even with people I knew for a long time, I couldn't really make sense like when I spoke. And it just became very difficult to communicate with people. And so part of the reason why I signed up was to teach myself how to relax in front of people and to communicate with different people. And it really helped. And the camaraderie with other people was really helpful too.

Using multiple art mediums. A prominent theme among all of the men was their engagement in a wide variety of mediums during their expressive arts therapy experiences. These arts modalities included: painting, drawing, coloring, music, dance, acting, improv, journaling, poetry, writing letters, collage making, photography, and craft-making (i.e., jewelry, flags or banners, mandalas, mosaics, and dream catchers). It was also apparent that the men preferred

having multiple mediums available to them as a way for greater expression in therapy. Eight out of eight participants endorsed at least one sub-theme in this larger category.

Multiple art mediums as positive. Seven out of eight participants endorsed this theme, which is defined as having used multiple art mediums during one's prior expressive arts therapy experience and viewing the experience as positive. For example, Participant 6 spoke about engaging in many different types of modalities, as stated below:

Uh, uh, poetry, journaling, painting, painting on canvases, collage making, coloring mandalas, and also like crafts, making jewelry at some point, and mosaic, mosaic plates we made. We had some time of, like a, sand and cement and make a base and create mosaic tiles. And also, I think there was some dream catching, or dream catcher making. There was a, banners and flags, some flags or coloring flags, where we put all our flags together in the group room at the center so they were all together, like it was our accomplishment in the art therapy room.

Participant 1 also endorsed a history of engaging in several expressive arts mediums:

Writing, written. Expressive physically, acting. And visual arts, and music too. Because music, you know, I'm telling you, I'm telling you music can be something that's also expressive and I'm also conscious of. To listen to, so it's also been my solace. So let's incorporate that too.

He also spoke of how the writing medium was one of the most helpful for him in his recovery process. He addresses this in the following quote:

As far as other things like therapy for addiction.. I've used writing, poetry... writing letters to dead people, writing letters to people I couldn't get ahold of. And creating art

too. Photography. That's been very therapeutic. It's great. Like if I can just go out and get a good picture of something, I can even send it to somebody.

Participant 8 engaged in multiple types of visual arts during his expressive arts experience, including watercolors and drawing with pencil. Participant 2 spoke of his engagement in dance and music mediums during his expressive arts therapy experiences, as he stated:

Yes, music and dance. She would stop the music and I would freeze a pose. And she would ask why I posed like that and to tell her about it. It was like dancing and posing and dancing and posing. It was kind of weird if you ask me, but it was her way of talking to me at that time.

For Participant 3, he enjoyed engaging in many different types of expressive arts therapy mediums, while preferring some over others, as he describes below:

Well I've, uh... a couple times I've been, uh, specifically for collage. Going through magazines and finding imagery and I love sculpture. Anything that uh, mainly... sometimes they just have random things like pipe-cleaners and glitter, and that can be like sensory overload for me. Too much stuff. I, I enjoy when they give you a subject matter or not only seeing what I come up with, but also what other people come up with.

Multiple expressive arts modalities facilitate more expression. Two out of eight participants endorsed this theme, which is defined as having multiple art modalities, specifically new modalities, available in expressive arts therapy allows the ability for more artistic expression and expression of emotion. Participant 5 stated this benefit of using multiple modalities directly in the following quote:

I would mix the art. Because my situation was very specific. I would mix the art medium because I think that everybody has a different thing. You know, like, I kind of like a

mess. And artistically I like a mess so if there were more of like, draw whatever you want to express through... like whether it was fabric, or glue, or whether it was junk or Crayolas, it would give a greater opportunity to tap into your expression. Whereas I think the expression was specific... the music, I think, was okay, because it was expression, but because it was Crayolas, it was a limited expression. But if you had an availability to have glue, stuff, you know, it might have a different effect on the ultimate expression.

For him, the option or availability of having multiple art mediums or modalities allows for greater expression without a sense of limitation. Similarly, Participant 2 also provided recommendations for art therapists to have multiple art mediums available in order to allow for more expression.

Effect on the therapeutic relationship. This larger category involves themes that are pulled from the men's answers to the questions about how the use of expressive arts affected the therapeutic relationship. These themes reflected a positive impact that the expressive arts had on the therapeutic relationship. Five out of eight participants endorsed at least one sub-theme in this category.

Expressive arts facilitated trust in therapeutic relationship. Three out of eight participants endorsed this theme, which is defined as viewing the use of expressive arts as a helpful medium for building rapport, trust and intimacy between therapist and client within the therapeutic relationship. These experiences of increased trust and intimacy between therapist and client are highlighted in the following quotes. Participant 2 said, "It brought me closer to the therapist. I trusted her. The impact it had on me, it was good. It was a good impact." Participant 1 stated, "I think the art aspect lightens the uh... I think that was a part where I started to get more

of a trust... and I think it's an opportunity to express yourself in a more honest way." Participant 7 also reported on his experience:

Well at first when I met her, I'd just have to sit down and draw it. I had a hard time talking about it, and I didn't trust her at first. Especially after that so.. Yeah, it was easier to just draw how I felt.

Enhanced engagement between therapist and client. Three out of eight participants endorsed this theme, which is defined as viewing the use of expressive arts as generally helpful in the therapeutic relationship. The participants who endorsed this theme spoke of other helpful or positive effects that expressive arts provided to the therapeutic relationship that were separate from building trust, as discussed in the previous theme. As Participant 6 stated in the following quote: "Oh, sure. Yeah, yeah. That helped a lot to, to be, to be the relationship. Because therapist, and it's one thing that the therapist bring something that is also emotional for them too." Additionally, Participant 8 participant spoke of how the expressive arts helped make the relationship "more fun," which was a contrast from his previously therapeutic relationships in talk therapy.

Focus on Self

When I listened to the male survivors speak about themselves and their lived experiences, a multitude of themes arose that encompassed their self-perception, attributes, strengths and resiliency factors. These particular themes focus on providing information on how these male survivors perceive themselves in relation their world. For this section focused on the self, I delineated themes into two larger categories: perception of self, and perceived strengths and resiliency.

Perception of self. The themes under this larger category focus on how the participants perceived and described themselves, including their own sense of self, their personality, and how they believe others to describe them and their attributes. Eight out of eight participants endorsed at least one sub-theme in this larger category.

Unstable self-image. Three out of eight participants endorsed this theme, which is defined as instability in one's self-perception and identify. This theme was observed in participants who spoke about themselves in either an unstable and conflicting way, or an emphasizing of the instability they feel in their foundation as a person. These conflicting descriptors can be seen in the following participants' quotes. Participant 1: "Um... but conflicted internally. I have self-doubt. Volatile. And at this point, I kind of feel like I'm coming into my own." Participant 5: "Demanding. Stubborn. Mindful, and kind, giving, contradictory." For another participant, he spoke of having an unstable foundation in childhood, which contributed to the current instability in his self-image. The following quote illuminates this for Participant 3:

I'm really detailed-oriented, and um, I had. I've had a certain amount of success in different areas of my life, but, I feel as though the reason that they didn't, they weren't sustainable was because I had a faulty, weak foundation. I had a poor, I never addressed these issues. I was poorly educated. Just all the things that I know personally, that I'm lacking that I associate with my inability to maintain things.

For these participants, this instability and conflict was noted to be enduring throughout their lifetime and present since childhood.

Introversion. Four out of eight participants endorsed this theme, which is defined as having a preference for being alone with oneself. This theme was observed in participants who

either directly described themselves as “introverted,” or described attributes of shyness and general discomfort in social situations. Two examples of this introversion can be seen in the following quotes. Participant 2 stated, “I’m pretty quiet. Some people may think I’m too quiet or maybe weird because I’m too quiet. I usually stay to myself. Um, my circle of friends are limited. And, I don’t know, I’m just a quiet person.” Participant 8 also said,

Uh, I’m like, I guess I’m more introverted and more shy. But, um, I can be outgoing. I wanna push myself out of my shell, but I’m really not that person at all. It gets so boring being an introvert.

Positive self-image and self-worth. Four out of eight participants endorsed this theme, which is defined as endorsing positive beliefs about oneself, self-esteem and intrinsic value as a person. Participants who endorsed this theme predominantly spoke about themselves and their qualities with positive valence. Two examples of this positive self-image can be seen in the following participants’ quotes. Participant 5 described himself as, “Ambitious, thoughtful, mindful, youthful, even though I’m not young. Um, artistic and optimistic.” Participant 6 reported, “Others describe me as a very nice person and, um, creative, and I’m very honest and trustworthy.” Many of these participants also noted positive qualities pertaining to their creativity and interpersonal strengths involving empathy and compassion.

Negative self-image. In opposition of the positive self-image and self-worth, negative self-image was another theme that was endorsed by one out of eight participants. This theme is defined as endorsing negative beliefs or judgments about oneself and value as a person. This theme was observed in a participant who described themselves as having predominantly negative traits or qualities without an ability to identify positive attributes. Participant 8 was the one participant who struggled to identify positive qualities about himself. The following quote

illustrates how he describes himself: “Um, I don’t know. A little weird, um, very quiet, to himself. Yeah, I guess that would be it. Not really hard working, kind of like a slouch.” This participant also identified a physical attribute of “green eyes” as his only positive quality, after struggling to identify anything other than negative.

Perceived strengths and resiliency. The themes under this category focus on the various strengths and positive attributes they identified in themselves, as well as factors of resiliency that they believe facilitated their survival and endurance through challenging and traumatic life experiences. Seven out of eight participants endorsed at least one sub-theme in this larger category.

Creativity as strength. Five out of eight participants endorsed this theme, which is defined as perceiving one’s ability to be artistic as a positive quality and strength. This theme was observed in participants who often use their artistic abilities in their professions, and also have found their creativity to be their main positive attribute. The following two quotes provide examples of the Participant 6’s endorsement of creativity as strength:

Describe myself. How do you say.. Creative. Creative artist. Like, creative things, like arts and crafts. I like poetry. I could say, I’m recovering from a lot of things that happened in the past. I’m recovering from things like that.

This creativity is also seen in Participant 8’s quote:

When I want to be focused, I can be very creative. Meaning, um, if you think of something, like let’s paint, I would say we could get some different colors instead of white. So yeah. So creative, yeah.

Intelligence as strength. Three out of eight participants endorsed this theme, which is defined as perceiving one’s intellect and knowledge as strength. This theme was observed in

participants who described themselves as intelligent or identify their wisdom as a strength.

Examples of this theme can be found directly in the following participants' quotes. Participant 5 described his strengths: "Determination. Vision. Um... Intelligence, and compassion." Participant 4 described himself in the following quote: "But I think that I'm intelligent, creative, responsible, reliable, friendly, adventurous. That's a few adjectives for you." Participant 1 also reported: "Um, well read. Like, in some instances, the classics, like Camus or Kafka ... Intelligence. Um, communication. Um, technologically savvy."

Interpersonal connection as strength. Three out of eight participants endorsed this theme, which is identified as perceiving one's ability to easily connect with others in relationships as a strength. The participants who endorsed this theme were those who did not identify as introverted, but rather use their interpersonal skills and easygoing personalities as a strength and important factor that facilitated their resiliency. The following quotes provide two examples of the participants' strengths in interpersonal connection. Participant 1 described himself as the following: "Well-rounded, personable, um, I would say, multidimensional. Just because I've traveled a lot and I can speak three languages, and usually I can relate to anybody in conversation from any demographics." Participant 6 also stated, "I feel very easygoing. It's like, I could get along easy with people. I can make friends fast."

Perseverance and optimism as resiliency factor. Four out of eight participants endorsed this theme, which is defined as persistence, determination and positive outlook as a means for overcoming. The participants who endorsed this theme spoke of this strength as something that helped them get through challenges and traumas throughout their lifetime. For example, Participant 1 endorsed having optimism that not only helps him gain new opportunities, but also

helps him through difficult times, including incarceration and homelessness. The following quote highlights his perseverance:

There's a lot of people who can be around an opportunity and you just have to take that first step, and I'm usually the first person who will take a chance. I've had so many setbacks, so when somebody says, "No," it's not gonna be the end of the world. You know? And I've gotten jobs that way. So, good things.

Participant 7 also indicated that he gained perseverance and optimism after going to prison in his adolescence and early adulthood. For him, he was able to view the experience in a positive light and focus on getting through the other side. The following quote highlights this strength:

Thank god. You know, I went to prison at 18. So, thank God that I did go... cause it was bad, but you know, at the end of the day it helped me grow. It helped me. Prison helped me as far as, there was bad and good stuff that came out of that. But as far as me growing, looking at it now, I'm 38, and I haven't been to jail since I was 28 or 27.

Focus on Relationships

As I listened to the men speak about their experience, themes emerged that reflected their view of relationships. For this section, I delineated the themes into two larger categories: difficulty relating in relationships, and connecting with others. Although these themes appear to work in opposition, the survivors endorsed themes that involved ongoing difficulties in relating due to their trauma, as well as a current desire for connection and relating to others.

Difficulty in relating and connecting to others. This category encompasses themes that relate to participants' challenging or difficult experiences with connecting to others and their experiences. These themes often coincided with the belief that one's own life experience and

trauma negatively impacted their ability to find commonalities and relate to others on an interpersonal level. Six out of eight participants endorsed at least one sub-theme in this category.

Interpersonal problems and mistrust in adulthood. Four out of eight participants endorsed this theme, which is defined as having negative interpersonal experiences and conflicts in adult relationships that involve instability and lack of trust. For many of the participants they spoke of having ongoing difficulties in their interpersonal relationships due to trouble relating and trusting others. For example, Participant 4 speaks to this difficulty directly in the following statement: “I mean, I think I’ve just had a lot of negative... just a lot of very negative experiences, especially with interpersonal experiences, difficulties with interpersonal relationships. So yeah, that’s what I would say.” This participant reported interpersonal challenges stemming from bullying that have extended into his adulthood with experiences of social anxiety and mistrust. Another participant spoke to his difficulties in relationships, specifically related to intimate relationships and feeling “manipulated.” Participant 3 addresses this challenge in the following quote:

But right now my life is really problematic because of this way that either the relationships that I have are really not the relationships that I think they are, or there’s something that I do within them that changes the nature of them where they want to sexualize it. Or they want to bust me in the head. Or, or they want to manipulate me out of everything I have because they know I will give it to them.

These results are consistent with the participants’ endorsement of items on the TSC-40 that reflected interpersonal difficulties: six out of eight participants endorsed “Trouble getting along with others,” seven out of eight participants endorsed “Loneliness,” and seven out of eight participants endorsed “Feeling isolated from others.” This suggests that the majority of

participants experience current interpersonal difficulties, although fewer reported these problems during the interview.

Feeling different from others. Two out of eight participants endorsed this theme, which is defined as having a sense that oneself is different or unlike others in the world. This ranged from feeling unique to feeling a lack of connection and belonging due to one's perceived difference. For example, Participant 1 reported feeling different in his childhood and attributing it to his racial differences within his community. The following quote illustrates his experience:

Personable, but unique. I mean, definitely, there's definitely not a lot of people out there like me, like in a circle of people there's not usually someone like me. Like, I'm the chocolate chip in the cookie. I grew up going to a private school with trust fund babies.

But I embraced the difference, I loved it, I'm like, "Yes! The black athlete!" And my dad was the kind of person who told me I could do anything. To me, it wasn't a hindrance, I'm used to always being unique, being a person that is in a separate category.

Rather than speaking negatively about his difference, this participant reported embracing his difference in childhood. For him, he spoke about his uniqueness in a way of being special.

Another participant, Participant 3, endorsed feeling different from others, which he attributed negatively to his trauma. He spoke of connecting more with the homeless as opposed to the "moral elite," yet not really ever fitting in.

Racism and stereotyping as problematic. Two out of eight participants endorsed this theme, which is defined as experiencing the negative effects of racism, discrimination, prejudice, and stereotyping on interpersonal relationships, and its negative impact on relating or connecting to others. Also of note, both of these participants identified as Latino. For example, Participant 7 spoke strongly about his challenges with being stereotyped for his looks, where others often

identify him as a “gangbanger” even though he kind at heart and no longer associated with gang activity. The following quote helps illustrate his experience of racism and stereotyping: “A good person, good heart, but stereotyped cause my looks. Like, Oh that’s a gangbanger. Oh man.

Troublemaker. Um. It’s like that.” He also shared the following quote:

My culture is Hispanic, but I like different cultures. Yeah, my favorite food is soul food. Like, I like trying different stuff. I think it’s important for... like I don’t understand why people hate each other, man. Cause at the end of the day... You know, I was watching the news on CNN and heard a reporter talking to some doctor, and she said it was stupid cause there’s only one race, the human race. And like, you know, I like that. That was around the time with the stuff with the cops. So, it was like, I don’t know. It’s just stupid to me that people hate each other. It’s crazy man.

For Participant 7, he struggles with a desire to connect with others and help them, while feeling the barrier of racism in his society. He spoke about his challenges with racism while in prison, where he wanted to connect with people from other races and play basketball, while feeling he was limited due to his appearance and racial identity. Participant 5 also spoke about his challenges with stereotyping due to his appearance. His experience can be understood in the following quote:

Culturally, I’m in a crack. I’m Latin, 100% Latin, but I look white. And so, Latin people don’t accept me, and anybody of color doesn’t accept me. And so, I know I have the feelings of a Latin, but I spend all my time with Anglos. And so, I guess I’m Anglo. And I’m the only person in my family that looks this way, so it puts a strain between me and my family. And then, and then white people say horrible things about Latins because they think I’m white.

This participant has a sense of not belonging to either group due to his appearance. For both of these participants, they viewed racism and stereotyping as problematic in their life experience, specifically due to the limitations it places on belonging and connecting to others.

Addiction used to cope with interpersonal problems in adulthood. Two out of eight participants endorsed this theme, which is defined as identifying one's addictive behaviors as negative ways of coping with problems in adult relationships. Participants who endorsed this theme indicated using either alcohol substances or gambling as problematic ways to cope with interpersonal conflict or social anxiety. Examples of the Participant 2's struggle with addiction is illustrated in the following quote:

Um, when I'm intoxicated I'm very talkative and outgoing, and um, yeah. But when I'm not, I'm a very quiet person ... I went into drinking, I was unemployed at the time. Heavy gambling. Yeah, that was a troubling time for me.

Participant 1 also shared the same struggle: "Because was a very different person than I was 6 weeks ago... because a lot of it was the drugs and a bad relationship that were kind of bringing me to my knees." Both of these participants identified their addiction as problematic and as maladaptive ways of coping with their interpersonal problems.

Connecting with others. The themes from this category focus on the participants' interest in connecting with others on an interpersonal level, either through their desire for connection, empathy, and sense of community. Five out of eight participants endorsed at least one sub-theme in this category.

