

Mapping the Maze: An Art Therapy Intervention Following Disclosure of Sexual Abuse

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Abstract

Disclosures of child sexual abuse create an immediate crisis within the child's family unit. Reactions of nonoffending caregivers in particular may prevent them from being emotionally available to respond immediately to the needs of the child victim. This article describes an art therapy intervention of visual mapping used in a support group of adult women to create order in the chaos that followed a disclosure of sexual abuse within their families. Mapping supported the women's needs to relate their trauma narratives to others, to identify and process powerful emotions, to develop coping skills, to identify past and future risks for further victimization, and to set goals for the future.

Introduction

When a child discloses sexual abuse, the family comes under siege. The initial reaction of a nonoffending caregiver may be one of shock, denial, confusion, or emotional numbing—all of which may serve to incapacitate caregivers and prevent them from being emotionally available to the child. Protective caregivers, along with the child victim, may feel betrayed, confused, and fragmented in their sense of selfhood at this critical time. Disclosure of sexual abuse places the family on a terrifying journey into uncharted, unknown territory; nothing may be more frightening than to embark without direction or guidance.

People need maps when they are lost—whether literally or metaphorically. More importantly, the process of creating a personal map can bring a sense of power and control back into an individual's life when an event threatens to fragment his or her family unit. The art therapy technique of visual mapping is especially useful for navigating the dark world of trauma, just as an ordinary road map is essential when one is lost in an unfamiliar place. In this article, visual mapping was used in a support group of adult women to create order in the chaos that followed a disclosure of sexual abuse within their families. Mapping supported each of the following phases of treatment: (a) relating the trauma narrative to others, (b) identifying and processing powerful emotions, (c) targeting coping skills

necessary for recovery from the trauma, (d) identifying past and future risks for further victimization, and, finally, (e) setting goals for the future.

Review of the Literature

The traumatic event of child sexual abuse impacts not only the child victim but the child's family members as well. Nonoffending caregivers suffer significant levels of distress themselves, which may impair their abilities to be as supportive as possible to their children at a time when this support is critical (Deblinger, Lippman, & Steer, 1993). According to Finkelhor and Browne (1985), the psychological effects of sexual abuse create an interwoven fabric of stigmatization, betrayal of trust, and a sense of powerlessness operating on and in the psyche, resulting in a unique and powerful form of suffering. Spouses, foster parents, and other caregivers, who are often overwhelmed by their own powerful and conflicting emotions, must also provide support for the abused child at a time when they may be least emotionally equipped to do so.

Research suggests that the level of support a nonoffending mother is able to provide has far-reaching effects on an abused child. The degree of maternal support upon disclosure affects the child's future adjustment because of its potential to positively mediate subsequent traumatic effects (Wyatt & Mickey, 1987). Lack of maternal support is associated with greater psychopathology on the part of the victim (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). The provision of an effective and immediate intervention for the nonoffending caregiver is thus critical to the goal of creating a positive outcome for child victims (Strand, 2000).

Because parents or caregivers often are traumatized, either directly or vicariously, by their child's traumatic experience, they require their own trauma-focused treatment to help them overcome depressive symptoms and other abuse-specific distress (Cohen, Mannarino, & Deblinger, 2006). Research on traumatized adults also suggests that the creation of a trauma narrative is indispensable for integrating thoughts and feelings into a consistent and meaningful experience (Pennebaker, 1993; Pennebaker & Francis, 1996). Telling the story of what happened can be likened to "cleaning out a wound" in that it "may be painful at first, but then the pain goes away, and it doesn't get infected and it can heal more quickly" (Deblinger & Heflin, 1996, p. 121). Thus, the trauma narrative is a key element in the recovery process (Pifalo, 2007). Many other studies

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(Foa, Molnar & Cashman, 1995; Gidron, Peri, Connolly & Shalev, 1996; Klein & Janoff-Bulman, 1996) support the efficacy of integrating the trauma narrative into trauma-focused treatment.

The art therapy intervention of mapping, which is uniquely suited to the graphic creation of a trauma narrative, is an effective tool to reduce confusion, to address caregivers' emotional distress about their children's trauma, and to optimize their abilities to be supportive beyond whatever interventions are being provided directly for the children. A visual and tangible map can be viewed and processed in segments, "walked" as many times as necessary, and shared with others; it will not disappear like words do in traditional therapy.

