

## A case of sexual abuse and art therapy

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### Abstract

This article presents a case study. Sexual abuse greatly affects children's behavior, emotions and way of thinking. One of the most frequent disorders after exposure or experiencing sexual abuse is post-traumatic stress disorder. The assault does not end with the action, the way of experiencing this trauma affects the later life of the child full of long-term negative effects, if it is not intervened at the right time. Harassment or sexual abuse leads also to a weak physical health.

The case of Emma, who was presented to the pediatric emergency room, with numerous physiological complaints, such as; dizziness, severe headache, unconsciousness, vomiting. Specific examinations showed the absence of any possible organic cause. Based on the sessions conducted with the patient, it appears that the girl was sexually abused.

During the clinical conversation, the patient is very withdrawn, isolated and does not want to talk. Appreciating her silence, the use of art therapy was seen as appropriate. Art therapy reached very interesting findings, which were later confirmed by other medical examinations as well as subsequent conversations with the patient.

Art therapy was used to assess her emotional, cognitive and rational state. Its use increased the efficiency of assessment and promoted the definition of treatment objectives.

The girl was asked to draw all the members of her family. Interpretation of drawing when observed for therapeutic purposes.

**Keywords:** Sexual abuse; Art therapy; Emotions; Physiological complaints

### 1. Introduction

**Sexual abuse in childhood** affects children's behavior, emotions and way of thinking. One of the most frequent disorders after exposure or experiencing sexual abuse is post-traumatic stress disorder. In sexually abused children the most frequent symptoms are; flashbacks, intrusive thoughts or images, nightmares, symbolic reminders of the trauma *Diagnostic and statistical manual of mental disorders* (4th ed. rev.) (1994). [1]

#### 1.1. Patient Identification

Emma is 11 years old, the first child of a couple who lives in the suburbs of Tirana, her father is an immigrant, and her mother is a housewife. Emma was presented to the pediatric emergency room, with numerous physiological complaints, such as; dizziness, severe headache, unconsciousness, vomiting.

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Specific examinations were carried out in terms of complaints, and based on them, the absence of physical causes was noted. During the visit made by the doctor, the girl reported strong feelings of shame, agitation and tension, within this reaction the staff was consulted and they agreed that the visit should be performed by a female doctor. During the visit by the other doctor, the girl reacted calmly.

During the routine tests, it was noticed that there was blood in the patient's urine, this fact was not shown by her mother nor was it accepted by her. Three assessment sessions were conducted with the girl, and one with the girl's mother, the first session started with the presence of the mother, this was both the daughter's and the mother's desire, the mother was very authoritative and never took her eyes off the girl. During these minutes, the girl repeated the same phrase: "nothing happened to me" despite the questions asked.

Given the fact that her manner of speaking was poor, fearful, with a constantly changing intonation, and her gaze seeking approval from her mother, she was asked if she could leave the assessment room. The mother left the room and the daughter at every moment sought approval that the mother was not at the door, and could not be convinced that her mother was not there, her attitude was very resistant during the sessions.

Her relationship with her father is almost non-existent, her father comes home only twice throughout the year, once in the summer and the other time for the end of the year holidays, the girl can only describe her father in a general way, when asked regarding the relationship with the father, she answers: he is tall, dark-skinned...good.

The girl has a 5-year-old brother and expresses great feelings of jealousy for him, my mother does not love me, she claims, my life has become extremely difficult since the birth of my brother, then all of a sudden, she whispers the phrase, nothing has happened to me.

The patient was asked to draw her family. The findings provided by the drawing were very interesting, what clearly stood out was that the father and brother were missing their arms. While the mother and Emma herself did not lack arms. The second element that stood out was the mother drawn in a completely different style from what she had. The mother was drawn in a dress, (so she was never dressed according to the mother) and I have never had long hair since after the birth of Emma, she adds.

The case was referred for examination to the gynecologist, and after the visit it was reported that the girl had been sexually abused.

### **1.2. Interpretation of drawing when observed for therapeutic purposes**

The interpretation of the drawing. It is noted that the bottom part of the page was used, according to art therapy, we estimate that the girl has an inability to orientate herself in the environment, worries about relationships and interaction with individuals and the environment.

Painting at the bottom of the page indicates feelings of insecurity, depressive mental state oriented towards the concrete, feelings of hopelessness, powerlessness/inability to act. David Spiegel MD, Cathy Malchiodi (2006) [5]

The background is very poor, sensitivity to stress, the need to master strategies to eliminate stress and anxiety, is not able to regulate self-functioning, cannot structure itself within the environment, the need for support or a place to show herself is expressed. David Spiegel MD, Cathy Malchiodi (2006) [5]

Lack of colors in the drawing helps us to understand that the patient has the inability to exercise self-control, impulsiveness and emotions.

During the time she was drawing, she erased and drew again and again. Redrawing is seen as a threat from the content, the need to draw an image that offers security. From the drawing it can be seen that one of the characters (the brother) is shaded, so we understand that the girl needs comfort, shelter, relocation in a safe and trusted environment. (There are cases when the shading of a part of the figure is also analyzed to consider if the child may have a low intelligence coefficient, this is not the case as the girl was developed within the norms). David Spiegel, Cathy Malchiodi (2006) [5]

### 1.3. Interpretation of the drawing of people included in the picture.

- Small head - characteristics of obsessive-compulsive thinking,
- Smiling face - infantile social behavior, immaturity compared to age.
- Highlighting the hair - in Emma's painting, the hair is highlighted on the mother character... which shows expressions of anxiety, fantasy and preoccupation, the girl was worried all the time that maybe her mother was listening to what she was saying. Judith Aron ( 2005) . [3]
- Eyes - when only one element of the eye is drawn, it is estimated that we are dealing with a rejecting style in the perception of reality, small eyes: a desire to see as little as possible.
- Eyes without the pupil - overuse of regression as a mechanism, abuse.
- Absence of eyelashes -feeling vulnerable.
- Arched eyebrows - disdain, anger with authoritative figures David Spiegel, Cathy Malchiodi( 2006) [5]
- Mouth – Single line for 3 of the characters, the father, brother and the patient herself: tension, staying quite due to perceived threat.
- In the drawing of the mother, the mouth is forgotten, it is evaluated as difficulty in connecting with others, painful experiences in important relationships.
- Ears, in absence - desire to isolate yourself from criticism. All the characters lack the ear element.
- The neck-in all the painted characters, is stretched, which is seen as an indicator of problems with anger management and impulses.
- Shoulders- in all the characters are uneven, it is evaluated as emotional instability.
- The trunk of the body is small - present to all the characters, denial of instincts and desires Susan I. Buchalter ( 2009) . [2]

In fact, the arms in this drawing were the element that I evaluated the most since they were missing only in two of the characters, the father and the brother. The father left home and the child was much younger than the patient, so it was impossible for both of them to help her.

The arms and hands show the power to change the environment, the development of the ego and its power for social adjustment. They are interpreted as organs of relationships, of emotionally based contacts, as symbols of activity, and power of degree of contact with the environment.

The forgotten arms of the two characters show inadequacy, helplessness, separation from others, feelings of guilt.

The mother's arms are open in the picture, which shows that she feels that her mother has lot of power at home. Her arms were folded behind her body, scared stiff of aggressive impulses.

### 1.4. There are no hands, only fingers - childhood aggression

Less than 5 fingers- In the characters where hands are not missing, there are only 3 fingers. Inability of self-help .

All characters have short legs, inability to feel emotions, emotional stagnation, numbness.

The sole of the foot is missing, lack of independence, self-closing. Judith Aron (2005). [3]

### 1.5. Treatment

During the conversations, Emma is very resistant, especially during the first session, she controlled the conversation, she was very shy, very insecure, she expressed her fear that her mother was listening to the conversation from behind the door, regardless of the fact that every question that was addressed to her, her answer was: "nothing happened to me", even when the conversation was: "let's talk about the most beautiful thing that you have experienced in life", then the drawing of the family was used, which led us to some findings that were suspected by evaluating Emma's behavior during the visit by a male doctor, extremely agitated and rejecting. This behavior did not occur when the patient was visited by a female doctor. In subsequent sessions, Emma's physiological symptoms of anxiety were also noticed, such as sweating hands, shortness of breath, dry mouth, signs that she reports have been happening to her for the last three months. John Wiley (2012) [4]

In the third session, Emma showed the ability to rationalize in conversation, she also gained confidence and started talking about what was the most difficult thing for her. The conversation started with the most difficult thing for me is that dad is far away when I need him. When we talked about the need for the father to be close, the patient verbalized

about the sexual assault that had happened to her. Emma added that the aggressor was an acquaintance of her mother. The case was referred to the relevant institutions as well as for continued psychological counseling.

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## 2. Conclusion

In conclusions we can strongly state that this case study shows how post-traumatic stress disorder is one of the most prevalent disorders following exposure to or experience of sexual abuse. The assault does not end with the incident; if it is not addressed at the appropriate time, the child's experience with this trauma will have a lasting negative impact on their later years. A weak physical health is also a result of harassment or sexual abuse. Art therapy helped to understand better the patient's feelings. As in the first therapy sessions the patient was very withdrawn and quiet. The case proves that children can externalize their traumatic event feelings through art therapy, which helps them to not only become aware of their emotions but to also express them safely. Children and others can express their thoughts, ideas, or fears uniquely through art.

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## Compliance with ethical standards

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### *Disclosure of conflict of interest*

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version. Additionally, there are no conflicts of interest in connection with this paper, and the material described is not under publication or consideration for publication elsewhere.

### *Statement of ethical approval*

The present research work does not contain any studies performed on human subjects by any of the authors.

### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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