Compassion and desire to help others. Four out of eight participants endorsed this theme, which is defined as having empathy and compassion for others, and seeking ways to help or improve the lives of others. Participants who endorsed this theme spoke of their desire to help

others through service, or in everyday life with friends. For example, Participant 3 demonstrated empathy in his compassion for others who have experienced trauma, including those who are homeless. He also spoke about how he makes ongoing efforts to help others, including his friends: “I’m very concerned about other people. And I, and I, try to, I attempt to do things to make them feel better.” Participant 5 also spoke about his engagement in advocacy for youth affected by trauma, as stated in the following quote: “And I’m trying to write to LAPD new proposals for the black community for protection of black boys. And so I’m interested in civic service, I guess, which is why I am here.” Both Participant 1 and Participant 6 spoke about their engagement in expressive arts group at activity centers, where they enjoy helping others make art. Participant 6 spoke about his enjoyment in volunteering and leading arts groups, specifically dance and music groups, at senior centers. Participant 1 also shared a similar story of leading groups for a homeless program. The following statement illustrates his desire to help others:

Cause there’s a reason why at activity centers and senior citizen centers always have an arts and crafts thing, and it always seems to put a smile on their face. And actually, you know what? I have another example. I did this front foot, it’s an organization in Hollywood, it’s a homeless empowerment program. And we do different things every week, but sometimes we make these keychains to thank the volunteers.

Arts as community. One out of eight participants endorsed this theme, which is defined as feeling as sense of belonging to a community that regularly engages in or values the arts. The participant who endorsed this theme spoke positively of the arts as a way to connect to others with similar artistic interests. This theme is illustrated in following quote by Participant 7:

I love being around fashion district art people. I feel comfortable. I like it there. Like, the one we just went to where I got judged, it was just nice to be there. It keeps me out of

trouble. I like to be with my friends and watch graffiti, watch them put graffiti on the wall, and take pictures. Just something that I like that's pretty cool.

For Participant 7, finding this sense of community and belonging in the arts community was positive for him and his recovery since being released from prison. He spoke about it as a way to escape judgment and negative influence that he was regularly surrounded by before and during his incarceration.

Discussion

The purpose of this study was to examine the experience of expressive arts therapy for male survivors of childhood sexual abuse. The results of the study provided exploratory findings to help answer both research questions involving what male survivors' experience of expressive arts therapy was, as well as what their current experience of themselves and their trauma is since engaging in expressive arts therapy. These exploratory findings are discussed below and compared with findings from the existing literature.

Usefulness of Expressive Arts for Male Survivors

The results from this study suggest that male survivors perceive expressive arts therapy to be a generally positive experience and a useful tool in the therapeutic process. All of the male survivors from this study endorsed themes indicating that expressive arts therapy was positive and helpful in some way, ranging from increasing self-esteem to reducing anxiety. In regards to the male survivor population, this is considered to be a new finding, particularly due to the lack of current literature on male survivors' experience of expressive arts therapy. However, this finding is consistent with Ferguson's (2014) recent findings on clinicians' views of expressive arts as beneficial for male and female survivors of childhood sexual abuse, as well as other existing literature on the beneficial use of expressive arts with child, adolescent and adult female survivors (Brooke, 1995; Coulson & Morfett, 2013; Malchiodi, 2012; Miller, 2007; Pifalo, 2002, 2006, 2007; Pretorius & Pfeifer, 2010; Rymaszewska & Philpot, 2006). Additionally, a pattern emerged from the results, whereby positive elements from expressive arts therapy appeared to be directly related to the trauma symptoms endorsed by the male survivors. These results suggest that the expressive arts may offer tools and opportunities to target specific negative symptoms or

lingering effects of the male survivors' trauma, which are discussed further below and compared with current literature.

Releasing emotions through expressive arts. Several negative emotions were endorsed by the male survivors, including feelings of fear, anxiety, anger, shame and sadness, which are commonly associated with the effects of childhood sexual abuse (Briere & Elliott, 1994; Lisak & Luster, 1994; Spataro et al., 2001; Winder, 1996). In connection, the results of this study suggest that the male survivors found that the expressive arts allowed them to express or “release” these negative emotions. This finding is consistent with existing literature, where sexual abuse survivors been able to experience relief and a release of negative emotions through forms of expressive art therapy (Ferguson, 2014; Mills & Daniluk, 2002; Winder, 1996). Consistent with Ferguson (2014), where clinicians found art therapy to help both male and female survivors relieve “feelings of guilt and shame,” the results of the current study provide evidence of these positive effects from the male survivors themselves. The results of this study are also consistent with Pifalo’s (2006, 2007) research on children and adolescents, which found that art therapy combined with cognitive behavioral therapy resulted in a reduction of trauma symptoms and a “release of affect and temporary discharge of energy” (p. 173) through the nonverbal expression of affect (Pifalo, 2007). In particular, results from the current study reveal that it was especially useful for male survivors to express and release feelings of anger associated with their sexual abuse trauma in a safe and appropriate way. This appropriate expression and release of anger is consistent with Gussak’s (2007) findings on the use of art therapy with male inmates, which found art therapy to be effective in improving behavioral functioning, mood and depressive symptoms. This may be due to its ability to “interrupt the cycles of violence and aggressive identity” (p. 147) through increasing one’s ability to express emotions and strengthen one’s sense

of self (Kaplan & Kaplan, 2007). The results of the current study are also consistent with a study on female survivors by Coulson and Morfett (2013), where they experienced an increased ability to express anger about their abuse through letter writing and group work. Additionally, results from the current study reveal that the male survivors also perceived the arts to help soothe and relieve feelings of anxiety. Although this is considered to be a new finding, it is consistent with existing literature on the positive effects of art therapy when used with traumatized children due to the arts' "soothing, hypnotic influence [and] reduction of anxiety" (Malchiodi, 2003, p. 21). Results from the current study provide findings that male survivors may also experience these relieving effects from expressive arts therapy, including the releasing of negative emotions associated with their sexual trauma.

Finding one's voice through expressive arts. Many of the male survivors shared that childhood sexual abuse negatively affected their ability to communicate, with an experience of their voice becoming silenced. In connection, the results suggest that expressive arts helped facilitate verbal communication and expression of their experiences. According to Malchiodi (2013), the expressive arts can be used to facilitate self-expression and communication of emotions and memories. Due to male survivors' difficulty with verbal expression, the findings from this current study suggest that the expressive arts may be particularly useful for them due to its positive impact on verbal communication. Although this is considered to be a new finding, it is consistent with Liebmann's (2002) article, where art therapy helped an adult male access his emotions and communicate. This finding is also similar to previous studies on female sexual abuse survivors, where art therapy, dance and dramatherapy helped them find their voice and verbalize their feelings through the art mediums used (Backos & Pagon, 1999; Coulson & Morfett, 2013; Morris, 2014). Additionally, results from the current study suggest that multiple

art modalities were viewed as opportunities for increased expression in male survivors, with emphasis on appreciation for exposure to new art mediums. For instance, for those who considered themselves to be visual artists, it was useful to utilize writing or poetry to express oneself, which opened up the door to increased verbal expression, self-esteem and self-understanding. This is consistent with Malchiodi's (2013) work on expressive arts, where it is suggested that individuals with prior experience in certain art mediums "may not be able to let go of learned rules about self-expression" (p. 13), which may inhibit their freedom of expression in that medium. Thus, male survivors may benefit from being exposed to new or novel art mediums to facilitate their expression. This provides clinical implications for offering multiple types of art mediums to male survivors, including visual arts, writing, poetry, music, dance, and craft-making in order to further facilitate expression and communication of their experience, especially for male survivors who have difficulty using their voice.

Reconnecting through expressive arts. Several of the male survivors reported that childhood sexual abuse negatively affected their ability to trust or relate to others, with several endorsing difficulties with interpersonal problems and mistrust in adulthood. This is consistent with literature on mistrust and long-term interpersonal difficulties among adult survivors (Briere & Elliott, 1994; Lisak & Luster, 1994). Results from the current study found that male survivors' engagement in expressive arts group therapy helped facilitate connection with others. This suggests that expressive arts may foster increased interpersonal connection for male survivors who struggle with isolation and feelings of disconnection. The male survivors also appreciated the sense of safety or non-judgment felt in both the group therapy setting and therapeutic relationship in expressive arts therapy, which facilitated further connection and trust with others, including connection with the therapist and other group members. This finding is consistent with

Liebmann (2002), where art therapy offered a safe space for men to access feelings and communicate with others. Similarly, Mills & Daniluk's (2002) study on dance therapy with female survivors also found that the dance therapy fostered an increase feeling of intimacy, support and emotional connection with others. In regards to connecting with the therapist, existing literature states that art therapy helps children feel comfortable with the therapist (Malchiodi, 2003). The findings from the current study suggest that these positive effects of trust and connection in expressive arts therapy may extend beyond child and female populations to the adult male survivors of childhood sexual abuse.

Rediscovering the self through expressive arts. Some of the survivors endorsed having an unstable self-image and a lack of sense of self as a result of their childhood sexual abuse history. For many of the them, childhood sexual abuse also had a negative impact on their self-esteem. These findings are consistent with the literature on the negative impact of childhood sexual abuse on one's self and self-esteem (Briere & Elliott, 1994; Finkelhor & Browne, 1985; Mullen, Martin, Anderson, Romans & Herbison, 1994), including unstable self-image or identity disturbance in adulthood (Menon, Chaudhari, Saldanha, Devabhaktuni & Bhattacharya, 2016). In connection, the results of the current study indicated that the survivors gained an increased understanding of themselves and a connection to their authentic self through the use of expressive arts. This suggests that male survivors may benefit from expressive arts due to the fostering of authenticity and greater understanding of oneself. This finding was similar to Mills & Daniluk's (2002) study on female survivors, who found dance therapy as a powerful way of reconnecting with their bodies and expressing themselves authentically. The current study also found that expressive arts therapy was useful for increasing self-esteem, with many of the participants currently endorsing positive self-image and self-worth since engaging in expressive

arts therapy. This finding suggests that the expressive may be helpful for improving self-worth for male survivors who struggle with low self-esteem and feelings of inferiority. This finding is consistent with Ferguson's (2014) study, where clinicians found art therapy to be "effective in increasing self-efficacy and self-esteem" (p.45) in male and female survivors. This finding is also consistent with previous literature on expressive arts being useful for building confidence and self-esteem (Brooke, 1995; Franklin, 1992). The results of the current study provide clinical implications for using the expressive arts as a way to facilitate greater understanding of self and increase self-esteem in male survivors.

Empowerment through expressive arts. Child sexual abuse was also reported to result in a feeling of lack of control by the male survivors, which is consistent with existing literature on powerlessness in sexual abuse survivors (Finkelhor & Browne, 1985; Mullen et al., 1994), Martin, Anderson, Romans & Herbison, 1994). In connection, the current study found the expressive arts to be useful for facilitating a sense of empowerment, including feeling a sense of power, agency and control. This suggests that the expressive arts may help male survivors regain a sense of control over their body and their decisions, while giving them an experience of art making that they can feel proud of that and own. Although this is considered to be a new finding for male survivors, this finding is consistent with a previous study on female survivors that found the process of art making fostered control and "empowerment by mastering traumatic situations through art therapy" (Brooke, 1995, p. 453). Ferguson (2014) also found that art therapy allowed survivors to find "power within themselves" (p. 48) and develop an internal locus of control. Similarly, Pifalo's (2007) study on child and adolescent survivors found that art therapy mediums allowed the "child to reframe, restructure, and rewrite the abusive experience in the role of the survivor instead of the victim" (p. 173). The current study also found that chaos was

viewed to be a therapeutic factor by some of the survivors, due to the soothing nature of the messiness, and sense of freedom induced by the chaos and lack of organization in the art making process. This finding is significant since it is a new finding not previously seen in the literature on art therapy and trauma. However, the idea of chaos has been previously discussed in literature on the foundations of expressive arts therapy, where the therapeutic work in expressive arts is more associated with “discordance and chaos rather than formal perfection” (p. 19), which clients may find more beautiful and therapeutic than perfected artwork (S. K. Levine, 1999). The current study’s finding on chaos may suggest that chaos can be perceived as freeing for male survivors of sexual abuse, which gives them the opportunity to have agency in creating their own art freely without a sense of limitation, structure or control by another person (i.e., the therapist). This finding provides clinical implications for using expressive arts with male survivors, where it may be useful to provide opportunities for gaining control through art making, including mediums that appear chaotic, messy or disorganized in the process.

Critique of Expressive Arts for Male Survivors

Although expressive arts was found to be a generally positive experience, the results from this study suggest that specific factors may have the potential to make expressive arts a negative experience for male survivors. For these survivors, a feeling of safety was an important element that fostered further expression and positive effects. However, a lack of safety or sense of judgment was viewed as a negative experience in expressive arts therapy; these included feeling unsafe or judged by others in the group setting, as well as feeling judged by the therapist. For instance, this negative experience of judgment was perceived by one of the male survivors during the interpretation process by his therapist. Over-interpretation has been shown to be a potentially negative element in expressive arts therapy, which existing literature suggests should

be purposefully avoided (Franklin & Politsky, 1992; Malchiodi, 2003; Ulman, 2001). According to Malchiodi (2013), expressive arts therapists should “not seek to interpret individuals’ drawings, movement, poems, or play, but instead try to facilitate their clients’ discovery of personal meaning and understanding” (p. 13). Based on the results of the current study, male survivors may view interpretation of the art as a judgment on their expression, which can create a feeling of unsafety and a limitation on further expression.

The results of the current study also suggest that limitation on expression is not useful in expressive arts therapy. For some male survivors, expressive arts was perceived to be unhelpful when they were provided with limited art mediums, or if the expressive arts program lacked the necessary resources to provide adequate supplies and modalities required for successful expression. In contrast, existing literature has demonstrated that providing subjects with limited art mediums can still facilitate expression, such as in single art therapy modalities like dance therapy, music therapy or dramatherapy. However, the literature on integrative arts and expressive arts has established the unique benefits in offering multiple art mediums for clients. This is due to its multi-modal approach, where arts can be used simultaneously or in transition from one to another in a way that is best suited for the individual client’s creativity and self-expression from a client-centered approach (Malchiodi, 2003; Rogers, 2001). Since expressive arts therapy is different from other forms of therapy (i.e., art therapy) due to it being integrative, the expressive arts gives the therapist and client the capacity to choose the appropriate media for their expression of their lived situation (E. G. Levine & Levine, 1998). Similarly, the results of the current study suggest that male survivors of childhood sexual abuse prefer opportunities for freedom of expression with the availability of multiple art modalities as seen in expressive arts

therapy. This provides clinical implications to provide male survivors with multiple options for expression, such as music, craft-making, dance, visual arts, poetry, and written expression.

Experience of Expressive Arts for Ethnic Minority Male Survivors

Due to the majority of participants' identities as ethnic minority males, it is important to compare the results of this study to existing literature on the use of expressive arts therapy with ethnic minority populations. Although current literature on the use of expressive arts therapy with ethnic minority men is limited, several studies have demonstrated benefits of using various art therapy modalities with ethnic minority populations, including dance/movement therapy with Asian American adults, Rap Therapy with young African American Men, and art therapy with elderly African Americans (Elligan, 2000; C. M. Johnson & Sullivan-Marx, 2006; Pallaro, 1997). Existing literature also suggests that artistic creation facilitates resiliency in ethnic minorities due to its ability to transform traumatic experiences into art, where "the psychic wounds inflicted by racism" (p. 14) can be processed and "deepened in the context of art therapy" (Hiscox & Calisch, 1998, p. 14; Tummala-Narra, 2007). Some of the ethnic minority survivors from the current study identified racism and stereotyping as negative interpersonal experiences that furthered social isolation and feelings of being misunderstood in addition to their trauma. Although this study looked specifically at the effects of expressive arts therapy on childhood sexual abuse, it is possible that the expressive arts was also useful for these ethnic minority men due to its positive impact on increasing self-understanding, interpersonal connection, and emotional expression, which can occur due to trauma associated with racial and sexual violence.

Several of the survivors in the current study identified as African-American, with one participant identifying as biracial (African-American and Caucasian). These same survivors also

described themselves as creative, having used the arts as a coping skill or resiliency factor in addition to their engagement in expressive arts therapy. This finding is consistent with the literature, where according to Bryant (Bryant, 1999; Bryant-Davis, 2005), African-American adult survivors of childhood sexual abuse identified creativity and the use of arts as a coping strategy for gaining power over experiences of sexual violence. Creativity or “expressive lifestyle” has long been discussed as a coping mechanism for black males due to its ability to express pride, and “release pent-up aggression and anger” (p. 69) in a safe way (Billson & Majors, 1992). This appears most consistent with the results of this study, where the survivors found that the expressive arts allowed them a safe and healthy avenue for increasing understanding of themselves, as well as expressing and releasing emotions such as anger. In the current study, two of the survivors identified as Hispanic or Latino, both of which identified the expressive arts as a useful and positive experience. Although Bermudez & ter Maat (2006) stated that the current literature on using art therapy with Hispanic clients is “scarce and scattered” (p. 166), they found the use of art therapy with Hispanic clients to be “very helpful” (p. 166) due to the facilitation of self-expression, communication, fostering trust in the therapeutic relationship, assistance with cultural barriers, and connecting the client with their own culture. A relevant finding of theirs to this study was the specific cultural limitation of machismo (male chauvinism), which provided a barrier due to the male perception that art was a “female matter” (Bermudez & ter Maat, 2006, p. 166). Neither of the Hispanic or Latino males in the current study identified machismo as a barrier in their expressive arts experience. Rather, one actually identified an increase in feelings of empowerment due to their engagement expressive arts. Lastly, one participant in the study identified as Persian-American, who identified expressive arts as an overall positive and therapeutic experience, and reported an improvement in self-esteem

and trauma symptoms due to his engagement in the expressive arts. Although current literature is scarce on the use of expressive arts with Persian Americans, recent studies have demonstrated benefits of art therapy with students in Iran, including reduced symptoms of anxiety and depression in females after group poetry, and increased self-esteem in males and females after art therapy and combined emotive behavior therapy (Mohammadian et al., 2011; Roghanchi, Mohamad, Mey, Momeni & Golmohamadian, 2013). The results of the current study provide new findings on the benefit of expressive arts with a Persian-American male survivor. Overall, the results of this study provide exploratory findings on the use of expressive arts therapy as a tool for facilitating empowerment, connection and expression of emotions for ethnic minority male survivors of childhood sexual abuse.

Differences in Experiences Among Participants

Due to some of the differences in experiences observed between the male survivors, it is important to look more deeply at these outliers to better understand their experiences. First, only one participant endorsed a theme of negative self-image, in addition to endorsing current symptoms associated with his sexual abuse trauma on the trauma inventory (i.e., dissociation, guilt, anxiety, depression). This particular survivor reported feeling unsafe in expressive arts group, and notably did not endorse any resiliency factors or strengths. In contrast, another participant endorsed positive self-image and very few symptoms of trauma, while also reporting that the expressive arts had significantly helped increase his self-esteem. Compared to the other survivor, this participant was still enrolled in expressive arts therapy and still experiencing the positive effects and interpersonal connection from his experience. A possible explanation for the differences between these participants' experiences may be that various factors play important roles in their experience of expressive arts therapy and current trauma symptoms; these include

the presence of resiliency or self-identified strengths, as well as feeling safe during expressive arts therapy treatment. These factors appear to be consistent with current literature on resiliency as a protective factor against post-traumatic symptoms (Bonanno, 2004; Lee et al., 2016), as well as literature on the importance of feeling safety in therapy due to its facilitation of psychological and neurophysiological conditions that allow therapeutic work and change to occur (Geller & Porges, 2014). These factors may provide clinical implications for using expressive arts with male survivors, such as emphasizing the importance of providing a safe therapeutic environment and focusing on building up resiliency factors and personal strengths through expressive arts therapy.

