

**Annette Vaccaro,
ATR-BC, LCSW**

**Indicators of Sexual Abuse
in Artwork of Children**



Summary

- Definition of Sexual Abuse
- Place of Art in Assessment of Sexual Abuse
- Continuum of Sexual Abuse/Trauma Model
- Phases of Child Sexual Abuse
- Indicators of Sexual Abuse in Drawings
- Case Studies
- Where to go for More Information



History

- ❑ Over 100 years ago, Freud wrote about patient reports of sexual abuse by their families in *Studies on Hysteria*
- ❑ 1970s-Sexual Abuse began to be discussed
- ❑ 1974-Child Abuse and Treatment Act
- ❑ 1981-Prevention Programs for children began
- ❑ 1988-The Courage to Heal was published, Bass and Davis



COUNTERTRANSFERENCE

- Anger
- Helplessness
- Sexual Overstimulation
- Resistance and Induced Retraumatization
- Occupational Hazards
 - Burn Out
 - Secondary Trauma

Mandatory Reporting

by Susan K. Smith, Attorney at Law, Hartford & Avon, CT, http://www.smith-lawfirm.com/mandatory_reporting.htm

— Mandatory Reporting Facts —

- All 50 states have passed some form of a mandatory child abuse and neglect reporting law in order to qualify for funding under the [Child Abuse Prevention and Treatment Act \(CAPTA\)\(Jan. 1996 version\)](#), 42 U.S.C. 5101, *et seq.* The Act was originally passed in 1974, has been amended several times and was most recently amended and reauthorized on October 3, 1996, by the Child Abuse Prevention and Treatment and Adoption Act Amendments of 1996 (P.L. 104-235).
 - Mandated reporters are required to report child **abuse or neglect** when there is knowledge of any recent act:
 - Resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation
 - Of a child (usually a person under the age of 18, but a younger age may be specified in cases not involving sexual abuse)
 - By a parent or caretaker who is responsible for the child's welfare
- Sexual abuse** is defined as
- Employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or
 - rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.



FACTS

- ❑ 19-35% of Women and 8-16% of men report a history of sexual abuse
- ❑ Sexual Abuse is not a diagnosis
- ❑ In NJ, the Child Abuse Reports are made to the Division of Youth and Family Services (DYFS) at 800-792-8610
- ❑ Interviewing Skills are essential-see Handbook for Childhood Sexual Abuse-Sgroi

RESULTING TRAUMA

T=Time,

T-1

T

T+1

Before

During

After

Resulting Defenses:

Dissociation, Identification with the Aggressor,
Repetition Compulsion, Turning Against the
Self, Psychosis, Dissociative Identity Disorder,
Somatization, Eating Disorders, Denial



Continuum of Sexual Abuse

Premature Viewing of Sexual Acts

Sexual Name Calling

False Sexual Accusations

Exposure to Nudity, Disrobing, Genital Exposure,
Masturbation

Voyerism

Unwanted Touching

Forced Sex

Hurtful Sex

Rape



SEXUAL ABUSE PHASES

Engagement-STAGE ONE

- Usually the abuser is someone who is known (maybe a relative or a caretaker)
- A Trusting Relationship is Formed
- Extra Attention or Presents may be Given
- The Needs of the Child are Well Known



SEXUAL INTERACTION

STAGE TWO

- ❑ Introduction of Sex as a Game
- ❑ Rewards or Bribes may be Implemented
- ❑ No Threats are usually necessary due to implied Power of Authority
- ❑ Threats may be used when the abuser lacks social skills
- ❑ Progresses from Least Intrusive to Most Intrusive



SECRECY-STAGE THREE

- ❑ Ambivalence within the child
(overwhelmed emotionally but enjoyment of the sexual experience or special role)
- ❑ Threats of implied abandonment, jail or sending away may occur
- ❑ Open Threats of Physical Violence against the Victim, Family Members or Abuser
- ❑ Punishment for Unavailability
- ❑ This Stage could last from a short time to Years (even into Adulthood)



DISCLOSURE STAGE FOUR

- Disclosure could happen **Accidentally**
(observed by a third party, physical injury, sexually transmitted disease is found, pregnancy, recognition of sexual knowledge in a child)
- Disclosure could happen **Purposefully**
(overstimulation, anxiety, need for separation, fear of pregnancy)
- **INCREASED ANXIETY AND CRISIS**





Factors Affecting Drawings

- ❑ Circumstances of Abuse
- ❑ Developmental Level
- ❑ Premorbid Functioning
- ❑ Defenses
- ❑ Phase of Crisis
- ❑ Family Dynamics
- ❑ The Images as a Snapshot of a Moment in Time



Mandated Reporting

- ❑ Therapists are legally obligated to report any suspected cases of abuse or neglect when there is current danger to a child or impaired adult

When becoming aware of a case

- ❑ Report to colleagues and supervisors
- ❑ Talk to an agency liaison
- ❑ Call DYFS or your state organization
- ❑ Keep the child safe at all times



Use of Indicators

- ❑ Primary Indicators are reportable
- ❑ Secondary Indicators are treatable
- ❑ The patients' ego should be supported if abuse is suspected. You may be aware of the abuse before the patient.
- ❑ The patient must feel safe and integrated enough to reveal the abuse
- ❑ Every drawing is unique and expresses the experience for that patient at that moment in time



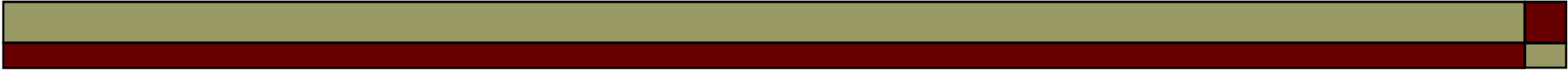
Use of Indicators

- ❑ Human Beings rely on sex to survive and thrive, be cautious
- ❑ It can be difficult to distinguish reality from fantasy
- ❑ Consider various layers of symbolism
Universal, Cultural and Individual
- ❑ Consult a specialist about the use and interpretation of art



Why Art?

- ❑ Indicators may be seen in art before disclosed
- ❑ Art is safe in protecting the fragile ego
- ❑ One may be threatened not to talk about the abuse but may be able to draw it
- ❑ Very young children can draw what they do not have the vocabulary words to express
- ❑ Art provides choices and mastery
- ❑ Art is often a primary language for children



Normal Sexual Behavior of Young Children

- ❑ 0-4 years-exploration of genitals
- ❑ 1-4 Becomes aware of male/female differences
- ❑ 3-4 touching genitals for pleasure when resting
- ❑ 3-4 mutual body exploration in curiosity about similarities and differences
- ❑ 3-4 Use of Profanity in Imitation without knowledge of meanings
- ❑ 3-4 competition with same sex parent for special relationship with the opposite sex parent
- ❑ 5-7 gives up wish for special relationship with the opposite sex parent and identification with the same sex parent



Atypical Sexual Behavior of Children

- ❑ Fear or panic when changing diaper
- ❑ Going Limp
- ❑ Premature Knowledge of genital sexual activity
- ❑ Excessive Masturbation
- ❑ Acting out adult sexual activity in play
- ❑ Fear to be alone with an adult
- ❑ Overt Sexual Behavior towards a parent



Art in Treatment of Sexual Abuse

- ❑ Dairy Writing
- ❑ Ego Supportive Work
- ❑ Family Issues
- ❑ Discharge of Anger and Aggression
- ❑ Safe Directives (Object Oriented, Third Person)
- ❑ Body Image and Body Experiences
- ❑ Re-experiencing trauma will successful outcome
- ❑ Projective Identification



More information

- Annette Vaccaro www.familylife.net,
Vaccaroaj@aol.com
- American Art Therapy Association
- Caldwell College, Graduate Art Therapy
- The Academy of Clinical and Applied Psychoanalysis, Part II, Cases & Treatment
- Open House, May 12, 2009 Resistance is Good? Then why do I feel so bad?



References

- Bruer, J. and Freud, S. (1955) *Studies on Hysteria*. New York: Basic Books
- Burgess, A.W., McCausland, M.P. & Wolbert, W.A. (1981). Children's drawings as indicators of sexual trauma. *Perspectives in Psychiatric Care*. 19(2), 50-57.
- Cohen, F.W. & Phelps, R.E. (1985). Incest Markers in Children's Artwork. *The Arts in Psychotherapy*, (12) 265-283.
- Courtois, C.A. (1998). *Healing the Incest Wound*. New York: W.W. Horton & Company
- Hermann, J.L. (1992). *Trauma and Recovery*. New York: Basic Books.
- Malchoiodi, C. (1990). *Breaking the Silence*. New York: Brunner/Mazel, Inc.
- Manning, T. (1987) Weather Drawings as indicators of abuse. *American Journal of Art Therapy*, (14), 15-24.
- Margolis, B. (1983). The Object-Oriented Question: A Contribution to Treatment Technique. *Modern Psychoanalysis*, VIII: ii, 35-46.
- Sgroi, S.M. (1982). *Handbook of Clinical Intervention in Child Sexual Abuse*. Lexington: Lexington Books.
- Vanderbilt, J. (Fb. 1992) *Incent: A Chilling report: Lears*.



Annette Vaccaro

Annette Vaccaro is a registered and board certified art therapist, a licensed clinical social worker and a nationally certified psychoanalyst. She has a private practice in Livingston, NJ. She is published in the field of modern psychoanalysis. She is adjunct faculty at Caldwell College in the Graduate Art Therapy Program and is conference faculty at the Academy of Clinical and Applied psychoanalysis. She coordinates the Joining Forces program, offering scholarships to inner city workers to apply MP.