The Use of Mapping to Support Goals of Treatment

The therapeutic technique of mapping can trace its roots to early studies of family therapy. Minuchin (1974) employed a method of mapping that used simple line drawings and geometric shapes to illustrate what he called *transactional patterns*, or ways in which family members related to each other and chose to regulate their behavior within the family unit. Mapping in this way helped the therapist to identify family boundaries—whether rigid, diffuse, or clear—and to define transactional styles, such as enmeshed or disengaged. The therapist could create a variety of maps to highlight the functioning and nature of the interpersonal relationships within the family. In this case, mapping was a technique employed by the therapist to assess the family's level of functioning and ways of interacting. Minuchin conceived the idea of a "map-maker inside the therapist" who devised strategies to reorganize the family's structure (Minuchin & Fishman, 1981).

In marked contrast, Satir (1983) constructed a therapeutic model called conjoint family therapy, which encouraged families to develop their own maps and life chronologies that would identify patterns and experiences within the family unit. In keeping with her core belief that people have an innate ability to redesign and reengineer their own lives, Satir asked family members to create simple time lines with words and symbols to show their goals and the barriers that stood in the way of achieving those goals. Satir believed that these simple maps helped to bring family interactions more clearly "into the present" where they could be addressed in real time. These new strategies helped families to visualize their goals and to identify where they might be "stuck" so as to free themselves in order to achieve a higher level of functioning.

More recently, Hanes (2008) developed "road drawings" as a kind of map that provides clients with a therapeutic metaphor for reparation and change. Road drawings may be used to rapidly evaluate and stabilize clients, a process that Hrenko and Willis (1996) identified as especially significant in the kind of crisis a family may face when a child discloses sexual abuse. Roads can be repaired and rebuilt; so, too, can families.

Visual mapping can be a tool to help families in crisis help themselves. Mapping the maze of trauma specifically

addresses nonoffending caregivers' therapeutic needs to reestablish order in their lives following a disclosure of sexual abuse within their families. The structured nature of the mapping technique serves to help a caregiver stabilize the crisis and begin to restore order. Because it is created by the caregiver and not the therapist, the map is personal and unique to each family's situation. It respectfully validates the family's ability to "find its own way" and it describes the caregivers' own emotions and concerns. Creating concrete graphic representations of the events that occurred before, during, and after the disclosure allows caregivers to begin the process of imposing order upon the confusion associated with this type of destabilizing trauma.

Method

The mapping technique described in this article was developed and evaluated in a therapy support group for caregivers at a children's advocacy center that provides forensic assessment and treatment for child victims of sexual abuse and their families. The Caregiver's Group was comprised of an average of 10 to 12 adult women who were either parents, foster parents, grandparents, or other relatives in a parental role, collectively referred to in this article as caregivers. Group members ranged in age from 22 to 61 years, and their racial diversity tended to parallel the multicultural composition of the victims who sought help at the center. Some caregivers were court-ordered to attend the group as part of treatment dictated by the Department of Social Services, whereas others attended voluntarily, seeking support at a difficult juncture in their lives. The group met in an open-ended format with members joining and leaving according to their treatment plans and therapeutic needs.

Group members used the art therapy technique of mapping in each phase of treatment designed to achieve the following specific therapeutic goals: (a) relating the trauma narrative, (b) identifying and processing complex emotions, (c) learning and beginning to apply coping skills to manage these emotions, (d) effectively navigating the social and judicial systems involved in the case, (e) identifying future risk for themselves and their children as well as barriers to needed support, and (f) visualizing the future of their family. These goals all shared a common thread: to empower protective caregivers to be more effective in helping their children cope with the effects of sexual victimization.

Because adults often are intimidated by requests to "draw" and may be unfamiliar with using art media to reflect on their situations, the group leader first demonstrated how to use a simple line drawing to represent the events of one day. For example, different kinds of lines—straight, circular, maze-like, broken, jagged, and so on—may be used to represent different types of experiences. Group participants followed this modeling by making a simple line drawing of their day, portraying common daily events that were not necessarily related to the trauma. These "practice maps" were then shared and members collaborated in an effort to understand the meanings of their own drawings and those of others.