In the current study, some participants endorsed a release or “letting go” of their trauma, as well as reduction of in feelings of blame or guilt associated with their childhood sexual abuse. It is also important to recognize that not all participants endorsed this feeling of letting go of their trauma, and not all participants who endorsed feelings of shame as a result of their trauma had the experience of letting go of this guilt or shame. This phenomenon is most similar to Bowman & Halfacre’s (1994) case study on a young male survivor who experienced an increased in functioning and an increased ability to express shame and guilt even though he did not feel as though he had completely recovered from his trauma. This brings up the question if it is necessary to fully “let go” of one’s childhood sexual abuse trauma in order to experience the positive effects of expressive arts therapy, and if the experience has more to do with letting go of feelings of guilt or shame, or experiencing a sense of forgiveness for oneself or the perpetrator. A qualitative study on male survivors of childhood sexual abuse by Grossman, Sorsoli & Kia-Keating (2006) suggests that male survivors may experience a lessening of guilt and shame associated with their trauma as a result of making meaning and understanding their role in

relation to the perpetrator in their trauma. According to Noll (2005), sexual abuse victims may benefit from the process of forgiving in recovery, including letting go of anger, cessation of revenge, and moving on with life. This literature appears most consistent with the current study, as the men who experienced a “letting go” of guilt or shame also used the expressive arts to process their trauma, including the releasing negative emotions and anger tied to their trauma, as well as those who experienced an increased understanding of themselves and a desire to let go after expressive arts therapy.

Additionally, many of the survivors indicated experiencing multiple traumatic experiences, with two participants in this study endorsed having three or more traumas (i.e., childhood sexual abuse, homelessness, physical assault, incarceration). Despite their complex trauma history and current endorsement of interpersonal problems, these two participants in particular still reportedly benefited from the expressive arts in a multitude of ways, including using the arts to release anger, process their trauma, as well as experience increased connection and communication with others through group. These findings are fairly similar to the current literature on treatment strategies for complex trauma in adults, which focus on stabilization and strengthening skills, strengthening capacities for emotional awareness and expression, increasing positive self-concept, addressing feelings of shame and guilt associated with the trauma, as well as increasing interpersonal competencies (Cloitre et al., 2012). The results of the current study demonstrate that, even with complex trauma histories and persistent negative trauma symptoms, male survivors are still able to identify the use of expressive arts as useful and beneficial for them in terms of expressing emotion and processing trauma.

Strengths and Limitations

The small sample size of eight participants provided strengths to this study; the ability to

interview such a small sample fostered greater intimacy with the participants' stories and provided rich data to deeply understand their trauma and expressive arts therapy experiences. However, the small sample size provided a limitation on the ability to conduct systematic comparisons between participants who endorsed themes and those who didn't. Another strength was that the participants provided such detailed and intimate accounts of their experiences, which suggests that they felt a high level of openness and trust despite male survivors' difficulty with disclosure due to feelings of shame. Utilizing interpretative phenomenological analysis (IPA) also provided the opportunity to discover emergent themes from the participants themselves (Smith et al., 2009), which gave this study strength due to its capacity to pull themes from the participants' own experiences as opposed to a grounded theory. Since an inter-rater method of reliability was used in the data analysis process of coding, this provided another strength to this study due to the increased reliability of the qualitative data. An additional strength was the mixed methods approach due to the ability to compare and contrast the qualitative results with information from the demographics measure and Trauma Symptom Checklist - 40 (Briere & Runtz, 1989), which provided further information on the participants' intersectional identities, socio-economic status, and current trauma symptoms. However, a limitation to this study was that only these two measures were given. In retrospect, may have been more useful to provide additional measures to gain more information on their current mental health symptoms. Since many of the participants were ethnic minorities, this also provided contributions to the literature and gave voice to the experiences of ethnic minority men, who are often underrepresented in the literature. However, it is important to note that interpretation of these findings should not be overgeneralized to men whose cultural backgrounds were not represented in this sample. Additionally, the majority of the participants

were from lower socioeconomic backgrounds, which may have been due to a combination of factors, including a limitation on the instrument used (i.e., less than \$60,000 being the lowest socioeconomic bracket) and recruitment effects (i.e., incentive for participation). Differences in socioeconomic status may not have been adequately represented in the demographics measure used, since two men in the lowest socioeconomic level revealed evidence of recent poverty or homelessness, while the others reported being students, volunteering while in recovery, or living comfortably between jobs. Another limitation for this study may involve participant bias, where those who have a bias for the creative arts or view the expressive arts positively are those who may be more inclined to participate in this particular study. Since all of the participants in this study identified themselves as creative or artistic, with some identifying themselves as artists or using the arts in the past, it is important to note that this bias may have led to more positive experiences reflected in the results. Another limitation of this study is that the participants were included due to their prior participation in any form of expressive arts, as opposed to specific expressive arts interventions focused on trauma. Therefore, the results of this study cannot be used to determine if expressive arts is effective as a trauma-focused intervention. Additionally, since this study was not a controlled study, the results of this study provide exploratory findings on the use of expressive arts with male survivors of childhood sexual abuse.

Suggestions for Future Research

Due to the findings and positive clinical implications of this study, it is recommended that further research be conducted on the use of expressive arts therapy with male survivors of childhood sexual abuse. Since male survivors often experience a silencing of their voice as a result of their trauma, it is recommended that future studies investigate further into the effects of expressive arts therapy on male survivors' verbal communication. Due to the negative effects of

childhood sexual abuse on male survivors' interpersonal functioning and ability to trust others, future studies are recommended in looking at the effects of expressive arts therapy groups on male survivors' social functioning. Future studies should also look more deeply into the effects of expressive arts therapy on male survivors' identity, self-perception, and self-esteem, since these were identified as potential positive effects from the survivors' experiences in this study. Due to the positive impact that athletics and physical expression had on the male survivors for coping with their trauma, it is highly recommended that future studies investigate the mediating effects of athletics as a coping skill and the potential for integrating physical expression as a treatment modality for male survivors of childhood sexual abuse. Additionally, future research should examine the effects that the gender of the perpetrator has on male survivors of childhood sexual abuse, including the impact on male survivors' trauma symptoms, identity, self-perception, and interpersonal functioning.

The current study provided exploratory findings on the use of expressive arts therapy with male survivors using primarily qualitative analysis, which suggested that expressive arts was beneficial for male survivors. Thus, it is recommended that future studies be conducted that provide quantitative analysis on the phenomena of expressive arts therapy with male survivors; these include a controlled study that can investigate its effects of expressive arts on male survivors' trauma symptoms (i.e., depression, anxiety, dissociation, sexual problems, sleep disturbance) in order to determine if these effects are in fact due to expressive arts therapy or other factors. Further research on the use expressive arts therapy in combination with other evidence-based practices, such as cognitive behavioral therapy, with male survivors of childhood sexual abuse may also be useful to investigate, as it has been for the child and adolescent population.

Conclusion

Although the existing literature on expressive arts is centered around its use with children and women, the current study suggests that expressive arts has the capacity for providing benefit to male survivors of CSA. This study provides clinical implications on using the expressive arts to as a means for increasing emotional expression and self-discovery in men, as well as facilitating trust and safety in the therapeutic relationship. Childhood sexual trauma has an immensely harmful impact on the self, leaving survivors with feelings of shame and mistrust. Expressive arts, however, may provide these male survivors with a vehicle for empowerment, where they can do away with the shame as they reconnect intimately, creatively and authentically with themselves and others.

REFERENCES

- 1in6.org. (2015). *The 1 in 6 statistic*. Retrieved from <https://1in6.org/the-1-in-6-statistic/>
- Addison, D. (2002). Art therapy with gay, lesbian, bisexual and transgendered clients. In S. Hogan (Ed.), *Gender Issues in Art Therapy* (pp. 53-68). London, GB: Jessica Kingsley Publishers.
- American Humane. (2003). *American Humane Fact Sheet: Child Sexual Abuse*. (Report No. !)
Retrieved from: <http://www.prandicenter.org/files/45432468.pdf>
- Backos, A. K., & Pagon, B.E. (1999). Finding a Voice: Art Therapy with Female Adolescent Sexual Abuse Survivors. *Art Therapy, 16*(3), 126-132,
doi:10.1080/07421656.1999.10129650
- Barber, V., & Campbell, J. (1999). Living colour in art therapy: Visual and verbal narrative of black and white. In J. Campbell, M. Liebmann, F. Brooks, J. Jones, & C. Warth (Eds.), *Art Therapy, race, and culture* (pp. 21-36). London: Jessica Kingsley Publishers.
- Berliner, L., & Elliott, D. M. (2002). Sexual abuse of children. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 55-78). Thousand Oaks, CA, US: Sage Publications, Inc.
doi:10.1016/S0145-2134(02)00378-2
- Bermudez, D., & ter Maat, M. (2006). Art therapy with Hispanic clients: Results of a survey study. *Art Therapy, 23*(4), 165-171. <https://doi.org/10.1080/07421656.2006.10129333>
- Billson, J. M., & Majors, R. (1992). *Cool pose: The dilemmas of black manhood in America*. New York, NY: Touchstone.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20.

<https://doi.org/10.1037/0003-066X.59.1.20>

Bowman, D. O., & Halfacre, D. L. (1994). Poetry therapy with the sexually abused adolescent: A case study. *The Arts in Psychotherapy, 21*(1), 11-16.

[https://doi.org/10.1016/0197-4556\(94\)90032-9](https://doi.org/10.1016/0197-4556(94)90032-9)

Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. *The APSAC Handbook on Child Maltreatment, 175*. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download;jsessionid=5B1B4DE7636EABEF5D0EBE799F299E7D?doi=10.1.1.610.8737&rep=rep1&type=pdf>

Briere, J., & Elliott, D. M. (1994). Immediate and long-term impacts of child sexual abuse. *The Future Of Children, 4*(2), 54-69. doi:10.2307/1602523

Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect, 27*, 1205-1222. <https://doi.org/10.1016/j.chiabu.2003.09.008>

Briere, J., & Runtz, M. (1989). The Trauma Symptom Checklist (TSC-33) Early data on a new scale. *Journal of Interpersonal Violence, 4*(2), 151-163.

<https://doi.org/10.1177/088626089004002002>

Brooke, S. L. (1995). Art therapy: An approach to working with sexual abuse survivors. *The Arts in Psychotherapy, 22*(5), 447-466. [https://doi.org/10.1016/0197-4556\(95\)00036-4](https://doi.org/10.1016/0197-4556(95)00036-4)

Bryant, T. (1999). The path to wholeness: Effective coping strategies of African-American adult survivors of childhood violence. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 60*(8-B), 4205. Retrieved from

<http://psycnet.apa.org/record/2000-95004-557>

Bryant-Davis, T. (2005). Coping strategies of African American adult survivors of childhood

- violence. *Professional Psychology: Research and Practice*, 36(4), 409.
<https://doi.org/10.1037/0735-7028.36.4.409>
- Centers for Disease Control and Prevention. (2014). *Early release of selected estimates based on data from the 2014 National Health Interview Survey*. Retrieved from <http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201506.pdf>
- Cho, J. Y., & Lee, E. H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *The Qualitative Report*, 19(32), 1-20. Retrieved from <https://nsuworks.nova.edu/tqr/vol19/iss32/2>
- Cloitre, M., Courtois, C. A., Ford, J. D., Green, B. L., Alexander, P., Briere, J., & Van der Hart, O. (2012). *The ISTSS expert consensus treatment guidelines for complex PTSD in adults*. Retrieved from http://www.traumacenter.org/products/pdf_files/ISTSS_Complex_Trauma_Treatment_Guidelines_2012_Cloitre,Courtois,Ford,Green,Alexander,Briere,Herman,Lanius,Stolbach,Spinazzola,van%20der%20Kolk,van%20der%20Hart.pdf
- Cohen, J. A., Murray, L. K., & Mannarino, A. P. (2013). Trauma-focused cognitive behaviour therapy for child sexual abuse. In P. Graham, S. Reynolds, P. Graham, & S. Reynolds (Eds.) *Cognitive behaviour therapy for children and families (3rd ed.)* (pp. 145-158). New York, NY, US: Cambridge University Press. doi:10.1017/CBO9781139344456.015
- Cole, P. M., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting And Clinical Psychology*, 60(2), 174-184. doi:10.1037/0022-006X.60.2.174
- Coulson, L. & Morfett, H. (2013). Group work for adult survivors of sexual abuse in childhood. *Mental Health Practice*, 17(1), 14-21. <https://doi.org/10.7748/mhp2013.09.17.1.14.e868>

- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. United States: Sage publications.
- Czincz, J., & Romano, E. (2013). Childhood sexual abuse: community-based treatment practices and predictors of use of evidence-based practices. *Child and Adolescent Mental Health, 18*(4), 240-246. <https://doi.org/10.1111/camh.12011>
- Diehl, A. S., & Prout, M. F. (2002). Effects of posttraumatic stress disorder and child sexual abuse on self-efficacy development. *American Journal of Orthopsychiatry, 72*(2), 262. <https://doi.org/10.1037/0002-9432.72.2.262>
- Draijer, N., & Langeland, W. (1999). Childhood trauma and perceived parental dysfunction in the etiology of dissociative symptoms in psychiatric inpatients. *American Journal of Psychiatry, 156*(3), 379-385. doi:10.1176/ajp.156.3.379
- Drewes, A. A. (2009). *Blending play therapy with cognitive behavioral therapy: Evidence-based and other effective treatments and techniques*. Hoboken, NJ, US: John Wiley & Sons Inc.
- Dube, S. R., Anda, R. F., Whitfield, C.L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine, 28*, 430-438. <https://doi.org/10.1016/j.amepre.2005.01.015>
- Elbrecht, C., & Antcliff, L. R. (2014). Being touched through touch. Trauma treatment through haptic perception at the Clay Field: A sensorimotor art therapy. *International Journal of Art Therapy, 19*(1), 19-30. <https://doi.org/10.1080/17454832.2014.880932>
- Elligan, D. (2000). Rap therapy: A culturally sensitive approach to psychotherapy with young African American men. *Journal of African American Studies, 5*(3), 27-36. <https://doi.org/10.1007/s12111-000-1002-y>

- Elliott, D. M., & Briere, J. (1992) Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist-40 (TSC-40). *Child Abuse & Neglect*, *16*(3), 391-398. [https://doi.org/10.1016/0145-2134\(92\)90048-V](https://doi.org/10.1016/0145-2134(92)90048-V)
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, *14*, 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8).
- Ferguson, C. (2014). Art therapy for adult survivors of child sexual abuse. *Electronic Theses, Projects, and Dissertations*. 56. Retrieved from <http://scholarworks.lib.csusb.edu/etd/56>
- Finkelhor, D., & Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendations. *Journal of the American Academy of Child & Adolescent Psychiatry*, *34*(11), 1408-1423. <https://doi.org/10.1097/00004583-199511000-00007>
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: a conceptualization. *American Journal of orthopsychiatry*, *55*(4), 530. <https://doi.org/10.1111/j.1939-0025.1985.tb02703.x>
- Franklin, M. (1992). Art therapy and self-esteem. *Art Therapy*, *9*(2), 78-84. <https://doi.org/10.1080/07421656.1992.10758941>
- Franklin, M., & Politsky, R. (1992). The problem of interpretation: Implications and strategies for the field of art therapy. *The Arts in Psychotherapy*, *19*(3), 163-175. [https://doi.org/10.1016/0197-4556\(92\)90016-H](https://doi.org/10.1016/0197-4556(92)90016-H)
- Garrett, M. (2014). Beyond play therapy: using the sandtray as an expressive arts intervention in counselling adult clients. *Asia Pacific Journal of Counselling and Psychotherapy*, *5*(1), 99-105. <https://doi.org/10.1080/21507686.2013.864319>

- Geller, S. M., & Porges, S. W. (2014). Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships. *Journal of Psychotherapy Integration*, 24(3), 178-192. <http://dx.doi.org/10.1037/a0037511>
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *The British Journal of Psychiatry*, 179(6), 482-494. <https://doi.org/10.1192/bjp.179.6.482>
- Gonick, R. S., & Gold, M. (1991). Fragile attachments: Expressive arts therapy with children in foster care. *The Arts in Psychotherapy*, 18(5), 433-440. [https://doi.org/10.1016/0197-4556\(91\)90055-F](https://doi.org/10.1016/0197-4556(91)90055-F)
- Green, A. (2001). Art and music therapy for trauma survivors. *Canadian Art Therapy Association Journal*, 24(2), 14-19. <https://doi.org/10.1080/08322473.2011.11415547>
- Greenwood, H. (2011). Long term individual art psychotherapy. Art for art's sake: The effect of early relational trauma. *International Journal of Art Therapy*, 16(1), 41-51. <https://doi.org/10.1080/17454832.2011.570274>
- Grossman, F. K., Sorsoli, L., & Kia-Keating, M. (2006). A gale force wind: Meaning making by male survivors of childhood sexual abuse. *American Journal of Orthopsychiatry*, 76(4), 434. <https://doi.org/10.1037/0002-9432.76.4.434>
- Gussak, D. E. (2007). Symbolic interactionism, aggression, and art therapy. In F. Kaplan (Ed.), *Art therapy and social action* (pp. 142-156). London: Jessica Kingsley Publishers.
- Hiscox, A. R., & Calisch, A. C. (1998). *Tapestry of cultural issues in art therapy*. London: Jessica Kingsley Publishers.

