

## **Exploring The Feasibility of An Art Based Intervention on the Anxiety Level of Children with Abuse History Through A Series of Case Studies**

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**Abstract :** Child abuse and neglect can be viewed as a pervasive occurrence inflicted on children by adults in authoritative positions, which in most cases are their parents or guardians. Although the phenomenon of abuse and neglect amongst children is widespread, the empirical data for this cannot be established because of the large number of cases that go unreported, due to the shame of disclosure. Thus, the amount of research work for the development and implementation of any kind of intervention for this population at the grass root level, is negligible. Studies in the field suggest that art interventions, built on expressive therapy principles, are one of the most appropriate and least stressful techniques for identification and management of child abuse victims. Through this study, the impact of art based intervention is explored, on the anxiety level of children with abuse and neglect history, through a series of case studies of the participants across an eight session long intervention. The study explores the implication of child abuse and neglect on the life of a child along with establishing findings showing considerable progress in their ability to communicate through their drawings with each session. The sample for the study consisted of 8 girls below 18 years of age residing in a shelter home; exclusively for the neglected and abused children

**Keywords:** Abuse, anxiety levels, art based intervention, case study, neglect

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### **I. INTRODUCTION**

#### **1.1 Child Abuse And Its Components**

Child abuse can be defined as the physical, emotional and sexual ill treatment, commercial exploitation, and neglect, which causes actual or potential harm to the child's health, survival, development or dignity, in context to a relationship of responsibility, trust and power (World Health Organization, 1999). To understand the phenomena of child abuse in depth, it is important to recognize its various forms. While physical abuse is concerned with physical injury which could range from scars and burses to even death; resulting from beating, kicking, punching, burning, hitting a child by a figure in authoritative position (Wurtle, 2009); emotional abuse is a pattern of behavior that impairs a child's emotional development or sense of self worth. Sexual abuse under the Child Abuse Prevention and Treatment Act is defined as, "the employment, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.". Lastly, child neglect can be described as the failure in the process of providing a child's basic needs. The type of neglect may be physical, medical, educational or emotional. Neglect in its worst form, takes the role of abandonment, wherein the parent's identity or whereabouts are unknown, and the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time. (Wurtle, 2009)

In this research study, the emphasis is laid on all the forms of child abuse, however specific attention is paid to child sexual abuse, neglect and abandonment as those were the predominant characteristics of the sample population.

#### **1.2 Aim Of The Study**

To explore the impact of an art-based intervention on the anxiety levels of children with abuse history through a series of case studies.

### **1.3 Objectives Of The Study**

- 1.To identify girls with history of abuse and neglect to participate in the study as respondents
- 2.To collect the relevant socio demographic details of respondents.
- 3.To develop an interview guide for use with the caretaker of the respondents.
- 4.To develop a module on art-based intervention using expressive therapy principles.
- 5.To conduct an art-based intervention for respondents that will explore the impact of abuse and neglect on their anxiety level.
- 6.To build case studies, based on interviews with the caretaker, investigating the nature of abuse and neglect in the past of the respondents.

## **II. REVIEW OF LITERATURE**

### **2.1 Implications of Child abuse**

#### **2.1.1 Socio-Cultural Impact**

The implication of such a devastating childhood experiences on the child and the society at the macro level can be worrying. In certain situations it could result in delinquency, substance abuse, truancy, sexual risk taking behavior along with higher risk of being raped and committing rape (Messman-Moore, Walsh, & DiLillo, 2010). Research evidence suggests that most of the child sexual perpetrators were themselves abused or neglected as children, and as adults did not relate well with other people (Myrna, 1974). One of the studies reveal that 30% of this population lived as single parents, as high as 50% were on interests, as many as 15% were unemployed and fewer than 20% finished high school (Wall, 1975). Majority of this population, unable to cope with life's problems, took out their frustrations on their defenseless children.

#### **2.1.2 Biological Impact**

The implications of child abuse could vary from physical health problems like impaired brain development, cardiovascular diseases, lung and liver diseases, diabetes, obesity to mental health related issues of depression, anxiety disorders, antisocial and borderline personality disorder and cognitive disorder (Dube, Fairweather, & Pearson, 2009) (Felitti and Anda (2009). Such findings highlight the importance of understanding the phenomena of child abuse , focusing on the cultural setting of the child and the kind of environment provided to the child in its developmental years.

### **2.2 Incidence rates**

Walker, Bonner and Kaufman (1998) in their review of various types of incident data, concluded that, approximately 20-25 percent of female participants and approximately 10% of male participants were sexually abused as children. Some other statistics report a much higher child sexual abuse incidence rate, which suggest as many as one in every three women and one in every five men have history of being abused. While the most devastating and dramatic incidents of child abuse occurred in children aged three months to three years, between 35% – 55% of all abused children were school aged, between 5-18 years of age with an over 500 percent increase in the abuse rates in the last decade (Jerry, 1994).

#### **2.2.1 Incidence rates in India**

A study conducted by the Ministry of Women and Child Development in 2007 reported that the incidence rates of child abuse in India was reported to be as high as 69%. In the particular cases of child abuse within the family situation, 88.6% are abused by their parents or significant others. A huge population, of about 70.57% girls reported having been neglected by family members and 48.4% wished that they were boys, because of their belief that gender plays a critical role in child abuse. Out of the adolescents who were interviewed between the age group of 18-24, more than half of them had reported being sexually or physically abused as a child.

### **2.3 Introduction to art as a mode of treatment**

Studies show that art therapy and art based interventions are one of the most appropriate and least stressful technique for identification and healing of child abuse victims (Powell, 1990). What can be commonly seen in the work of children and adolescence with abuse history is a distortion in their body image, an image of the body as ugly or as separated from the head through color and space. Eventually in this process the victims become more aware of their fractured parts, the absence of their arms or legs, and the sense of isolation evident in their figures. This evidence itself is considered a step towards recovery (Serrano, 1989). Studies have shown shifting one's attention to one's sensory modalities can ground one more fully in their body and in the present, helping the individual let go off anxiety provoking thoughts. Visual art is stated to have the advantage of being non verbal, enabling one to express and work through stuck emotions (Machioldi, 2002). Participating in artistic

work within the medical setting can help reconstruct the young patient's sense of hope, self esteem, independence, and competence while presenting opportunities for safe and contained expression of feelings.

Broadly speaking, an art based intervention is concerned with the feelings of the individual in the process of making the art, and how those emerging feelings helps one to resolve the internal conflicts and cultivate both self awareness and growth (Ulman, 1975). This process of creation of art facilitates the relationship between the administrator and the client, which further helps them in exploring the emotions, providing an outlet for the aggressive and frustrating feelings, improving spatial conceptualizations and developing visual, perceptual and fine motor skills for the client. What makes such a form of intervention effective is that it helps to bring unconscious materials closer to the surface by providing an dome for symbolic representation.

Applebaum (1981) talks about the process between the artist-audience and therapist-patient affords an opportunity for both the partners, not just the therapist and the artist, to share at least some aspect of what may be considered as art. The client as an artist attempts to tell the audience- therapist about his experiences. What matters in this sort of involvement is the spontaneous making of art, which can be connected to free association in the Freudian sense. It could be playful, while also helpful to the patient in getting in touch with primary processes to regress and, importantly to understand that the expected reaction; 'rejection' is not forthcoming from the therapist. How, when and if changes occur obviously depends on each child's ability to engage with this process, and it may take much time and persistence on behalf of the therapist while the child builds his trust. There could be changes in expectation of response, in the child's perception of themselves, and/ or actual behavior.

### **2.3.1 Feasibility of art as a mode of intervention**

Art making has been used by counselors for both assessment and treatment (Denny, 1969; Roosa, 1981; Nickerson & O'Laughlin, 1982;). The presence of a counselor while engaging in the process of drawing seems to aid emotional expression and verbal communication and result in improved self concept and long term gains (White & Allen, 1971). In 1978, the drawing technique of 'serial drawing' came into focus, in which the counselor meets the child over a period of 6-8 weeks for a 20 minute session per week, and asks him/ her to draw pictures (Allan, 1978). The study indicated that over time the drawings revealed the following aspects; a symbolic statement of the problem, positive transference to the counselor, verbal self disclosure of the problem, a symbolic representation of the healing process and emergence of a positive self concept. Significant behavioral changes were also reported after two sessions and other improvements were seen by the end of treatment. According to Hagood (1991), the art making unveils unconscious problems and feelings about the abuse and family dynamics, that may not be evident in a verbal exchange. Some of the common tasks is allowing the client to graphically portray their relationships with their mothers and other family members, including the abuser. Other therapy techniques includes drawing one's own self portraits to measure the client's self image, drawing pictures of positive and negative feelings about the abuser, puppetry with anatomically correct dolls to clarify the boundary issues related to appropriate and inappropriate touching, and other activities like working with clay to release angry feelings through pounding and squeezing (Powell, 1990).

In a group setting, the process of art making in addition can assist in the acquisition of social skills and lead to behavioral change (Waller, 1996).

## **III. RESEARCH METHODOLOGY**

### **3.1 Source of data, sample and sampling method**

This is a qualitative research study and involved the use of primary data, which was collected from 8 participants selected via purposive sampling method. The sample for the study has been taken from a girls home, located in Kakkurvillage in Calicut, Kerala. Sample for the case series are 8 girls, who were referred to the researcher by the guardian due to their severe difficulties, visible in the form of behavioral and emotional disturbances.

#### **3.1.1. Inclusion criteria:**

Recommended by the authority, showing relatively high on the anxiety scale.

#### **3.2 Tools**

1. Semi structured interview schedule (SIS- Developed for the study)
2. Spence Children's Anxiety Scale (Spence, 1994)
3. Art Based Module development

#### **3.2.1 Semi structured interview schedule (SIS- Developed for the study):**

Due to aspects of the study being sensitive and the requirement to maintain high degree of confidentiality, at the same time to retrieve relevant information for the purpose of the study, the researcher used a semi structured, open ended interview guide, taking relevant information about the subjects' history ,development and presenting complains.

**3.2.2. Spence Children’s Anxiety Scale ( Spence, 1994)**

The Spence Children's Anxiety Scale (SCAS) is a child self-report measure designed to evaluate symptoms relating to separation anxiety, social phobia, obsessive-compulsive disorder, panic-agoraphobia, generalized anxiety and fears of physical injury. The results of confirmatory and exploratory factor analyses supported six factors consistent with the hypothesized diagnostic categories. There was support also for a model in which the 1st-order factors loaded significantly on a single 2nd-order factor of anxiety in general. The internal consistency of the total score and subscales was high and 6 month test-retest reliability was acceptable. The SCAS correlated strongly with a frequently used child self-report measure of anxiety. Comparisons between clinically anxious and control children showed significant differences in total SCAS scores, with subscale scores reflecting the type of presenting anxiety disorder of the clinical samples.

**3.3. Administration**

An organization working with children, fulfilling the requirements of the study, was approached for conducting the intervention. Permission to conduct the research was taken from the guardian and care taker of the girl’s home. After getting the assent and consent form for the study, the pre test anxiety scale was administered to the sample to measure the anxiety scores. Simultaneously the in depth interview was conducted with the guardian to collect the relevant information about the subjects using the Self developed interview guide. An eight session long intervention was conducted on a weekly basis along with observation report which was recorded for 8 participants for the purpose of the case study. At the completion of the 8 sessions, a post test analysis was done to see the effect of the intervention

**IV. RESULTS**

In order to analyze the change in the anxiety levels of the participants , Spence Children’s Anxiety Inventory was administered on them to obtain their pre-test and post- test anxiety scores.

**Table 4.1** Pre-test and post- test anxiety scores

Participant Code	Age	Years of stay	SCAC pre	SCAS Post
1	5	2	92	53
2	9	4	39	22
3	10	5	62	56
4	15	10	51	36
5	9	1	56	42
6	10	2	100	56
7	10	4	27	43
8	10	6	35	32

As shown in Table 4.1, there was a drop in the anxiety levels of children with abuse history after the art based intervention sessions. The universality of themes was obtained from the participant responses. This has resulted in the saturation of the data. The table below illustrates the global themes, organizational themes and basic themes that were extracted from the data:

**Table 4.2** Global themes, organizational themes and basic themes that were extracted from the data

Global Themes	Organizational Themes	Basic Themes
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- Pornographic Videos
- Sexual Intercourse
- ii. Being subjected to assist in stimulation of sexual conduct
- Masturbation

Exposure to sexually explicit content like pornography and being subjected to assist in stimulation of sexual conduct was reported as a common experience for some of the participants. In the case of Participant 1, when she was left alone at home with her mother, Participant 1's mother invited her male friend home and got sexually involved with him. A similar response was obtained from Participant 6, who while being looked after by her grandmother, experienced sexual abuse by her tenant. He would often call her to his room and watch pornography videos along with her. When this matter was finally investigated, it was noted that she was sexually abused as a child, by her neighbor, when she used to stay with her mother and grandmother.

In the case of participant 7, she would often visit her neighbor, who would show her pornographic videos and most certainly even engage in some kind of sexual activity, excluding penetration.

### **5.1.2 Physical Abuse**

- i. Exposure to violent behavior at home
- ii Implication of violence towards mother at birth
- Delayed development
- ii. Victim of physical abuse themselves

Physical abuse is a relevant concept of child abuse, which is very rarely reported to the authorities. In the case of our participants, it was noted to be a repetitive and pervasive phenomenon, which was unattended to. For Participant 1, as she reported about the infidelity of her mother to her father, she was slapped and hit multiple times by her mother. When her mother's boyfriend would leave the house, she held Participant 1 by her throat and threatened to kill her if she opened her mouth to anyone). In some of the cases, what could also be observed is the implication of domestic violence at home, towards the mothers, during the term of their pregnancy, on the child's development. In the case no. 3 and 8, it was reported that during the final term of the pregnancy, their mother was subjected to high degree of physical abuse by her father, who had reportedly stamped her in the abdomen, while she was carrying the girls. After this incident, she was rushed immediately to the hospital. This led to the water burst, which was followed by a premature normal delivery of the girls at the hospital. Their mother was reportedly 18 years old at the time of this event. The children had low birth weight and were kept in incubators in the NICU (Neonatal Intensive Care Unit) for 2 months. The care taker further says that there was a delay in the physical growth aspects of Participant 3, such as teeth growth and a lack of clarity in her speech until she was 4 years of age.

In the case of Participant 4, it was reported that , her father was suspicious of his wife's fidelity at the time of Participant 5's birth. This has even led to extreme physical abuse of the mother, who reports an incident of him kicking her in the abdomen while being pregnant with Participant 5. There have also been suicidal attempts undertaken by her mother due to her marital conflicts during the term of her pregnancy. This further could have affected the development of the participant, where in, she stood up on her legs and started walking only at the age of 3 years. Mother of the participant had reported there was no stage of her life, where she attempted to walk till 3.I Further introspection into the case showed that Participant 5's father was an alcohol addict, and her relationship with him was poor , which has often resulted in physical abuse by him, as reported by her care taker.

A similar theme arises in the case of Participant 6, whose father would often get drunk and beat up his wife in front of the children, who would cry and try to pull them away. Once more in the case of participant 7, it was seen that at the time of her birth, her mother had an induced labor as the participant was a breech baby. It was a caesarean due to the low movement of the child .There is likelihood that vacuum suction was performed due to the deviation in the shape of her head. Domestic violence was an important component of her home environment. The informant further reports that an incident which occurred, of her father kicking her mother's abdomen while she was pregnant with her, could have been the reason for the complications at birth. However, her developmental milestones were reached on time. The informant reports that, her early relationship with her father has been that of abusive nature, in which he engaged in physical abuse with Participant 7 when she was merely 8 months old. Her father was an alcohol addict, and would often be inflict physical pain on her mother after consuming alcohol.

In a study conducted to find out the impact of domestic violence on maternal and infant health by assessing the health of the mother during pregnancy and that of the child two months postpartum, 202 were observed and interviewed. The results indicated that domestic violence during pregnancy was linked with multiple problems for the mother and the infant like more health problems during pregnancy, more chances of

having a premature delivery, later entrance into prenatal care, lower infant birth weight, more dependence on health care resources (Huth-Bocks, Levendosky, & Bagot, 2002).

### **5.1.3 Emotional Abuse**

#### **i. Rejection by parent**

“The most egregious form of rejection that anyone can experience is parental rejection” (Hardy, 2002)

Rejection by a parent is another area, which could be very devastating for a child. Amongst the participants, in Case 2, it was noted that the mother was hardly concerned about the children. She wouldn't care to show any regard toward the children, even if they got hurt or not study. Her attitude towards the children has always been very cold. In the Case 6, it was reported that, Participant 6 was most probably aware of her mother's pregnancy, as she often got to hear about it from her grandmother and the parents of other children. Because of this, she is strongly against her mother getting married again, fearing rejection.

#### **4.1.4 Abandonment**

##### **i. Remarriage of parents**

##### **ii. Poverty**

##### **iii. Born in unmarried relationships**

It was seen that within an year of her father's remarriage, Participant 1 was also brought to the girls home. At the initial phase of her stay here, she would not talk of her mother at all . However within the next couple of months, she started projecting her anger towards her mother in her stories and drawings. ‘She would always talk about her mother with so much of anger. She would tell me that I will stab and kill my mother if I see her picture,’ reported her guardian at the girls home. In the case of Participant 3 and 8, the twins were 5 years old when they arrived at the institute, by their mother because their father had abandoned them due to the birth of twin girls. Thereafter, he got married to their mother's sister, though he was staying with her for a long time, since the time she was almost 14 years old. The children have not seen their father ever since. Their mother on the other hand, recently remarried, in which relation, she has a 3 year old son now. In their case, their neighbors had seen the difficulty by which their mother was supporting them, after her husband left her. They brought the children to the girls home.

What can be seen in the Case of Participant 4 that her mother was a commercial sex worker, because of the nature of her work, she doesn't have a ‘father’ figure in her life. In the case of Participant 5, father abandoned her at birth itself, and her mother hardly looked after her due to her focus on work. She was raised up by her grandmother in a colony, known for the high rate of alcoholism, where there are small houses built adjacent to each other.

### **5.2.1 Behavioral Problems**

#### **i Immature laughing**

#### **ii Odd body Movements**

#### **iii Sleep Disturbances**

#### **iv. Enuresis**

#### **v. Anger management**

#### **vi. Mood variations**

#### **vii. Impulsive behavior**

#### **Over involvement with strangers**

#### **Lack of boundaries**

#### **viii. Kleptomania**

#### **ix Difficulty in abiding by rules**

#### **x. Low academic performance**

In the case of Participant 1, it was noticed that her father was an auto driver and at times, his friends would come home for visiting him. At such instances they would play with Participant 1 and give her sweets. She started showing excessive affectionate behavior since that time period. She would often go and sit on the lap of the person, whether it is someone known or even a stranger as a matter of fact. In the case of Participant 3, it was observed that when scolded, Participant 3 would simply look at the face of the person scolding and giggle without saying anything, but makes odd sounds. Many of her emotions are expressed through primitive actions. For instant, if she is excited, she would shake her wrists and move her hands. This is also the same behavior that she puts across when she is scared.

In the case of Participant 4 it was brought to the notice that her tone, pace of speech does create a suspicion amongst the other person, often suspecting some kind of intellectual disability, though nothing has

been diagnosed so far. In any kind of a stressful situation, she would simply sit back and stare at the person in front for long intervals of time, without saying anything. Though she maintains eye contact, it has a threatening aura to it. Similar observations were made in the case of Participant 5, where, she shows particular kind of hand movement, which has significantly reduced over the past couple of months. She would do a 'penguin' kind of hand movement, shaking both her hands. Participant 5 would also be non responsive to others in a conversation, and would often make odd eccentric actions and facial expression, putting her tongue out and tilting her head. This is most prominent when she meets new people, where she doesn't even maintain eye contact. In a study conducted to reactive aggression amongst maltreated children, it was found that maltreated children were more likely than non maltreated children to be aggressive, and physically abused children are on a greater risk for reactive aggression.. The history of abuse in the participants also predicted emotion deregulation, affective liability along with socially inappropriate emotion expression (Shields & Cicchetti, 1998). In the case of Participant 4 also had frequent crying spells, about which she wouldn't talk. Violent behavior, even with the staff has been noticed. Another such issue seen in her is of bed wetting, which has been present from the time she came into the organization, around 8 years back.

A tendency to get too closed to strangers was noticed in the case of participant 1, where, the reason for Participant 1's referral by her guardian was her over involving behavior with strangers and a tendency to grab attention by seeking and projecting affection. In the case of participant 7, she is a very outgoing child, who would be extremely extrovert, because of which it is very difficult for her to maintain boundaries. Even with strangers, she would show affectionate behavior, which is unhealthy.

In some of the participants, kleptomania tendency was noticed. Participant 4's case talks about her tendency to take others things from the class and storing it in the cupboard, without using it. She would also at times, take food items or money from the girls home and put it in her cupboard...They often do not realize the difference between their things and that of others... This results in them taking others things from schools and even in the home. Studies have shown that in the case of these children with abuse history, kleptomania may serve two purposes; the actions themselves may gratify or at times the stolen objects may dismiss feelings of deprivation. (Plant, 2006).

In participant 3 and 8 a tendency to not abide by the rules and also talk about things, which might be manipulated in nature is noted, as in some others too. A pattern of sleep disturbance has been observed in the participants for the study, in which they would often sleep during the day, sleep in the middle of classes, not be able to sleep at night, sleepwalk. Sleep disturbances were talked about in some of the cases. In the case of Participant 4, she has some sleep disturbance too, in which she would sit up on her bed in the middle of the night with open eyes, but does not respond. In the case of Participant 5, it is knitted in a different manner, where in, the presenting complaints of the client is excessive sleeping, which was also reported to be seen in the mother. Participant 7's informant states, that she does have a tendency of sleepwalking. She has also been having troubles in sleeping at night, which would be visible in her rather usual night walks in the hall. There is also a tendency in her to sleep for long durations during the daytime and evening while studying. However, as her grades in school started improving, her sleep patterns started improving.

The sleep disturbance could be a form of externalizing characteristics of the participants. In a study conducted to evaluate the behavioral consequences of childhood abuse, with 109 participants, it was found that the externalizing scores of the participants were significantly higher than the internalizing score on the abused children. (Roscoe, 1997). Children of abuse history have also observed to have higher rates of parasomnia prior to admission (Sadeh,A, Robert.M., & Hayden, 1994) When talking about the academic performance of the participants, it could be noted that Participant 5, when she is attended to, she also shows interest and improvement in her school work. In the case of Participant 6, it could be noted that she is a good performer in school and also in her co curricular activities. Though at times, she shows a sharp fall, she manages to score well the next time.

Academic performance is a dimension which is significantly affected in these children. At the primary school age, children develop through peer interaction. Children with abuse history often have difficulties with school which includes poor academic performance, lack of interest in school, poor concentration in classes and limited friendships. Absence from school is also a common phenomena in such cases. (Zolotor.A, et al.). Low level of academic performance is also found to be an implication of child abuse (Sadeh,A, Robert.M., & Hayden, 1994)

## **5.2.2 Emotion regulation difficulty**

- i. Anger management
- ii. Mood Variation



Participant 4 in any kind of a stressful situation, she would simply sit back and stare at the person in front for long intervals of time, without saying anything. Though she maintains eye contact, it has a threatening aura to it. In the case of Participant 8, it was noted that she has a tendency to hold onto her anger for long. When being scolded at, she would not say anything back, rather go to the other room and sit down quietly, unwilling to talk to anyone. She would not bother to respond, irrespective of any amount of effort that comes forward from the other side to mingle again. She would simply sit with an angry face. In the case of participant 4, it was noted that Participant 4 has episodic mood variations, which although the volunteers attribute to menstruation, the caretaker feels otherwise.

This is congruent with the parental acceptance-rejection theory, which predicts and confirms that rejected children have more tendency to be hostile, aggressive, passive aggressive, or even have difficulty in managing the hostility or aggression, to be dependent or 'defensively independent' and can affect their self esteem and self competence along with a tendency to be emotionally unbalanced, emotionally reactive and to have a negative view of the world (Rohner & Rohner, 1980)

### **5.3 Attachment Problems**

- i. Inability to trust
  - ii. Tendency to resort to secrecy
- Lying patterns

In participant 8, although she has good relation with everyone at the girls home, there is no communication beyond a certain level of intimacy. In Participant 4, it was noted that she has a tendency to hide things. Even after her bed wetting incidents, rather than washing the clothes, she would hide them somewhere. As she gets food items that she likes, she hides it in the cupboard. Incidents of lying have also been reported in her case.

A similar pattern was seen in Participant 6, where in she was referred to a psychologist because she has a tendency to be secretive and not open up about her emotions. She has an inclination to avoid talking about things that bother her. Participant 2 has a different perspective in which she wouldn't care to show any regard toward the children, even if they got hurt or not study. Her attitude towards the children has always been very cold. Because of this kind of relationship, the children are hardly attached to their mother. However, they are deeply attached to their step mother, who has been extremely considerate and affectionate towards the children. In the case of Participant 7, it was noticed that she has a tendency to lie a lot. During the initial days however, she was one of the most truthful girls in the institute and everyone would believe her. However, after a while, as she realized that the people would believe her, no matter what she says, she started to lie to them. Only to eventually develop a problem with lying. In a longitudinal study conducted to understand the relationship between maternal expressed emotion and the attachment disorganization in early childhood, using a sample of 33 children participated with their mothers in Ainsworth's strange situation. Results indicated that maternal expressed emotion was strongly linked to mother child attachment security at the age of 6. High emotion expressed was closely linked to disorganized attachment pattern, an at risk attachment pattern which is usually linked with intrusive and hostile maternal behaviour (Jacobson & Hibbs, 2003).

### **5.4. Low sense of worth**

- i. Uncertainty about self
- ii Feelings of inferiority and inadequacy
- iii Resistance in seeking help
- iv. Resorting to fantasy

In Participant 1, another tendency of hers is to seek constant assurance, My dad did not come today. Everyone else's dad came in the morning itself and its lunch time now. He was supposed to be here by now. Do you think he will come? In the above statement, her associated feelings of inferiority are also addressed. In case of Participant 4, a tendency to ask for help when in a difficult situation or when she needs something is not seen. Rather she has a habit of journal writing in which she talks to her imaginary friends and writes letters to them, complaining to them. She would also create her own fantasy stories, in which she would create romantic relationships between her imaginary friends and her classmates. When confronted about it once, she denies doing it. Participant 1 also has a tendency to resort to fantasy as a compensatory device.

In the case of participant 1, feelings of contempt and rejection are also brought forward through the drawing. Participant 6 is aware of her mother's condition as she often got to hear about it from her grandmother and the parents of other children. Because of this, she is strongly against her mother getting married again, fearing rejection.

In a study conducted to understand the development of self criticism in adolescent girls using a sample of 54 adolescent girls and their mothers, it was observed that maternal dissatisfaction, which resulted in maternal coldness, which in turn leads to insecure attachment in the girl child , finally resulting in self criticism (Thompson & Zuroff, 1998).

### **5.5 Red flag signs of abuse**

- i. Nude pictures
- ii. Omission of body parts
- iii. Excessive use of hearts
- iv. Crying faces
- v. No doors in houses
- vi. Frequent masturbation
- vi. Toilet training regression
- vii. Touching other children's body parts
- viii. Non age appropriate sexual knowledge
- ix. Dramatic mood changes
- x Uncharacteristic rage

In the case of Participant 1, there is a great tendency to beautify the card with hearts in the participant's case, she draws heart shapes all over the page and writes 'happy girl' at the bottom of the page (Participant 5), participant's drawing, similar to many of her other house mates, lot of heart shaped designs were present in the final activity (Participant 8). Participant 7, it was noted that she had a tendency to touch the genitals of other girls and also make them touch her. In the case of Participant 1, she has been engaged in touching behavior with her friend in the girl's home. The two girls were found touching each other at night in their beds. Even in the case of participant 5, it was noticed that she had a tendency to engage in 'touching behavior' with another child of the girls home. At a certain instance another inmate's hand was found inside Participant 5's pajamas, stimulating her genitals. In participant 7's drawing, nude figure in her Draw A Person Test was visible. The omitted hands were seen in the assessment report of Participant 1, 4 6. In the case of participant 1, it was noted that there is a great tendency to beautify the card with hearts in the participant's case. In the use of crying faces, a common feature seen among all the three sisters (Participant 7) is the tendency to sit together and start crying, even if one of them cries.

Participant 2 is more indifferent on the exterior and portrays herself as being unaffected by anything. She would rather disconnect herself from people than get attached to them. Closed house doors and closed windows were chief components in Participant 3's drawings. The subjects have been demonstrating various red flag signs of child abuse through their drawings. These include inclusion of genitalia, omission of hands, excessive use of hearts, excessive use of wedges, aggressive faces, sad and crying faces, self loathing. In the case of houses drawn , there would be smoke from the chimneys, no doors, rain and dark clouds (Cohen-Liebman, 1995) (Malchioti, 1999). Children's are can be used as a method to identify sexually abused children, though there are other behavioral patterns also which validate them. These include, frequent masturbation, toilet training regression, children touching other children's body parts, non-age appropriate sexual knowledge, dramatic mood changes, uncharacteristic rage and self mutilation (Giardino & Giardino, 2002). The main areas of focus in a feasibility study as established by (Brown. D, 2009) are met through this study.

#### **These include:**

1. Acceptability of the intervention- It aims at understanding if the recipients of the study and the implementers of the intervention view the study as an acceptable model. In the case of the art intervention, the module was discussed amongst peers and has been able to gain the acceptance of clinical psychologists in the field. From the participant's viewpoint, their acceptability was put across through their willingness to participate in the study. Moreover, an in depth interview with the care taker was conducted to understand and plan the intervention in their weekly schedule. To establish a significant change in the anxiety level of the participants, post test and pre test analysis of anxiety was conducted on them..
2. Demand for the study- To understand the demand of the study with this population, it is important to highlight the high incidence rate of child abuse in India, within which participants between 5-12 are at higher risk for getting abused (Ministry of Women and Child Development, 2007). Much of the intervention studies that are focused in this field aim at providing intervention only after the illness reach a much severe pathological condition and its implications start showing in the behavioral, physical and emotional spheres of the participant's life. A feasibility study of this nature would rather help in providing assistance to the children at the basic level itself, whereby, allowing a cathartic experience which would avoid the long term implications of abuse (Phipps S, 1995).

3. **Implementation-** The implementation of the art intervention for the children with abuse history has been able to be fully implemented in an uncontrolled design as was planned and proposed. As per the plan of the study, the intervention was to be conducted on 8 participants, referred by the care taker on the basis of severe behavioral and emotional disturbances. However, in the course of the initial assessment, it was decided that the intervention shall be provided to the entire population of 25 participants, to avoid singling out, due to the nature of the study and sensitivity of the population. The intervention was conducted in span of 7 sessions and three meetings for the purpose of assessment as was proposed. The main resources required for the study were coloring materials , paper, eraser and pencil. There is a cost of conducting the intervention due to the materials involved. Nevertheless, it would be a minimal cost which could be easily affordable by even a family from low socioeconomic status.
4. **Practicality of the intervention –** The practicality of the intervention was tested in a demonstration study, in which case the completion of the intervention couldn't be attained due to the vulnerability of the populated. Based on the findings of the pilot, it was decided to change the sample population from the initial population of 'children diagnosed with cancer' to 'children with abuse history'. Through this research, the study has shown significant practicality, keeping in mind the cost associated, the frequency and duration of the intervention, the environment requirement for the intervention etc. During the test score analysis however, there has been an increase in the anxiety scores seen in some of the participants, post the intervention. This increase in anxiety levels could be associated to the anxiety related to the termination of the session. This aspect requires to be further investigated upon.
5. **Adaptation (Resnicow, Baranowski, & Ahluwalia, 1998)-** The intervention module developed initially, was focusing on the anxiety levels of children diagnosed with cancer. As the population of study was changed, there was also a need to bring in some degree of changes into the module focusing on the specific needs of the target group. With this purpose, some new activities were integrated into the module including Activity 6 – Drawing a village scene. The intervention module is adaptable to changes and also is useful in catering to the specific needs of the target population.
6. **Integration (Welch, Riley, & Montgomery, 1998)-** The created module is flexible and new activities based on the need of the client, can be incorporated into it.
7. **Expansion-** The previously tested model of Art Therapy which is based on expressive therapy principals, is broken down , to expand and formulate the art based intervention module. Through this study an attempt was made to understand the fit of the intervention with the organizational goals and culture.
8. **Efficacy-** The art based intervention module that was conducted amongst the participants with abuse history, although failed to establish a significant change in the level of anxiety of the participants, yet the data obtained through the qualitative assessments and the intervention sessions have provided with relevant themes, which have a key role to play while understanding and working towards the welfare of this population .

## **VI. LIMITATIONS OF THE STUDY**

1. The duration of the intervention was 7 weekly sessions, which could be a very short period to observe a significant change in the anxiety levels of the participants. However, due to the time constriction of the research study, it was not feasible to increase the duration of the study.
2. The course of the intervention was expected to be continuous , weekly sessions. How ever, there were gap periods of 3 weeks and 2 weeks between three sessions. This is expected to have had a major role to play in the implication of the study.
4. During the course of developing the modules and finding relevant research findings, there was found to be a dearth of studies in the Indian context. Expressive therapies which involve art as a medium, can have different roles to play as per the social and cultural context being looked into.
5. There was no control group used for the study. Thus, it is difficult to establish the change in anxiety scores is due to the intervention or other confounding variables.
6. It was not possible to provide booster sessions or to conduct a follow up session as the research had to leave the state with the completion of the course.

## **VII. RECOMMENDATIONS**

1. It is recommended that psycho education on child sexual abuse be provided to children in schools and Anganwaadies. Despite its high prevalence and incidence rates, psycho educating children on sexual abuse is still considered a shame, due to the stigma attached to it. However, it is important to understand that there is a need to challenge this notion and create awareness about this issue, as it could have serious long term and short term consequences in the life of a child.
2. It is recommended that families should be provided psycho education regarding the importance of a good and nurturing environment for the mother, and the infant. Age of the mother, physical abuse towards the mother,

nicotine and cannabis consumption around the mother, emotional distress of the mother and unavailability of a nutritious diet could have serious implications on the development and growth of the child as well as the mother's own health.

3. Special provisions should be made for children born to commercial sex workers, catering to their individual needs as they grow. In such cases, most of the children would not be having a 'father' figure in their lives and the mothers would not be able to take care of the child due to the nature of their work. Hence there is a greater need to look into this population.

4. Children should be exposed to more form of art like painting, Singing, dancing, literature, acting etc, wherein they could channelize their energies, which would help them in emotional catharsis.

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### **REFERENCES**

- [1]. Allan, J. (1978). Serial drawing: A therapeutic approach with young children. *Canadian Counsellor*, 223-228.
- [2]. Ambridge, M. (2001). Using the reflective image within the mother child relationship. In *Art therapy with young survivors of sexual abuse* (pp. 69-85). Hove: Brunner- Routledge.
- [3]. Barnes, M., & Berke, J. (1971). *Mary Barnes: Two accounts of a journey through madness*. London: Macgibbon & Kee.
- [4]. Curl, K. (2008). *Art Therapy*. *Journal of the American Art Therapy Association*, 164-169.
- [5]. Denny, J. (1969). Art counselling in educational setting. *Personnel and Guidance Journal*, 119-126.
- [6]. Gendlin, E. (1981). *Focusing*. New York: Bantam books.
- [7]. Hagod, M. (1991). Group therapy with mothers of sexually abused children. *The Arts in Psychotherapy*, 17-27.
- [8]. Holliday, E. L., Harrison, L. J., & McLeod, S. (2009). Listening to children with communication impairment talking through their drawings. *Journal of Early Childhood Research*, 244-263.
- [9]. Jerry, N. L. (1994). Child Abuse: A school district's response to its responsibilities. *Child Welfare*, 258.
- [10]. Lee Drucker, K. (2001). Why cant she control herself? A case study. In *Art therapy with young survivors of sexual abuse*. New York: Routledge.
- [11]. Lillitos, A. (1990). Control, uncontrolled, order and chaos: working with children with intestine motility problems. In *Working with children in art therapy*. London: Tavistock/ Routledge.
- [12]. Machioldi, C. (2002).
- [13]. Manning, T. (1987). Aggression depicted in children's drawings. *The Arts in Psychotherapy*, 35-47.
- [14]. Myrna, B. (1974, march). child abuse- what can we do to stop it? *Forecast for home economics*, pp. f-24-26.
- [15]. Nickerson, E., & O'Laughlin, K. (1982). *Helping through action: Action oriented therapies*. Amherst: MA; Human Resource Development Press.
- [16]. Pinciotti, P., & Weinstein, C. S. (1988). Environmental Experience and Children's Drawings. *Environmental Psychology*, 21-28.
- [17]. Powell, I. (1990). Treating sexually abused latency aged children. *The Arts in Psychotherapy*, 35-47.
- [18]. Roosa, L. (1981). The family drawing/ storytelling technique: An approach to assessment of family dynamics. *Elementary School Guidance and Counselling*, 269-272.
- [19]. Sagar, C. (1990). working with cases of child sexual abuse. In *working with children in art therapy* (pp. 89-114). London: Tavistock .
- [20]. Serrano, J. (1989). *The arts in Therapy with the survivors of incest*. New York: Wiley and Sons.
- [21]. Sidun, N. (1987). Graphic indicators of sexual abuse in draw a person test of psychiatrically hospitalized adolescents. *The Arts in Psychotherapy*, 25-40.
- [22]. Ulman, E. (1975). *Art Therapy in theory and practice*. New York: Schocken Books.
- [23]. Wall, C. M. (1975). Child Abuse- a societal problem with educational implications. *The Peabody Journal of Education*, 222-225.
- [24]. Waller, D. (1996). *Group interactive art therapy: Its use in training and treatment*. London: Routledge.
- [25]. White, K., & Allen, R. (1971). Art counselling in educational setting: Self concept change amongst preadolescent boys. *Journal of School Psychology*, 218-225.

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