The group members were then asked to think about a weather forecast and list some common weather conditions, such as sunny, mild, rain, storm warning, hurricane, or hail. Participants were asked to pair simple weather symbols with events as a preliminary means for learning to connect emotions with events on their practice maps. For example, sun or rain could be associated with happy or sad feelings that accompany the event of picking up a child from school. Weather symbols were chosen for this directive because they are easily illustrated and commonly understood.

Goal 1: Creating and Relating the Trauma Narrative to Others

After the initial warm-up, participants were given larger sheets of paper and markers and invited to use the same process to create a map of the events that led to their coming into treatment. With simple line drawings and weather images to now portray powerful emotions, adult caregivers generally had little trouble using the map effectively to create a visual trauma narrative.

In the beginning segment of treatment, many members joined the Caregiver's Group in what some clinicians refer to as the "disclosure-panic" phase of treatment (James & Nasjleti, 1983). These participants, along with their children, were in crisis. A disclosure of sexual abuse, whether by a family member or by someone outside the family, creates chaos, confusion, and powerful, conflicting emotions in child victims and their caregivers. For example, one group member clearly illustrated the consequences of disclosure on her family when she drew a house that was "broken apart" (Figure 1). A "volcano of emotions," drawn on the map of another young mother whose 6-year-old child had been sexually abused by her uncle, provided a clear picture of the overwhelming array of emotions she felt at the time of her child's disclosure (Figure 2).

Attempts made to verbalize the events that brought a caregiver into the group often resulted in a disjointed, fragmented, and chronologically confused verbal narrative. It is at this initial and critical stage that a visual map can serve as a useful tool for organizing an array of bewildering events into a concretized continuum. Using the structure of the map, the caregivers were able to slowly reassemble fragments of frozen imagery and powerful affects into a detailed representation of the impact of their children's disclosure, now oriented in time and historical context.

When the participants engaged in the process of creating the maps, they regained power in a situation where they previously may have felt powerless. As they reconstructed the events of the abuse into a linear order, they achieved a sense of control in a previously out-of-control situation, making the technique especially salient for use in trauma-focused therapy. The maps provided an analytical vantage point from which to gain the distance necessary to manage intense emotions. They helped set the stage for these women to think more clearly about their needs and the needs of their children.

Maps that are created and shared in a group format provide peer support within a safe environment. Seeing

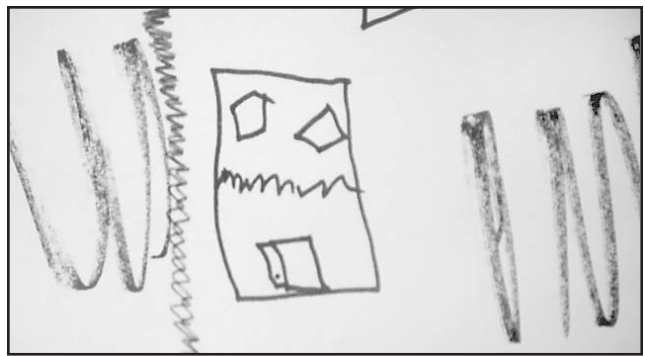


Figure 1 House Broken Apart

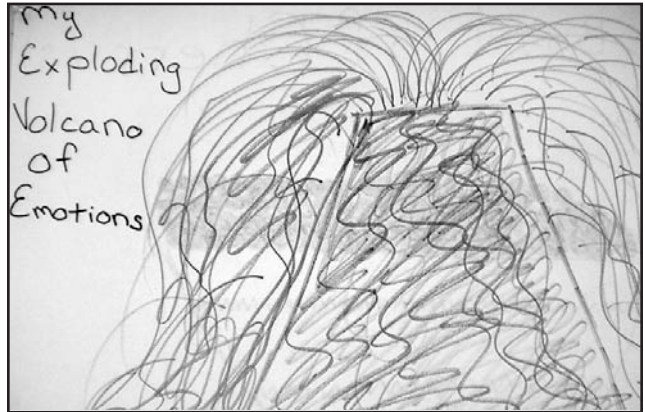


Figure 2 Exploding Volcano of Emotions

one another's maps of the trauma narrative helps to reduce feelings of isolation and to dispel the notion that each family is the only one in which sexual abuse has occurred. The Caregiver's Group members seemed to experience an "adaptive spiral" (Yalom, 1990, p. 43) in which the participants increased one another's self-esteem. This effect has special significance for caregivers who may be feeling guilt and shame regarding their children's victimization.