- Holmes, G. R., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review, 17*, 69-88.
[https://doi.org/10.1016/S0272-7358\(96\)00047-5](https://doi.org/10.1016/S0272-7358(96)00047-5)
- Holmes, W. C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *Journal of the American Medical Association (JAMA), 280*, 1855-1862. <https://doi.org/10.1001/jama.280.21.1855>
- Johnson, C. M., & Sullivan-Marx, E. M. (2006). Art therapy: Using the creative process for healing and hope among African American older adults. *Geriatric Nursing, 27*(5), 309-316. <https://doi.org/10.1016/j.gerinurse.2006.08.010>
- Johnson, D. R. (1987). The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy, 14*(1), 7-13.
[https://doi.org/10.1016/0197-4556\(87\)90030-X](https://doi.org/10.1016/0197-4556(87)90030-X)
- Kaplan, F. F., & Kaplan, F. (2007). *Art therapy and social action*. Jessica Kingsley Publishers.
- Krugman, S. (1998). Men's shame and trauma in therapy. In W.S. Pollack & R.F. Levant (Eds.), *New Psychotherapy for Men* (pp. 147-166). New York: Wiley.
- Lai, N. H. (2011). Expressive Arts Therapy for Mother–Child Relationship (EAT-MCR): A novel model for domestic violence survivors in Chinese culture. *The Arts in Psychotherapy, 38*(5), 305-311. <https://doi.org/10.1016/j.aip.2011.08.001>
- Lee, J. K., Choi, H. G., Kim, J. Y., Nam, J., Kang, H. T., Koh, S. B., & Oh, S. S. (2016). Self-resilience as a protective factor against development of post-traumatic stress disorder symptoms in police officers. *Annals of Occupational and Environmental Medicine, 28*(1), 58. <https://doi.org/10.1186/s40557-016-0145-9>

- Levine, S. K. (1999). Poiesis and Post-modernism: The search for a foundation in expressive arts therapy. In E. Levine & S. Levine (Eds.) *Foundations of expressive arts therapy: Theoretical and clinical perspectives* (pp. 19-36). London: Jessica Kingsley Publishers.
- Levine, E. G., & Levine, S. K. (Eds.). (1998). *Foundations of expressive arts therapy: Theoretical and clinical perspectives*. London: Jessica Kingsley Publishers.
- Lev-Wiesel, R. (1998). Use of drawing technique to encourage verbalization in adult survivor of sexual abuse. *The Arts in Psychotherapy, 25*(4), 257-262. [https://doi.org/10.1016/S0197-4556\(98\)00025-2](https://doi.org/10.1016/S0197-4556(98)00025-2)
- Lev-Wiesel, R. (2005). Dissociative identity disorder as reflected in drawings of sexually abused survivors. *The Arts in psychotherapy, 32*(5), 372-381. <https://doi.org/10.1016/j.aip.2005.02.003>
- Liebmann, M. (2002). Working with Men. In S. Hogan (Ed.), *Gender Issues in Art Therapy* (pp. 108-125). London, GB: Jessica Kingsley Publishers.
- Lisak, D. & Luster, L. (1994). Educational, occupational and relationship histories of men who were sexually and/or physically abused as children. *Journal of Traumatic Stress, 7*, 507-523. <https://doi.org/10.1002/jts.2490070402>
- Lyshak-Stelzer, F., Singer, P., St. John, P., & Chemtob, C. M. (2007). Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study. *Art Therapy: Journal of the American Art Therapy Association, 24*(4), 163–169. <https://doi.org/10.1080/07421656.2007.10129474>
- Malchiodi, C. A. (2003). Expressive arts therapy and multimodal approaches. In C. Malchiodi (Ed.), *Handbook of art therapy* (pp. 106-117). New York: The Guilford Press.
- Malchiodi, C. A. (2012). Trauma informed art therapy and sexual abuse in children. In P.

- Goodyear-Brown (Ed.), *Handbook of child sexual abuse: Identification, assessment, and treatment* (pp. 341-354). <https://doi.org/10.1002/9781118094822.ch15>
- Malchiodi, C. A. (2013). *Expressive therapies*. New York: Guilford Publications.
- Menon, P., Chaudhari, B., Saldanha, D., Devabhaktuni, S., & Bhattacharya, L. (2016). Childhood sexual abuse in adult patients with borderline personality disorder. *Industrial Psychiatry Journal*, 25(1), 101. <https://doi.org/10.4103/0972-6748.196046>
- Miller, R. B. (2007). The role of response art in the case of an adolescent survivor of developmental trauma. *Art Therapy*, 24(4), 184-190. <https://doi.org/10.1080/07421656.2007.10129470>
- Mills, L. J., & Daniluk, J. C. (2002). Her body speaks: The experience of dance therapy for women survivors of child sexual abuse. *Journal of Counseling & Development*, 80(1), 77-85. <https://doi.org/10.1002/j.1556-6678.2002.tb00169.x>
- Mohammadian, Y., Shahidi, S., Mahaki, B., Mohammadi, A. Z., Baghban, A. A., & Zayeri, F. (2011). Evaluating the use of poetry to reduce signs of depression, anxiety and stress in Iranian female students. *The Arts in Psychotherapy*, 38(1), 59-63. <https://doi.org/10.1016/j.aip.2010.12.002>
- Morris, N. (2014) Silenced in childhood: A survivor of abuse finds her voice through group Dramatherapy, *Dramatherapy*, 36(1), 3-17, doi:10.1080/02630672.2014.926958
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage. <https://doi.org/10.4135/9781412995658>
- Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1994). The effect of child sexual abuse on social, interpersonal and sexual function in adult life. *The British Journal of Psychiatry*, 165(1), 35-47. <https://doi.org/10.1192/bjp.165.1.35>

- Noll, J. G. (2005). Forgiveness in people experiencing trauma. *Handbook of forgiveness*, 363-376. doi:10.4324/9780203955673
- Pallaro, P. (1997). Culture, self and body-self: Dance/movement therapy with Asian Americans. *The Arts in Psychotherapy*, 24(3), 227-241. [https://doi.org/10.1016/S0197-4556\(97\)00038-5](https://doi.org/10.1016/S0197-4556(97)00038-5)
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York, NY: W W Norton & Co. Retrieved from <http://books.wwnorton.com/books/Trauma-and-the-Therapist/>
- Pifalo, T. (2002). Pulling out the thorns: Art therapy with sexually abused children and adolescents. *Art Therapy*, 19(1), 12-22. <https://doi.org/10.1080/07421656.2002.10129724>
- Pifalo, T. (2006). Art therapy with sexually abused children and adolescents: Extended research study. *Art Therapy*, 23(4), 181-185. <https://doi.org/10.1080/07421656.2006.10129337>
- Pifalo, T. (2007). Jogging the cogs: Trauma-focused art therapy and cognitive behavioral therapy with sexually abused children. *Art Therapy*, 24(4), 170-175. <https://doi.org/10.1080/07421656.2007.10129471>
- Pretorius, G. & Pfeifer, N. (2010). Group art therapy with sexually abused girls. *South African Journal of Psychology*, 40(1), 63-73. <https://doi.org/10.1177/008124631004000107>
- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(3), 269-278. <https://doi.org/10.1097/00004583-200303000-00006>
- Rappaport, L. (2009). *Focusing-oriented art therapy: Accessing the body's wisdom and creative intelligence*. London: Jessica Kingsley Publishers.

Rogers, N. (2001). Person-centered expressive arts therapy. In Rubin, J. A. (Ed.) *Approaches to art therapy: Theory and technique* (pp. 163-177). New York: Routledge.

Roghanchi, M., Mohamad, A. R., Mey, S. C., Momeni, K. M., & Golmohamadian, M. (2013).

The effect of integrating rational emotive behavior therapy and art therapy on self-esteem and resilience. *The Arts in Psychotherapy, 40*(2), 179-184.

<https://doi.org/10.1016/j.aip.2012.12.006>

Rust, J. O., & Troupe, P. A. (1991). Relationships of treatment of child sexual abuse with school achievement and self-concept. *The Journal of Early Adolescence, 11*(4), 420-429.

<https://doi.org/10.1177/02724316911114002>

Rymaszewska, J., & Philpot, T. (2006). *Reaching the vulnerable child: Therapy with traumatized children*. London, England: Jessica Kingsley Publishers.

Smith, J. & Eatough, V. (2007). Interpretive Phenomenological Analysis. In E. Lyons & A. Coyle (Eds.) *Analysing Qualitative Data in Psychology* (pp. 35-51). London: Sage

Publications, Ltd. <http://dx.doi.org/10.4135/9781446207536.d10>

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, method and research*. London, England. SAGE Publications.

Spataro, J., Moss, S. A., & Wells, D. L. (2001). Child sexual abuse: A reality for both sexes.

Australian Psychologist, 36(3), 177-183. doi:10.1080/00050060108259653

Spring, D. (2001). *Image and mirage: Art therapy with dissociative clients*. Springfield, IL, US:

Charles C Thomas Publisher.

Stace, S. M. (2014). Therapeutic doll making in art psychotherapy for complex trauma. *Art*

Therapy, 31(1), 12-20. <https://doi.org/10.1080/07421656.2014.873689>

- Tummala-Narra, P. (2007). Conceptualizing trauma and resilience across diverse contexts: A multicultural perspective. *Journal of Aggression, Maltreatment & Trauma, 14*(1-2), 33-53. https://doi.org/10.1300/J146v14n01_03
- Turner, H.A., Finkelhor, D., & Ormrod, R. (2007). Predictors of receiving counseling in a national sample of youth: The relative influence of symptoms, victimization exposure, parent-child conflict, and delinquency. *Journal of Youth and Adolescence, 36*, 861-876. <https://doi.org/10.1007/s10964-007-9189-z>
- Ulman, E. (2001). Art therapy: Problems of definition. *American Journal of Art Therapy, 40*(1), 16.
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany: State University of New York Press.
- Watson, J. (2014). Young African American males: Barriers to access to health care. *Journal of Human Behavior in the Social Environment, 24*(8), 1004-1009. <https://doi.org/10.1080/10911359.2014.953416>
- Whitley, E. M., Samuels, B. A., Wright, R. A., & Everhart, R. M. (2005). Identification of barriers to healthcare access for underserved men in Denver. *Journal of Men's Health and Gender, 2*(4), 421-428. <https://doi.org/10.1016/j.jmhg.2005.05.006>
- Widom, C. S. (1999). Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry, 156*, 1223-1229. Retrieved from <https://ajp.psychiatryonline.org/doi/pdf/10.1176/ajp.156.8.1223>
- Widom, C.S. & Morris, S. (1997). Accuracy of adult recollections of childhood victimization part 2, childhood sexual abuse. *Psychological Assessment, 9*(1), 34-46. <https://doi.org/10.1037/1040-3590.9.1.34>

Williams, L. M. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology, 62*(6), 1167-1176.

<https://doi.org/10.1037/0022-006X.62.6.1167>

Winder, J. (1996). Counseling adult male survivors of childhood sexual abuse: A review of treatment techniques. *Journal of Mental Health Counseling, 18*(2), 123-133. Retrieved from <http://amhcajournal.org>

APPENDIX A

Extended Review of the Literature

Author/Year	Title	Sample	Methods/ Research Design	Main Findings
Addison (2002)	Art therapy with gay, lesbian, bisexual and transgendered clients	N/A	N/A	Book chapter provides education on use of art therapy with GLBT clients, including importance of awareness of literature and ethical dilemmas on GLBT clients, as well as homophobia and symbols of GLBT culture. Suggests that art therapy room can provide comfortable place to GLBT clients to feel accepted.
Backos & Pagon (1999)	Finding a Voice: Art Therapy with Female Adolescent Sexual Abuse Survivors	Sample ($N = 3$) included female CSA survivors, age 13-17, group art therapy members	Qualitative, Interviews	Purpose of study to explore effects of art therapy with female CSA survivors. Results suggest that inclusion of art therapy in group of female adolescent sexual abuse survivors was beneficial for helping them find their voice through empowerment, catharsis, expressing anger, and healing.
Barber & Campbell (1999)	Living colour in art therapy: Visual and verbal narrative of black and white.	N/A	N/A	Book chapter provides information on how color is used in art therapy. Discusses social

				and political meanings associated with 'black' and 'white,' concept of colorized identities, and process of using color to process one's identity, belief systems, and tell one's story.
Berliner & Elliott (2002)	Sexual abuse of children.	N/A	Chapter, Literature Review	Book chapter on CSA; including definition, prevalence, characteristics, rates of disclosure and reporting, long-term effects, mediating factors, effective treatments, and treatment issues. CSA is underreported (42% of men had never told until time of data collection). CSA results in difficulties with coping mechanisms due to hyperarousal, emotional pain and trauma memories, resulting in self-mutilation behaviors, bingeing and purging, and alcohol or substance use. Cognitive-behavioral therapy (CBT) approaches

				most effective for CSA.
Bermudez & ter Maat (2006)	Art therapy with Hispanic clients: Results of a survey study.	Sample ($N = 27$) included art therapists (25 female, 2 male) who previously worked with Hispanic clients	Quantitative Survey	Art therapy found to be “very helpful” in working with all Hispanic age groups (56% believed “very helpful” with adults, and 99% believed helpful with children and adolescents.). Benefits include self-expression, communication, assistance with cultural barriers, socialization, trust and safety in therapeutic relationship, connecting to own culture, and assistance with assessment.
Bonanno (2004)	Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events?	N/A	Literature Review	Current literature suggests that resilience to loss and trauma is common, distinct from recovery, and can be reached through many different pathways, including hardiness, self-enhancement, repressive coping, and positive emotion or laughter.
Bowman & Halfacre (1994)	Poetry therapy with the sexually abused adolescent: A case study.	Sample ($N = 1$) included one Caucasian	Qualitative, Case study	Case study of poetry therapy with male CSA survivor suggested that

		male, age 19, CSA survivor		poetry therapy improved self- awareness and life functioning, increased emotional expression, and increased trust in therapeutic relationship.
Briere (1996)	Psychometric review of the Trauma Symptom Checklist-40.	N/A	Quantitative, Psychometric Review	The TSC-40 assesses trauma among six different sub scales, including: Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index (SATI), Sexual Problems, and Sleep Disturbance, as well as a total trauma score. Studies using the TSC-40 and original TSC-33 indicate that it is a relatively reliable measure, with alphas for the full trauma scale averaging between 0.89 and 0.91, and trauma subscales typically ranging between 0.66 to 0.77. The TSC-40 is intended to be used as a research measure, as it stresses that it should not be used as a clinical test or a self-test under any circumstances.

Briere (2002)	Treating Adult Survivors of Severe Childhood Abuse and Neglect	N/A	N/A	<p>Book chapter provides information on integrated approach to treatment of adults with severe childhood abuse or neglect; including phenomenology and effects of childhood abuse. Differentiates acts of omission or neglect from acts of commission or physical and sexual abuse. Suggests primary impacts of childhood abuse and neglect cause negative preverbal assumptions and schemas, conditioned responses to abuse stimuli, memories of maltreatment, suppressed cognitive structures involving abuse material, and inadequate affect regulation. Provides focuses for psychotherapy including safety, self-awareness, positive identity, boundaries, affect regulation, activation, and emotional and cognitive processing.</p>
---------------	--	-----	-----	--

Briere & Elliott (1994)	Immediate and Long-Term Impacts of Child Sexual Abuse.	N/A	Literature Review	Provides literature review on effects of CSA. Results suggest CSA is distressing and harmful to psychological functioning; immediate behaviors resulting from CSA are adaptive, but are harmful to psychological health in long term. Long-term consequences of CSA involve post-traumatic stress disorder, cognitive distortions, impairment in sense of self, emotional distress, and interpersonal problems. These effects of trauma depend on individual and environmental factors that exist prior to CSA.
Briere & Elliott (2003)	Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women.	National U.S. sample ($N = 1442$) included males and females age 18-85+	Quantitative Survey	CSA and childhood physical abuse are common in general population & associated with variety of psychological symptoms. 14.2% men & 32.3% women report CSA, 22.2% men 19.5% women report physical abuse; 39% of

				males report having been sexually abused by at least one female. Sexual and physical abuse associated with predictive TSI scores.
Briere & Runtz, 1989	The Trauma Symptom Checklist (TSC-33) Early data on a new scale.	Sample ($N = 195$) included women (133 with CSA, 62 without CSA), mean ages 29.6 and 26.3	Quantitative, Discriminant analysis	TSC-33 is a 33 item self-report measure developed to measure post-traumatic symptoms in adults, including subscales of Anxiety, Depression, Dissociation, Post-Sexual Abuse Trauma, and Sleep Disturbance. It is designed to be administered on a population of adult research subjects who either have or have not been exposed to childhood trauma.
Brooke (1995)	Art therapy: An approach to working with sexual abuse survivors.	Sample ($N = 6$) included White, middle-class females, age range 26 to 40, control group of 5 women age range from 24 to 46	Quantitative, control-wait design	Study examined the effectiveness of art therapy in raising self-esteem levels of female survivors of CSA. Utilized the Culture-Free Self-Esteem Inventory (SEI) to measure self-esteem. Study lasted eight weeks, where participants engaged in group. Results from pre-

				and post- test self-esteem scores suggested significant differences found between baseline self-esteem scores of both groups, with treatment group showing lower scores maybe due to being in process of remembering abuse. Treatment group's score was similar to those of control group by end of treatment, suggesting that art therapy improves aspects of self-esteem.
Bryant (1999)	The path to wholeness: Effective coping strategies of African-American adult survivors of childhood violence.	Sample ($N = 70$) included African-American adults	Qualitative, Retrospective study	Purpose to explore effectiveness of coping strategies for African-American adult survivors of childhood violence. Results suggest that coping strategies included creativity or the use of arts, spirituality, activism and community support. Community supports were found to be predictive of lower psychological distress.
Bryant-Davis (2005)	Coping Strategies of African	Sample ($N = 70$) included	Qualitative, Retrospective	Study explored the use of coping

	American Adult Survivors of Childhood Violence.	African-American adult survivors of childhood violence	study, Spradley's (1979) ethnographic research methodology	strategies for African American Adult survivors of childhood violence. Results suggested that participants endorsed coping strategies: community support, spirituality, activism, creativity, introspection, confrontation, therapy and/or medication, escapism, desensitization, transcendence, humor, safety precautions, and racial reframing/racial attribution. Provides implications for practitioners, including assessing for coping strategies, and integrating art, spirituality, and affirmation of strengths and abilities.
Cho & Lee (2014)	Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences.	N/A	Literature Review	Reviews differences between grounded theory and qualitative content analysis. Suggests that differences lie in background and philosophical base, method characteristics,

				goals and rationale, process of data analysis, research outcomes, and trustworthiness. Strengths of qualitative content analysis include understanding of social reality or phenomena through variety of verbal and written materials, opportunity to process large amount of data, flexibility of data sampled, and unobtrusive method between participant and researchers.
Cohen, Murray, & Mannarino (2013)	Trauma-focused cognitive behaviour therapy for child sexual abuse.	N/A	N/A	Book chapter on Trauma-focused cognitive behavior therapy (TF-CBT) as an evidence-based treatment for CSA. Discusses prevalence and impact of CSA, as well as need for assessment prior to treatment. General concepts of TF-CBT include psychoeducation and parenting skills, relaxation, affect modulation skills, cognitive coping, trauma narrative and processing, mastery of trauma

				reminders, conjoint child-parent sessions, and enhancing safety.
Cole & Putnman (1992)	Effect of incest on self and social functioning: A developmental psychopathology perspective.	N/A	Literature Review	Article proposes developmental model for conceptualization of short and long-term effects of CSA. Incest negatively affects domains of self and social functioning, including self-definition, integration, self-regulation, and trust in relationships. Research suggests that those with history of incest experience impairment in self and social functioning. Article provides understanding of effects of coping with CSA at various developmental phases.
Coulson & Morfett, 2013	Group work for adult survivors of sexual abuse in childhood.	Sample ($N = 6$) included adult female CSA survivors in group therapy	Qualitative, Survey, interview	Study focused on effects of group on female CSA survivors using client-centered approach by Yalom. Group met for 20 sessions and focused on effects of living with CSA experience while

				<p>making connections between current and past experiences. Results suggest group provided installation of hope, universality of experience and reduction of isolation and shame through sharing. Group members experienced development of catharsis, altruism, interpersonal learning, socialization techniques, group cohesiveness, and meaning making in a corrective group experience.</p>
Creswell, 2013	<p>Research design: Qualitative, quantitative, and mixed methods approaches.</p>	N/A	N/A	<p>Book on research methodology, including qualitative, quantitative and mixed-methods approaches. Mixed-methods approach can involve concurrent triangulation approach, where both quantitative and qualitative data are collected simultaneously and later confirmed, disconfirmed or cross-validated.</p>

