Group Art Therapy Using Clay with Victims of the Sex Trade

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GROUP ART THERAPY USING CLAY WITH VICTIMS OF THE
SEX TRADE

By

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This thesis is dedicated to my Lord and Savior Jesus Christ, who gave me strength and endurance. Mark 10:27: “With man this is impossible, but not with God; all things are possible with God.” I also dedicate this thesis to my friends and family, especially my mother who encouraged and supported me to pursue my dreams, continually sacrificing to make my higher education possible. Thank you.
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ABSTRACT

Across the globe, as many as 5 million women become victims of sexual trafficking at any given time (Hardy, Compton & McPhatter, 2013). The traumatic experience of sexual trafficking frequently results in severe and complex symptoms of Post-traumatic Stress Disorder (Hardy et al., 2013). This researcher attempted to explore art therapy as a holistic recovery treatment for these victims. The study utilized clay-based art therapy with a group of women who were previously victims of sexual trafficking. These participants explored different ideas of recovery for six weeks using clay. Qualitative data included researcher observations, session discussions and qualitative interviews, which were reviewed for themes while the Trauma Symptom Checklist was used to supplement the results. The research question asked was, would clay-based art therapy would lower trauma symptoms, promote community building, increase feelings of empowerment and improve vocational and life skills. The research data supported the research question. Following the art therapy trauma symptoms were lowered, a sense of community was built, feelings of empowerment increased, and life skills improved supporting that clay-based art therapy is an effective, and holistic form of treatment for sex trafficking victims.
CHAPTER ONE
INTRODUCTION

The Forced Labor Statistics estimated that as many as 5.3 million people globally are victims of commercial sexual exploitation at any given time. Of those, 98% are girls and women (Hardy, Compton & McPhatter, 2013; Hepburn & Simon, 2010). Girls have been sold into sex slavery as young as four years old (Burns, 2012). The Examiner reported that these women are forced to service up to 40 men a day. Profits for this global industry are 44.3 billion dollars annually (Hepburn & Simon, 2010). As vast as these statistics appear to be, because of the covert nature of this crime, the accurate numbers are likely even larger than the ones reported above.

Problem to be Investigated

Although sex trafficking is thought to be an atrocity limited to third world countries, it is highly prevalent in the United States as well (Hardy, et. al., 2013). In fact, the U.S. is one of the top 10 destinations for human trafficking (Hepburn & Simon, 2010). The Department of State estimated that anywhere from 17,500 to 20,000 people are trafficked both internationally and domestically inside the United States’ borders each year (“Human Trafficking,” 2007). Half of all of these victims are children (Adler, 2012; “Human Trafficking,” 2007). Repeated instances of trafficking have been reported in over 90 U.S. cities (Hepburn & Simon, 2010). Miami, Florida specifically is labeled the “gateway” for the sex trafficking industry, with the Miami International Airport as the entry point for foreign human trafficking victims in the U.S (”Human Trafficking,” 2007). The women frequently come from other locations such as Latin America, the Caribbean, Asia, Central America, Africa, and Europe (Hepburn & Simon, 2010). Victims of sex trafficking develop complex symptoms of Post Traumatic Stress Disorder (PTSD) as a result
of their experience and therefore require extensive treatment upon re-entering society (Hardy et al., 2013).

**Purpose**

In addressing the therapeutic needs of these victims, the U.S Department of Justice explained that therapy services should be victim-centered, empowering, promote community, and include comprehensive life skills, safety, and vocation (Hardy et al., 2013). This study explores whether clay-based art therapy would offer such a holistic treatment for these victims by incorporating each element outlined by the U.S. Department of Justice. An emphasis was placed on artistic expression and exploration through hand building clay techniques as the primary method of therapy. The sessions were holistic in nature addressing the trauma symptoms, empowerment, community building, and life skills. The purpose of this study was to determine if clay-based art therapy is effective in addressing the population’s holistic recovery. Effectiveness was evaluated through qualitative processes, while additionally using quantitative data from a pretest and posttest measurement to supplement the results.

**Justification**

Because of the severe and complex trauma sex trafficking victims experience, there is a need for holistic approach to therapy that provides trauma recovery, community building, empowerment, life skills and vocation as reported by the U.S. Department of Justice (Hardy, et al., 2013). This study developed a model for that recovery. This study focused on the art medium of clay specifically to address trauma recovery because the tactile qualities of the medium helped victims process the sensations and emotions of sexual trauma that may otherwise be repressed (Murphy, 2001). It used a group approach to promote community building and universality (Yalom & Leszcz, 2005). This study implemented the clay-based art therapy
interventions, in effort to additionally increase feelings of empowerment and life skill opportunities through the creative process.

**Research Questions**

The research question for this study was framed around the victim-centered elements that the U.S. Department of Justice deemed critical to a holistic treatment for sex trafficking survivors: trauma recover, community, empowerment, and life skills. This study explored the following research question: Will clay-based art therapy be an effective form of treatment for victims of sex trafficking? To answer this question the following sub questions will be explored.

Will clay-based art therapy:

1. Lower trauma symptoms, when working with victims of sex trafficking?
2. Promote community building among victims of sex trafficking?
3. Increase feelings of empowerment with victims of sex trafficking?
4. Improve vocational and life skills in victims of sex trafficking?

**Definition of Terms**

This section provides both formal as well as contextual definitions of the terms that are frequently used throughout this proposal.

**Art Therapy**

According to the American Art Therapy Association (2013),

“Art Therapy is a mental health profession in which clients, facilitated by the Art Therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.” (p.1)
Clay-based Art Therapy

In the context of this study, clay-based art therapy is defined as therapeutic art interventions that utilize clay as the primary medium throughout treatment.

Community Building

In this study, community building is defined as the development of unity and cohesion among a group of individuals. Throughout the recovery process it is important for this type of trauma victim to reconnect with their community in a productive way (Wadeson, 2010).

Empowerment

Tengland (2008) conducted a study to find an encompassing definition of empowerment. He describes empowerment as an increase in the person’s perceived control over their own quality of life, through an increase in self-confidence, self-esteem, self-efficacy, autonomy, self-knowledge, consciousness raising, skills development, competence, and freedom. Addressing empowerment becomes crucial to treatment in order to overcome the feelings of powerlessness the victims of sex trafficking often experience.

Life Skills

Within the context of this study, the concept of life skills is defined as activities of daily living. More specifically, life skills can include the abilities that are needed for successful functioning in everyday life, for example coping skills, interpersonal relationship skills, problem solving skills, and communication skills.

Post Traumatic Stress Disorder (PTSD)

The Mayo Clinic defines PTSD as a mental health condition that is triggered by a traumatic event. (“Post-traumatic Stress Disorder (PTSD),” 2014). The Diagnostic and Statistical Manuel designates that PTSD can be triggered by exposure to traumatic events such as
actual or threatened death, serious injury, or sexual violence (American Psychiatric Association, 2013). After the traumatic event one or more intrusive symptoms such as intrusive memories of the trauma, distressing dreams about the trauma, involuntary flashbacks or reliving the trauma, intense and prolonged psychological distress regarding the trauma, or physiological reactions to anything symbolizing the trauma. A common effect of PTSD is persistent avoidance of any stimuli associated with the traumatic event. Victims of PTSD often suffer from an inability to recall details about the trauma, exaggerated negative beliefs about themselves, others, or the world, distorted beliefs about the cause of the trauma, persistent negative emotional state, diminished interests in significant activities, estrangement from others, and an inability to feel positive emotions. The treatment and recovery goals for victims suffering from PTSD should address these complex symptomologies.

**Sex Trade or Traffic Victims**

These victims include people forced into sexual prostitution or pornography against their will (Hepburn & Simon, 2010). Participants in this study will be women, ranging in age from twenty-eight to thirty-six years old. Victims of sex trafficking often suffer from severe and complex trauma symptoms.

**Trauma**

The American Psychological Association (n.d.) defines trauma as an emotional response to a terrible event. In this study, trauma specifically pertains to that of the sexual, physical, emotional and psychological abuse that occurred in the sex trade industry.

**Brief Overview of Study**

For this study, clay-based art therapy interventions were used with a group of three women who experienced sex trafficking. For one to one and a half hours each week, hand
building clay-based art therapy interventions were administered with the group. Each week the art therapy sessions incorporated different goals for recovery to address trauma symptoms, community building, empowerment, and life skills.

Qualitative data was attained through interviews, participatory observations, and discussions. These qualitative processes explored the effectiveness of clay-based art therapy in addressing trauma recovery, community building, empowerment, and life skills. Interviews were conducted one week after the close of therapy to ascertain each woman’s experience and any benefits they personally received from therapy. Each participant was further assessed using the Trauma Symptoms Checklist before and after the six weeks of therapeutic intervention to quantitatively evaluate the effectiveness of clay based art therapy in lowering trauma symptoms in sex trade victims.

**Summary**

This study investigated art therapy as a holistic treatment model for recovery with victims of sex trafficking. Clay based art therapy was implemented with one group of three women victimized by the sex trade. The women’s trauma symptoms were measured before and after treatment using the Trauma Symptoms Checklist to assess for a reduction of trauma symptoms. Qualitative interviews were administered after the six weeks of intervention in order to account for any additional benefits of the treatment. The goal of this study was to evaluate the use of clay-based art therapy to address trauma symptoms, community building, empowerment, and life skills with female victims of the sex trade.
CHAPTER TWO
LITERATURE REVIEW

This chapter will present the literature on sex trafficking and the resulting trauma symptoms. A discussion of Posttraumatic Stress Disorder (PTSD) will present how such complex trauma is encoded in the brain resulting in the prevalent symptoms of PTSD that sex trafficking victims experience. A description of the common trauma treatment models will be given, followed by the benefits of art therapy as a treatment for such victims, in particular the use of clay.

Sex Trafficking

The sex trade industry is also known as sex trafficking, human trafficking, or forced prostitution. All of these imply the same act, the sexual exploitation for commercial purposes of people, typically women (Hepburn & Simon, 2010). It is generally defined as:

“the recruitment, transportation, transfer, harbouring or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of sexual exploitation.”

(“Human Trafficking,” 2013, para. 2)

Due to the secret nature of this crime industry, it is difficult to get an accurate statistic on the scope of sex trafficking. Although, it is estimated that this industry victimizes as many as two million to over five million people across the globe at any given time (Hardy, et. al., 2013; Hepburn & Simon, 2010). It has been reported that 98% of victims are girls and women (Hepburn & Simon, 2010).
Although sex trafficking is thought to be an atrocity limited to third world countries, it is also highly prevalent in the United States (Hardy, et. al., 2013). The U.S. is one of the top 10 destinations for human trafficking (Hepburn & Simon, 2010). It is estimated that there are approximately 200,000 to 300,000 occurrences of sex trafficking at any given time (Hardy, et. al., 2013). Most of the victims of sex trafficking were forced as minors with the average age being at twelve to fourteen, but sometimes as early as ten years old (Hardy, et. al., 2013). The results of severe and complex sexual abuse like this frequently fall under the criteria of severe posttraumatic stress disorder (P.T.S.D.) (Burt, 2012; Diagnostic and Statistical Manual, 2013; Murphy, 2001; Pifalo, 2007).

**PTSD and the Brain**

Experiencing severe and complex trauma such as sexual exploitation effects specific parts of the brain. The Broca’s area is the center for speech (Tripp, 2011). When a traumatic experience is recalled, this area shuts down. At the same time, the amygdala, which is responsible for emotional states, is aroused (Tripp, 2011; Wadeson, 2010). Thus it is common for victims of sexual trauma to have strong emotions about the traumatic experience, but not have the ability to explain it (Murphy, 2001). In the case of sexual trauma, victims often experience a reliving of the trauma (Gantt & Tannin, 2009; Pifalo, 2007; Talwar, 2007). During this process the mind uncontrollably retrieves old memories and reattaches new information to old impressions (Talwar, 2007).

People suffering from PTSD experience involuntary flashbacks or nightmares because the trauma has never been processed in their memory (Pifalo, 2007). There are two types of memory: explicit memory allows a person to recall or narrate events and implicit memory involves emotional, sensory, and unconscious memories that detour language (Talwar, 2007;
During a traumatic event such as sexual exploitation, the thoughts and perceptions are stored in nonverbal implicit memory as only pieces of an experience without a particular order, similar to a photograph as opposed to a film (Gantt & Tinnin, 2009; Tripp, 2011). Because the memories are stored as pieces of the experience without a particular order, a disconnect is created between the explicit and implicit memory (Talwar, 2007). This disconnection makes it difficult for the brain to order the traumatic incidents, so the trauma memory becomes an event with simply a beginning, middle and end (Gantt & Tinnin, 2009; Talwar, 2007). Understanding how the traumatic experience has affected the brain can help inform the trauma treatment.

**Treatments for PTSD**

The survivors of sex trafficking have many trauma symptoms similar to survivors of other forms of sexual abuse such as rape, and other violent crimes (Hardy, et. al., 2013). PTSD research can provide insight into the treatment for sex trafficking victims. Treatment models that have been found effective with not only trauma in general but specifically sexual abuse trauma are worth highlighting. Three of the most successful models in sexual abuse trauma treatment are cognitive behavioral therapy, group psychotherapy, and eye movement desensitization and reprocessing therapy.

**Cognitive Behavioral Therapy**

Foa and Rothbaum (1998) supported using cognitive behavioral techniques to reduce the symptoms of trauma in sexual abuse victims, specifically women who have experienced rape. According to cognitive behavioral treatment, two conditions must be met in order to reduce the trauma symptom, such as flashbacks. First, the fear or trauma memory must be activated. Second, new information must be presented that is incongruent with the current pathological thought process (Foa & Rothbaum, 1998; Resick & Schnicke, 1993). In cases of PTSD of
victims who suffered sexual abuse and rape, they typically avoid stimuli of the trauma memory because it will trigger fear reactions or flashbacks (Resick & Schnicke, 1993). However, the goal of cognitive behavioral therapy with sexual abuse and rape victims is to dismantle these established fears and anxieties about the trauma memory. Cognitive behavioral therapy incorporates two unique techniques that have proven especially useful with severe sexual abuse populations; exposure and cognitive restructuring (Foa & Rothbaum, 1998; Resick & Schnicke, 1993).