When group members process narratives by reflecting on the maps with their peers, they gain support in understanding the maps and the issues that they and other caregivers are facing. This process creates the possibility of "collective empowerment" for the benefit of each individual (Herman, 1997, p. 216). Whereas each member may respond differently to the trauma of having a child who has experienced sexual abuse, they all come to the group in need of support from one another and learn that they have individual strengths to contribute to the group. As a result, the entire art therapy group achieves a greater capacity to bear and integrate their traumatic experiences than any single member would be able to accomplish alone. Hearing another's experiences may in turn trigger memories, thoughts, and feelings. Participants can then use the group forum to develop and share these insights. The visual nature of the maps grounds this effect because the maps are shared during processing; thus, no one "walks" her road alone.

Some researchers have begun to document the widespread tendency to blame the mother for all of a child's problems, including sexual victimization (Strand, 2000). For example, Carter (1993) found that mothers of sexually

abused children in particular suffered punitive and negative treatment by professionals as well as family and friends. Participation in a nonjudgmental, communal, and supportive art therapy group that engaged in rebuilding self-esteem by mapping shared journeys may be effective in mitigating the negative effects of this type of societal censure.

Goal 2: Identifying and Processing Emotions

The nature of a disclosure of sexual abuse within a family often rises to the level of a traumatic event (Strand, 2000). For this reason, it is appropriate to approach caregivers as “secondary victims” whose stress results from “events that involve a threat to the physical integrity of others” (American Psychiatric Association, 1994, p. 209). During the initial phase of a family in crisis, the nonoffending caregiver may be overwhelmed with feelings of shock, disbelief, betrayal, rage, guilt, shame, and powerlessness. Research suggests that mothers often respond to disclosures of sexual abuse with a number of symptoms associated with posttraumatic stress disorder (PTSD), including the flooding of intrusive memories, the reexperiencing of painful affects, hyper-arousal, and psychic numbing (Green, Coup, Fernandez, & Stevens, 1995). Thus, an important goal in the caregiver’s treatment is to go back and make connections between events and the emotions that they engendered.

In the Caregiver’s Group, the tangible framework of the map that the nonoffending caregiver had already created during the initial phase of treatment was used in subsequent sessions to “connect the dots” or begin to identify and process the complex emotions underlying the trauma. The use of mapping at this stage of therapy helps to identify and to stabilize emotional reactions that may otherwise create a barrier to the caregiver’s ability to be protective of the abused child. In keeping with the visual nature of the maps, the participants used weather symbols to identify and express their emotions because these are easily illustrated and commonly understood. In addition, the weather symbols provide an opportunity to differentiate visually between degrees of affect. For example, a disclosure of abuse depicted on the map as a hurricane is clearly felt to be more destructive than one shown as a rainstorm, but not as devastating as a disclosure represented as a nuclear holocaust. In Figure 3, a mother depicted herself and her children as caught in a whirlwind and being blown about, clearly illustrating the impact of the trauma on the entire family.

Once identified and linked to an event, the emotions associated with the disclosure of trauma are available to be carefully processed within the safety of the group. The graphic nature of the maps makes it possible to translate powerful emotions into words, perhaps for the first time following the trauma of disclosure. Group members can share their maps and find support among peers who have experienced similar feelings in similar situations. Using the maps, they can literally “see” how the experience was for others. They can help each other to manage “storm damage” and “fallout,” making the first steps together toward developing useful and adaptive coping skills.