Czincz & Romano, 2013	Childhood sexual abuse: community-based treatment practices and predictors of use of evidence-based practices.	Sample ($N = 231$) included psychologists providing treatment to children/adolescents who experienced CSA	Quantitative, Survey, Descriptive analysis, Chronbach's alpha	Purpose to study extent which community-based psychologists use evidence-based practices (EBP) for CSA. Majority of participants (77.5%) indicated never receiving certifications for CSA interventions. Most frequent certification mentioned was TF-CBT (4.8%), EMDR (3.9%), and other interventions, including trauma and loss, narrative therapy, play therapy (12.1%). Three significant variables found as predictors of TF-CBT use, including younger age, CBT orientation, and greater participation in continuing education activities.
Diehl & Prout, 2002	Effects of posttraumatic stress disorder and child sexual abuse on self-efficacy development.	N/A	Literature Review	Article provides information on the effects of CSA and PTSD on development of self-efficacy. Suggests that traumatized and sexually abused children will experience difficulty in attaining

				<p>independent sense of self. Self-efficacy beliefs impact course and development of PTSD due to coping ability. Implications for treatment involve focus on emotional self-efficacy and maladaptive coping skills (i.e., distraction from feeling, avoid negative context, cognitive blunting, dissociation) in the treatment of PTSD.</p>
Draijer & Langeland, 1999	<p>Childhood trauma and perceived parental dysfunction in the etiology of dissociative symptoms in psychiatric inpatients</p>	<p>Sample ($N=160$) included adult inpatients, 94 women and 66 men, mean age 35.6, $SD=12.0$ years</p>	<p>Quantitative; Bivariate analyses, Chi-square with Yate's correction, Two-tailed t tests, Multivariate stepwise regression</p>	<p>Purpose of study to examine level of dissociation in relation to childhood trauma (i.e., sexual abuse, physical abuse, witnessing parental violence), early separation from parent, and perceived parental dysfunction. Dissociation more prominent with severe sexual abuse (involving penetration, lasting over a year, involving several perpetrators). Dissociation associated with maternal dysfunction, and highest levels of dissociation found</p>

				in patients with cumulative sexual trauma and both sexual and physical abuse. Result suggest that dissociation found to be predicted by physical abuse, sexual abuse, and maternal dysfunction.
Drewes, 2009	Blending play therapy with cognitive behavioral therapy: Evidence-based and other effective treatments and techniques.	N/A	N/A	Book on the use of cognitive behavioral therapy and play therapy as a treatment of trauma in children. Provides rationale, research and historical foundation for using play and CBT with children. Several chapters devoted to approaches on integrating CBT and play with children and families, including manual-based treatment, sandtray, turtle technique, affect regulation through play, narrative approaches, and problem solving through expressive activities.
Dube et al. (2005)	Long-term consequences of childhood sexual abuse by gender of victim.	National Sample ($N = 17337$) included adult HMO	Quantitative Survey, Multivariate logistic regression	Retrospective cohort study comparing long-term effects of CSA, including

		members in San Diego, California		gender of victim, severity of CSA, and long-term health and social problems. Results suggest that CSA reported by 16% of males and 25% of females, where males reported more female perpetration (40% compared to 6%). Long-term impacts of CSA on both men and women, including physical health, psychological, and social problems. These include increased risk for alcohol and substance use, suicide attempts, marrying an alcoholic, and current marital problems for both males and females. CSA with intercourse was associated with elevated risk of outcomes for both genders.
Elbrech & Antcliff (2014)	Being touched through touch. Trauma treatment through haptic perception at the Clay Field: A sensorimotor art therapy.	Case example (N = 1) included female client, age 35	Article, Literature Review, Case Example	Review of "Trauma Healing at the Clay Field" as art therapy approach in trauma recovery. Uses case example with female client that demonstrates how use of hands and

				<p>clay facilitated sensory awareness, emotional awareness, and cognitive insights. The sense of touch or haptic perception (form of perception involving coordinated movement and sensory receptors in skin) is a fundamental human experience for autonomic and emotional regulation. Clay in art therapy can be used to facilitate haptic perception for recreating implicit memories.</p>
Elligan (2000)	Rap therapy: A culturally sensitive approach to psychotherapy with young African American men.	N/A	Literature Review	<p>Article provides information and application on the use of Rap therapy with African American men. Rap Therapy is a culturally sensitive approach in working with African American men due to idiosyncratic nature and lyrical expression, and social learning. Five phases of Rap Therapy are assessment, alliance, reframing, role play with reinforcement, and</p>

				action and maintenance. Case provided example of phases of Rap Therapy with client.
Elliott & Briere (1992)	Sexual abuse trauma among professional women: Validating the trauma symptom checklist-40.	Sample ($N = 2963$) included professional women from United States	Quantitative Survey, Discriminant analysis and univariate t -test using TSC-40	Purpose of study to examine usefulness of Trauma Symptom Checklist-40 (TSC-4) in measuring long term sequelae of sexual abuse. Results from national survey of women found the TSC-40 to be reliable and valid in predicting CSA. Women with history of CSA scored higher on overall TSC-40 and six subscales, with Sexual Abuse Trauma Index (SATI) and Dissociation subscales as most sensitive predictors.
Felitti et al. (1998)	Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults.	Sample ($N = 9508$) included adults at large HMO, mean age of 56.1 (range 19-92), 52.1% female, 79.4% white	Quantitative Survey, Longitudinal retrospective	Survey on relationship between adverse childhood experiences and household dysfunction. Results suggest that psychological, physical or sexual abuse, violence against mother, or living with substance abusers,

				<p>mentally ill, suicidal or imprisoned family were highly correlated with later psychological and health consequences.</p> <p>Experience of 4 or more categories of childhood exposure led to 4- to 12- fold increase in health risks for alcoholism, drug abuse, depression, and suicide attempts.</p> <p>A strong relationship was found between exposure to abuse or household dysfunction and multiple risk factors for leading causes of death in adults.</p>
Ferguson (2014)	Art therapy for adult survivors of child sexual abuse.	Sample ($N = 33$) included mental health professionals who used art therapy with male and female CSA survivors	Quantitative survey, ANOVA, Pearson's r and t -test	<p>Purpose of study to survey therapists to see if art therapy was effective for treating adult survivors of CSA. Results suggested that art therapy was perceived to be effective with both male and female adult survivors of CSA; no significant differences found between males & females. Suggests that art therapy is</p>

				<p>underutilized with adults. Art therapy effective in reducing anxiety and depression in women, lessening guilt and shame in men and women, assisting women in communication skills, increasing self-esteem, relieving fears in intimate relationships, developing proper relationships with own children, and increasing internal locus of control. Study suggests need for further use and research with adult survivors of CSA.</p>
Finkelhor (1990)	<p>Early and long-term effects of child sexual abuse: An update.</p>	N/A	Literature Review	<p>Purpose of study to provide updated research on early and long-term effects of CSA. Studies on impact on boys is limited compared to females, although boys experience similar stress-related symptoms. Boys shown to be more “externalizing.” Longitudinal perspective provided information on reduction of rea</p>

				Asymptomatic children speculated to be in denial, suffered less abuse, or experiencing symptoms that are not adequately encompassed by current assessment measurements. Classic PTSD not inclusive of all effects of symptoms of trauma, including greater emphasis on affect instead of cognition.
Finkelhor & Berliner (1995)	Research on the treatment of sexually abused children: A review and recommendations.	N/A	Literature Review, Quasi-experimental design	Review evaluates findings from 29 studies on effectiveness of treatments for sexually abused children. Studies suggest that aggressiveness and sexualized behavior are resistant to change. Further research recommended to focus on diversity, asymptomatic children, family context in recovery, abuse-focused interventions, other treatment factors, and development of outcome measures.
Finkelhor & Browne (1985)	The traumatic impact of child	N/A	Literature Review	Article provides review and new model to

	sexual abuse: a conceptualization.			conceptualize the impact of CSA. The proposed model suggest that experience of CSA is analyzed with four trauma factors (“traumagenic dynamics”), including traumatic sexualization, betrayal, powerlessness, and stigmatization. These dynamics are postulated to alter cognitive and emotional orientation, which affects self-concept, world view, and affect capacities.
Franklin (1992)	Art therapy and self-esteem.	N/A	Literature Review	Article provides information on use of art therapy and art making as a way for improving self-esteem through empowerment and validation due to art making being a metaphor for constructing the self.
Franklin & Politsky (1992)	The problem of interpretation: Implications and strategies for the field of art therapy.	N/A	Literature Review	Article discusses the historical perspectives and interpretive models that address the problem of interpretation in art therapy. Interpretation involves finding meaning in the

				<p>artwork. Article provides information on a multidimensional interpretative strategy encompassing aesthetics, phenomenology, social and cultural contexts, and the individual in order to make an informed impression. “Impressions” of observations are preferred in order to facilitate greater understanding of the client and develop informed impressions with flexible conclusions.</p>
Garrett (2014)	Beyond play therapy: using the sandtray as an expressive arts intervention in counseling adult clients.	N/A	Literature Review	<p>Article provides information on use of sandtray (STs) in counseling interventions, specifically with adults. Review of historical use of sandtray as play-based intervention with children that provides flexible, three-dimensional expression of thoughts and feelings with kinesthetic aspect of touching sand. Article suggests that ST can be used with adults to offer</p>

				flexibility for those who are uncomfortable with verbal expression to allow for creativity, therapeutic metaphor and sensory stimulation within safe boundaries of ST.
Geller & Porges (2014)	Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships.	N/A	Literature Review	Article provides literature review and explanation of importance of safety in the therapeutic relationship. The “polyvagal theory” provides explanation of neurophysiological state achieved in therapeutic relationship for safety to be experienced. Defensiveness and be down-regulated through markers of social engagement.
Glasser et al. (2001)	Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator.	Sample ($N = 843$) included subjects attending specialist forensic psychotherapy center	Quantitative, Longitudinal, Retrospective case note review	Purpose of study to identify perpetrators of abuse who had been victims of CSA (pedophilia or incest). Results suggest that the rate of being victim was 35% for perpetrators and 11% for non-perpetrators. Many males with CSA perpetrated by

				female relatives become perpetrators themselves.
Gonick & Gold (1991)	Fragile attachments: Expressive arts therapy with children in foster care.	N/A	Literature Review	Article provides information on the use of expressive arts therapy with children in foster care. Suggests that themes in expressive arts therapies can address difficulties, trauma, and broken attachments experienced by children in foster care. These themes include safety, helplessness, shame, and hunger.
Green (2001)	Art and music therapy for trauma survivors.	N/A	Literature Review	Article provides literature review on the use of art and music therapy with trauma survivors. Discusses how creative arts therapies are effective for treating PTSD due to sensory processing, reconsolidation or reconstruction of traumatic memories, establishing of safety, and increased ability to express traumatic memories through exploring and sharing images, music and objects.

Greenwood (2011)	Long term individual art psychotherapy. Art for art's sake: The effect of early relational trauma	Sample ($N=1$) included a female, age 32, with trauma history	Case Study, Retrospective Analysis	Case study showed improvements in mental health at end of individual art therapy, as well as 3 years post treatment. Art therapy found to enhance opportunities for shared non-verbal communication. Results suggest that creation of art in the presence of a supportive art therapist provides context for reparative attachment work.
Grossman, Sorsoli, & Kia-Keating (2006)	A gale force wind: Meaning making by male survivors of childhood sexual abuse.	Sample ($N=16$) included male survivors of CSA, 10 Caucasian, 2 African American, 3 Latino, 1 Native American, age range 24 to 61	Qualitative, Interviews	Purpose of study to explore meaning making styles of male CSA survivors. Results suggested three types of meaning making, including in actions (i.e., altruism, creative expression), thought and reason (i.e., cognitive framework to understand the traumatic past, the abuser and the self), and calling on sense of spirituality.
Hiscox & Calisch (1998)	Tapestry of cultural issues in art therapy.	N/A	N/A	Book on use of art therapy with diverse cultural backgrounds. Chapters include therapeutic issues

				and considerations in working with ethnic minorities, including processing effects of racism in context of art therapy.
G. R. Holmes, Offen, & Waller (1997)	See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood?	N/A	Literature Review	Literature review focused on exploring reasons why few adult males with CSA seek treatment. Provides information on prevalence of CSA with male survivors, low disclosure rates, and phenomena of clinicians not identifying or inquiring about male CSA abuse histories. Review suggests that males are less likely to disclose their abuse histories because consequences of disclosure are perceived to be worse than non-disclosure and masculine socialization. Clinical implications are provided, including recognition, increasing awareness of indicators of possible CSA in adult males, and

				legitimizing social problem of male CSA.
W. C. Holmes & Slap (1998)	Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management.	Sample of 166 studies of 149 sexual abuse samples	Critical Review of the Literature	Purpose of literature review to provide information on CSA of boys, including definition, prevalence, correlates, sequelae and management. Boys at highest risk for abuse are younger than 13, nonwhite, of low SES and not living with their fathers. Perpetrators are unrelated to victims, and abuse typically involves penetration. CSA of boys results in psychological distress, substance use, and sexually related problems. Results suggest that CSA of boys is common, underreported, under recognized, and undertreated.
C. M. Johnson & Sullivan-Marx (2006)	Art therapy: Using the creative process for healing and hope among African American older adults	Sample ($N = 2$) included African American elders	Qualitative, Case Study	Article provides introduction to use of expressive arts with older African American clients. Results suggest that art therapy is beneficial for elderly African American clients in

				facilitating healing and hope.
D. R. Johnson (1987)	The role of the creative arts therapies in the diagnosis and treatment of psychological trauma.	N/A	Literature Review	Article provides information on use of creative arts therapies for treatment and diagnosis of trauma. Suggests that creative arts therapies can facilitate access to traumatic images and memories, and “worked through” their memories through modulating directness and intensity of expression with the therapist. Creative arts therapies also facilitate a “rejoining with the world” through communication, expression, forgiveness, and communal embrace.
Kaplan & Kaplan (2007)	Art therapy and social action.	N/A	N/A	Book on techniques and approaches of art therapy as an agent of social change. Chapters provide information on using art to facilitate social action, social activism, including healing trauma, anger management, and building community through multiculturalism

				and unity in diversity.
Krugman (1998)	Men's shame and trauma in therapy.	Sample ($N=1$) included an adult male, with trauma history	Qualitative, Case Study	Case study provides information of shame in men. Suggests that men mask feelings, which results in emotional fragmentation. Men with CSA perpetrated by females often have significant shame surrounding their abuse.
Lai (2011)	Expressive Arts Therapy for Mother-Child Relationship (EAT-MCR): A novel model for domestic violence survivors in Chinese culture.	Sample included case examples of Chinese domestic violence survivors	Literature Review and Case Examples	Article reviews literature and proposes new model for the use of expressive arts therapy with female Chinese domestic violence survivors. Core concepts of EAT-MCR include power within a group, well-groomed process, and an experimental-cognitive approach. EAT-MCR is proposed to have 4 steps: initiation by strength building, exploration of impacts of domestic violence, and transformation with a new family prospect. It is suggested that the safe and trusting

				group environment with expressive arts facilitates strengths, processing of trauma, and empowerment.
Lee et al (2016)	Self-resilience as a protective factor against development of post-traumatic stress disorder symptoms in police officers.	Sample ($N = 112$) included police officers in Gangwon Province, age range 47 to 60 years	Quantitative, Chi-squared, Two sample t -test, logistic regression	Purpose of study to examine the mechanisms underlying interactions between risk and protective factors (self-resilience) related to PTSD in police officers. Participants completed the several trauma, distress, and resiliency scales. Results suggest that those with low self-resilience had significantly higher rate of PTSD Symptoms. Study proposes that self-resilience may protect police officers from PTSD symptoms.
E. G. Levine & Levine (1998)	Foundations of expressive arts therapy: Theoretical and clinical perspectives.	N/A	Literature Review	Book chapter on foundation of expressive arts therapy. Suggests that expressive arts is grounded in capacity of arts to respond to human suffering.
S. K. Levine (1999)	Poiesis and Post-modernism: The search for a foundation in			Book chapter on foundation of expressive arts therapy. Discusses

	expressive arts therapy.			philosophical foundation and framework.
Lev-Wiesel (1998)	Use of drawing technique to encourage verbalization in adult survivor of sexual abuse.	Sample ($N = 1$) included adult female, age 36, survivor of CSA	Qualitative, Case Study	Purpose of study to demonstrate effectiveness of drawings in art therapy in encouraging verbalization in adult female CSA survivor. Case study presented usefulness of drawing techniques in enabling adult survivor to speak about past trauma, while providing reassurance to client to confront difficult emotions and traumatic memories.
Lev-Wiesel (2005)	Dissociative identity disorder as reflected in drawings of sexually abused survivors.	Sample ($N = 18$) included 9 female adults, 6 girls, 3 boys, age range 4.5 to 46 years, CSA survivors	Quantitative, Spearman's correlation	Purpose of study to examine how dissociative identity disorder (DID) is articulated in human figure drawings drawn by CSA survivors. Results suggested that 84% of drawings included images of one facial profile (33%), two or more human figures within a body (13%), figure split into two figures (11%), more than one face (17%), figure represented two sexes (5%) or

				<p>figures drawn as shadows behind main figure (5%). These drawings consisted of two or more mages symbolizing personality states. Provides clinical implications for the use of human figure drawing in assessment for DID.</p>
Liebmann (2002)	Working with Men.	N/A	Literature Review, Case Study	<p>Book chapter on gender issues during therapy with men. Suggested that men in criminal justice and mental health systems are initially resistant but later have productive art therapy work. Case study example provided evidence of benefit of art therapy for male to expressive himself when he lacked the words, as well as freedom to express his feelings. Chapter suggests that art therapy has a lot to offer men due to fostering safety, communication, self-reflection, and intimacy, which are difficulties due to male socialization.</p>