**Exposure.** Although there are various forms of exposure, the common element among all exposure treatment is to encourage clients to face their anxieties or fears about their trauma (Foa & Rothbaum, 1998). Especially in the incidences of sexual abuse and rape victims, this practice helps clients reduce flashbacks by recalling the traumatic memories, then modifying their pathological aspects. It gives them the opportunity to acknowledge their mistaken beliefs about their trauma. Eventually, the clients can emotionally process their trauma, helping it become less painful. In other words, exposure leads to systematic desensitization, and eventually reduces emotional reactions.

**Cognitive Restructuring.** Foa and Rothbaum (1998) explained that in most clients who have experienced severe sexual trauma such as rape, their prevailing problem is the dysfunctional thinking pattern, which produces feelings of shame and guilt. This thinking pattern perpetuates depression and victim identity. This way of thinking also perpetuates the defense mechanisms that most sexual abuse victims have. Cognitive restructuring has been a proven effective technique to help clients change their cognitive pattern, potentially lowering depression, victim identity, and defense mechanisms.

Restructuring the cognitive process helps the client refrain from distorting new events
and situations to fit the prior beliefs related to the trauma event. Instead the client is encouraged to accommodate their previous beliefs resulting from the trauma to incorporate the new information (Resick & Schnicke, 1993). It helps the client understand that remembering the trauma is not the same as re-experiencing it. Cognitive restructuring helps the clients understand that experiencing the symptoms of PTSD does not lead to loss of control. Because of techniques such as exposure and cognitive restructuring, cognitive behavioral therapy is not only a common but also an effective treatment model for PTSD symptoms such as flashbacks, depression, victim identity, and defense mechanisms in sexual abuse victims.

**Group Psychotherapy**

Murphy (2001) claimed that group therapy is an appropriate and effective intervention for severe sexual abuse victims and is often the “treatment of choice” for this population due to its positive contributions. Group psychotherapy allows victims to learn from each other. Someone who may be unable to verbalize her experience often becomes inspired and motivated from other group participants. Yalom and Leszcz (2005) claimed the group psychotherapy setting has the unique ability to offer clients a sense of universality.

**Universality.** Group psychotherapy provides clients the chance to negate social isolation. Clients are able to learn that their traumatic experience is not unique to them and that others have similar experiences. It allows individuals to establish a sense of normalcy by being around people who relate to their trauma (Czamanski-Cohen, 2010; Murphy, 2001). Yalom and Leszcz (2005) specifically emphasized the impact that universality has on members of sexual abuse groups. It allows the group members to be understood in their complex emotions of shame, guilt, rage, self-blame, and uncleanliness. He identified universality as a fundamental step in their recovery.
**Interpersonal Relationships.** Sex abuse victims commonly have an inability to trust others for fear of being exploited again (Murphy, 2001; Wadeson, 2010). Recovery for this population is dependent on a sense of safety through a social support system (Wadeson, 2010). The development of basic social skills and social learning occurs in all group therapy settings (Yalom & Leszcz, 2005). Group therapy creates a safe surrogate family within a healthy setting (Murphy, 2001). Victims of sexual abuse specifically have a strong disconnection to their sense of self in relation to others, but group therapy allows survivors to bridge such disconnections and explore themselves and their relations to the group (Burt, 2012).

**Self-perception.** Because individuals are able to explore and eventually find their place within the group dynamics, group therapy fosters self-exploration among the participants (Jang & Choi, 2012). Victims of sexual abuse report a lost sense of self and identity (Wadeson, 2010). Utilizing a group therapy setting can address these issues because it has shown to promote positive self-perception and self-esteem (Czamanski-Cohen, 2010; Jang & Choi, 2012; Murphy, 2001).

Yalom and Leszcz (2005) identified altruism as one of the numerous unique benefits of group psychotherapy. A group setting offers the group members a chance to profit from the intrinsic act of giving to others. Individuals who have always been a victim are able to explore how they can impact and help others in the group, in turn boosting self-value. This can help victims of the sex trade feel empowered, eventually overcoming their victim identity.

**Eye Movement Desensitization and Reprocessing Therapy**

Francine Shapiro first introduced EMDR (Eye Movement Desensitization and Reprocessing) (Davidson & Parker, 2001). In 1989, Shapiro discovered that eye movements could cause de-arousal effects and began to further develop that concept into Eye Movement
Desensitization and Reprocessing. EMDR has now been used to treat posttraumatic stress disorder and trauma symptoms for over 25 years (Davidson & Parker, 2001; Shapiro, 2012). This mode of treatment uses specific eye movements to reduce the vividness, emotionality, and completeness of the trauma memory. The Eye Movements also cause physiological changes that have been interpreted as evidence of de-arousal (Shapiro, 2012).

Individuals with PTSD have been found to struggle with verbal memory tasks because they continue to use visio-spatial networks more than language-based systems. Because EMDR does not depend on verbalization and language like other treatment models such as Cognitive Behavioral Therapy and Group Psychotherapy, EMDR may have an advantage in regards to trauma treatment. Shapiro (2012) found that when compared to Cognitive Behavioral Therapy, EMDR is equally effective, but is less time intense.

**Treatment for Sex Trafficking Victims**

Models such as cognitive behavioral therapy, group psychotherapy, and EMDR have been found effective with PTSD clients, and therefore may be successful with victims of sex trafficking. However, because the research and emphasis on the sex trade is so recent, a preferred treatment model to treat victims of sex trafficking has yet to be identified. Although other trauma models can inform treatment, they have not been applied specifically with a population of sex trafficking victims. Victims of sex trafficking have complex and severe traumatic symptoms from the sexual abuse, physical abuse, psychological manipulation, relocation, and more that is intertwined in the sex trade industry (Hardy, et. al., 2013). Due to this complexity, victims escaping the sex trade are in need of a holistic approach to therapy. The U.S. Department of Justice has identified that victims of sex trafficking should receive treatment that focuses on trauma recovery, community building, empowerment, life skills and vocation.
Trauma Recovery

People suffering from PTSD are captured by their past traumatic experiences and unable to engage with the present (Shapiro, 2012). Therefore treatment must first focus on trauma recovery before anything else. Flashbacks, depression, anxiety, and unhealthy defense mechanisms are all common trauma symptoms that must be addressed in this phase of therapy.

Flashbacks. Survivors of sexual abuse with PTSD symptoms experience an involuntary recollection of their trauma (Gantt & Tinnin, 2009; Talwar, 2007). These intrusive thoughts are caused because the trauma was abnormally encoded into the memory (Pifalo, 2007). Due to the abnormal encoding, the brain is not able to fully process this trauma. That causes the memory to break through to consciousness spontaneously and uncontrollably in the form of flashbacks or nightmares (Gantt & Tinnin, 2009; Pifalo, 2007; Stronach-Buschel, 2007; Talwar, 2007; Wadeson, 2010).

Depression and Anxiety. Suffering from PTSD after sexual abuse can cause victims to have unfounded beliefs of responsibility, shame, or guilt (Murphy, 2001). Because of these beliefs, survivors of sexual trauma often experience extreme symptoms of depression and anxiety (Murphy, 2001; Wadeson, 2010). This depression can lead to long-term effects of self-destructive behaviors such as anorexia or bulimia (Murphy, 2001). The fifth edition of the Diagnostic and Statistical Manual (DSM-5) (2013), outlines the specific symptomology of increased negative mood in someone suffering from PTSD. The victims often experience a persistent negative mood, may experience a diminished interest in previously enjoyed activities, feeling estranged from others previously close to them, and an inability to feel positive emotions such as happiness, joy, or even intimacy, tenderness, and sexuality.
**Defense Mechanisms.** Victims of trauma unconsciously use a number of unhealthy defense mechanisms to protect themselves. These defenses could include denial, repression, dissociation, regression, isolation, projection or splitting (Murphy, 2001). It has been found that women in particular may use any number of these defense mechanisms, such as dissociation, in an attempt to remove trauma and resulting pain (Burt, 2012; Stronach-Buschel, 2007). Treatment for this population must offer a safer environment for these victims to gradually lower their defenses.

**Community Building**

Most victims of sex trafficking are transported away from their homes and familiar environment, which causes them to experience the trauma of relocation (Hardy, et. al., 2013). This type of displacement leads to feelings of chaos and insecurity, due to a lack of familiar support (Czamanski-Cohen, 2010). It is common for these victims to have an inability to trust, due to the unfamiliarity of their surroundings and the constant manipulation and repeated exploitation (Murphy, 2001). Because of this lack of community and support system, it is crucial that therapy offer this sense of support and community through group interactions.

**Empowerment**

Many people suffering from traumatic experiences have irrational beliefs about themselves (Murphy, 2001). Sexual trauma victims suffer from feelings of helplessness and a victim identity (Rankin & Taucher, 2003; Tripp, 2011; Wadeson, 2010). They can experience symptoms of negative self-image, low self-esteem, and hopelessness (Murphy, 2001; Wadeson, 2010). They may report feeling unloved, helpless, a loss of control, or as if they are to blame (Murphy, 2001; Tripp, 2011; Wadeson, 2010). These continued negative feelings of helplessness may reinforce their identity in being a victim (Rankin & Taucher, 2003). In order to overcome
the feelings of powerlessness, empowerment becomes crucial to treatment.

**Life and Vocational Skills**

The average age for girls to enter into the sex trade is twelve to fourteen years old; therefore many of them were never taught how to live on their own (Hardy, et. al., 2013). While in the sex trade industry, they became dependent on their captors for their most basic needs. This makes it difficult for the victims to re-enter society when they finally escape. Therefore, it is crucial for this population to develop a sense of independence, as well as productivity and generative to society (Wadeson, 2010). Treatment must not only address their trauma, but also how to live on their own again and offer a way for them to become independent by teaching them life and vocational skills.

**Potential Benefits of Art Therapy with Sex Trafficking Victims**

Although other treatments such as Cognitive Behavioral Therapy, Group Psychotherapy, and Eye Movement Desensitization and Reprocessing have been found effective with trauma, there has yet to be a holistic form of treatment specifically for sex trafficking survivors. The holistic treatment that is outlined by the U.S. Department of Justice should address trauma recovery, community building, empowerment, and life or vocational skills (Hardy, et. al., 2013). Although there is a paucity of research on art therapy with sex trafficking victims, the literature does show the potential to address these issues.

**Art Therapy Addressing Trauma Recovery**

Victims of sexual abuse have the frequent problem of recalling time and sequence (Gantt & Tinnin, 2009; Stronach-Buschel, 2007). Because traumatic memories are not encoded as a whole in a linear narrative with time and sequence of events, they cannot be recalled as such either (Pifalo, 2007). As previously mentioned, the trauma is remembered more like visual
snapshots. Certain memories about the trauma may be repressed as well (Stronach-Buschel, 2007). Because of the visual nature of art therapy, victims are able to illustrate these snapshots and begin to process the trauma as a narrative. During the art making, all sections of the brain are activated, which allows processing of memory, visual, and kinesthetic information (Tripp, 2007). Because of this, art therapy is effective in working with trauma and treating the common symptoms of flashbacks, depression, anxiety, and lowering defense mechanisms.

**Reducing Flashbacks.** Art therapy facilitates recovery by using various media to engage the senses and access the trauma memory. When a flashback or nightmare happens, the sexual abuse is often relived in an exact frozen replica. Imagery in art of these frozen replicas allows the trauma narrative to be told and processed, which is an important part of recovery. This resolves the disconnect in the brain between the verbal memory and the nonverbal memory and therefore begins recovery (Gantt & Tinnin, 2009; Henderson, Rosen, & Mascaro, 2007; Rankin & Taucher, 2003).

**Decreasing Depression and Anxiety Symptoms.** Art therapy has been shown to increase optimism and ego resilience, which can counter depressive thoughts (Czamanski-Cohen, 2010; Jang & Choi, 2012). Working with sensory materials such as clay, can evoke affective information processing (Hinz, 2009). This medium allows victims to explore their feelings of depression and anxiety and work through processing them, so eventually they can replace those feelings with more positive affect. The disconnect to the self that these victims experience is often reconnected through art therapy which leads to higher self esteem and a stronger self-image (Burt, 2012). When working with sexual abuse victims, art making can bring awareness to their strengths, transforming them from a helpless victim to a survivor (Wadeson, 2010). The creative process empowers these survivors and promotes self-esteem through facing the challenges of
creativity (Murphy, 2001).

**Lowering Unhealthy Defense Mechanisms.** During art making, defense mechanisms are typically lowered and overall lessened (Hinz, 2009). Art therapy, as opposed to talk therapy, offers a transitional space, which provides a less invasive way to work through defense mechanisms and verbalize trauma as well as emotions (Murphy, 2001). Clients often transfer feelings onto the art product. This can aid the client in discussing those emotions because they are talking about the art, instead of the feelings directly. Emotions that have been repressed, or disassociated can be specifically communicated through the art medium of clay (Henley, 2002).

**Art Therapy Promoting Community Building**

Art making within a group allows individuals to reconnect to a community and therefore mimics their assimilation into society (Czamanski-Cohen, 2010). This study utilized the group setting as a means to promote community building. Group art therapy has been shown to give survivors the opportunity to build community with those who will most relate with them (Murphy, 2001). Group art therapy allows victims to feel a sense of universality and normalcy that was previously explained as a benefit of group settings. Art therapy has been shown to build rapport between people suffering from displacement or relocation because it facilitates a place where feelings can be safely contained (Isfahani, 2008). Trafficking victims experiencing this displacement or relocation benefit from the sense of normalcy and peer support from group session (Czamanski-Cohen, 2010). Jang and Choi (2012) achieved this sense of normalcy and built rapport by encouraging participants to display their artwork and exchange feedback. Art making encouraged interpersonal relationships and emotional regulation between the group members. Allen (2008) described creative expression as something that must be engaged in while in the company of others.
Art Therapy Increasing Feelings of Empowerment

Placing victims of the sex trade in a creative setting empowers them as artists, decision makers, and creators (McNiff, 2004). The healing aspects of art making come from the act of trying, failing, experimenting, and succeeding together with others (Allen, 2008). Moon (2004) explained that the artists in the studio are persistently faced with the need to act, to choose, and to create which can be empowering for individuals who have been forced into a helpless victim role.