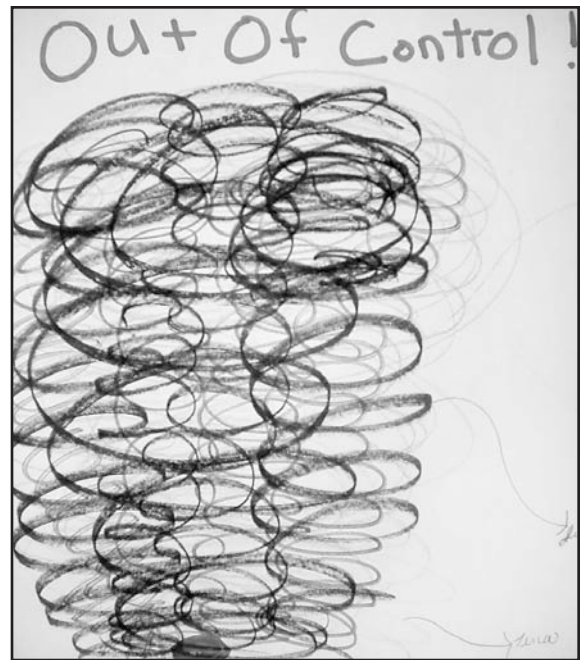


Figure 3 Caught In A Whirlwind

The complex process of identifying and reworking the affective responses and cognitive distortions that usually accompany traumatic events is less difficult when supported by the visual form of a map. Imagery contributes to cognition in that it increases one’s attention and concentration, provides for quicker processing of information, and increases one’s reflective distance (Lusebrink, 1990). Sharing the visual content of the maps with other group members also provides an opportunity for a caregiver to build upon her primary sense of self-esteem and to strengthen her ego functioning in connection with others.

Nonoffending caregivers who had a significant relationship with the alleged offender may experience difficulty in relearning to trust others. They may lack confidence in their ability to make reliable judgments in general. Often their sense of self has been challenged, and it can only be rebuilt as it was initially created, in connection with others (Herman, 1997). For these caregivers, using maps to connect emotions with events and to gain mastery over those emotions in connection with others may result in the ability to function more effectively on behalf of their children.

Goal 3: Navigating the System and Building Coping Skills

In addition to experiencing secondary trauma as a result of the disclosure of sexual abuse, nonoffending caregivers may also find themselves caught in a maze of agencies after the disclosure, whether these are social, medical, educational, or legal services. Despite the emotional turmoil of the traumatic disclosure, caregivers may need to immediately mobilize themselves to interact effectively with a confusing array of individuals: child protective services workers, police officers, pediatricians, nurses, therapists, school officials, attorneys, legal guardians, court judges, and possibly foster care workers if their children

have been removed from the home. In some cases, the caregiver may have to relocate entirely, which can involve moving and having to register children in new schools.

Coping with this degree of turmoil is enormously challenging even for someone who has not just experienced the secondary trauma associated with a child's disclosure of sexual abuse. For this reason, the highly structured nature of a map is uniquely suited to the task of making sense of being involved with multiple agencies and individuals in the aftermath of the disclosure. Figure 4 is a visual representation of this confusion experienced by a caregiver.

When all of the agencies and systems have been identified, the map can be used as a reference for sorting and developing a plan to handle each area in an orderly manner. In this phase of treatment, the maps served as a time management grid to organize the caregivers' increased responsibilities, which potentially included an array of medical, therapeutic, and legal appointments. This helpful map is tangible as well as flexible: Upcoming events can be sorted into order of importance or proximity in real time. In this way, group members empower themselves to cope with initially overwhelming tasks by breaking them down into realistic goals and needs, using the maps as logistical guides.

Goal 4: Identifying Risk and Preventing Re-victimization

Because much sexual abuse is hidden, the risk factors are also often out of sight (Finklehor, 1986). For nonoffending parents, it is essential to be able to recognize common warning signs of sexual abuse. Group members whose children have already been victims of sexual abuse find themselves in positions of looking back and recognizing signs that they either missed or misinterpreted at the time. The "red flags" that potential sex offenders may exhibit include demanding physical contact with a child, being indifferent to the child's reactions, using a child to meet self-focused needs, violating personal boundaries, exhibiting secretive behaviors, demanding exclusive and private contact with the child, and being more interested in relationships with children than with other adults (The Dee Norton Lowcountry Children's Center, 2002). Caregivers mapped these warning signs on self-designed timelines that spanned the period before and after the abuse occurred. They located the offenders' behaviors on the timeline with red flags, writing within a red flag the precise behavior they had observed. Group participants shared what, in retrospect, seemed strange or alarming or what they had initially missed but now saw as warning signs. The visual nature of the map proved invaluable in helping caregivers identify these behaviors by working backwards from the time of their children's disclosures. This task of creating their own red flag maps and sharing them with others, who may have identified different predatory behaviors, helped participants widen their knowledge base about how sexual predators "groom" potential victims and increased their ability to recognize other warning signs. Looking back by tracing the visual cues found on their maps was a process that actually served to reduce the risk of sexual abuse occurring in the future. By