Lisak & Luster (1994)	Educational, occupational and relationship histories of men who were sexually and/or physically abused as children.	Sample ($N = 90$) included adult males, mean age 26, at Northeastern University	Quantitative, Survey	Purpose of study to examine relationship between sexual and physical abuse, and education, occupational, relationship and substance abuse. Results suggested that 17.8% of men experienced sexual abuse alone, 24.4% physical abuse alone, 16.7% both sexual and physical abuse, and 77.4% men experienced contact. Men with CSA histories reported greater educational difficulties than those with physical abuse.
Lyshak-Stelzer, Singer, St. John, & Chemtob (2007)	Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study.	Sample ($N = 78$) included adolescents with PTSD at Long Island facility, age 13 to 18	Quantitative, Repeated measure ANOVA	Purpose of study to examine efficacy of adjunctive trauma-focused art therapy (TF-ART) intervention for inpatient adolescents with chronic PTSD symptoms. Participants participated in 16 week group treatment in either TF-ART or “treatment as usual” control group, and were administered UCLA PTSD Reaction Index to

				assess for symptom severity. Results suggested that TF-ART resulted in greater reduction in PTSD symptom severity.
Malchiodi (2003)	Expressive arts therapy and multimodal approaches.	N/A	Literature Review	Book chapter on expressive arts therapy. Provides definition and theoretical background of expressive arts therapy and distinction between art therapy, including the use of intermodal and multimodal approaches with multiple art mediums. Discusses “creative axis model” on stages of therapy, including contact, organization, improvisation, central theme, elaboration, and preservation. Provides example of “scribble chase” as intervention.
Malchiodi (2012)	Trauma informed art therapy and sexual abuse in children.	N/A	Literature Review	Book chapter on use of trauma-informed art therapy when working with children with CSA. Discusses application of art therapy for sexual abuse, and beneficial aspects

				of art therapy, including affect regulation, externalization of trauma, sensory processing, and attachment.
Malchiodi (2013)	Expressive therapies.	N/A	N/A	Book on expressive therapies, including theory, history and practice. Chapters focus on use of various modalities, including psychodrama, poetry, dance/movement, sandtray, play and. Integrative approaches.
Menon, Chaudhari, Saldanha, Devabhaktuni, & Bhattacharya (2016)	Childhood sexual abuse in adult patients with borderline personality disorder.	Sample ($N = 36$) included patients with Borderline Personality Disorder (BPD), 5 male and 31 female, age 18 to 65 (mean 30.69 years)	Quantitative, Chi-square	Purpose of study to study the profile of CSA in BPD patients, determine parameters of CSA associated with BPD, and determine symptomatology of BPD associated with CSA. Results indicated that 44.44% of BPD patients experienced CSA; 3 out of 5 (60%) males and 13 out of 31 (41.94%) females reported CSA, 13 reported being abused 1-10 times and 3 reported over 10 times.
Miller (2007)	The role of response art in the	Sample ($N = 1$) included	Qualitative, Case Study	Purpose of study to explore use of

	case of an adolescent survivor of developmental trauma.	female, age 13, attending treatment program		response art as approach in working with adolescent survivor of developmental trauma. Descriptions of art therapy sessions reveal various phases in treatment, including aggression, regression and reenactments, approach and avoidance, and “working it out” in the art. Results of case study suggest that the therapist was able to utilize response art to facilitate safety, respond empathically, work towards resolution of trauma reenactments, and help client integrate body and mind through art.
Mills & Daniluk (2002)	Her body speaks: The experience of dance therapy for women survivors of child sexual abuse.	Sample ($N = 5$) included Caucasian women, age 25-48 (mean age 39)	Qualitative, Phenomenological research, Interviews	Purpose of study to explore experiences of dance therapy for female CSA survivors. Themes emerged from phenomenological analysis included: reconnection to their bodies, permission to play, sense of spontaneity, sense

				of struggle, sense of intimate connection, and sense of freedom. Results of the study suggest that dance therapy is beneficial and therapeutic for female CSA survivors.
Mohammadia et al. (2011)	Evaluating the use of poetry to reduce signs of depression, anxiety and stress in Iranian female students.	Sample ($N = 29$) included female undergraduate students, age 18-22, mean age 20.12	Quantitative, mixed ANOVA	Purpose of study to explore effectiveness of group poetry intervention on depression, anxiety and stress for students in Iran. Participants completed Depression, Anxiety, and Stress Scale (DASS) before and after. Participants in intervention group reported less depression, anxiety, and stress compared to control group. Results suggest that use of poetry may be effective in reducing depression, anxiety and stress.
Morris (2014)	Silenced in childhood: A survivor of abuse finds her voice through group Dramatherapy,	Sample ($N = 1$) included adult female in mid-30's with sexual abuse history	Qualitative, Case Study	Purpose of case study is to explore effect of 7-month Dramatherapy Group on adult female with CSA, PTSD, depression and anxiety.

				Suggests that Dramatherapy increased her ability to vocalize her emotions and was useful in her recovery process.
Moustakas (1994)	Phenomenological research methods.	N/A	N/A	Book on theory of phenomenological research methods, as well as process of conducting phenomenological studies.
Mullen, Martin, Anderson, Romans, & Herbison (1994)	The effect of child sexual abuse on social, interpersonal and sexual function in adult life.	Sample ($N = 2250$) females, age 18+	Quantitative Survey	Purpose of study to examine association between CSA and social, interpersonal and sexual difficulties in adult life. Results suggest association between CSA and decline in socioeconomic status, increased sexual problems, and difficulties with trust and intimate relationships. CSA was associated with physical and emotional abuse, as well as disruption and conflict in family.
Noll (2005)	Forgiveness in people experiencing trauma.	N/A	N/A	Book chapter on forgiveness in trauma victims. Provides guidelines for the treatment of transgressor-specific violent

				traumas and forgiveness-based intervention. Discusses forgiveness and CSA, where forgiveness may be effective for some CSA victims in terms of letting go of anger and moving on with their life in the recovery process.
Pallaro (1997)	Culture, self and body-self: Dance/movement therapy with Asian Americans.	Sample included Asian American adults, males and females, 2 nd and 3 rd generation Asian Americans	Qualitative, Case Examples	Article provides theoretical framework and case examples of use of dance and movement therapy with Asian American adults. Author suggests that dance/movement therapy within an object relations and Jungian psychology framework is a valid approach to working with Asian Americans since body movement is a universal and valid form of communication across cultures, and facilitates integration of culturally determined, contrasting behaviors and coping strategies.

Pifalo (2002)	Pulling out the thorns: Art therapy with sexually abused children and adolescents.	Sample ($N = 13$) included of child and adolescent females (age 8 to 16) participating in group with sexual abuse histories	Quantitative, Pre- and Post-test, Fisher t -test	Purpose of study to explore combined approach of art therapy and group process when working with child and adolescent victims of CSA. Participants evaluated using the Trauma Symptom Checklist for Children (TSCC) before and after 10-week group participation. Results of study suggest combined art therapy and group process reduce symptom commonly associated with CSA, including reduction in anxiety, posttraumatic stress, and dissociation.
Pifalo (2006)	Art therapy with sexually abused children and adolescents: Extended research study.	Sample ($N = 13$) included child and adolescent females (age 8 to 16) participating in group with sexual abuse histories	Quantitative, Pre- and post-test t -scores	Purpose of study to report on outcome of four-year follow-up study using combination of art therapy, CBT and group process in treatment of CSA. Participants evaluated using the Trauma Symptom Checklist for Children (TSCC) after participation in group. Results provide further evidence of use of

				combined art therapy (AT) and CBT as effective intervention for CSA related symptoms, including reduction in anxiety, depression, anger, and sexual preoccupation with largest reduction in PTSD, dissociation, and sexual concerns.
Pifalo (2007)	Jogging the cogs: Trauma-focused art therapy and cognitive behavioral therapy with sexually abused children.	N/A	Literature Review	Article provides a treatment model that uses art therapy interventions to facilitate treatment in combination with cognitive behavior therapy. Art therapy interventions accomplish goals of evidence-based practice TF-CBT, including rapport building, anxiety management, affective identification and processing, psychoeducation, coping skills, trauma narrative, and identification of future risk. Suggests that combined art therapy and CBT is effective for CSA.

Pretorius & Pfeifer (2010)	Group art therapy with sexually abused girls.	Sample ($N = 25$) included females age 8 to 11, with history of sexual abuse	Quantitative, Solomon four-group design, Paired samples t -test, ANOVA	Purpose of study to evaluate group art therapy program for sexually abused girls in reducing depression, anxiety, sexual trauma, and low self-esteem. Trauma Symptom Checklist for Children (TSCC) used to assess for depression, anxiety, and sexual trauma. Human Figure Drawing (HFD) used to measure self-esteem, depression, anxiety and sexual trauma. Results suggest that the program successfully targeted depression and anxiety, and sexual trauma, although self-esteem remained stable.
Putnam (2003)	Ten-year research update review: Child sexual abuse.	N/A	Literature Review	Purpose of study to provide information on prevalence, risk factors, outcomes, treatment and prevention of CSA. Prevalence rates are 16.8% for adult women and 7.9% of men. Risk factors include gender (female), age, disabilities, and parental

				dysfunction. Cognitive-behavior therapy (CBT) most effective treatment.
Rappaport (2009)	Focusing-oriented art therapy: Accessing the body's wisdom and creative intelligence.	N/A	N/A	Book on Focusing-based approach to art therapy, which focuses on accessing healing imagery from body's felt sense in expressive arts. Multiple chapters provided on use of focusing-oriented art therapy with various populations. Chapter on trauma discusses use of art as a container to hold traumatic memories and provides the three stage model: establishing safety, remembrance and mourning, and reconnection with ordinary life. Suggests that art therapy is universal and transcends words.
Rogers (2001)	Person-centered expressive arts therapy.	N/A	N/A	Book chapter on person-centered expressive arts therapy. Provides definition of expressive arts therapy as an integrative multi-modal therapy approach that is client-centered and

				focused on creativity and expressing or communicating inner truth. Emphasizes importance of “trusting the client’s path,” as the clinician is a companion in the client’s self-exploration and awareness through use of art modalities.
Roghanchi, Mohamad, Mey, Momeni & Golmohamadian (2013)	The effect of integrating rational emotive behavior therapy and art therapy on self-esteem and resilience.	Sample ($N = 24$) included Iranian university students, 16 female and 8 male, age 19 to 24	Quantitative, Quasi-experimental, t -test	Purpose of study to explore effect of combined rational emotive behavior therapy (REBT) and art therapy (engraving method) on self-esteem and resilience. Results suggest that integration of REBT and art therapy helped increase self-esteem and resiliency in students in Iran.
Rymaszewska & Philpot (2006)	Reaching the vulnerable child: Therapy with traumatized children.	N/A	N/A	Book on approaches to psychotherapy with traumatized children. Provides information on integrated approaches that establish safety and support while utilizing symbolism, play and expressive arts

				to facilitate verbal and non-verbal communication and expression.
Smith & Eatough (2007)	Interpretive Phenomenological Analysis.	N/A	N/A	Book chapter on theory of interpretative phenomenological analysis (IPA), as well as procedures, including interviewing and data analysis.
Smith, Flowers, & Larkin (2009)	Interpretative Phenomenological Analysis: theory, method and research.	N/A	N/A	Book on interpretative phenomenological analysis (IPA), hermeneutics and ideography. Provides information guidelines and procedures for conducting IPA research, including study design, data collection, interviewing, data analysis (i.e., emergent themes), and writing.
Spataro, Moss, & Wells (2001)	Child sexual abuse: A reality for both sexes.	N/A	Critical Review of the Literature	Reviews existing literature on the impact and risk factors of CSA on male and female victims. Results suggest that male CSA under-reported due to male ethos of self-reliance, fear of homosexuality, and notions of youthful male sexuality. Males are more

				likely to be victims of penetration and force. Despite severity of abuse, only 4% of males compared to 20% of females are removed from home after abuse. States that studies on long-term effects on sexual abuse on males is limited.
Spring (2001)	Image and mirage: Art therapy with dissociative clients	N/A	N/A	Book on the use of art therapy in working with clients diagnosed with dissociative identity disorder (DID). The book suggests that creative process and visual language inherent in dissociative disorders. Art therapy can be a useful tool for treating dissociative impact of sexual abuse in victims.
Stace (2014)	Therapeutic doll making in art psychotherapy for complex trauma.	Sample ($N = 1$) included female in mid-30's with PTSD and complex trauma	Qualitative, Case Study	Case study demonstrated use of doll making in treatment of complex trauma. Subject experienced progress towards goals, feeling safe, tolerating and self-regulating her emotions. The dolls symbolized her

				interpersonal relationships, self-esteem, and transformation of self. Results of study suggest that supplementing therapeutic approaches that focus on sensory, physical, somatic and body oriented process are beneficial in the treatment of complex trauma.
Tummala-Narra (2007)	Conceptualizing trauma and resilience across diverse contexts: A multicultural perspective.	N/A	Literature Review	Article provides multicultural conceptualization of trauma and resilience. Resilience is defined, and cultural bias in current literature with ethnic minorities is explored. Race-related trauma has negative impact on sense of cultural and racial identity. Identification with cultural group and family relationships are resiliency factors that are necessary in process of recovery from trauma.
Turner, Finkelhor, & Ormrod (2007)	Predictors of receiving counseling in a national sample of youth: The relative	Sample ($N = 1009$) included youth age 6-17	Quantitative	Purpose of study to identify factors that predict children's use of counseling services. Utilized

	influence of symptoms, victimization exposure, parent-child conflict, and delinquency.			trauma symptom inventory, Trauma Symptom Checklist for Children to look at levels of mental health symptoms, multiple victimization exposure, frequency of delinquency, and parent-child conflict. Results suggest that many victims do not receive counseling services.
Van Manen (1990)	Researching lived experience: Human science for an action sensitive pedagogy.	N/A	N/A	Book on approach to research methodology focusing on “everyday lived experience” of human beings. Provides information on hermeneutic phenomenological methods, including uncovering themes, and writing.
Watson (2014)	Young African American Males: Barriers to Access to Health Care.	Sample ($N = 37$) included African American male youth, median age 19.5	Qualitative, Focus groups	Purpose of study to explore and identify barriers experienced by young African American males in accessing health care services. Results from focus groups suggested that young African American males’ barriers to

				healthcare include negative impact of environment or community, lack of finances or no insurance, and distrust of medical practices associated with race history. Provides implications for community-based programs to be available and educate males on importance of preventative strategies.
Whitley, Samuels, Wright, & Everhart (2005)	Identification of barriers to healthcare access for underserved men in Denver.	Sample ($N = 243$) included adult males, low-income, Hispanic and African-American	Quantitative Survey	Purpose of study to understanding barriers to healthcare among underserved men of color in Denver. Results from survey suggest that financial barriers, lack of health insurance coverage, racism, communication difficulties, fear and beliefs about manhood negatively impacted access to healthcare.
Widom (1999)	Posttraumatic stress disorder in abused and neglected children grown up.	Sample ($N = 1196$) included male and female adults who were sexually abused 20 years prior	Quantitative Survey, Longitudinal	Purpose of study to investigate extent CSA and neglect increase risk for PTSD, and explore relationship between PTSD with childhood victimization and

				PTSD when controlling for family, individual and lifestyle characteristics. Childhood victimization associated with increased risk for current and lifetime PTSD. More than a third of victims of CSA met DSM-III criteria of lifetime PTSD; victims of child abuse and neglect at increased risk for developing PTSD.
Widom & Morris (1997)	Accuracy of adult recollections of childhood victimization part 2. Childhood sexual abuse.	Sample ($N = 1196$) included male and female adults who were sexually abused 20 years prior	Quantitative Survey, Longitudinal, Cohorts-design study	Purpose of study to investigate accuracy of retrospective self-reported information about CSA. Adults who were physically and sexually abused were followed-up on and compared to matched control group. Participants completed measures used to assess history of CSA. Results indicated gender differences in reporting accuracy, including men with documented cases of sexual abuse do not report higher levels of sexual experiences (before

				age 12) than controls. Results reflected underreporting of sexual abuse among known victims of CSA.
Williams (1994)	Recall of childhood trauma: A prospective study of women's memories of child sexual abuse.	Sample ($N = 129$) included adult female with previous documented histories of CSA	Quantitative Survey	Study evaluates reporting accuracy in women with CSA histories. Results found that a large proportion (38%) of women did not recall abuse reported 17 years earlier. Women who were younger at time of abuse were more likely to have no recall of abuse. Suggests that long periods of having no memory of abuse should not be regarded as evidence that abuse did not occur.
Winder (1996)	Counseling adult male survivors of childhood sexual abuse: A review of treatment techniques.	N/A	Literature Review	Article reviews literature on counseling techniques used in treatment of males with CSA. Review suggests that many techniques used to treat adult female CSA survivors are also used to treat males, but that techniques need to be adapted to address gender and socialization issues, anger management,

				sexual identity and confusion around homophobia.
--	--	--	--	--

REFERENCES

- Addison, D. (2002). Art therapy with gay, lesbian, bisexual and transgendered clients. In S. Hogan (Ed.), *Gender Issues in Art Therapy* (pp. 53-68). London, GB: Jessica Kingsley Publishers.
- Backos, A. K., & Pagon, B.E. (1999). Finding a Voice: Art Therapy with Female Adolescent Sexual Abuse Survivors. *Art Therapy, 16*(3), 126-132, doi: 10.1080/07421656.1999.10129650
- Barber, V., & Campbell, J. (1999). Living colour in art therapy: Visual and verbal narrative of black and white. In J. Campbell, M. Liebmann, F. Brooks, J. Jones, & C. Wartd (Eds.), *Art Therapy, race, and culture* (pp. 21-36). London: Jessica Kingsley Publishers.
- Berliner, L., & Elliott, D. M. (2002). Sexual abuse of children. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC Handbook on Child Maltreatment* (pp. 55-78). Thousand Oaks, CA, US: Sage Publications, Inc. doi:10.1016/S0145-2134(02)00378-2
- Bermudez, D., & ter Maat, M. (2006). Art therapy with Hispanic clients: Results of a survey study. *Art Therapy, 23*(4), 165-171. <https://doi.org/10.1080/07421656.2006.10129333>
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20. <https://doi.org/10.1037/0003-066X.59.1.20>
- Bowman, D. O., & Halfacre, D. L. (1994). Poetry therapy with the sexually abused adolescent: A case study. *The Arts in Psychotherapy, 21*(1), 11-16. [https://doi.org/10.1016/0197-4556\(94\)90032-9](https://doi.org/10.1016/0197-4556(94)90032-9)
- Briere, J. (1996). Psychometric review of the trauma symptom checklist-40, in B. H. Stamm

- (Ed.). *Measurement of stress, trauma, and adaptation*, 373, 376. Lutherville, MD: Sidran Press. doi:10.1080/00029157.2000.10734366
- Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. *The APSAC Handbook on Child Maltreatment*, 175. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download;jsessionid=5B1B4DE7636EABEF5D0EBE799F299E7D?doi=10.1.1.610.8737&rep=rep1&type=pdf>
- Briere, J., & Elliott, D. M. (1994). Immediate and long-term impacts of child sexual abuse. *The Future Of Children*, 4(2), 54-69. doi:10.2307/1602523
- Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27, 1205-1222. <https://doi.org/10.1016/j.chiabu.2003.09.008>
- Briere, J., & Runtz, M. (1989). The Trauma Symptom Checklist (TSC-33) Early data on a new scale. *Journal of Interpersonal Violence*, 4(2), 151-163. <https://doi.org/10.1177/088626089004002002>
- Brooke, S. L. (1995). Art therapy: An approach to working with sexual abuse survivors. *The Arts in Psychotherapy*, 22(5), 447-466. [https://doi.org/10.1016/0197-4556\(95\)00036-4](https://doi.org/10.1016/0197-4556(95)00036-4)
- Bryant, T. (1999). The path to wholeness: Effective coping strategies of African-American adult survivors of childhood violence. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 60(8-B), 4205. Retrieved from <http://psycnet.apa.org/record/2000-95004-557>
- Bryant-Davis, T. (2005). Coping strategies of African American adult survivors of childhood violence. *Professional Psychology: Research and Practice*, 36(4), 409. <https://doi.org/10.1037/0735-7028.36.4.409>