Art Therapy Promoting Life Skills

Group art therapy allows these victims to practice life skills at the most basic level. Art making can increase coping skills, which are a crucial part of life. Art has been used as a coping mechanism among a variety of populations (Inger et al., 2006; Kelly et al., 2006; Tortolani & Amper, 2012). The art therapy space allows artists to discover latent meaning and experience individual insight through the art process (Moon, 2012). Art therapy equips victims with the coping skills to continually help themselves. When artwork is created, “deep psychological movement” or “soul-work” happened (Moon, 2004, p127). It also helps clients practice problem solving skills. The nature of artistic expression is not an instant cure to get rid of pain or trauma instead it enables and empowers one to “live courageously in the present” and cope with the struggles of life (Moon, 2010, p 62). The group setting acts as a social microcosm to promote healthy interpersonal relationship skills for these women (Yalom & Leszcz, 2005).

Clay as Therapeutic Medium

In the case of sexual abuse, the use of clay was found to be an appropriate and effective art therapy media (Sandle, 1998). Lusebrink (1990) found that clay had the propensity to assist the artist to move through the levels of the Expressive Therapies Continuum (ETC), which is
important because clients are able to gain insight from each level of the ETC. McNiff (2004) observed that the way in which materials influence the creator was in correspondence with their qualities. Clay’s tactile qualities keeps the artist in touch with the kinesthetic and sensory levels of the ETC (Lusebrink, 1990). Clay is able to bridge the affective and perceptual levels because of its more fluid qualities to simultaneously express form and emotion. The cognitive and symbolic levels are reached through open-ended instructions and processes.

**Regression**

Clay is arguably most acknowledged for its capacity to facilitate regression (Henley, 2002; McCarthy, 2008). According to Murphy (2001), regression is a coping mechanism commonly used by sexual abuse victims. Using clay with this population allows them to work through previous stages of development that were constrained due to the abuse. Regression, if directed properly by the art therapist, can allow a retreat to a safer past, allowing the release of inhibitions and therefore simplistic play. Offering the clients a contained place to regress and process past experiences is important, however clients need materials to evolve over time to meet their needs of emotional expression and development (Hinz, 2009). Because of the many physical states of clay, it offers this form of evolution from fluid to more restrictive, which can meet the clients varying needs over time.

**Control**

Clay’s propensity for regression is outweighed by its ability to stimulate self-control (Henley, 2002). Media, such as clay, that are difficult to control can be used as a metaphor for life, representing the frustration with controlling every aspect (Hinz, 2009). Victims report that during sexual abuse, they experienced feelings of loss of control of their own bodies (Wadeson,
Using clay allows them to explore the resulting fear of losing control within a safer setting.

Clay work becomes a means of giving control back to these victims. During art therapy clients report that manipulating the clay medium allowed them to feel more in control (McCarthy, 2008). Externalizing the trauma through art production allows it to be contained (Wadeson, 2010). The creative process itself empowers the survivor to experience control over the medium (Murphy, 2001). It allows distance from the strong emotions of trauma so they can regulate and process their feelings, therefore controlling them (Wadeson, 2010).

**Body Trauma**

Memories of sexual abuse bypass verbal and cognitive memory but clay has the aptitude to reveal unconscious material (Murphy, 2001; Sholt & Gavron, 2006). This medium in particular facilitates exploration regarding feelings about one’s body, self-image, and sexuality (Murphy, 2001). Psychosexual issues are stimulated through the use of clay, allowing victims to experiment freely with their complex body issues and trauma (Henley, 2002; Murphy, 2001). Past experiences and emotions of abuse that were encoded through the tactile and kinesthetic senses can be tapped into (Sholt & Gavron, 2006). Clay enables victims of sexual abuse to process the severe and complex body trauma that happened to them; therefore it becomes a catalyst for verbal communication between the client and the therapist about the past experiences of abuse (Sandle, 1998; Sholt & Gavron, 2006).

**Affect Expression**

Many survivors of sexual exploitation have pent up anger toward their abusers, captors, and the people who should have, but did not protect them (Murphy, 2001). Clay has the propensity to accelerate expression of emotion due to its fluid nature (Cattanach, 1999; Sholt &
Gavron, 2006). Specifically clay has the unique and inherent quality to release pent up anger and frustrations (Coleman & Farris-Dufrene, 1996; Henley, 2002; Murphy, 2001). The fluidity of clay also provides a channel to release feelings of rage, chaos, and horror of the abuse (Sandle, 1998).

Victims of this kind of abuse are searching for ways to metaphorically cleanse themselves of their past abusive experience (Murphy, 2001). Catharsis is emphasized as part of the recovery process because it is described as cleansing and liberating the release of emotions (Burt, 2012). The kinesthetic exertion required in clay work makes it an effective means of releasing these pent up emotions (Henley, 2002). Using the medium of clay has been identified as a means of displacing aggression and releasing anger. Releasing these complex feelings of anger, and even feelings of revenge is seen as a crucial part of recovery for these survivors (Murphy, 2001). Because of its three-dimensionality, clay facilitates not only catharsis but also offers clients an avenue for sublimation. The release and then redirection of these strong emotions offers healing for this population (Murphy, 2001; Sholt & Gavron, 2006).

Alchemy

Although most people first think of clay as malleable and soft, it has many physical states of transformation. It can be watered down to mud, dried out to a frail solid, or fired to a strong material. Each possible state of clay presents a metaphor for a therapeutic experience and a psychological realization (McCarthy, 2008). Through the firing process, this medium is transformed and made new (Cattanach, 1999). The transformation of clay from one state to another can be considered alchemical. This process of alchemy invites the victims to parallel this transformation to a new sense of self (Burt, 2012; Cattanach, 1999; McCarthy, 2008).
The creativity of art is described as a life-giving process that allows people to experience a new sense of self (Burt, 2012). By using art therapy, the self-image of this demographic can be positively transformed from helpless victim to strong survivor (Wadeson, 2010). The art product becomes an extension of the self, and through the firing process one begins to sense their own transformation (Cattanach, 1999). The alchemy of clay and the creative process allows these women to realize their potential for transformation, gives them confidence to begin the transformation while providing a positive model of change (Burt, 2012; Cattanach, 1999).

**Imagery**

The use of imagery is essential for trauma recovery (Gantt & Tinnin, 2009; Rankin & Taucher, 2003). The objects made from the clay can be used as symbols, which could provoke imagery (Henley, 2002). Ceramic techniques to patina a pot have been used to provide a means of imagery to tell the historical narratives in ancient cultures of the millennia (Henley, 2002). These techniques can allow images to be created on the clay to help victims express their traumatic experiences and then the PTSD can be processed (Murphy, 2001).

**Summary**

The sex trade is a global industry that victimizes as many as five million women worldwide at any given time (Hardy, et. al., 2013; Hepburn & Simon, 2010). The trauma from this horrific experience is complex and shows strong similarities to PTSD (Burt, 2012; Murphy, 2001; Pifalo, 2007). Severe symptoms from this trauma can include flashbacks, depression, victim identity, defense mechanisms, relocation, and lacking life skills (Gantt & Tinnin, 2009; Hardy, et. al., 2013; Murphy, 2001; Talwar, 2007). The art therapy process allows the trauma story to be told and eventually processed (Gantt & Tinnin, 2009; Henderson, Rosen, & Mascaro, 2007). This review of literature has shown that the use of group art therapy may be beneficial
and effective in the recovery of this population. The goal of this study was to provide a holistic approach using art therapy to facilitate recovery for female victims of sex trafficking in accordance with the U.S. Department of Justice.
CHAPTER THREE

METHOD

Due to the paucity of literature examining holistic treatment models with sex trafficking victims, this study researched the efficacy of using clay-based art therapy with this population. This study took place in a safe house location. It applied art therapy interventions using clay as the primary medium with a group of three female sex trade survivors. The research design, participants, and measures will be presented in this section. The outcome of this study determined how women victimized by sex trafficking were affected by the tactile and therapeutic qualities of clay and added to the field of research on art therapy, specifically with survivors of sex trafficking.

Research Questions

This study sought to determine if clay-based art therapy could offer the specific victim-centered elements that the U.S. Department of Justice outlined for a holistic treatment for sex trafficking survivors: trauma recover, community, empowerment, and life skills. In order to establish this holistic model for treatment this study examined the following research question: Would clay-based art therapy be an effective form of treatment for victims of sex trafficking? In effort to answer this question the following sub-questions were investigated, would clay-based art therapy:

1. Lower trauma symptoms, when working with victims of sex trafficking?
2. Promote community building among victims of sex trafficking?
3. Increase feelings of empowerment with victims of sex trafficking?
4. Improve vocational and life skills in victims of sex trafficking?
Research Design

This study consisted of three women who had been victims of sex trafficking. The group of women participated in six weeks of art therapy interventions using clay, followed by another week of posttests and interviews. Qualitative processes consisting of interviews, discussions, and participatory observations, were used to answer the research questions. These qualitative features were analyzed to identify themes. In order to identify themes, the data was first transcribed and the researcher thoroughly read each form of data to become familiar with the content. At this point the researcher began to see common subject matters within the various forms of data. The researcher began to code each common subject. Once these codes were established the researcher again reviewed all forms of the data to search for more information that involved similar content. From this point the topics that emerged most frequent within the data became themes. After the themes emerged they were then renamed and organized from most frequent to least frequent. The themes were presented to identify any benefits that resulted from the six weeks of treatment.

In order to answer the first research question a pretest and posttest quantitative measure was used. The Trauma Symptoms Checklist-40 was given as a pretest and posttest to determine quantitative change in trauma symptoms over the course of treatment. The results were analyzed using a $t$-test with the significance value of .05. The $t$-test data is displayed in tables to illustrate any change from before to after the treatment. $T$-tests were used to report the changes for each individual as well as the group as a whole.

The three participants took the TSC-40 during the first meeting, before beginning the first therapy intervention. After the group completed the pretest, they began their first session of art therapy intervention. The interventions in this study took place at a safe house location in the Southeastern U.S. The six art therapy interventions involved hand building clay sessions for
approximately one and a half hours each week. These weekly sessions incorporated a different concept of recovery. During this time the therapist took participatory observer notes, and discussion notes. One week following the last intervention, the participants took the TSC-40 again and participated in an interview with the researcher.

Participants

The three women participating in this study were identified using purposive sampling. They were identified through a safe house location in the southeast US. This organization is dedicated to raising awareness about sex trafficking as well as the rehabilitation of victims. The age of the three women ranged from 28-36 years old. The only selection criterion for this study was that the women were at some point victims of sexual exploitation who escaped the sex trade industry. Pseudonyms were assigned to protect the identity of each participant: Jessica, Tina, and Candace.

The three participants had different experiences with sex trafficking. Jessica was a 28-year-old African American female. She grew up in an abusive home where she was on and off the streets while growing up. She was sexually trafficked for about two to three months when she was a teenager. Jessica had been staying at the residential home since then. Tina was a 36-year-old Caucasian female. She had been sexually trafficked for 20 years from the age of 15 to 35. This residential home was her fifth recovery program. She had been at this residential facility for 15 months and then relapsed for one month. She came back to the residential facility two weeks before the art therapy sessions began. Candace was a 34-year-old African American female. She was sexually trafficked for almost eight years from when she was 26 years old. She had only escaped for one month before coming to the residential facility. All of these women had a history
of childhood sexual abuse in addition to the commercial sexual exploitation that they experienced.

**Data Gathering**

Qualitative processes included interviews, participatory observation, and discussions. The participatory observations and discussions were recorded throughout the six weeks of the study. One week following the six weeks of art therapy interventions, the researcher led each woman through a qualitative interview.

During these interviews open-ended questions about the participants personal experience were asked (see Appendix A). The intent of the interview was to explore how the art therapy affected the participant’s change in trauma symptoms, involvement in community building, feelings of empowerment, and acquired life skills. The open-ended questions were used to offer the participants the opportunity to list additional benefits of the therapy, and to avoid leading questions. The interview offered the participants the opportunity to reflect on the therapeutic process as a whole and judge how the entire process affected them.

Participatory observations were recorded throughout each session. The therapist recorded behaviors, which included reactions to the therapist, the art media, or other participants. The observation notes also included moods or affect of the group members and how they displayed these emotions. Throughout the six weeks of therapy these observation notes were able to provide a record of each member as well as the group as a whole. This record will aid in illustrating potential change of the participants over time.

Notes of discussion held during sessions were also used as qualitative information. During the six weeks of intervention, the researcher recorded a summary of the discussions that occurred during the sessions. These discussions involved communication with the therapist,
individual group members, and the group as a whole. The discussion notes aided in measuring the progress of each participant throughout the therapy. They provided immediate feedback from the participants after each weekly session.

All of the interviews, participatory observation, and discussions were transcribed and reviewed. Themes that emerged while reviewing the qualitative data were recorded. The themes of the participants’ recovery shed light on the effectiveness of the treatment. These themes are presented and explained in the results.

In order to supplement the qualitative results each woman was assessed using the Trauma Symptoms Checklist (TSC-40). The TSC-40 is a 40 item self-report that measures symptoms of trauma (Briere & Runtz, n.d.). The participants identified how often they had experienced specific symptoms during the past 2 months. Each item on the TSC-40 is rated on a Likert scale ranging from 0 (never) to 3 (very often). It has six subscales that measure Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index, Sexual Problems, and Sleep Disturbances.

Zlotnick, Begin, Pearlstein, Simpson, and Costello (1996) tested the reliability and validity of four of the six subscales of the TSC-40. He reported the anxiety subscale having an $r = .60$ when $p = .0001$, the depression subscale having an $r = .64$ when $p = .0001$, the dissociation subscale having an $r = .78$ when $p = .0001$, and the sexual abuse trauma index having an $r = .56$ when $p = .0001$. Zlotnick, Begin, Pearlstein, Simpson, and Costello (1996) also found that the total model TSC-40 (all six subscales) was able to correctly identify sexual abuse trauma in 84% of cases. Additional studies have used the TSC-40 specifically with populations of sexual abuse (Ginzburg, Arnow, Hart, Gardner, Koopman, Classen, & Spiegel, 2006).

In this study, the TSC-40 was implemented as a pretest and a posttest. Searcy (2012) successfully used the TSC-40 as a pretest posttest measurement to assess trauma symptoms in
addicts and alcoholics. This provided a means of measuring any changes in trauma symptoms resulting from the six weeks of art therapy interventions. Various changes in symptomology were measured and classified using the six of the subscales measured by the TSC-40. Through this quantitative measure and the qualitative data, the researcher’s goal was to determine the effects of the six weeks of art therapy interventions.