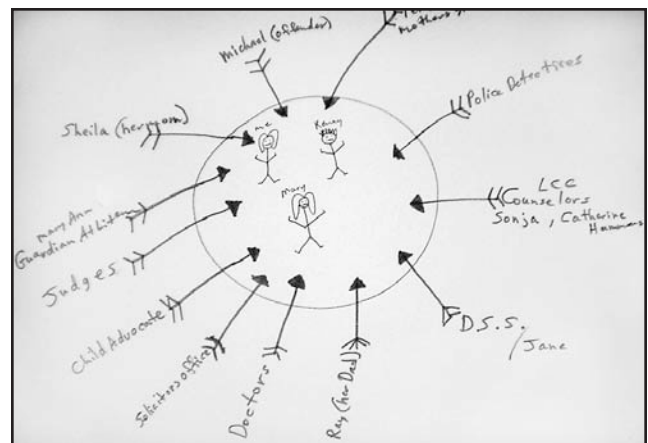


Figure 4 A Maze of Agencies

examining what has already happened in their lives, caregivers gain knowledge of what to watch for in individuals who may attempt to prey upon their children in the future. The process also served to increase caregivers' confidence in their ability to be more protective parents.

In addition to using the maps to pinpoint behaviors of possible sexual predators, "red flag" maps were also useful in identifying behavioral indicators in children that may have been warning signs that sexual abuse was occurring. In young children, these behaviors may include imitating sexual behaviors with dolls or other children; showing sudden discomfort or avoidance of certain individuals; developing unexplained depression, anxiety, or dissociation; an increase of physical complaints; and/or developing a sudden resistance to going to school (The Dee Norton Lowcountry Children's Center, 2002). Older children and adolescents may "tell" what is happening to them through behaviors such as lying, stealing, substance abuse, promiscuity, running away, school truancy, school failure, depression, withdrawal, dissociation, pregnancy, abortion, and/or contracting sexually transmitted diseases.

Goal 5: Visualizing the Future and Setting Goals

For the majority of sexually abused children, living with the nonoffending caregiver will probably continue to be a part of their future (Strand, 2000). Members of the Caregiver's Group already had been identified as secondary victims and thus, as research on traumatized people shows, had a decreased capacity for analyzing and planning (van der Kolk & Ducey, 1989). For this important reason, a critical phase of treatment is to help protective caregivers create a plan that insures that their children's future will be a safe one. Visual mapping is a structured approach that can delineate clear and reasonable goals for a safety plan.

Research also indicates that developing realistic goals that are well formed, small, concrete, specific, and behavioral is most helpful in trauma-focused treatment (DeJong & Miller, 1995). The task of mapping the future in a systematic fashion that fosters breaking goals into realistic segments does much to lessen the overwhelming emotions

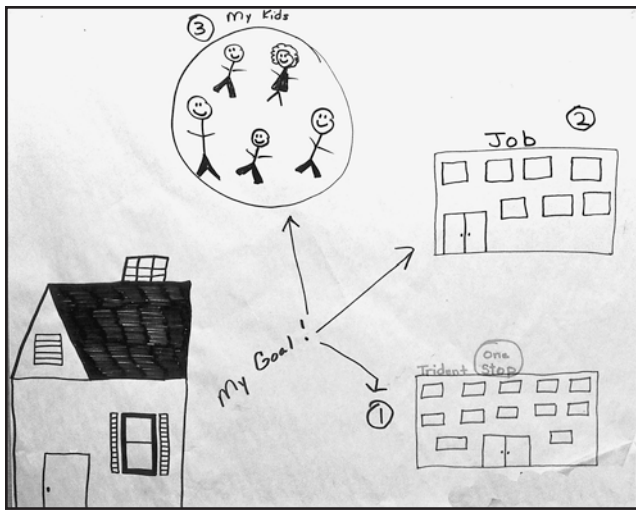


Figure 5 Mapping the Future

that some caregivers feel as they face future challenges of rebuilding their family, often as a single parent.

Contemplating the future as a “new direction” in one’s life is a process that lends itself naturally to the task of mapping. Group members’ maps at this phase of therapy often look very step-like as caregivers take actual, concrete steps toward regaining their own sense of power and control as they strive to build a safer future for their families. For example, some caregivers are looking forward to regaining custody of their children following a removal by child protective services. Their maps often show reunification as a goal and identify the changes that need to be made before this can occur. Other group members may now see themselves as single parents faced with financial challenges that will require them to work outside the home, and their maps identify such steps as creating resumes, job hunting, and finding affordable child care. These maps typically undergo many transformations as caregivers consider potential choices and possible outcomes.

Group participants now engage in the process of moving forward, both figuratively and metaphorically. One mother’s map (Figure 5) shows the new configuration of her family, along with future plans. Old concepts of the family before the disclosure are left behind as the newly configured family takes shape on paper. Former relationships and beliefs have been tested, but fostering the vision of a future life by depicting it as a real possibility instills hope. Establishing a plan, however tentative and fragile, is empowering as caregivers reclaim new territory for themselves and their children.

Just as the child victim may be successful in using art therapy techniques to make the cognitive shift from “I am bad” to “something bad happened to me” (Sweig, 2000), nonoffending caregivers can use mapping to shift their thinking from “I am a bad parent” to “something bad happened in my family.” This perceptual change is critical, both for the caregivers who will continue to be challenged on multiple levels as they parent a child who has been sexually victimized, and for the child victims whose recovery is greatly impacted by that quality of support.

Evaluation

To evaluate the effectiveness of the art therapy intervention of mapping on caregivers’ abilities to address complicated issues stemming from the abuse, all Caregiver’s Group members completed a participant satisfaction questionnaire. The questionnaire asked for participants’ opinions regarding the value of the technique to aid them in creating an organized, informed, and effective response to their child’s disclosure of sexual abuse. Each participant in the Caregiver’s Group answered specific questions that asked whether the maps helped them (a) relate the trauma of hearing a disclosure of sexual abuse by their child; (b) identify and process the powerful emotions engendered by such a trauma; (c) develop appropriate coping skills to manage their emotions, so that they would be available to help their child; (d) identify future risk; and (e) set goals for their families. The responses were overwhelmingly positive: 90% of the group members found the maps to be useful in helping them reach these therapeutic goals.

Participants in the Caregiver’s Group, when questioned about what was most helpful to them during their treatment, overwhelmingly chose mapping as the most beneficial technique. In addition, satisfaction surveys routinely collected at the center often had positive comments about the value of art therapy, and mapping in particular, in dealing with the maze of multiple agencies. Mapping became an organizational tool that group participants learned could be applied to other situations.

Conclusion

There is a lack of attention paid to nonoffending caregivers in the literature on child abuse; historically, the child victim and the perpetrator have received far more consideration (Russell, 1984). The intent of this article was twofold: to focus on the unique challenges that nonoffending caregivers face in effectively parenting children who have been victims of sexual abuse, and to offer an effective intervention to aid such caregivers in successfully resolving these challenges. Subsequent life choices that will profoundly affect these women and their children depend upon their ability to manage their own secondary trauma so that they may attend fully to the needs of their children. Clearly, more study is needed to assess the therapeutic needs of protective caregivers as they struggle to successfully parent the children who depend upon them.

The art therapy technique of mapping helped group members identify and process their own affects related to secondary trauma at the time of disclosure, so that they would more likely be able to manage and cope with their trauma. The image making process gave them tools to establish linear, organized documentation of their experiences and to regain control in situations where they may have previously felt helpless. Maps served as guides and anchors of reference through the labyrinth of multiple agencies and professionals who entered their lives following disclosure. Caregivers made use of the visual, concrete nature of the maps to look back and identify patterns of

behaviors in sexual offenders and possible warning signs in their own children. Perhaps most importantly, the maps became tools for creating the future—a new beginning for them and their children.

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