- Cho, J. Y., & Lee, E. H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *The Qualitative Report*, 19(32), 1-20. Retrieved from <https://nsuworks.nova.edu/tqr/vol19/iss32/2>
- Cohen, J. A., Murray, L. K., & Mannarino, A. P. (2013). Trauma-focused cognitive behaviour therapy for child sexual abuse. In P. Graham, S. Reynolds, P. Graham, & S. Reynolds (Eds.) *Cognitive behaviour therapy for children and families (3rd ed.)* (pp. 145-158). New York, NY, US: Cambridge University Press. doi:10.1017/CBO9781139344456.015
- Cole, P. M., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting And Clinical Psychology*, 60(2), 174-184. doi:10.1037/0022-006X.60.2.174
- Coulson, L. & Morfett, H. (2013). Group work for adult survivors of sexual abuse in childhood. *Mental Health Practice*, 17(1), 14-21. <https://doi.org/10.7748/mhp2013.09.17.1.14.e868>
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. United States: Sage publications.
- Czincz, J., & Romano, E. (2013). Childhood sexual abuse: community-based treatment practices and predictors of use of evidence-based practices. *Child and Adolescent Mental Health*, 18(4), 240-246. <https://doi.org/10.1111/camh.12011>
- Diehl, A. S., & Prout, M. F. (2002). Effects of posttraumatic stress disorder and child sexual abuse on self-efficacy development. *American Journal of Orthopsychiatry*, 72(2), 262. <https://doi.org/10.1037/0002-9432.72.2.262>
- Draijer, N., & Langeland, W. (1999). Childhood trauma and perceived parental dysfunction in the etiology of dissociative symptoms in psychiatric inpatients. *American Journal of Psychiatry*, 156(3), 379-385. doi:10.1176/ajp.156.3.379

- Drewes, A. A. (2009). *Blending play therapy with cognitive behavioral therapy: Evidence-based and other effective treatments and techniques*. Hoboken, NJ, US: John Wiley & Sons Inc.
- Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine, 28*, 430-438.
<https://doi.org/10.1016/j.amepre.2005.01.015>
- Elbrecht, C., & Antcliff, L. R. (2014). Being touched through touch. Trauma treatment through haptic perception at the Clay Field: A sensorimotor art therapy. *International Journal of Art Therapy, 19*(1), 19-30. <https://doi.org/10.1080/17454832.2014.880932>
- Elligan, D. (2000). Rap therapy: A culturally sensitive approach to psychotherapy with young African American men. *Journal of African American Studies, 5*(3), 27-36.
<https://doi.org/10.1007/s12111-000-1002-y>
- Elliott, D. M., & Briere, J. (1992) Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist-40 (TSC-40). *Child Abuse & Neglect, 16*(3), 391-398.
[https://doi.org/10.1016/0145-2134\(92\)90048-V](https://doi.org/10.1016/0145-2134(92)90048-V)
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*, 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Ferguson, C. (2014). Art therapy for adult survivors of child sexual abuse. *Electronic Theses, Projects, and Dissertations*. 56. Retrieved from <http://scholarworks.lib.csusb.edu/etd/56>
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice, 21*(5), 325-330. <https://doi.org/10.1037/0735->

7028.21.5.325

- Finkelhor, D., & Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendations. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(11), 1408-1423. <https://doi.org/10.1097/00004583-199511000-00007>
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: a conceptualization. *American Journal of orthopsychiatry*, 55(4), 530. <https://doi.org/10.1111/j.1939-0025.1985.tb02703.x>
- Franklin, M. (1992). Art therapy and self-esteem. *Art Therapy*, 9(2), 78-84. <https://doi.org/10.1080/07421656.1992.10758941>
- Franklin, M., & Politsky, R. (1992). The problem of interpretation: Implications and strategies for the field of art therapy. *The Arts in Psychotherapy*, 19(3), 163-175. [https://doi.org/10.1016/0197-4556\(92\)90016-H](https://doi.org/10.1016/0197-4556(92)90016-H)
- Garrett, M. (2014). Beyond play therapy: using the sandtray as an expressive arts intervention in counselling adult clients. *Asia Pacific Journal of Counselling and Psychotherapy*, 5(1), 99-105. <https://doi.org/10.1080/21507686.2013.864319>
- Geller, S. M., & Porges, S. W. (2014). Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships. *Journal of Psychotherapy Integration*, 24(3), 178-192. <http://dx.doi.org/10.1037/a0037511>
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *The British Journal of Psychiatry*, 179(6), 482-494. <https://doi.org/10.1192/bjp.179.6.482>
- Gonick, R. S., & Gold, M. (1991). Fragile attachments: Expressive arts therapy with children in foster care. *The Arts in Psychotherapy*, 18(5), 433-440. <https://doi.org/10.1016/0197->

4556(91)90055-F

- Green, A. (2001). Art and music therapy for trauma survivors. *Canadian Art Therapy Association Journal*, 24(2), 14-19. <https://doi.org/10.1080/08322473.2011.11415547>
- Greenwood, H. (2011). Long term individual art psychotherapy. Art for art's sake: The effect of early relational trauma. *International Journal of Art Therapy*, 16(1), 41-51. <https://doi.org/10.1080/17454832.2011.570274>
- Grossman, F. K., Sorsoli, L., & Kia-Keating, M. (2006). A gale force wind: Meaning making by male survivors of childhood sexual abuse. *American Journal of Orthopsychiatry*, 76(4), 434. <https://doi.org/10.1037/0002-9432.76.4.434>
- Hiscox, A. R., & Calisch, A. C. (1998). *Tapestry of cultural issues in art therapy*. London: Jessica Kingsley Publishers.
- Holmes, G. R., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review*, 17, 69-88. [https://doi.org/10.1016/S0272-7358\(96\)00047-5](https://doi.org/10.1016/S0272-7358(96)00047-5)
- Holmes, W. C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *Journal of the American Medical Association (JAMA)*, 280, 1855-1862. <https://doi.org/10.1001/jama.280.21.1855>
- Johnson, C. M., & Sullivan-Marx, E. M. (2006). Art therapy: Using the creative process for healing and hope among African American older adults. *Geriatric Nursing*, 27(5), 309-316. <https://doi.org/10.1016/j.gerinurse.2006.08.010>

- Johnson, D. R. (1987). The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy, 14*(1), 7-13.
[https://doi.org/10.1016/0197-4556\(87\)90030-X](https://doi.org/10.1016/0197-4556(87)90030-X)
- Kaplan, F. F., & Kaplan, F. (2007). *Art therapy and social action*. Jessica Kingsley Publishers.
- Krugman, S. (1998). Men's shame and trauma in therapy. In W.S. Pollack & R.F. Levant (Eds.), *New Psychotherapy for Men* (pp. 147-166). New York: Wiley.
- Lai, N. H. (2011). Expressive Arts Therapy for Mother–Child Relationship (EAT-MCR): A novel model for domestic violence survivors in Chinese culture. *The Arts in Psychotherapy, 38*(5), 305-311. <https://doi.org/10.1016/j.aip.2011.08.001>
- Lee, J. K., Choi, H. G., Kim, J. Y., Nam, J., Kang, H. T., Koh, S. B., & Oh, S. S. (2016). Self-resilience as a protective factor against development of post-traumatic stress disorder symptoms in police officers. *Annals of Occupational and Environmental Medicine, 28*(1), 58. <https://doi.org/10.1186/s40557-016-0145-9>
- Levine, E. G., & Levine, S. K. (Eds.). (1998). *Foundations of expressive arts therapy: Theoretical and clinical perspectives*. London: Jessica Kingsley Publishers.
- Levine, S. K. (1999). Poiesis and Post-modernism: The search for a foundation in expressive arts therapy. In E. Levine & S. Levine (Eds.) *Foundations of expressive arts therapy: Theoretical and clinical perspectives* (pp. 19-36). London: Jessica Kingsley Publishers.
- Lev-Wiesel, R. (1998). Use of drawing technique to encourage verbalization in adult survivor of sexual abuse. *The Arts in psychotherapy, 25*(4), 257-262. [https://doi.org/10.1016/S0197-4556\(98\)00025-2](https://doi.org/10.1016/S0197-4556(98)00025-2)

- Lev-Wiesel, R. (2005). Dissociative identity disorder as reflected in drawings of sexually abused survivors. *The Arts in Psychotherapy*, 32(5), 372-381.
<https://doi.org/10.1016/j.aip.2005.02.003>
- Liebmann, M. (2002). Working with Men. In S. Hogan (Ed.), *Gender Issues in Art Therapy* (pp. 108-125). London, GB: Jessica Kingsley Publishers.
- Lisak, D. & Luster, L. (1994). Educational, occupational and relationship histories of men who were sexually and/or physically abused as children. *Journal of Traumatic Stress*, 7, 507-523. <https://doi.org/10.1002/jts.2490070402>
- Lyshak-Stelzer, F., Singer, P., St. John, P., & Chemtob, C. M. (2007). Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study. *Art Therapy: Journal of the American Art Therapy Association*, 24(4), 163–169.
<https://doi.org/10.1080/07421656.2007.10129474>
- Malchiodi, C. A. (2003). Expressive arts therapy and multimodal approaches. In C. Malchiodi (Ed.), *Handbook of art therapy* (pp. 106-117). New York: The Guilford Press.
- Malchiodi, C. A. (2012). Trauma informed art therapy and sexual abuse in children. In P. Goodyear-Brown (Ed.), *Handbook of child sexual abuse: Identification, assessment, and treatment* (pp. 341-354). <https://doi.org/10.1002/9781118094822.ch15>
- Malchiodi, C. A. (2013). *Expressive therapies*. New York: Guilford Publications.
- Menon, P., Chaudhari, B., Saldanha, D., Devabhaktuni, S., & Bhattacharya, L. (2016). Childhood sexual abuse in adult patients with borderline personality disorder. *Industrial Psychiatry Journal*, 25(1),101. <https://doi.org/10.4103/0972-6748.196046>
- Miller, R. B. (2007). The role of response art in the case of an adolescent survivor of developmental trauma. *Art Therapy*, 24(4), 184-190.

<https://doi.org/10.1080/07421656.2007.10129470>

- Mills, L. J., & Daniluk, J. C. (2002). Her body speaks: The experience of dance therapy for women survivors of child sexual abuse. *Journal of Counseling & Development, 80*(1), 77-85. <https://doi.org/10.1002/j.1556-6678.2002.tb00169.x>
- Mohammadian, Y., Shahidi, S., Mahaki, B., Mohammadi, A. Z., Baghban, A. A., & Zayeri, F. (2011). Evaluating the use of poetry to reduce signs of depression, anxiety and stress in Iranian female students. *The Arts in Psychotherapy, 38*(1), 59-63. <https://doi.org/10.1016/j.aip.2010.12.002>
- Morris, N. (2014) Silenced in childhood: A survivor of abuse finds her voice through group Dramatherapy, *Dramatherapy, 36*(1), 3-17, doi:10.1080/02630672.2014.926958
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage. <https://doi.org/10.4135/9781412995658>
- Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1994). The effect of child sexual abuse on social, interpersonal and sexual function in adult life. *The British Journal of Psychiatry, 165*(1), 35-47. <https://doi.org/10.1192/bjp.165.1.35>
- Noll, J. G. (2005). Forgiveness in people experiencing trauma. *Handbook of forgiveness, 363-376*. doi:10.4324/9780203955673
- Pallaro, P. (1997). Culture, self and body-self: Dance/movement therapy with Asian Americans. *The Arts in Psychotherapy, 24*(3), 227-241. [https://doi.org/10.1016/S0197-4556\(97\)00038-5](https://doi.org/10.1016/S0197-4556(97)00038-5)
- Pifalo, T. (2002). Pulling out the thorns: Art therapy with sexually abused children and adolescents. *Art Therapy, 19*(1), 12-22. <https://doi.org/10.1080/07421656.2002.10129724>

- Pifalo, T. (2006). Art therapy with sexually abused children and adolescents: Extended research study. *Art Therapy, 23*(4), 181-185. <https://doi.org/10.1080/07421656.2006.10129337>
- Pifalo, T. (2007). Jogging the cogs: Trauma-focused art therapy and cognitive behavioral therapy with sexually abused children. *Art Therapy, 24*(4), 170-175. <https://doi.org/10.1080/07421656.2007.10129471>
- Pretorius, G. & Pfeifer, N. (2010). Group art therapy with sexually abused girls. *South African Journal of Psychology, 40*(1), 63-73. <https://doi.org/10.1177/008124631004000107>
- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry, 42*(3), 269-278. <https://doi.org/10.1097/00004583-200303000-00006>
- Rappaport, L. (2009). *Focusing-oriented art therapy: Accessing the body's wisdom and creative intelligence*. London: Jessica Kingsley Publishers.
- Rogers, N. (2001). Person-centered expressive arts therapy. In Rubin, J. A. (Ed.) *Approaches to art therapy: Theory and technique* (pp. 163-177). New York: Routledge.
- Roghanchi, M., Mohamad, A. R., Mey, S. C., Momeni, K. M., & Golmohamadian, M. (2013). The effect of integrating rational emotive behavior therapy and art therapy on self-esteem and resilience. *The Arts in Psychotherapy, 40*(2), 179-184. <https://doi.org/10.1016/j.aip.2012.12.006>
- Rymaszewska, J., & Philpot, T. (2006). *Reaching the vulnerable child: Therapy with traumatized children*. London, England: Jessica Kingsley Publishers.
- Smith, J. & Eatough, V. (2007). Interpretive Phenomenological Analysis. In E. Lyons & A. Coyle (Eds.) *Analysing Qualitative Data in Psychology* (pp. 35-51). London: Sage Publications, Ltd. <http://dx.doi.org/10.4135/9781446207536.d10>

- Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, method and research*. London, England. SAGE Publications.
- Spataro, J., Moss, S. A., & Wells, D. L. (2001). Child sexual abuse: A reality for both sexes. *Australian Psychologist*, *36*(3), 177-183. doi:10.1080/00050060108259653
- Spring, D. (2001). *Image and mirage: Art therapy with dissociative clients*. Springfield, IL, US: Charles C Thomas Publisher.
- Stace, S. M. (2014). Therapeutic doll making in art psychotherapy for complex trauma. *Art Therapy*, *31*(1), 12-20. <https://doi.org/10.1080/07421656.2014.873689>
- Tummala-Narra, P. (2007). Conceptualizing trauma and resilience across diverse contexts: A multicultural perspective. *Journal of Aggression, Maltreatment & Trauma*, *14*(1-2), 33-53. https://doi.org/10.1300/J146v14n01_03
- Turner, H.A., Finkelhor, D., & Ormrod, R. (2007). Predictors of receiving counseling in a national sample of youth: The relative influence of symptoms, victimization exposure, parent-child conflict, and delinquency. *Journal of Youth and Adolescence*, *36*, 861-876. <https://doi.org/10.1007/s10964-007-9189-z>
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany: State University of New York Press.
- Watson, J. (2014). Young African American males: Barriers to access to health care. *Journal of Human Behavior in the Social Environment*, *24*(8), 1004-1009. <https://doi.org/10.1080/10911359.2014.953416>
- Whitley, E. M., Samuels, B. A., Wright, R. A., & Everhart, R. M. (2005). Identification of barriers to healthcare access for underserved men in Denver. *Journal of Men's Health and Gender*, *2*(4), 421-428. <https://doi.org/10.1016/j.jmhg.2005.05.006>

- Widom, C. S. (1999). Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry*, *156*, 1223-1229. Retrieved from <https://ajp.psychiatryonline.org/doi/pdf/10.1176/ajp.156.8.1223>
- Widom, C.S. & Morris, S. (1997). Accuracy of adult recollections of childhood victimization part 2, childhood sexual abuse. *Psychological Assessment*, *9*(1), 34-46. <https://doi.org/10.1037/1040-3590.9.1.34>
- Williams, L. M. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology*, *62*(6), 1167-1176. <https://doi.org/10.1037/0022-006X.62.6.1167>
- Winder, J. (1996). Counseling adult male survivors of childhood sexual abuse: A review of treatment techniques. *Journal of Mental Health Counseling*, *18*(2), 123-133. Retrieved from <http://amhcjournal.org>

APPENDIX B
Recruitment Flyer

HAVE YOU BEEN IN ART THERAPY?

ARE YOU ALSO MALE SURVIVOR
OF CHILDHOOD SEXUAL ABUSE?

WANT TO SHARE YOUR STORY?

WE ARE RESEARCHING THE BENEFITS OF
EXPRESSIVE ARTS THERAPY ON CHILDHOOD
SEXUAL TRAUMA IN MALE SURVIVORS

**MUST BE 18 YEARS OR OLDER / IDENTIFY AS MALE /
PARTICIPATED IN THERAPY WITH EXPRESSIVE ARTS /
SURVIVOR OF CHILDHOOD SEXUAL ABUSE**

STUDY COMPENSATION OF \$50 FOR 1.5 HOUR INTERVIEW
TO SEE IF YOU QUALIFY, PLEASE CALL

PEPPERDINE UNIVERSITY
Graduate School of Education and Psychology

APPENDIX C

Sample Email for Permission to Post Flyers

From: Megan Hogg

To:

Date:

Subject: Assistance requested in study about trauma and expressive arts

To whom this may concern:

I am conducting a research study at Pepperdine University on the usefulness of expressive arts therapy as an intervention for adult male survivors of childhood sexual abuse. If possible, I would like to ask for your permission to recruit participants for this study at your treatment center. Attached is the flyer (8.5"x11") that we are using for recruitment, which provides potential participants information about the study and my contact information.

If you are willing, please contact me via e-mail at your earliest convenience. I look forward to hearing from you.

Sincerely,

Megan F. Hogg, M.M.F.T.

APPENDIX D

Online Recruitment Advertisement

Subject: Research volunteers wanted for study on trauma and expressive arts
Location: Los Angeles, CA

A study is being conducted on the use of expressive arts therapy as an intervention for adult male survivors of childhood sexual abuse.

- Have you been in expressive arts therapy, art therapy, or psychotherapy that used the arts (e.g., drawing, music, dance, drama, writing) in treatment?
- Are you also an adult male survivor of childhood sexual abuse?
- Would you like to share your story?

If you respond yes to these questions, I would be very interested in speaking with you. To see if you qualify, please contact me via e-mail at

Participants will be compensated \$50 at the end of the 1.5-2 hour-long interview. Must be 18 years of age or older.

Megan F. Hogg, M.M.F.T.
Doctoral Candidate | Pepperdine University
Email:

APPENDIX E
Screening Questions

Screening Questions

Introduction: (On the phone) Thank you for your interest in participating in our study. My name is Megan Hogg, and I am an advanced doctoral student at Pepperdine University's Graduate School of Education and Psychology. I am currently interested in recruiting participants like yourself for a study on the use of expressive arts therapy for trauma survivors, specifically male survivors of child sexual abuse. The purpose of the study is to gain information into the experience of male survivors that have participated in expressive arts therapy. Participation in the study would involve a one-time 1.5-2 hour-long, in-person interview conducted by myself, in which you would be asked a series of questions about your expressive arts experience. Each participant in the study will receive compensation of a \$50.00 visa gift card for their time and participation. Do you have any questions so far?