**Procedures**

The researcher contacted potential participants to inquire about their willingness to participate in a clay-based art therapy study. A schedule was established with the participants to conduct the seven weeks of the study, six weeks of intervention followed by one week of posttests and interviews. Throughout the six weeks of therapeutic intervention, clay-based art therapy directives each week aimed to provide a holistic recovery by addressing common issues among this population, while still addressing individual needs of the participants (see Figure 1).

**Figure 1: Weekly Treatment Schedule**
Week One: Pretest, Introduction, and Coil Pot

The researcher introduced the study to the participants, explaining the study and gaining informed consent from the participants (see Appendix B). Each participant took the TSC-40 pretest (see Appendix C). Following the group’s completion of the pretest, they received a one-hour introduction to the medium of clay in the morning. The goal of this morning session was to understand the qualities of clay while also exploring each individual’s reaction to the medium. The women were encouraged to explore the basic qualities of the media and its many forms. They learned fundamental clay techniques such as wedging, scoring and slipping, and the drying process of clay. They practiced with various clay tools. The art therapy discussions included grounding and mindfulness techniques such as releasing anger through wedging or pounding clay (Coleman & Farris-Dufrene, 1996; Henley, 2002; Murphy, 2001).

In the afternoon the participants had an additional one-hour art therapy session. The theme for this session was empowerment, which was addressed by asking the participants to create a functional coil pot. Empowerment is reported by the U.S. Department of Justice as one of the keys to holistic recovery (Hardy, et. al., 2013). Although the skills and techniques to create the pot were demonstrated to the group, the individuals were responsible for the creation of their own piece, therefore offering feelings of empowerment through this creative process. Each of the participants was given the same instructions and demonstrations. After creating the pots, the art therapist discussed the firing process of clay in order to prepare the participants for the outcome of their art piece.

Week Two: Story Patina

The second week’s theme focused on creating a story patina on their previously created coil pot. During this week a third participant joined the group. The art therapist fired the two pots
previously made and provided a premade pot for the new member. After receiving their fired pots, the participants were asked to reflect on the their own life story. The women were asked to explore ways to visual depict their own story onto their pot. A variety of art media were available to the group such as paints, tissue paper, glitter, glue, etc. The women expressed dislike for their own art pieces, while they illustrated their story. As a group they encouraged each other and made positive comments about each other’s pieces, but not their own. Following the completion of their story bowls, all of the group members expressed dislike for their finished pieces.

**Week Three: Discuss Story Pots**

The third week each participant was given a chance to discuss the meaning of their story pot with the group. The individuals took turns explaining their art piece as well as responding to each person’s story. Some members expressed hesitancy and resistance to discussing their story pot. After each group member explained their art piece, the members were then asked to reflect on these stories. They were given clay to create a gift of appreciation for each member of the group. They were able to give each member their gift and express their appreciation for that individual telling their story to the group. Through this process members expressed how they were able to relate to each other’s stories and they encouraged each other. The two senior group members encouraged the newest member through this process. Members became protective of each other’s feelings.

**Week Four: Group Sculpture**

The fourth week of the study incorporated the theme of universality by creating a group sculpture. During this week the group art making shifted from an individual focus to group work. The goal of this week was to encourage group cohesion and facilitate the group to function as a unit. The members were asked to work together to plan and create a group clay sculpture. The
content of the art piece was completely open and at the discretion of the group members. This encouraged the group members to begin to problem solve and communicate together. The group was hesitant to decide what to create. One member suggested creating a bowl, as they were familiar with that technique. Although the two other members were hesitant, they eventually agreed to create a bowl. One member created coils while another incorporated them into the bowl. The newest member created coils but was excluded from the process. She remained quiet and reserved as she repeatedly rolled clay spheres. After the therapist reminded the group that they all must contribute to the art piece the other two members began to encourage the new member to incorporate her clay pieces into the bowl. Together they worked to find a place for the spheres and decided they would be placed inside the bowl.

**Week Five: Patina Group Sculpture**

During this week the women were asked to patina their group sculpture after it had dried. Cattanach (1999) explained how the maturing process of clay allows it to be transformed and made new. During this week the women were eager to see their group art piece, but were concerned that they would be asked to decorate it a certain way. Members asked the therapist if they would be able to make this bowl “pretty or if they would have to make tell their story” like the others. As feelings of helplessness and victim identity are commonly reported after sexual trauma, the goal of this final week was to promote a positive outlook about their group experiences and the opportunity to redefine their story (Rankin & Taucher, 2003; Tripp, 2011; Wadeson, 2010). Together, they used a variety of art materials to transform their group sculpture. They were able to reflect on their own life stories from the past bowls that they called ugly, and recreated them together creating a group bowl.
**Week Six: Termination and Art Review**

During this final art therapy session participants were able to review and reflect on all of the artwork created during their time in the group. The group was asked to determine a place to keep the group sculpture. They discussed that the bowl belonged to all of them because they made it together as a group. All of the artwork created during the study was returned to the individuals during this session. The group reflected on each piece and discussed their previous dislike for their own story bowls. Each member acknowledged that they had grown to like their story bowl over the span of therapy. The group discussed how they now thought their own story bowl was beautiful and that it accurately reflected them. The participants discussed and addressed their anxieties about terminating the group as well as the progress the group had made. They then created a transitional object to represent the group’s progress and remember the group’s experience after termination. Finally, the group members wrote a letter to themselves and sealed it in an envelope, to read at a later date after termination.

**Week Seven: Post-Test and Interviews**

One week following the final art therapy intervention, the researcher scheduled a final meeting with each individual group member. During this meeting the researcher conducted a brief qualitative interview with each participant individually, which allowed the participants to discuss the benefits and/or challenges throughout their personal experience in the group. The interview questions revealed different themes of their recovery process. Following the interviews, the researcher administered the posttest TSC-40 with each participant individually.

**Data Analysis**

The qualitative data, all interviews, discussions, and participatory observations, were transcribed, after which it was reviewed. As themes emerged they were identified and recorded.
Afterwards, all transcripts were reviewed again as a whole for any additional information in an effort to combine the themes across all of the data. This assessed if each theme emerged in all three forms of the qualitative data as opposed to only one or two. All of the themes were presented and explained in the results section to identify benefits that resulted from the six weeks of treatment. The themes were ranked in order of frequency within the data.

In addition to the qualitative data, the results from the TSC-40 were analyzed using a $t$-test to augment those findings. The TSC-40 results were displayed in tables and figures to illustrate the change that occurred. The $t$-tests were administered using an alpha level of .05 to determine if there was a statistically significant change. These results were discussed and displayed for the three individuals and the group as a whole. The TSC-40 can also be divided into subscale that measure specific symptomology. The symptom subscale data was also evaluated using a $t$-test. The results from both the qualitative data and the additional empirical data is presented, discussed, and analyzed.

**Summary**

Clay-based art therapy sessions were implemented with a small group of sex trafficking victims in an effort to determine if it is an effective and holistic form of treatment with this population. The group consisted of three female participants. They used the clay medium to explore different themes of recovery for six weeks. Qualitative data was recorded including researcher observations, discussions, and interviews. Additional empirical data was recorded using the TSC-40 as a pretest and posttest measure. All of this data will be reviewed to determine if the clay-based art therapy will lower trauma symptoms, promote community building, increase feelings of empowerment, and improve life skills. Due to the scarcity of research with the sex
trafficking population, the outcome of this study will promote a dialogue about the potential benefits of using art therapy with this population.
CHAPTER FOUR

RESULTS

This chapter presents the results of the six weeks of art therapy interventions. All discussions, observations, and interviews were reviewed. The data from the discussions and observations are described session by session. Then the qualitative data from the discussions and observations is combined with that of the interviews to reveal themes. Lastly, the additional empirical data from the pretest and posttest measure is presented to augment the qualitative results. The empirical data discusses the TSC-40 results for each individual as well as the group as a whole.

Qualitative Findings

A review of the observation and discussion notes served as a record of the group and individual verbal discussions, nonverbal language, behaviors, and the art making processes. A summary of the researcher’s observation and the group’s discussions is described below session by session. By reviewing the qualitative data including researcher observations, session discussions, and the qualitative interviews, themes emerged. These themes aided in identifying the benefits of the art therapy treatment. Following the session-by-session summary of discussions and observations the themes are presented in order of prevalence. The data from the observations and discussions were combined with that of the interviews to give an overview of what emerged through the six weeks of treatment.

Session One

During the first week’s session, only two participants were present, Tina and Jessica. They had been at the safe home together before Tina’s relapse and were very familiar with each other. This week’s session involved two separate meeting times, one in the morning and one in
the afternoon. In the morning session, they took the pretest and then were introduced to clay. They were encouraged to experiment with and explore the medium. Jessica worked meticulously while building the coil pot with the clay, while Tina was more aggressive with the medium. Tina became negligent with the techniques shown to her. The therapist constantly reminded her of specific techniques in order to help make her coil pot functional.

During this time the participants discussed the qualities of the clay and how it affected their senses. They were asked to focus on the feeling of the clay. Jessica chose to close her eyes while she felt the clay. Tina commented that she would not close her eyes because it was scary to her. They discussed that sensing and experiencing the clay brought back memories. While they continued to experiment with the clay, Tina built walls or boundary forms. She built these forms in straight lines and in circular forms, then she would flatten and recreate them.

Jessica suggested potentially building a house with the clay, although she did not attempt it. Jessica commented on Tina’s circular wall form saying that it looked like a stadium. Both agreed, and then without speaking both began to build separate forms that resembled “stadiums”. Tina continually attempted to keep her hands clean while working with the clay; whereas Jessica involved her hands in the process. The participants experimented with various clay tools, using them to create texture and stamp their initials into their forms. The goal of this morning session was to allow the participants to gain an understanding of the qualities of clay while exploring each individual’s reaction to the medium.

The afternoon session with Tina and Jessica began with teaching them how to wedge clay. The therapist instructed them both on how to throw the clay onto the table then knead it. Tina was hesitant to throw her clay at first, however after wedging the clay the therapist asked how that process felt to them. Jessica indicated that it got out some aggression; Tina agreed.
Next the therapist demonstrated how to create a flat circle with the clay. Both of the women created a circle. Jessica asked if hers’ was big enough. The therapist then showed them how to roll a coil and attach it to the circle to begin creating a pot. After they both followed the instructions, Jessica asked if hers was correct. Tina pinched the coils of her pot too thin, so the therapist explained that thin walls would not be strong enough to withstand the firing process. Jessica asked if the therapist wanted them to continue to build up the walls; the therapist encouraged them to do so.

They were quiet as they constructed their bowls. Tina commented on the quiet several times during the process. She continued to pinch her walls too thin. Jessica noticed that the taller her pot got the more difficult it became to control it. While Tina said that her pot was not perfect like Jessica’s, Jessica encouraged Tina by telling her that her pot was unique. Tina agreed and said “I made it all by myself. It looks more like a basket than a bowl, but it is my first bowl. It won’t be perfect, but no one is perfect. It is one of a kind.”

The participants discussed that they wanted to give their bowls away to people significant to them. From this point they began to talk about their personal lives. Tina commented that as a result of her recent relapse she has realized that she has more self-improvement to do. As they finished their pinch pots, the therapist reminded them that they must be able to remove them from the table. Jessica carefully removed hers and checked the bottom. Tina attempted to remove hers, but she ripped a hole into its bottom, however, she quickly mended it with more clay.

The therapist asked what it was like for them to complete the coil pot. Jessica said that it felt good to put things together. She said she was never good at drawing or art, but now she felt like she was good at clay. She said that the clay brought back memories; Tina agreed. “Sometimes it is healthy, sometimes it’s…”; she never finished her thought. Looking at the
finished pieces, Jessica said that her pot represented an achievement without failure. Tina said it was perfection made from nothing, and learned that if she put her mind to something, she could do it. She also acknowledged that she needed to work on her listening skills, as she kept pinching the walls too thin despite the warnings.

The therapist asked Tina what it was like to see a hole in the bottom of her pot after working so hard on it. She said it was similar to her own mistakes, or “holes” that she immediately patches up. She explained that in life she must build up walls so no one will see her “holes” or vulnerabilities. When they put the two pottery pieces together, Jessica said that it reminded her of family memories from when she was younger. Tina asked Jessica if her pot looked good; Jessica assured her that it did. Jessica said that looking at the pots she realized that they took a “clump of clay and made it into something better.” She said she saw herself and that it felt good to create something. Tina then drew a “T” in the middle of her pot, her own initial. She then asked if they would be able to create another bowl. She said if they had another chance she felt as though she could create a better one. After the session ended the two ladies were eager to show off their pots to the staff. They appeared to be proud of their accomplishment.

Session Two

During this session, Candace, the third group member was added. She took her pretest in the morning before the afternoon session. The therapist asked the group to recap the previous session for Candace, explaining how to make coil pots. Tina reflected on how important it is to follow directions because she had not. The therapist explained the firing process, while further explaining that not all clay pieces make it through because of the higher temperatures. However, surviving the firing process made the pots stronger and sturdier.
Tina compared this process to her own life and the recent relapse she went through. She said that everyone has had some form of firing process in their life. Tina expressed anxiety about her pot’s ability to withstand the firing process, continually making statements that her pot did not survive. The therapist presented each woman with their pot and gave Candace a premade coil pot, explaining that she would be able to make this pot her own. Jessica said she was anxious to see her pot again. Tina was very excited to see that her pot did not break in the kiln, commenting that she should stop doubting herself all the time. Candace and Jessica agreed that they also second-guess themselves a lot. Tina looked at her pot and said that it reminded her of “something bigger… myself;” she compared herself to the vessel, “big and plain.” Jessica commented that these bowls took time to make. Candace acknowledged that although the bowls are not perfect, they are like each of them because they are survivors of the fire and they came from the dirt.

They were then asked to visually depict their own life story onto the bowl, elaborating on their emotions and experiences both inside and outside. The therapist demonstrated how to use various media. Throughout this process all of the women were quiet, only commenting periodically on the appearance of someone else’s story bowl, pointing out that it was pretty or looked good. Each time the creator of the pot would dismiss the compliment with a negative comment about their bowl. Jessica moved to another table to use the hot glue; she stayed at this table throughout the rest of the session. Candace struggled to focus on the task- she constantly announced that she was done, but then continuously added more. She commented about herself not being an artist. Tina stopped working many times to look at the pot, she appeared to be reflective and contemplative.

After completing their story bowls the therapist asked each of them to explain what the process was like for them. They all agreed that they got emotional during the process of creating
the story bowl. Jessica said that seeing Candace get emotional made her become more emotional. Tina said she had to think the hardest about who she was on the outside because she often changed herself to be whoever people wanted her to be like a “chameleon.” She also said she put a bow around the outside of the pot because she often tries to pretend everything is okay. However after looking closely at the bow she described it as frayed and falling apart.

Candace related to Tina’s comment about the bow, saying it almost looked like a gift but it was unraveling. She commented that the bowl is not perfect, and people want perfection. Candace said it was most difficult for her to depict who she was on the inside. Jessica was frustrated with the entire art directive, as she wanted to make her bowl perfect but was unable to do so because she felt forced to put her story on it. She said she just wanted to show off the pot that she made, but she felt like what she had to put on it was not a true representation.

After completing and discussing their story bowls all three women felt that their story bowl was “ugly.” Although they attempted to encourage each other, saying that the other group members’ bowls were pretty, they each had a strong aversion to their own. Unlike the previous session the women did not want to show the staff what they had created.

Figure 2: Story Bowls (Left to Right: Jessica, Candace, and Tina)

Session Three

The goal of this session was to create a sense of universality among the group members by discussing their story bowls with each other. All of the women were preoccupied with their
bowls since the last session. The therapist explained they would be asked to share the stories depicted through their story bowls. They were instructed to disclose these stories at their own comfort level. All three women had similarities within their stories. They depicted innocence and youth, discussing how it had been taken. They also discussed feeling sad, lonely, and guilty. A strong connection between all of these stories was their anger. In addition, they also had more positive topics of healing and future growth.

Jessica was the first to discuss her story. Although she openly discussed her life story, she did not show any affect when explaining it. Candace next discussed her story bowl with the group. She remained reserved and did not discuss any specific details of her past. She indicated she had more dark days than good, and cried more often than not. Finally, Tina was able to discuss her story bowl. She was honest and willing to discuss her story with the group. she became emotional as she talked about it.

As Tina became emotional, Jessica wondered aloud how such disclosure was supposed to help them. Tina argued that it was helping her because she previously refused to think about her past, but after her relapse she realized she must work through her trauma. Jessica described her life as a file folder, which she can simply pull out a memory and then place it back without emotions. Candace related to Jessica’s analogy, saying that she frequently censors her words and her thoughts, admitting that there were things about her past that she would never tell anyone. Tina told Candace that she would have said the same thing a month ago, but she relapsed because she refused to deal with her past. Both Jessica and Tina began to encourage Candace. Candace said it was nice to hear their stories because she thought she was the only one, but now she knows she can relate to them. Tina said she wanted to comfort the other group members because they were a community together; that they understood each other.
In closing, the therapist asked each member to make a gift for the other women to thank them for their willingness to discuss their story. They each were given clay to create two pieces for the other group members. Candace created plaques with names engraved for both Tina and Jessica. Tina created Bible verses for both Jessica and Candace. Jessica created small sculptures for Tina and Candace. They discussed frustrations because they could not make the gifts as perfect as they wanted, but said it felt good to give something to others. After giving these gifts to one another, they discussed their feelings of comfort because even though each person’s story was sad, they now knew they were not alone. They expressed feeling like a family, “going through it together, and overcoming together.”

Session Four

This week the group was given 25 pounds of clay. They were told only to create an art piece as a group. The group asked each other what they wanted to create. Tina suggested creating another bowl. The other women seemed hesitant with this idea. They asked the therapist if they would have to put their story on it again or if they can “make it pretty this time.” After assuring the group that they would be able to decide as a group how they wanted to decorate it, they appeared relieved.

They decided to make a bowl together. Tina put Jessica in charge of building the bowl. She created the base while Tina rolled out coils for her to build with. Tina handed Jessica her own coils to build with, while Candace waited to be included in the process. Jessica asked for reassurance from the other two women about the size of the bowl and how it looked. Tina was very encouraging to her, while Candace was more reserved. Candace began to experiment with the clay, building a wall form, while Jessica continued to build the bowl and Tina handed her coils and reminded her of the proper techniques. Tina corrected Candace when she noticed she
was building the wall form, explaining that the walls of the bowl could not be attached if she built them like that. She began to show Candace the techniques that they were taught during the first session when she was absent. Candace began to roll out coils for the group’s bowl.

After creating numerous coils that were not incorporated into the group bowl, Candace stopped rolling coils and began to experiment with the clay by rolling small spheres. She had meticulously made 20 spheres, when the therapist reminded that everyone must be involved in the group art piece. Then Jessica and Tina noticed that Candace was not involved. Tina commented on this and began to incorporate some of Candace’s coils into the walls of the bowl instead of only using her own.

Jessica inquired about the spheres that Candace was creating, but Candace was quick to dismiss them as insignificant. Although Candace hesitated, Jessica insisted that they be incorporated into the bowl somehow. They attempted to attach the spheres around the rim of the bowl; however Candace was concerned that they would break off and damage the bowl. Finally the group decided to simply place the spheres inside the bowl as decoration. Jessica suggested using the remaining of Candace’s coils to create handles on the sides of the bowl. Candace and Tina agreed, so Jessica attached them. Jessica then asked the group if they wanted to carve their initials into the bowl. The group agreed to this idea, so each person added their own. Jessica asked the group if she could carve “friends” on the outside of the bowl. They all agreed.

During this art making process each group member discussed different concerns. Tina often used the word perfect to describe the bowl. She would either comment that an addition to the bowl looked perfect or that the bowl itself didn’t have to be perfect because nothing in life was perfect. She also commented on the appearance of the bowl saying it looked good, cute, pretty, and one of a kind several times throughout the process. Tina also commented about the
messiness of using the clay, saying that she “used to be happy getting dirty but now…” never elaborating on this idea, but she insinuating that in her childhood innocence she enjoyed dirt, however was not able to enjoy it now. Jessica agreed with Tina’s statement saying that working with the clay “reminded her of being a child.”

Although Jessica was most involved in creating the art piece, she was considerate of the other member’s opinions throughout, constantly asking for permission and reassurance from the group. As they were finishing the bowl, Jessica asked the therapist if they would have to explain what they did wrong. The therapist assured her that the group would not be asked that question, but it seemed as though Jessica may have been internally criticizing herself and the group in preparation for such.

Candace was reserved in the group setting. As the newest member to the group and the residential facility, she waited for the group to include her instead of asserting herself. She continually made self-deprecating comments, second-guessing herself, and fearing that her additions would not succeed. However, once the other two ladies became more inclusive and encouraging to her, she seemed more confident in her role as a group member. At the end of the session, she even commented that the C in her initials stood for “Community.” Tina and Jessica also commented on their work as a group, calling themselves teammates; making something together despite different opinions.

**Session Five**

During this session the group was able to patina their group bowl from the previous session. They were provided with the same mixed media materials that they used to decorate their individual story bowls. Before beginning, they discussed how they wanted to decorate the bowl. Tina questioned the therapist, “We don’t have to make it ugly, right?” and the therapist
reminded them that their only instruction was to complete it as a group. The group appeared reassured by this notion.

Tina asked the group if she could paint the basket a gold color; the group agreed. Jessica was concerned about the paint covering up the initials, and they decided they might have to repaint their initials with a different color. As Tina took on the task of painting the basket, Jessica and Candace began to discuss what color to paint the spheres. Tina suggested painting the spheres all different colors. Candace asked if she was allowed to mix the paints and glitter, so the therapist encouraged her to try different techniques, which appeared to make her more confident in her decision-making. Jessica noticed that she had painted a number of the spheres and told Candace that she would leave the rest for her because she didn’t want to paint them all.

Jessica painted one sphere with each woman’s name on it, then commented that if new girls come into the residential facility they might want to put their names on it. This prompted the group to discuss to whom the basket belonged. They discussed the idea of adding new resident’s initials in the basket, but eventually decided that the basket belonged only to the three of them. After Tina finished painting the bowl, she outlined her initials in paint and encouraged the other women to pick a color to outline their initials. Despite Tina’s recommendation to choose different colors to stand out, both Jessica and Candace chose pink paint. They decided they wanted to keep the basket at their residential home as something that belonged to all of them. They decided that new residents should not add their initials because this basket belonged to the three of them, but they would do something different with new members.

Throughout the process both Tina and Candace commented on the appearance of the group piece, saying that it was “pretty.” Tina made critical comments about her additions to the art piece, however Jessica encouraged her to have faith in herself. After completing the basket
and spheres the women discussed what it was like to work together. Tina said she liked that they others were willing to work with her. She appreciated the different styles coming together to create one piece. Jessica said the task would have been difficult and frustrating to complete alone, explaining that she enjoyed decorating with everyone and working together despite different views. Candace was reserved but agreed with these comments.

![Figure 3: Group Art Piece](image)

**Session Six**

This was the final week of art therapy intervention. All of the art created throughout the six weeks of therapy was presented on the table. The group members were asked to reflect on the previously made art. Candace said it was “pretty and cute.” Tina agreed that the art was pretty, explaining that nothing is perfect so she was okay with what was created; it was original. Jessica said the art reminded her of the mixed emotions she was going through. During the process she constantly judged other’s artwork as better than her own but now she saw them all as beautiful. Jessica commented on her own difficulty with “putting up walls.” She explained that she normally guards herself but with the art she felt like she could lower those walls so people could see.
The group discussed what it was like to work together throughout the past weeks. Jessica said she felt less pressure on herself because they all shared the responsibility, so if the end product was ugly it would not be only her fault. She described the sessions as a “new beginning of trust.” Candace explained that although she liked doing the art together, it was difficult for her to chip in. Jessica related to this and said she struggled to accept help from others.

The group discussed the individual story bowls in particular. Tina commented on how she thought her story bowl accurately represented herself. Looking at the bowl, she learned how to help herself. She explained that she must clean out the inside before she can get anything done with others. Candace acknowledged that at first she thought her story bowl was ugly but now she thinks they all are beautiful. When she was making the story bowl she said she was overwhelmed with the emotions so it represented pain, but now she can look at it simply as a bowl; looking at the bowl she learned to accept her self. She chose to take a marker and change the sad face to a smile because she said it reflected her life change. Jessica said the more she looked at the bowl the more she began to open up. She said she had to constantly change herself to please others, so at first she refused to acknowledge that the bowl actually reflected her, but now she felt proud to admit the bowl represented her.

After reflecting on the previously made artwork, the members were given a small amount of clay and asked to roll it into three small spheres. In each sphere they imprinted their thumbprint. The therapist introduced these small tokens as worry stones that could be placed in their pocket and rubbed during times of worry as a way to remember the group experience. The group members were asked to trade stones with each other so they had one from each group member. Tina thanked the group members for holding her worries. Jessica and Tina expressed how they planned to use the stones in the future.
Following the completion of the worry stones, the therapist gave each group member a piece of paper and envelope. They were invited to write themselves a letter about what they learned in art therapy. Although they were not asked to read the letters to the group, they did discuss what they wrote. Tina reminded herself to accept who she is despite the flaws, saying, “I am important.” Candace encouraged herself to have less self-doubt, explained that the letter would help her when she is having a rough day. Jessica reminded herself of her goals and her future and the importance of trusting others along the way. They sealed up the letters and were asked to reopen them when they needed to after the end of art therapy.

![Worry Stones](image-url)

**Figure 4: Worry Stones**

**Themes**

One week after the art therapy treatment each group member was interviewed. The questions were similar to one another in content with only slight deviations necessary for clarification. Each participant was interviewed separately. They were audio recorded which were then transcribed. By combining the relevant information from both the session discussions and researcher observations with the interviews, six themes have emerged. These six themes include self-thoughts, community, guarded boundaries, false image, memories, and identity.
Self-Thoughts

During the sessions the researcher observed that all of the women frequently doubting and second-guessing themselves in their decisions. The women frequently used self-deprecating comments throughout. However, these comments tended to be more frequent at the beginning of the art therapy treatment, while positive self-thoughts increase towards the end of treatment.

During the art process they were often over critical of their own artwork, they made negative comments about them. Jessica specifically criticized her story bowl once it was complete. Tina feared that she did not make her own story bowl well enough to endure the firing process. Candace criticized her own contribution to the group art piece. She dismissed the spheres she made as insignificant and said that they were “stupid.” She struggled to find a way to incorporate them into the group art piece and often said the she did not think her idea would be “successful.”

However, after working through these doubts about their performance with the art, the women began to make positive comments about themselves and their artwork. Jessica explained that throughout the sessions she learned to love her story bowl, which prompted her to love herself and her life story. Tina frequently reminded herself throughout the session that her art “doesn’t have to be perfect because nothing is perfect.” She said that the art therapy helped her realize how “hard” she was on herself and how much she judged herself for the past. She commented that she learned how to stop being so critical and judging herself compared to others. She said now she is a little “softer” on herself, because “I’m not as bad as I think I am.”

Candace discussed that the art process specifically helped her to stop being so self-critical. She commented on how empowered she felt when she made something herself, saying she felt proud when she got to make the gifts for the other women. She felt important when she
was able to contribute something of value to the group art piece. She commented, “I made that,” or “Oh, I did that part!”

During the interviews all of the women acknowledged that before the therapy they had a very negative view of themselves. They described being “angry,” having “no hope,” not being “artistic” enough, and even feeling like they were “cursed.” However after art therapy all the women acknowledged that they walked away with “a new attitude,” and they were learning to be less harsh on themselves, accepting themselves as “stronger” than they thought.

Community

It also emerged that the women felt a sense of community throughout the art therapy sessions. This sense of community came from feelings of universality that developed throughout. Through the art process the women learned how to work together and consider themselves as a group. The women showed empathy towards each other by asking the group members for their opinions, offering help to each other. As the sessions progressed, they encouraged, supported, and related to one another, describing themselves as friends, teammates, a community, and family. All three of the women emphasized how important it was for them to learn that they were “not the only ones” with their past traumatic experiences. The women each explained that through hearing others’ stories, they began to relate to each other.

During the interviews they said that being able to relate helped them feel like they were not alone, that someone else understood the trauma that they endured. When they heard each other’s stories, they said they were more willing to share details about their own story, further developing their sense of community. Jessica explained that her original mentality was to trust no one, but when she saw Tina cry, she became protective of her. She explained that she also learned how to “quiet her inner child” when the group did not do things the way she wanted.
The researcher observed that Jessica and Tina’s behaviors exhibited a developing sense of community through their willingness to accept and encourage Candace as the newest group member. Tina explained that they had to give Candace a “boost” but she considered that “a community is supposed to pick each other up.” Candace said that she began to feel accepted into the group when the other two members were eager to incorporate her ideas into the group art project. She elaborated, “I needed that verification, and I’m more confident.” Candace also said that she usually does not ask for help, but the art process helped her learn to ask for help when she needs it. The women identified the sense of community that they experienced through the art therapy directives.

**Guarded Boundaries**

All of the women explained in some capacity how they personally lowered their guard, walls, or boundaries with the group and became more open. Jessica described herself as “tight” and “hiding who she really was” in the beginning of therapy, not wanting to express herself or her feelings. She discussed feeling like she had previously “wore a mask” and been “pretending” or “covering up.” Jessica said she felt the need to “protect her feelings from being open.” She described guarding herself from thinking about her trauma by “pushing the thoughts out” of her mind, discussing how sometimes “walls are not strong enough.” Jessica explained that she learned through art therapy that walls would fail if you don’t surround yourself with people who want to help you. Candace described herself as numb and shutting everything out of her mind prior to therapy. She described the group as not “open” before therapy, where as after she said they were all more likely to “share, talk, or open up.” Tina explained that the art therapy helped her learn how to “open up, become more transparent, and get out of her shell.”
In addition to the women acknowledging their lowered boundaries, the women became less defensive and more open as the group progressed. The art making process paralleled the group’s descriptions about guarded walls and boundaries. In the beginning of therapy when the women were experimenting with the clay media, the researcher observed that they repeatedly created boundary or wall forms. Jessica specifically referred to the circular wall form as a “stadium.” These forms served as a visual representation of the women’s emotional guards, boundaries, and walls. Then as therapy progressed they stopped creating the boundary and wall forms with the clay. They discussed that their emotional guards also began to lower as they became more open throughout art therapy.

**False Image**

Throughout the art therapy sessions the women repeatedly used specific words to describe themselves and their artwork. They frequently used the words “ugly, pretty, cute, beautiful, or perfect,” which illustrates their fixation on a false image. During the interviews the women continued to use these words. The women followed these false image words with a value statement such as “I think yours is pretty, I like it” or “Mine is ugly. I don’t like it.” This implied that not only were they preoccupied with the aesthetic of the art, but they associated its worth based off of its outward appearance. These false image statements stayed relatively consistent thought out the therapy. All of the women described their own artwork as “ugly” and had a strong repulsion to them in the beginning of the art therapy sessions, but towards the end of therapy and during the interviews they acknowledged that they now viewed their art as “pretty, cute, beautiful, or perfect” and had grown to like it.

The women had a strong reaction to their story bowls. They were significantly concerned for how the bowls would look. After making them, all of the women agreed that their own bowls
were “ugly.” As art therapy progressed, they eventually accepted the bowls and then described them as “pretty or cute.” The women continued to base their approval of the art piece based on its appearance. The more that they viewed the art piece as “cute,” the more acceptance and positive regard they felt toward the art piece. They also used these false image terms to encourage each other. When asking how their art piece looked, the women would describe other’s artwork as “pretty, cute, beautiful, or perfect.” The women also used these words to describe themselves. All of them described their “insides and pasts” as “ugly” at the beginning of therapy, however towards the end they commented on their inner beauty.

Memories

When working with the clay media, the women frequently referred to emerging memories. During sessions, the women frequently discussed the memories that were evoked from the sensations of the clay. They discussed those that were reminiscent of “innocence” and “damage.” Candace described that the working with her hands put her “into deeper thought.” She said that she was able to recall “details of memories” that she had never noticed before. Jessica recalled that the art therapy experiences brought about emotional memories, and even more frequent flashbacks. During sessions, the researcher observed that she also discussed positive memories while working with the clay. Tina mentioned “bad memories outweighed the good memories.” During the sessions she often reminisced about childhood memories. It is evident through both the discussions and the interviews that the clay evoked memories in the clients.

Identity

Throughout the art making process, the final theme that emerged was identity. During every session that involved art making, a reference to a personal identity emerged. In most of the sessions the women chose to depict their initials on each of their art pieces. Although this was
not necessary because the pieces looked very different, this served as a way to represent their identity permanently in their art. The researcher observed a repeated compulsion to mark their art with names or initials among all of the women. Candace even explicitly stated that she “loved things with her name on them.”

During the third session the women discussed their identity issues more overtly. They each discussed that before making the bowl, they “didn’t really know a lot about [themselves].” They explained that they often felt like a “chameleon” because they were so used to being who everyone else wanted them to be that they did not know who they were. They also acknowledged that they struggled to depict who they were on the inside because they did not like what they saw. However, after the art making they all began to accept and appreciate their artwork as a representation of themselves and their identity.

**Empirical Data Measuring Trauma Symptoms**

In addition to the qualitative data the TSC-40 was administered as a pretest and a posttest measure with the three women. They completed the TSC-40 before the first session and one week following the last session. The results from the pretests and posttests were analyzed using a *t*-test with the significance value of .05. These results are displayed to assess the difference of means from before and after the treatment. *T*-tests were used to report the changes for each individual as well as the entire group. The *t*-test was also used to evaluate the TSC-40 symptom subscales. The data will present the individuals’ overall scores from the TSC-40, as well as the group’s overall break down of symptom subscales.

**Individual Results**

Overall each woman’s score decreased from pretest to posttest, indicating a decrease in trauma symptoms. Jessica’s TSC-40 score lowered 33 points from 67 pretest to 34 posttest.
Tina’s score lowered 20 points from 43 to 23. Candace’s score decreased 16 points from 77 to 61.

<table>
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<th>Pretest</th>
<th>Post test</th>
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An F test was performed on each participant’s data, which showed that all of the participants’ t-tests should assume equal variance. Then t-tests were conducted using a significance level of .05. Jessica’s t-test results showed that her decrease in trauma symptoms was statistically significant because the P(T<=t) two-tail value was less than the alpha level of .05.

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<td>t Critical two-tail</td>
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However, Tina’s t-test results found that although her trauma symptoms decreased, it was not a statistically significant difference. The P(T<=t) two-tail value was .059, which is slightly greater.
than the alpha level of .05, meaning that the observed difference between the sample means is trending toward significance.

**Table 3: Tina’s t-test Results**

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<td>P(T&lt;=t) two-tail</td>
<td>0.059394927</td>
<td><strong>Bold</strong></td>
</tr>
<tr>
<td>t Critical two-tail</td>
<td>1.990847069</td>
<td></td>
</tr>
</tbody>
</table>

Similarly, Candace’s t-test results revealed that her trauma symptoms decreased as well, but again not as statistically significant. The P(T<=t) two-tail value was .193, which is greater than the alpha level of .05, meaning that the observed difference between sample means is not convincing enough to claim that the scores differ significantly.

**Table 4: Candace’s t-test Results**

<table>
<thead>
<tr>
<th></th>
<th>Candace’s Pretest</th>
<th>Candace’s Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>1.925</td>
<td>1.525</td>
</tr>
<tr>
<td>Variance</td>
<td>1.917307692</td>
<td>1.794230769</td>
</tr>
<tr>
<td>Observations</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Pooled Variance</td>
<td>1.855769231</td>
<td></td>
</tr>
<tr>
<td>Hypothesized Mean Difference</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>df</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>t Stat</td>
<td>1.313145967</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
<td>0.096491904</td>
<td></td>
</tr>
<tr>
<td>t Critical one-tail</td>
<td>1.664624645</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
<td>0.192983808</td>
<td><strong>Bold</strong></td>
</tr>
<tr>
<td>t Critical two-tail</td>
<td>1.990847069</td>
<td></td>
</tr>
</tbody>
</table>
The Trauma Symptoms Checklist is separated into six subscales, providing the ability to assess which areas saw a more significant difference than others. The scores of these subscales can be analyzed to determine which of the symptom subscales lowered. All of the subscales among all three women lowered except Tina’s depression subscale, which raised one point from 11 to 12. Table 5 lists each individual’s pretest and posttest scores by subscale symptom.

**Table 5: Individual Symptom Subscale Scores**

<table>
<thead>
<tr>
<th>Subscales</th>
<th>J-Pretest</th>
<th>J-Posttest</th>
<th>C-Pretest</th>
<th>C-Posttest</th>
<th>T-Pretest</th>
<th>T-Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissociation</td>
<td>11</td>
<td>9</td>
<td>18</td>
<td>18</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Anxiety</td>
<td>13</td>
<td>3</td>
<td>22</td>
<td>20</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Depression</td>
<td>15</td>
<td>9</td>
<td>21</td>
<td>11</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>SATI</td>
<td>11</td>
<td>6</td>
<td>16</td>
<td>15</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td>10</td>
<td>8</td>
<td>18</td>
<td>11</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Sex Problems</td>
<td>12</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

**Group Results**

The group began with a pretest mean score of 62.3 on the TSC-40. Following the six weeks of art therapy with clay, the posttest mean was 39.3. Not only did the scores lower, they had a mean decrease of 23 points. The symptom subscales with the highest pretest scores were Depression (15.7) and Anxiety (14.3) followed by Dissociation (12), Sexual Abuse Trauma Index (12), and Sleep Disturbance (12). The lowest scoring subscale was Sexual Problems, however this subscale also showed the most significant mean decrease in the group, with a 7.3 point decrease of means. Following the Sexual Problems subscale, the Anxiety subscale was the largest decrease with a 6.3 mean decline. The next subscales with the most significant difference of means were the Depression and the Sleep Disturbance scales, both with decreases of 5 points. Following these scales is the Sexual Abuse Trauma Index scale; with a difference of means by a
decrease of 3.7 points and lastly the Dissociation subscale with a 1.3 point mean decrease. Table Six presents the group’s mean pretest and posttest scores divided up by subscale on the TSC-40 as well as the difference of means within each subscale.

Table 6: Group’s Symptom Subscale Scores

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Mean Pretest</th>
<th>Mean Posttest</th>
<th>Mean Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissociation</td>
<td>12</td>
<td>10.7</td>
<td>1.3</td>
</tr>
<tr>
<td>Anxiety</td>
<td>14.3</td>
<td>8</td>
<td>6.3</td>
</tr>
<tr>
<td>Depression</td>
<td>15.7</td>
<td>10.7</td>
<td>5</td>
</tr>
<tr>
<td>SATI</td>
<td>12</td>
<td>8.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td>12</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Sex Problems</td>
<td>9</td>
<td>1.7</td>
<td>7.3</td>
</tr>
</tbody>
</table>

The group’s pretest and posttests were analyzed by symptom using a t-test. As shown in Table Seven, only the symptom subscale of Sexual Problems had a P(T<=t) two-tail value was less than .05. This demonstrates that only the Sexual Problems symptomology had a statistically significant decrease. However, the group’s symptoms can be ranked from most significance to least.

The Sexual Problems subscale showed the most significant decrease from pretest to posttest, followed by the Depression subscale (Table 8) and the Sleep Disturbance subscale (Table 9). The Sexual Abuse Trauma Index (Table 10) subscale was the next highest decrease, followed by the Anxiety subscale (Table 11) and lastly the Dissociation subscale (Table 12). The following figures demonstrate the statistical difference for each subscale symptom in the TSC-40 ordered by highest decrease from pretest to posttest.

Table 7: Group Sexual Problems Symptom t-test Results

<table>
<thead>
<tr>
<th></th>
<th>Sex Problems</th>
<th>Sex Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>9</td>
<td>1.6666666667</td>
</tr>
<tr>
<td>Variance</td>
<td>7</td>
<td>4.3333333333</td>
</tr>
<tr>
<td>Observations</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Table 7: Group Sexual Problems Symptom $t$-test Results (Continued)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooled Variance</td>
<td>5.666666667</td>
</tr>
<tr>
<td>Hypothesized Mean Difference</td>
<td>0</td>
</tr>
<tr>
<td>df</td>
<td>4</td>
</tr>
<tr>
<td>$t$ Stat</td>
<td>3.772968873</td>
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<tr>
<td>$P(T&lt;=t)$ one-tail</td>
<td>0.009777106</td>
</tr>
<tr>
<td>$t$ Critical one-tail</td>
<td>2.131846786</td>
</tr>
<tr>
<td>$P(T&lt;=t)$ two-tail</td>
<td>0.019554213</td>
</tr>
<tr>
<td>$t$ Critical two-tail</td>
<td>2.776445105</td>
</tr>
</tbody>
</table>

Table 8: Group Depression Symptom $t$-test Results

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>15.666666667</td>
<td>10.666666667</td>
</tr>
<tr>
<td>Variance</td>
<td>25.33333333</td>
<td>2.333333333</td>
</tr>
<tr>
<td>Observations</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Pooled Variance</td>
<td>13.83333333</td>
<td></td>
</tr>
<tr>
<td>Hypothesized Mean Difference</td>
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<td></td>
</tr>
<tr>
<td>df</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>$t$ Stat</td>
<td>1.6464639</td>
<td></td>
</tr>
<tr>
<td>$P(T&lt;=t)$ one-tail</td>
<td>0.087506824</td>
<td></td>
</tr>
<tr>
<td>$t$ Critical one-tail</td>
<td>2.131846786</td>
<td></td>
</tr>
<tr>
<td>$P(T&lt;=t)$ two-tail</td>
<td>0.175013649</td>
<td></td>
</tr>
<tr>
<td>$t$ Critical two-tail</td>
<td>2.776445105</td>
<td></td>
</tr>
</tbody>
</table>

Table 9: Group Sleep Disturbance Subscale $t$-test Results

<table>
<thead>
<tr>
<th></th>
<th>Sleep Disturbance</th>
<th>Sleep Disturbance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Variance</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>Observations</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Pooled Variance</td>
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<tr>
<td>Hypothesized Mean Difference</td>
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<td></td>
</tr>
<tr>
<td>df</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>$t$ Stat</td>
<td>1.237179148</td>
<td></td>
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<tr>
<td>$P(T&lt;=t)$ one-tail</td>
<td>0.141843312</td>
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</tr>
<tr>
<td>$t$ Critical one-tail</td>
<td>2.131846786</td>
<td></td>
</tr>
<tr>
<td>$P(T&lt;=t)$ two-tail</td>
<td>0.283686623</td>
<td></td>
</tr>
<tr>
<td>$t$ Critical two-tail</td>
<td>2.776445105</td>
<td></td>
</tr>
</tbody>
</table>
### Table 10: Group Sexual Abuse Trauma Index Subscale *t*-test Results

<table>
<thead>
<tr>
<th></th>
<th>SATI</th>
<th>SATI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
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<td>8.333333333</td>
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<tr>
<td>Variance</td>
<td>13</td>
<td>34.33333333</td>
</tr>
<tr>
<td>Observations</td>
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<td>3</td>
</tr>
<tr>
<td>Pooled Variance</td>
<td>23.666666667</td>
<td></td>
</tr>
<tr>
<td>Hypothesized Mean Difference</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Df</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>t Stat</td>
<td>0.923099494</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
<td>0.20409882</td>
<td></td>
</tr>
<tr>
<td>t Critical one-tail</td>
<td>2.131846786</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
<td><strong>0.40819764</strong></td>
<td></td>
</tr>
<tr>
<td>t Critical two-tail</td>
<td>2.776445105</td>
<td></td>
</tr>
</tbody>
</table>

### Table 11: Group Anxiety Subscale *t*-test Results

<table>
<thead>
<tr>
<th></th>
<th>Anxiety</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>14.33333333</td>
<td>8</td>
</tr>
<tr>
<td>Variance</td>
<td>50.33333333</td>
<td>109</td>
</tr>
<tr>
<td>Observations</td>
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<td>3</td>
</tr>
<tr>
<td>Pooled Variance</td>
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</tr>
<tr>
<td>Hypothesized Mean Difference</td>
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<td></td>
</tr>
<tr>
<td>Df</td>
<td>4</td>
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</tr>
<tr>
<td>t Stat</td>
<td>0.869039772</td>
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</tr>
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</tr>
<tr>
<td>t Critical one-tail</td>
<td>2.131846786</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
<td><strong>0.433861757</strong></td>
<td></td>
</tr>
<tr>
<td>t Critical two-tail</td>
<td>2.776445105</td>
<td></td>
</tr>
</tbody>
</table>

### Table 12: Group Dissociation Subscale *t*-test Results

<table>
<thead>
<tr>
<th></th>
<th>Dissociation</th>
<th>Dissociation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>12</td>
<td>10.66666667</td>
</tr>
<tr>
<td>Variance</td>
<td>31</td>
<td>44.33333333</td>
</tr>
<tr>
<td>Observations</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Pooled Variance</td>
<td>37.66666667</td>
<td></td>
</tr>
<tr>
<td>Hypothesized Mean Difference</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Df</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>t Stat</td>
<td>0.266076042</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
<td>0.401666303</td>
<td></td>
</tr>
<tr>
<td>t Critical one-tail</td>
<td>2.131846786</td>
<td></td>
</tr>
</tbody>
</table>
Summary

The qualitative data, including observations, discussions, and interviews were presented in this section. Six themes emerged. In order of frequency these were self-thoughts, community, guarded boundaries, false image, memories, and identity. In addition to the qualitative data, empirical data was also collected. All three participants’ TSC-40 scores decreased from pretest to posttest demonstrating a decrease in trauma symptoms. However, the \( t \)-test data revealed only one of the participant’s scores had a statistically significant decrease. Out of all six symptoms subscales measured by the TSC-40, there was a decrease in all but one trauma symptom in only one participant. Although all but one trauma symptom decreased, the \( t \)-tests revealed that only one symptom subscale had a statistically significant decrease. However, anecdotally the numbers still revealed a decrease in trauma symptoms in all categories.
CHAPTER FIVE

DISCUSSION

This study was established to determine if clay-based art therapy is an effective and holistic form of treatment for victims of sex trafficking. This section will discuss how the results provide answers and insight into the research question. In addition to the research question, the art therapy also brought out benefits that were not anticipated by the researcher. In addition to discussing the research question and additional benefits, this section presents the limitations to this study and implications for future research.

Research Questions

This study asked very specific research questions and sub-questions that can now be answered through the data and results. The research question originally presented in this study is: Will clay-based art therapy be an effective form of treatment for victims of sex trafficking? In order to answer this broad research question, four sub-questions were explored. As already indicated these sub-questions were developed in correspondence with the U.S. Department of Justice’s specific victim-centered elements required for holistic treatment with sex trafficking victims (Hardy, Compton, McPhatter, 2013). The subquestions examine whether the art therapy successfully addressed trauma symptoms, community building, empowerment, and life skills.

Subquestion One: Reduced Trauma Symptoms

Similar to the concept of exposure in Cognitive Behavioral Therapy, in order to lower trauma symptoms, one must first face their fears and anxieties about the trauma, which in turn helps process the trauma, (Foa & Rothbaum, 1998). The processing of trauma was evident in the qualitative theme of Memories. The researcher observed that when first working with the clay the women would frequently claim that it evoked memories. Tina commented that the “bad
memories outweighed the good.” In the case of Tina, the clay allowed her to begin to process her past, in a less intrusive way than recounting it verbally. In the discussions she commented that it was helping her because she previously “refuse to think about” her past, but after her relapse she realized she “must work through her trauma.” It also appeared to lower her ability to disassociate with the past, because the researcher observed that she began to show affect when discussing memories. Jessica would often say that the clay made her recall memories from childhood. She even commented that it brought her back to a more “innocent” time. The clay seemed to offer a healthy level of regression. She recalled memories of childhood when she did not have to be “afraid,” when it was a more “innocent” time. In both cases the clay appeared to evoke memories in the participants, which allowed them to begin to process trauma with less dissociation, and a controlled level of regression. The qualitative data from discussions, observations, and interviews supports that the women were beginning to process their trauma. The women made comments that they were “learning to love” themselves despite their past. In the interviews the women discussed an increased acceptance of their trauma as a result of the art therapy.

While they began to process their trauma as evident in the qualitative data, the empirical data supports that the trauma symptoms lowered. As previously mentioned, only the Sexual Problems symptom subscale had a statistically significant decrease from pretest to posttest. Although the rest of the symptom subscales did not have statistically significant decreases, it is important to highlight that almost all of the trauma symptoms did decrease.

Tina’s Depression subscale raised one point from pretest to posttest. In this circumstance, it is important to note that the researcher observed that Tina frequently discussed her relapse. Before the relapse she refused to think about and “work through” her past, but after the relapse, she decided that she needed to “clean out” her past and work through her trauma. The art therapy
sessions began two weeks following her relapse, so it is probable that she was facing additional
retriggering as a result of recent relapse. Tina made comments during the art therapy sessions
that reflecting on the art was showing her how “icky” her “inside” was, referring to her past
trauma. This implied that she was beginning to process her trauma for the first time. Given that
Tina was beginning to process her past trauma, a temporary increase in depression could be
expected. The following figure illustrates the trauma symptom subscales for each individual. It
displays that for each individual all six symptom subscales lowered except for Tina’s Depression
subscale.

![System Symptoms](image)

**Figure 5: System Symptoms**

The first sub-question was: Would clay-based art therapy lower trauma symptoms, when
working with victims of sex trafficking? Despite a lack of statistical significance and Tina’s one
point increase in one subscale, the qualitative data combined with the empirical data support that
overall the answer to the first sub question is yes; following the clay-based art therapy there was
a lowering of the trauma symptoms among the group.
Subquestion Two: Promote Community Building

As previously discussed, a sense of community was a theme among the data. The women used the word community frequently throughout therapy. They described the three of them as a community during the session discussions and interviews. Their sense of community was also evident in the observations of how the group functioned together, considering each other’s feelings and working together as a team. The theme of guarded boundaries additionally illustrated the development of community. The women explained that overtime they began to trust the group more. They began with guards, walls and boundaries up, but throughout the sessions they slowly began to lower those walls and open up to one another, further developing their sense of closeness. Candace specifically noted that hearing the other women “open up about themselves” encouraged her to trust them and do the same. She began to realize that she was not alone, and others could relate to her past, commenting, “Before this, I had no idea they’d been through what I’d been through. I thought I was the only one.” This sense of community helped develop empathy among other women. Jessica recalled that seeing Tina cry made her feel sad, and she felt the urge to protect Tina’s feelings. These women were able to develop a support system with each other. Tina added that a community is supposed to build each other up and that’s what they did during the art making process, they “boosted” each other and supported one another. Throughout these six weeks of art therapy it is clear that the women experienced a sense of community. This allowed them to open up, trust, empathize, and support each other. The second sub-question is: Will clay-based art therapy promote community building among victims of sex trafficking? The researcher asserts that the clay-based art therapy did in fact promote community building among these victims of sex trafficking.
Subquestion Three: Increase Feelings of Empowerment

In their interviews the women described their own definition of empowerment using words such as “strong, firm, powerful, independent, survivor, valuable, worthy, and resilient.” They explained that someone who feels empowered is a “leader” as opposed to a follower, “accomplishing things on their own, confident, and viewed positively by others.” Throughout the sessions the women voiced a number of empowering statements. They would often comment on their artwork, exclaiming, “I did that” or noting that it felt good to create something on their own. The women became empowered through the art making process. As they began to see value in their creations they in turn saw value in themselves as the creator. Jessica explained that through the art process, she accomplished her fear and recognized that her feelings are worth value. Tina said that she felt empowered when her bowl made it through the firing process, she related it back to herself saying, “I made it through a hell of a lot of fire.” Candace felt empowered when the group verified her decisions in the art making process, making her more confident in herself. These moments of empowerment appeared to increase the women’s self-confidence, self-esteem, self-efficacy, autonomy, and freedom. They viewed themselves less as powerless victims and more as empowered creators and artists. This was evident in the theme of self-thoughts. Throughout the beginning of therapy the women were overly critical and negative about themselves and their art, but as the sessions progressed not only were they making less negative statements, they began to speak more positively about themselves and their art. The third sub-question is: Will clay-based art therapy increase feelings of empowerment with victims of sex trafficking? The researcher claims that the discussions, observations, and interviews provide support that the clay-based art therapy did promote feelings of empowerment with the victims of sex trafficking.
Subquestion Four: Improve Life Skills

When asked what life skills meant to them, the women described life skills as “coping skills, boundaries, self-soothing, and skills used in daily life.” The women were able to develop such life skills through the six weeks of art therapy interventions. They each described the specific life skills that the art therapy taught them. Jessica said that through the art therapy, she learned life skills such as “love herself,” not “hide who she is,” and develop a “new attitude.” She also learned to “calm her inner child” and respond appropriately when things do not work out the way she wanted. Jessica commented that focusing on the clay was like a “five minute vacation” which allowed her to feel grounded. Candace described that art therapy taught her the life skills of being more “open and trusting,” “more sociable and stop isolating” herself, and she learned how to ask for help when she needed it. Tina said that the art therapy gave her life skills to “follow instructions, better listening skills, and stop being self-critical.” The researcher also noticed that during the sessions the women recognized additional life and vocational skills. During sessions the women discussed how the clay allowed them to release anger in a healthy way, to work successfully with others, and to cope with things out of their control. Jessica and Tina both said that the clay helped them release anger. The researcher observed that the group was able to develop their teamwork skills through the group art directives. Each of the women thought out the sessions commented that at points the clay became difficult to work with, or they were unable to make what they wanted. The women were all able to problem solve and work through these struggles appropriately. All of these skills can be considered life skills because they will help the women when re-entering society, helping them develop better interpersonal skills, and better functioning under stress. The fourth and final sub-question is: Will clay-based art therapy improve vocational and life skills in victims of sex trafficking? The researcher asserts
that the clay-based art therapy did improve vocational and life skills with victims of sex trafficking.

After answering each of the subquestions, the data can now be used to assess the overall research question: Would clay-based art therapy be an effective form of treatment for victims of sex trafficking? Because the data and results affirm all four of the research subquestions, there is enough support that clay-based art therapy is an effective form of treatment for victims of sex trafficking. Using clay-based art therapy interventions with sex trafficking victims resulted in lower trauma symptoms, promoted community building, increased feelings of empowerment, and improved life skills. Therefore clay-based art therapy can be a valuable tool when applying a holistic approach to therapy as outlined by the U.S. Department of Justice (Hardy, et al., 2013).

**Additional Therapeutic Benefits**

In addition to answering the research questions, other issues emerged throughout the clay-based art therapy sessions. The themes of false image and identity revealed unexpected issues with the women. These themes progressed differently throughout the sessions, and had different affects on the participants. The following discussion evaluates the psychological implication of these themes and how they were addressed through art therapy.

**False Image**

The false image theme revealed that the women often found value in superficial qualities. When they attempted to assign value or worth to an art piece they would often use terms such as “pretty, cute, or perfect.” They followed those comments with “I like it,” implying that they can only like something when it is considered aesthetically pleasing on the outside. Conversely they would often attribute not liking an art piece to it being “ugly.” These statements regarding false image were used frequently throughout the session discussions and also during the interviews.
This preoccupation with a false image may be a projection of how the women assign value to themselves. Thinking that, similar to their pots, if they are not “pretty, cute, beautiful, or perfect” then they cannot be “liked” or valued.

There was no evidence in the data to assume that these false image statements decreased through the art therapy. This theme was revealed in the data following the termination of the art therapy sessions and may have not been adequately addressed through the art directives or by the art therapist. Although the false image statements did not decrease, it is important to note that as the art therapy sessions progressed, the women did make more positive statements about false image. For example art pieces that they once did not like because they were “ugly,” the participants had grown fond of and by the end of therapy they thought they were “pretty” and they liked them. Although they still used the false image statements to assign worth or value, they were more frequently assigning a positive value. As the woman found a more positive worth in their pots, they paralleled a more positive regard for themselves, verbalizing more positive self-thoughts toward the end of therapy.

Identity

The unexpected theme of identity also emerged throughout the art therapy sessions. As the sessions progressed, the researcher observed that the women frequently felt a compulsion to mark their initials into all of their artwork. Although one could argue that this may have been a way to distinguish the art pieces from one another, this was not necessary as all of the art pieces looked very different from one another, so marking them was unnecessary. So as opposed to marking ownership onto the piece, it is possible that this offered them a way to project their identity onto the piece. Candace even stated “I love things with my name on it.” It is possible that this marking of initials and names was a way to explore their identity. This assumption is
further supported through the discussions and interviews, when they made comments about learning who they were through the art process. Tina discussed not knowing who she really was until she “saw it” in her story bowl. Jessica commented in the interview that she continually denied who she was until she was able to accept that “story bowl is me.” Candace described that she felt that her story bowl helped her accept her story and realize who she was on the inside, recalling that “My story is just what I carry with me, its not who I am.” Implying that her identity is more than just her trauma. These statements illustrate that the women are attempting to not only discover their identity but also what role their trauma narrative plays in that identity. They were beginning to integrate their personal trauma story into their identity, acknowledging it and giving it meaning, while not allowing it to define them.

**Limitations**

This study encountered a number of limitations. The safe house in which the study was conducted only accommodated three women at the time of the study, which is too small of a sample size to apply these findings to the general population. This study was limited to six weeks of intervention which given the complex trauma that these women experienced, was not enough time to thoroughly address the issues that emerged. Because of scheduling problems the first art therapy session only included two of the three participants. Although all three were present for five out of six of the sessions, ideally all of the participants would have been able to attend all of the sessions.

The safe house setting that these individuals reside provides them with additional services. They see a counselor once a week and two of the participants attend substance abuse counseling. These other counseling groups may have specifically affected Candace. Days before the posttest and interviews, she was asked to tell her trauma narrative in front of a group. It was
indicated to the researcher that this might have affected her trauma symptoms. However, without a control group, it is difficult to determine the specific effects of the art therapy. A control group could have better proven that it was solely the art therapy that evoked the change in the women, as opposed to the other treatment opportunities.

In addition, it is the opinion of the researcher that although the Sexual Problems symptom was found to have a statistically significant decrease, it was not due to the art therapy sessions. The safe house that the women resided in requires them to practice abstinence. Given the symptoms measured in the sexual problems subscale this decrease in symptomology is more likely due to the restrictive environment as opposed to the art therapy.

**Implications for Future Research**

In future research, some of the limitations previously discussed could be avoided with a longer treatment period, larger sample size and implementing a control group. Additionally the unexpected concerns of false image and identity that were revealed in retrospect could be addressed more directly and thoroughly through the art directives in future studies.

Future research studies could also focus more on the firing process. This study only fired the participants’ individual story bowls, while various air-dry clays were used for the remainder of the sessions. However, the participants had a strong reaction to the firing process. In both the discussions and the interviews they related this process to their own life, which created a stronger attachment to the pot that “survived the fire.” In future research, the firing process could be further explored in order to facilitate this connection to the art and perhaps lead to additional personal insight.

Subsequent studies that can allot more treatment time, could offer more group focused art directives. Because of time constraints in this study, the women were given one open-ended art
directive to complete as a group. They were allowed to create anything together, but the women chose to create another bowl. In the interviews Tina revealed that her motivation for suggesting a bowl was because it was the only thing she knew how to do, from the therapists previous instructions. Both Jessica and Candace commented in their interviews that they wished they could have created something different with this project, like a sculpture. When asked why they did not voice their opinions in the group, they both regretted not being more assertive. If there had been more time, the study could have further explored group art directives allowing the participants to practice asserting their opinions into the group, as well as facilitating the confidence to try to create new art pieces.

**Recommendations for Art Therapists**

The following section offers recommendations on how art therapists can best serve this population using the approaches outlined in this study. Future art therapist should be prepared to encounter resistance and suspicion from the women. The survivors of sex trafficking in this study were suspicious of both the therapist as an outsider but also suspicious of the art itself. In order to ease this distrust the therapist focused on the art media in the beginning of treatment. Focusing on teaching clay techniques allowed the women to learn to control the medium while also taking the focus off of the individuals until trust and rapport are established.

Teaching art techniques is especially important when working with clay because this medium involves specific steps in order to prepare for the drying, firing, and patina processes. With a medium as complex such as clay, not teaching these participants techniques about the media would set them up for failure. When the women were taught simple tasks such as rolling a coil, they seemed to become more confident in their ability to control and manipulate the media.
Through accomplishing these small techniques the participants began to trust the therapist’s knowledge and display a sense of mastery over the art media.

Although the element of art education is crucial in the beginning, as treatment progresses it becomes less necessary. Creating an environment where the participants are taught the techniques while also encouraged to experiment is crucial. The participants flourish when they feel as though they are being taught essential techniques needed to succeed, but also able to express their own creativity.

The art therapist should also be prepared to encounter strong negative reactions toward personal artwork from this population. In this study the participants were asked to create story bowls that represented their own life stories. The participants not only resisted this process but also strongly rejected the completed product. When asking survivors of sex trafficking to create art that reflects their life experiences it is important for the art therapist to patiently offer both reflective distancing and time.

These women initially detested their own story bowls, but over time as they revisited them, the bowls began to develop not only aesthetic value but also personal meaning. It is important when working with sex trafficking survivors that the art therapist is not discouraged by this initial aversion, but encourages the participants to revisit the artwork. It took time for these participants to find an appreciation for their own story bowls, however the meaning that they found over time was invaluable.

As they began to accept and appreciate the art that reflected their personal experience, the women started to process the actual trauma. When they were able to gain distance from the artwork, they also were able to gain distance from their experience, which allowed them to further process it and derive meaning from it. This was of great therapeutic value to survivors of
sex trafficking, so future art therapist must be prepared to meet the initial negative reactions toward the personal artwork with patient persistence while offering reflective distance. It is important to encourage them to revisit the pieces they have a strong reaction to, in effort to derive meaning from the art object and in turn the personal significance.

**Summary**

This study examined clay-based art therapy as a holistic treatment model for recovery with victims of sex trafficking. A group of three women victimized by sex trafficking participated in six weeks of clay based art therapy. Despite the limitations of this study, the results supported that clay-based art therapy is an effective form of treatment for victims of sex trafficking. The goal of this study was to evaluate the use of clay-based art therapy to address trauma symptoms, community building, empowerment, and life skills in order to meet the qualifications that the U.S. Department of Justice established for holistic treatment models for victims of sex trafficking (Hardy et. al., 2013). The qualitative data consisting of observations, discussions, and interviews combined with additional empirical data supported that the clay-based art therapy lowered trauma symptoms, promoted community building, increased feeling of empowerment, and improved life skills, as well as other unexpected benefits of the therapy.
APPENDIX A

GUIDING INTERVIEW QUESTIONS

1. How would you describe yourself before to the art therapy interventions?
2. How would you describe your mood before to the art therapy interventions?
3. How would you describe your level of anxiety before to the art therapy interventions?
4. How would you describe yourself after to the art therapy interventions?
5. How would you describe your mood after to the art therapy interventions?
6. How would you describe your level of anxiety after to the art therapy interventions?
7. Describe your experience and feelings during the eight weeks of art therapy.
8. How do you feel these art therapy directives impacted you?
9. How did the group setting affect your experience?
10. Describe what empowerment means to you.
11. During the eight weeks of art therapy did you feel any sense of empowerment?
12. Describe what life skills means to you.
13. During the eight weeks of art therapy did you learn any skills?
14. Do you see yourself using anything you learned during therapy in the future?
15. Describe which (if any) art therapy intervention impacted you the most and why.
16. Describe which (if any) art therapy intervention impacted you the least and why.
17. What personal insights (if any) do you think you have gained during the eight weeks of art therapy interventions?
18. How would your describe your art therapy experience over all?
19. For you personally, what benefits (if any) resulted from the eight weeks of therapy?
20. Is there anything else you would like to discuss about your experience?
APPENDIX B

SAMPLE CONSENT FORM
Group Art Therapy using Clay with Victims of the Sex Trade

You are invited to participate in a research study evaluating the benefits of art therapy with victims of sex trafficking. I ask that you read this form and inquire about any questions you may have before agreeing to be in the study.

This study is being conducted by Nicole Haynes, Master’s Student in Art Therapy, Florida State University and overseen by Dr. Dave Gussak, the Chair of the Art Education Department at Florida State University.

Background Information:

I am interested in exploring the benefits of group art therapy using clay with women who have been victims of sex trafficking. It is intended that through your participation in this study you will contribute by identifying the benefits you experienced through the process of art therapy. At the same time this is an opportunity to receive the potential benefits of clay-based art therapy for female victims of sex trafficking.

Procedures:

If you agree to participate in this study, I will ask you to partake in six sessions of art therapy that will take place over the span of six weeks. Each session will involve one hour of clay-based art therapy. You will be asked to complete the Trauma Symptom’s Checklist before and after the treatment, as well as participate in an interview after the completion of treatment. These interviews will be audiotaped for later transcription. The interview schedule will last between half-an-hour to one-hour.

Risks and Benefits of Being in the Study:

In addressing trauma symptoms, some participants may experience anxiety in recalling repressed material. Flashbacks may occur in some participants. Feelings of vulnerability may be evoked through treatment. The benefits of participation may include an overall decrease in trauma symptoms, community building, feelings of empowerment, and an improvement of life and vocational skills.
Confidentiality:

All records for this study will be pseudonym protected and no identifying information will be used. The records of this study will be kept private and confidential to the extent permitted by law. In any sort of report I might publish, I will not include any information that will make it possible to identify a participant. Research records will be stored securely and only myself will have access to the records. I, the sole researcher of this study, will be the only one to access the audio recordings of these interviews.

Voluntary Nature of the Study:

Participation in this study is voluntary. If you decide to participate, you are free to not answer any question or withdraw at any time.

Contacts and Questions:

I, Nicole Haynes am the sole researcher of this study. If you have any questions, you are encouraged to contact me via email address: nicoleehaynes@gmail.com

As the chairperson over this thesis, questions or concerns may also be directed to Dave Gussak via email at: dgussak@fsu.edu

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the FSU IRB at 2010 Levy Street, Research Building B, Suite 276, Tallahassee, FL 32306-2742, or 850-644-8633, or by email at humansubjects@fsu.edu.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in this study. I understand the information from this study will be used in a master’s thesis and potentially other publications.

_____________________________________     _________________
Signature Date        Date
APPENDIX C

TSC-40

Trauma Symptom Check-list 33 and 40
(TSC-33 and TSC-40)

John Briere, Ph.D. and Marsha Runtz, Ph.D.

Please note: Use of this scale is limited to professional researchers. The TSC-40 is a research measure, not a clinical test. It is not intended as, nor should it be used as, a self-test under any circumstances.

This page contains a psychometric review of the TSC 33/40, with references up to mid-1998, followed by a free copy of the TSC-40 (at the end of this page) for use by researchers. Cut and paste the code below to access the TSC-40.

TYPE OF POPULATION: Adults

COST: None

COPYRIGHT: John Briere, Ph.D. and Marsha Runtz, Ph.D.

WHAT IT MEASURES: The TSC-40 is a research measure that evaluates symptomatology in adults associated with childhood or adult traumatic experiences. It measures aspects of posttraumatic stress and other symptom clusters found in some traumatized individuals. It does not measure all 17 criteria of PTSD, and should not be used as a complete measure of that construct. The TSC-40 is a revision of the earlier TSC-33 (Briere & Runtz, 1989). Those requiring a validated psychological test of posttraumatic response, using a similar format, should consider the Trauma Symptom Inventory (TSI) or (for evaluation of a specific trauma) the Detailed Assessment of Posttraumatic Stress (DAPS).

MEASURE PROCEDURE AND CONTENT: The TSC-40 is a 40-item self-report instrument consisting of six subscales: Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index (SATI), Sexual Problems, and Sleep Disturbance, as well as a total score. Each symptom item is rated according to its frequency of occurrence over the prior two months, using a four point scale ranging from 0 (“never”) to 3 (“often”). The TSC-40 requires approximately 10-15 minutes to complete, and can be scored in approximately 5-10 minutes.

PSYCHOMETRIC PROPERTIES SUMMARY: Studies using the TSC-40 indicate that it is a relatively reliable measure (subscale alphas typically range from .66 to .77, with alphas for the full scale averaging between .89 and .91). The TSC-40 and its predecessor, the TSC-33, have predictive validity with reference to a wide variety of traumatic experiences (see reference section). The TSC-40 also appears to predict perpetration of intimate violence (e.g., Dutton, 1995) and vicarious traumatization in psychotherapists (e.g., Chestman, 1995).

GENERAL COMMENTS: The TSC-40 is a research instrument only. It is freely available to researchers. No additional permission is required for use or reproduction of this measure, although Briere and Runtz (1989) should be cited.
**Trauma Symptom Checklist - 40 (TSC-40)**

**Subscale composition and scoring for the TSC-40** The score for each subscale is the sum of the relevant items, listed below:

- 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-40 total score: 1-40

How often have you experienced each of the following in the last two months?

0 = Never  
3 = Often

1. Headaches
2. Insomnia (trouble getting to sleep)
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 and can't get back to sleep
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
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<th></th>
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<tr>
<td>27. Fear of women</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>28. Waking up in the middle of the night</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Bad thoughts or feelings during sex</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. Passing out</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31. Feeling that things are “unreal”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. Unnecessary or over-frequent washing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33. Feelings of inferiority</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>34. Feeling tense all the time</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>35. Being confused about your sexual feelings</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>36. Desire to physically hurt others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>37. Feelings of guilt</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>38. Feelings that you are not always in your body</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>39. Having trouble breathing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>40. Sexual feelings when you shouldn't have them</td>
<td>0</td>
<td>1</td>
<td>2</td>
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REFERENCES


American Art Therapy Association. (2013). What is art therapy?.


BIOGRAPHICAL SKETCH

Nicole Elizabeth Haynes is a native of Northwest Arkansas where she graduated from Har-Ber High School in 2009. She pursued her bachelor’s degree at Union University in Jackson, Tennessee double majoring in Psychology and Art with an emphasis in Ceramics. During this time she developed her ceramics skills and began her own exploration with clay work. She graduated with summa cum laude honors in 2013. Upon graduation Nicole attended Florida State University to attain her Master’s of Science degree in Art Therapy. Nicole focused her art therapy clinical experiences on working with individuals recovering from trauma, specifically sexual abuse. At the Florida State Hospital, she worked with adults diagnosed with severe mental disorders such as schizophrenia, or personality disorders. Although many of these clients were sexual offenders they were often recovering from their own traumatic experiences, including sexual abuse. With the Florida State University Multidisciplinary Center, she worked with children and adolescents in a school setting where a number of her clients were victims of childhood sexual abuse. Nicole also provided art therapy services in the Gadsden Correctional Facility where she worked with incarcerated women who had various criminal charges, and additionally suffered from sexual exploitation, and drug addiction. Through her various clinical experiences Nicole became passionate about populations suffering from sexual abuse, including commercial sexual exploitation. During her graduate school career Nicole continued her own ceramic art working as a pottery instructor. This study utilized her interest and experience with clay work in art therapy to help the population she had become most passionate for, victims of sexual abuse.