Now I am going to ask you a series of questions in order to determine if you are eligible for the study:

Introductory Screening Questions

1. What is your name?
2. How did you hear about our study?
3. Do you have any questions about our study?

Inclusion Questions

1. Are you 18 years of age or older? If so, how old are you?
2. Do you currently identify as male?
3. It may be uncomfortable to acknowledge or discuss experiences of trauma over the phone, but I want to ask you a yes or no question about possible trauma in your past to determine if you match the criteria of our study. Is that okay?
4. Do you have a history of one or more incidents of unwanted sexual contact prior to the age of 18 years old? Or, are you a survivor of child sexual abuse?
5. Have you ever been involved in art therapy, expressive arts therapy, or have had the expressive arts integrated into your psychological treatment (currently or in the past)?

Exclusion Question

1. Do you currently struggle with alcohol or substance abuse? If so, would it be difficult for you to be sober on the day of the interview?

Closing Questions

1. Would you be able to meet at Pepperdine University's West Los Angeles Community Counseling Center for the 1.5 to 2-hour long interview? ... If so, the address is 6100 Center Dr., Los Angeles, CA 90045).
2. If you cannot meet at Pepperdine University and require that the interview be conducted at your current treatment facility, what treatment facility would you like to have your interview at? *(If so, then acquire information regarding the facility, ask for permission to speak with the director of the treatment facility to schedule the interview there, and acquire further IRB approval.)*
3. Would you like to schedule the interview now? If so, when is the best time to meet? If not, when is the best time to reach you to schedule the interview?
4. Although not required, we welcome you to bring any artwork (e.g., drawings, paintings, poetry, song lyrics) made during your participation in expressive arts therapy. Would you like to bring this with you to the interview to share?
5. Do you have any other questions about the interview or the study?

Closing (if eligible): Thank you so much for your time today and for your interest in our study. Based on your answers to the screening questions, you are eligible for our current study. Are you interested in participating? Would it be possible to schedule a date and time for the 1.5-2 hour-long interview? If so, when is the best time for you to schedule the interview? ... If now is not a good time, is there another time that I could reach you to schedule the interview? ... Thank you again for your interest in our study. If you would like to contact me about the study, or if you have any further questions you can contact me at (email address). I very much look forward to meeting you.

Closing (if not eligible): Thank you so much for your time today and for your interest in our study. At this time, it does not appear as though you would be eligible in this particular study. I very much appreciate your interest and openness, and am happy to provide you with any resources if needed [resources included on Resource/Referral List]. Do you have any other questions? Again, thank you so much and have a good day.

APPENDIX F
Interview Questions

Interview Questions

Instructions: Read the following question aloud to the participant, and ask them to respond:

Introductory Questions

1. How would you describe yourself?
2. How would others describe you?
3. How do you culturally identify yourself?
4. What do you currently do for a living? (i.e., employment, career, school)
5. What are your hobbies and/or interests?
6. What do you consider your strengths to be?

Expressive Arts Treatment History

7. Please tell me about your expressive arts therapy experience.
8. If possible, do you happen to know what type of expressive arts therapy you participated in? If not, try your best to describe the structure of the art therapy or expressive arts sessions and what you did during your sessions.
9. When did you use the expressive arts, and how long did it last?
10. What led you to the expressive arts?
11. Was expressive arts used alone or integrated into other forms of psychological treatment (i.e., CBT)? If so, what was the other type of treatment?
12. How was the expressive arts used in therapy?
13. How was the expressive arts used to process your trauma?
14. What artistic mediums did you use in expressive arts therapy?
15. What did you find helpful or unhelpful about these different artistic mediums?
16. Did you use the expressive arts in individual or group therapy format?
17. If individual, what was it like using the arts with the therapist? How did the arts impact the therapeutic relationship?
18. If group, what was it like hearing or seeing other's art? How was it different from other group experiences? What was it like creating and sharing art with others?
19. If you brought in examples, read aloud or describe the art made during your expressive arts therapy. What artistic medium did you use? What did you like about this art?
20. Do you still continue to use the arts? If so, explain how you continue to use expressive arts, why you chose to continue, and how it is helpful for you?

Trauma History

21. What types of negative or traumatic experiences have you had in your lifetime?
22. At what age did you experience childhood sexual abuse, and how long or often did it occur?
23. How many perpetrators were there, and what age(s) were they at time of perpetration?
24. What was your relationship with the perpetrator(s)?
25. Did you or someone else report the abuse? If so, what was the outcome? If not, why was it not reported?
26. How did the abuse affect your sense of self and/or quality of life?
27. Was there anything you did at the time that helped you cope with your experience?
28. How would you consider your current quality of life to be?

Before closing questions: Allow the participant to take a break or check-in if they begin to appear emotionally distressed. Offer the participant relaxation and grounding exercises if needed.

Closing Questions

29. Are there any other ideas that have come to mind during this interview that you would like to share regarding your experience in expressive arts?
30. If you could offer advice to therapists who use expressive arts in treatment, what you suggest they do or not do?
31. If you could offer advice to other male survivors of childhood sexual trauma, what would you tell them?

APPENDIX G

Demographic Questionnaire

Demographic Questionnaire

Instructions: Please provide a response for each of the following questions:

1. What is your age? _____
2. What is your gender?
Male Transgender Male Other: _____
3. What is your marital status?
Single Married Separated Divorced Widowed
4. What is your annual income (or combined annual income if you have a spouse)?
Less than \$60,000 \$60,001 to \$70,000 \$70,001 to \$80,000
\$80,001 to \$90,000 \$90,001 to \$100,000 Greater than \$100,000
5. With which racial or ethnic category do you identify?
African American/Black Asian/Pacific Islander Caucasian Latino
Other: _____
6. With which sexual orientation do you identify?
Heterosexual Homosexual Bisexual Pansexual Asexual
Other: _____
7. With what denomination or faith tradition do you most closely identify?

8. Are you currently employed?
No Yes
If so, what is your most recent job title? If not, when was your last job, and what was your most recent job title?

9. What is your highest level of education obtained?
Less than High-School High-School/GED Some College
Associates Degree Bachelor's Degree Masters/Doctoral Degree

APPENDIX H

Trauma Symptom Checklist – 40

Trauma Symptom Checklist – 40

(Briere & Runtz, 1989)

How often have you experienced each of the following in the last month? Please circle one number, 0-3.

Symptom	Never ----- Often			
	0	1	2	3
1. Headaches				
2. Insomnia				
3. Weight loss (without dieting)				
4. Stomach problems				
5. Sexual problems				
6. Feeling isolated from others				
7. "Flashbacks" (sudden, vivid, distracting memories)				
8. Restless sleep				
9. Low sex drive				
10. Anxiety attacks				
11. Sexual overactivity				
12. Loneliness				
13. Nightmares				
14. "Spacing out" (going away in your mind)				
15. Sadness				
16. Dizziness				
17. Not feeling satisfied with your sex life				
18. Trouble controlling your temper				
19. Waking up early in the morning				
20. Uncontrollable crying				
21. Fear of men				
22. Not feeling rested in the morning				
23. Having sex that you didn't enjoy				
24. Trouble getting along with others				
25. Memory problems				
26. Desire to physically hurt yourself				
27. Fear of women				
28. Waking up in the middle of the night				
29. Bad thoughts or feelings during sex				
30. Passing out				
31. Feeling that things are "unreal"				
32. Unnecessary or over-frequent washing				
33. Feelings of inferiority				
34. Feeling tense all the time				
35. Being confused about your sexual feelings				
36. Desire to physically hurt others				
37. Feelings of guilt				
38. Feeling that you are not always in your body				
39. Having trouble breathing				
40. Sexual feelings when you shouldn't have them				

Trauma Symptom Checklist – 40 (Briere & Runtz, 1989)

Subscale composition and scoring for the TSC-40: The score for each subscale is the sum of the relevant items.

Dissociation – 7, 14, 16, 25, 31, 38

Anxiety – 1, 4, 10, 16, 21, 27, 32, 34, 39

Depression – 2, 3, 9, 15, 19, 20, 26, 33, 37

SATI (Sexual Abuse Trauma Index) – 5, 7, 13, 21, 25, 29, 31

Sleep Disturbance – 2, 8, 13, 19, 22, 28

Sexual Problems – 5, 9, 11, 17, 23, 29, 35, 40

TSC Total Score: 1-40

Important Note: *This measure assesses trauma-related problems in several categories. According to John Briere, PhD “The TSC-40 is a research instrument only. Use of this scale is limited to professional researchers. It is not intended as, nor should it be used as, a self-test under any circumstances.” For a more current version of the measure, which can be used for clinical purposes (and for which there is a fee), consider the Trauma Symptom Inventory – contact Psychological Assessment Resources at 800-331-8378. The TSC-40 is freely available to researchers. No additional permission is required for use or reproduction of this measure, although the following citation is needed: Briere, J.N. & Runtz, M.G. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence*, 4, 151-163. For further information on the measure, go to www.johnbriere.com.*

APPENDIX I

Master Table of Themes from Qualitative Interviews

Master Table of Themes from Qualitative Interviews

Themes	Participant(s)
A. Focus on Trauma	
<i>Multiple traumatic experiences</i>	
Childhood sexual abuse (CSA)	1, 2, 3, 4, 5, 6, 7, 8
Bullying	2, 4, 6
Incarceration	1, 7
Homelessness	1, 3
Physical abuse or assault	1, 3
<i>Negative effects of childhood sexual abuse (CSA)</i>	
CSA had negative impact on sense of self or self-esteem	2, 5, 4, 6, 8
CSA negatively affected ability trust or relate to others	1, 2, 3, 5, 7
Voice silenced by CSA	1, 3, 4, 8
Lack of control	3, 5, 8
Fear and anxiety	3, 5, 7, 8
Shame	1, 4, 7
Anger	1, 5, 7
Sadness and grief	1, 2
<i>Methods for coping with CSA in childhood</i>	
Arts as coping	1, 3, 5, 7, 8
Athletics and physical activities as coping	2, 4, 7
B. Focus on Expressive Arts Therapy	
<i>Positive elements of expressive arts therapy</i>	
Expressive arts as a positive experience	1, 2, 3, 4, 5, 6, 8
Expressive arts used to soothe and relieve anxiety	1, 6, 7
Empowerment through expressive arts	1, 5, 6
Expressive arts used to increase self-esteem	6
Freedom of expression as an important element in expressive arts	4, 5, 6
Non-judgment and safety as an important element in expressive arts	7
Chaos as therapeutic	1, 5
<i>Negative elements of expressive arts therapy</i>	
Fewer expressive arts modalities can limit expression	2, 3
Interpreting expressive arts as negative	4
Feeling unsafe in group as a hindrance for group expressive arts	8
Lack of funding in expressive arts as negative	1
<i>Expressive arts used to process trauma</i>	
Processing trauma through expressive arts	1, 2, 3, 5, 8
Letting go of CSA	3, 5, 6
Expressive arts facilitated nonverbal expression of emotions	1, 2, 5, 6, 7, 8
Expressing and releasing anger in expressive arts	1, 3, 7
<i>Understanding oneself through expressive arts therapy</i>	
Expressive arts created increased understanding of self and others	1, 2, 5
Feeling youthful in expressive arts	1, 5, 6
Positive change and decreased blame after expressive arts	1, 5, 7
Connecting to the authentic self in expressive arts	5
Expressive arts used to explore opportunities	8

(Continued)

Experience of expressive arts group

Connecting with others through expressive arts group	1, 4, 6
Expressive arts group helped build trust and safety	1, 4
Received positive feedback in expressive arts group	4, 7
Overcoming social anxiety through connection in expressive arts group	3
Communicating verbally through expressive arts group	3

Using multiple art mediums

Multiple art mediums as positive	1, 2, 3, 5, 6, 7, 8
Visual arts	1, 4, 6, 8
Dance and music	2
Music and coloring	5
Writing	1, 2, 6
Craft making	1, 6
Acting or improv group	1, 3
Multiple expressive arts modalities facilitate more expression	2, 5

Effect on the therapeutic relationship

Expressive arts facilitated trust in therapeutic relationship	1, 2, 7
Enhanced engagement between therapist and client	1, 2, 6, 8

C. Focus on self***Perception of self***

Unstable self-image	1, 3, 5
Introversion	2, 4, 6, 8
Positive self-image and self-worth	1, 7, 5, 6
Negative self-image	8

Perceived strengths and resiliency

Creativity as strength	1, 2, 3, 4, 6
Intelligence as strength	1, 4, 5
Interpersonal connection as strength	1, 6, 7
Perseverance and optimism as resiliency factor	1, 5, 6, 7

D. Focus on Relationships***Difficulty relating in relationships***

Interpersonal problems and mistrust in adulthood	1, 3, 4, 5
Feeling different from others	1, 3
Racism and stereotyping as problematic	5, 7
Addiction used to cope with interpersonal problems in adulthood	1, 2

Connecting with others

Compassion and desire to help others	1, 3, 5, 6
Arts as community	3, 7

APPENDIX J

Trauma Symptom Checklist-40 Results Table

Trauma Symptom Checklist-40 Results Table

TSC-40 Subscale Scores							
Participant	TSC-40 Total score	Dissociation Subscale	Anxiety Subscale	Depression Subscale	Sexual Abuse Trauma Index Subscale	Sleep Disturbance Subscale	Sexual Problems Subscale
1	45	3	6	15	5	11	6
2	37	8	2	6	7	11	4
3	45	7	7	10	8	7	5
4	31	5	6	8	2	4	6
5	23	3	4	6	8	7	9
6	4	1	0	2	0	1	0
7	87	14	19	19	13	17	13
8	73	11	16	18	12	9	14

APPENDIX K
Informed Consent

PEPPERDINE UNIVERSITY
Graduate School of Education and Psychology

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Studying the Phenomenon of Expressive Arts with Male Survivors of Child Sexual Abuse

You are invited to participate in a research study conducted by Megan F. Hogg, M.M.F.T., doctoral candidate, and Dr. Thema Bryant-Davis, Ph.D., associate professor of psychology at Pepperdine University, because you are a male survivor of child sexual abuse who has been involved in expressive arts therapy. Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. If you decide to participate, you will be asked to sign this form. You will also be given a copy of this form for your records.

PURPOSE OF THE STUDY

The purpose of the study is to look at the phenomenon of expressive arts therapy as a treatment of trauma for male survivors of child sexual abuse. We hope to use what we learn from the study to better understand male survivors' experience of the expressive arts as a treatment of trauma, and find out what they found useful, or not useful, about expressive arts therapy. This study also hopes to contribute to the greater understanding of expressive arts therapy as a treatment for this population.

STUDY PROCEDURES

If you volunteer to participate in this study, you will be asked to take part in a one-time interview, consisting of the completion of two surveys and an interview lasting about 1.5-2 hours in length. The first survey is a demographic survey that will ask you questions about your age, various identities, and occupational/educational history. The second survey is a questionnaire that will ask you to rate your frequency of trauma symptoms within the past month. The interview will ask you about the following your hobbies and interests, your psychological treatment history, your expressive arts experience, your trauma history, and other ideas or advice you have for other trauma survivors. The interview will be audio-recorded, with the audio-recorder placed in the interview room and operated by the researcher. You will still be able to participate in the study, even if you do not wish to be audio-recorded. If applicable, the interviewer will also ask you to share your expressive arts mediums (e.g., painting, sculpture) that you bring in to share, and will take photographs of these art mediums.

POTENTIAL RISKS AND DISCOMFORTS

The potential and foreseeable risks associated with participation in this study include the possibility of experiencing minor psychological discomfort due to the interview containing

questions about your trauma history. If you happen to experience discomfort during the interview process, please tell the researcher. The researcher is clinically trained, and will be prepared to provide you with relaxation and grounding exercises to reduce discomfort and distress. You also may discontinue your participation at any time. Due to California law, the interviewer will also abide by mandated reporting laws determined by the state of California, which may also pose a potential legal risk for participating in the study. Further information regarding these reporting laws is discussed below under “Confidentiality” and “Suspected Neglect or Abuse of Children.”

Furthermore, you will also be provided with a list for referrals and resources for support, help-lines, and local mental health services.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

While there are no direct benefits to the study participants, anticipated benefits to society. The findings of this study will have important implications, including providing increased knowledge about the use of expressive arts with male survivors of child sexual abuse.

PAYMENT/COMPENSATION FOR PARTICIPATION

For participation in this study, there will be compensation in the form of a \$50 gift-card, should you choose to participate in and complete the interview.

CONFIDENTIALITY

I will keep your records for this study anonymous as far as permitted by law. However, if I am required to do so by law, I may be required to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if you tell me about instances of child abuse and elder abuse. Pepperdine’s University’s Human Subjects Protection Program (HSPP) may also access the data collected. The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

The data will be stored on a password protected computer in the principal investigators place of office at the Pepperdine University West Los Angeles Clinic. The data collected will be de-identified and identified by a code for confidentiality purposes. The audio-recordings, transcribed interviews, photographs of your art mediums, and subsequent data will also be de-identified and identifiable only by numeric code. This data will also only be accessible by the researcher, and will be destroyed once it is no longer being utilized for this research study after a minimum of three years.

SUSPECTED NEGLECT OR ABUSE OF CHILDREN

Under California law, the researcher(s) will not maintain as confidential, information about known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, he or she may be required to report this abuse to the proper authorities.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. The investigator may also withdraw you from this research if you appear to be under the influence of alcohol or another substance at the time of the interview, or if you show signs of psychological discomfort or distress throughout the interview process.

ALTERNATIVES TO FULL PARTICIPATION

The alternative to participation in the study is not participating or completing only the items which you feel comfortable.

EMERGENCY CARE AND COMPENSATION FOR INJURY

If you are injured as a direct result of research procedures you will receive medical treatment; however, you or your insurance will be responsible for the cost. Pepperdine University does not provide any monetary compensation for injury.

INVESTIGATOR'S CONTACT INFORMATION

I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact Megan F. Hogg, M.M.F.T. or her supervisor, Dr. Thema Bryant-Davis, if I have any other questions or concerns about this research.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to participate in this study. I have been given a copy of this form.

AUDIO/VIDEO/PHOTOGRAPHS

- I agree to be audio-recorded and (if applicable) have my art mediums photographed.*
- I do not want to be audio-recorded or have my art mediums photographed.*

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I have explained the research to the participants and answered all of his/her questions. In my judgment the participants are knowingly, willingly and intelligently agreeing to participate in this study. They have the legal capacity to give informed consent to participate in this research study and all of the various components. They also have been informed participation is voluntarily and that they may discontinue their participation in the study at any time, for any reason.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

APPENDIX L
IRB Approval Notice



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: February 16, 2017

Protocol Investigator Name: Megan Hogg

Protocol #: 16-08-361

Project Title: Studying the Phenomenon of Expressive Arts with Male Survivors of Child Sexual Abuse

School: Graduate School of Education and Psychology

Dear Megan Hogg:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today February 16, 2017, and expires on February 15, 2018.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond February 15, 2018, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chair

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist