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Gina Cestaro

Lesley University, gcestaro@lesley.edu

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Examining the Creative Therapies as a Strategy for Addressing the Trauma of Intimate

Partner Violence: A Literature Review

Capstone Thesis

Lesley University

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Gina Cestaro

Expressive Arts Therapy

Theresa Benson, Ph.D.

Abstract

Thirty percent of all women worldwide will experience intimate partner violence (IPV) in their lifetime (WHO, 2019). IPV is damaging to the body and mind, impacts every area of a woman's life, and frequently results in trauma (Murray, et al., 2017).

The seriousness and prevalence of intimate partner violence clearly warrants research into effective treatments. Consequently, this literature review examines existing arts-based interventions that address the symptomology of trauma and how those interventions could specifically benefit victim-survivors of IPV. Research in neuroscience has shown that memories of a traumatic experience are often stored as disconnected fragments and overwhelming bodily sensations (Sarid & Huss, 2010) which can be difficult to understand or verbalize. Therefore, interventions which offer non-verbal forms of communication, that calm the nervous system and that promote left/right brain integration are essential for trauma recovery (van der Kolk, 2014). The unique characteristics of the creative art therapies have been shown to be particularly well-suited as a treatment for trauma recovery (Henderson, et al., 2007). Art-based interventions can stabilize the nervous system, promote memory integration, help a person make meaning of their experiences (Hass-Cohen, et al., 2018) and offer opportunities for victim-survivors of intimate partner violence to imagine, practice, perform and envision a new life that is no longer defined by abuse and violence.

Examining the Creative Therapies as a Strategy for Addressing the Trauma of Intimate Partner Violence: A Literature Review

Introduction

U.S. domestic violence hotlines receive approximately 20,000 calls each day and significantly more during the holidays (NCADV, 2017); this roughly calculates to an average of 20 women every minute (NCADV, 2017). In the time it will take to read this paper, approximately 700 women, in the U.S. alone, will have experienced violence at the hands of an intimate partner. The World Health Organization identifies violence against women as a major global health crisis (WHO, 2017) that affects people of all races, ages, socioeconomic classes, religions, and sexual orientations (Lockhart & Mitchell, 2010). Similarly, it impacts local communities, social services, physical and mental health services, and the court and legal systems (Max, et al., 2004).

The terminology used to refer to the pattern of physical, mental and sexual control and violence that is perpetrated against women by an intimate partner, has changed over the years (Lockhart & Mitchell, 2010). Currently the terms “domestic violence,” “domestic abuse,” and “intimate partner violence,” are used interchangeably (Danis & Bhandari, 2010). Regardless, all terms refer to: spouses, former spouses, girl/boyfriends, or former girl/boyfriends; and includes lesbian, gay, bisexual and transgender partners; including relationships in which the partners do not co-habitat (NCADV, 2017). Throughout this paper, “intimate partner violence” and IPV will be used when referring to any of the types of abuse, control and violence that is categorized as “domestic violence” or “domestic abuse” in other contexts.

Intimate partner violence causes significant trauma which often results in serious physical, mental, and sexual health issues with a high potential for permanent impairment including an increased potential for death by suicide (WHO, 2017).

According to the National Domestic Violence Hotline web site (2020), intimate partner violence is defined as “a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship” (para. 1). These behaviors are often cyclical, occur repeatedly, increase in severity over the course of the relationship (Malchiodi & Miller, 2011) and include any physical, sexual, emotional, psychological or financial acts that are used to control, manipulate, harm, or dominate the other partner (A.M.A., 2009). The behaviors that constitute intimate partner violence can be categorized into physical, psychological, sexual and economic.

Examples of physical abuse can include hitting, punching, kicking, tripping, biting, or twisting arms; throwing or pushing a person out of a car; throwing or causing a person to fall down stairs; strangling, burning with a cigarette, threatening with weapons such as a gun, knife, baseball bat or crow bar; withholding or denying food or water; binding, gagging, locking in a room, refusing to let a person leave the home.

Examples of psychological abuse can include degrading, demeaning, or humiliating a person in private, in public or on social media; convincing a person that they “asked for it,” like or want the abuse, are at fault, or that they are crazy; isolating a person from family, friends, co-workers, or religious community; undermining a person’s self-confidence and self-worth; stalking in person, and/or through phone, text, or social media; threatening to harm or take the children away; forcing a person to beg, or plead; controlling what a person watches, reads, listens to or what they can wear.

Examples of sexual abuse can include any forced non-consensual sex acts; all sexual acts while a person is sleeping, unconscious, drunk, drugged or otherwise impaired; harassing a person until they relent; threatening to harm the person, their children, or others, if the person does not comply.

Examples of economic abuse can include controlling or limiting access to funds; not allowing a person to work; not allowing a person to have a bank account in their name, or to have their names on any assets, intentionally damaging a person's credit.

The importance of understanding the complex nature of intimate partner violence, its impact on individuals and society, and of having accurate information about its prevalence cannot be overstated. Societal attitudes, beliefs about, and perceptions of intimate partner violence have a considerable impact on laws and public policy (Policastro & Payne, 2013), yet among the general public, lawmakers, government officials and the criminal and courts systems there is still a limited understanding of intimate partner violence and its prevalence in society (Policastro & Payne, 2013). A study conducted in 2013 (WHO) revealed that intimate partner violence is the most common form of violence worldwide (WHO, 2019). Globally, 30% of all women will experience intimate partner violence in their lifetime (WHO, 2019) and in the U.S., intimate partner violence makes up 15% of all violent crimes (NCADV, 2017). Intimate partner sexual assault is the most common type of sexual assault. As high as 25% of women will be sexually assaulted by an intimate partner, while up to 45% of all women in existing abusive relationships will be sexually assaulted multiple times (NCADV, 2017). Thirty-eight percent of women who are killed worldwide are killed by a current or former intimate partner (WHO, 2019) with U.S. statistics only slightly lower at 33% (NCADV, 2017). Seventy-two percent of all murder-suicides are IPV-related but in 94% of those incidents the murder victim is a woman (NCADV,

2017). Seventy-six percent of women who are murdered, and 85% who survive a murder attempt, were stalked by someone they know beforehand (NCADV, 2017).

Intimate partner violence is damaging to the body and mind and adversely impacts every sphere of a woman's life (Karakurt, et al., 2017). Women who have experienced IPV have reported a wide range of physical injuries and presented with an array of medical and mental health conditions including acute injuries such as broken and fractured bones, burns, and cuts, as well as chronic health conditions such as cardiovascular problems, gastrointestinal disorders, neurological disorders and gynecological disorders (Karakurt, et al., 2017). In addition to the physical consequences, intimate partner violence also causes significant psychological damage (Danis & Bhandari, 2010). Many of the most common mental health symptoms exhibited by women who have experienced intimate partner violence are linked to the symptomology of trauma and posttraumatic stress disorder (Murray, et al., 2017). According to the National Coalition Against Domestic Violence (2017), 70% of women who've experienced psychological abuse exhibit symptoms of PTSD including hypervigilance, sleep disturbances, difficulty concentrating, distressful memories or flashbacks, heightened startle response, dissociation from self and environment and a diminished capacity to experience positive feelings. Based on the pervasiveness and scope of violence in the U.S., it is widely acknowledged that human service professionals will encounter trauma victim-survivors on a regular basis (Huntington, et al., 2005). When service providers adopt a trauma-informed approach they can increase the likelihood of service users having a positive engagement with service providers (APA, 2019) and, ideally, decrease instances of trauma victims being misdiagnosed, and/or receiving ineffective treatments (Huntington, et al., 2005).

Understanding Trauma & Trauma Recovery

Trauma is more than a term that describes an event or even the psychological response to that event. According to van der Kolk (2014), trauma is also defined by how it engraves itself on the mind, brain and body of those who have experienced it. In his research he found that trauma changes the way the body processes stimuli and how the brain manages perceptions. These changes in the body and mind adversely influence the capacity to think and to engage with others and the environment (van der Kolk, 2014). Even without any direct harm to the body, trauma has a psychophysical impact on the person (Sarid & Huss, 2010) and research has demonstrated that psychological abuse, with or without physical abuse, is more damaging and has longer term negative effects than physical abuse alone (NCADV, 2017).

Advancements in neuroscience have furthered our understanding of the impact of trauma on the brain (Crenshaw, 2006). Neuroimaging scans have shown that when people are asked to recall traumatic experiences the left-hemispheres, associated with language and rational thought, shut down while the right-hemisphere, associated with emotional states and the arousal of the nervous system, lights up (Crenshaw, 2006). This can result in memories of the traumatic event being stored in non-linear narrative fragments (Gantt & Tinnin, 2009) which are often experienced by the person as overwhelming bodily sensations, images, smells, and sounds (Sarid & Huss, 2010) that are often difficult to verbalize or understand on a conscious level (van der Kolk, 2014).

Based on the neurological evidence that demonstrates the impact of trauma on the brain, reconnecting the communication between the left and right brain is a prerequisite for full recovery (Gantt & Tinnin, 2009). In order to rebalance the left

brain/right brain connection, researchers, such as Bessel van der Kolk (2003), have identified the following essential issues that should be included in trauma treatment: creating a sense of safety, promoting emotional regulation, resetting the nervous system, learning self-soothing tools, developing insight, practicing acceptance of what happened, gaining mastery experiences, repairing the sense of self and increasing self-efficacy (Crenshaw, 2006).

The creative arts therapies are based on the fundamental premise that creative processes can be utilized in therapeutic contexts to promote insight, express difficult emotions, and nurture self-expression (Ikonomopoulos, et al., 2017). Moreover, the therapeutic use of the visual arts, music, dance/movement, drama and writing can provide safe spaces to develop tolerance for the seemingly intolerable effects of trauma and, ultimately, prompt the recalibration of the mind/body connection (Hinz, 2009). Subsequently, the focus of the arts therapies is not on creating a series of masterpieces, nor is it to gain expertise or proficiency in any art process (Murray, et al., 2017) Rather, the art therapies are healing mechanisms that are especially beneficial in situations where it is difficult for people to verbalize their thoughts, understand their feelings, tolerate physical sensations and for those seeking relief from the devastating effects of trauma (Malchiodi, 2011).

As early as the 1940's therapists began to speak and write about engaging creative processes in which the art making was positioned as the central treatment modality rather than an adjunct to it (Vick, 2011). Today the creative art therapies can be found in every type of clinical and community-based settings, is adaptable to both individual and group sessions and is used across the life span (Malchiodi, 2011).

Literature Review

Purpose of the Review

The purpose of this review is to examine existing research that utilizes arts-based interventions to address trauma in female victim-survivors of intimate partner violence. Due to the small sample of studies that could be accessed for this review that addressed all three topics in a single study (i.e. art therapies, IPV and trauma) the literature review was expanded to also include studies that engaged the arts to address trauma separate from the trauma specifically associated with intimate partner violence. Although IPV is experienced by both women and men, women are disproportionately impacted by this type of violence (NCADV, 2017). For that reason, this literature review is limited to studies focused on women.

Search Strategy

A systematic review of articles that focused on the creative therapies as a treatment for trauma and the trauma of intimate partner violence was conducted using the Lesley University library electronic database; followed by a hand search of the reference sections of peer-reviewed articles and the bibliographies of relevant books. Lastly, a general web search was conducted. Searches were conducted using combinations of the following key words: intimate partner violence, domestic violence, domestic abuse, interpersonal violence, trauma, trauma-informed care, trauma-informed approaches, art, art therapies, creative therapies, expressive therapies, art therapy, drama, drama therapy, psychodrama, dance, dance/movement therapy, music, music therapy, and expressive art therapy.

Eligibility Criteria and Selection

In order to be included in the review a study had to have taken place in the U.S., include an art modality as a primary intervention and include adult women. The

study could be focused on intimate partner violence, or trauma, or a combination of both. Studies that were intentionally focused on a single racial or ethnic group, a specific geographic location, incarcerated women, women in psychiatric facilities, women with co-occurring disorders or a specific socioeconomic status were excluded, as were studies focused only on children, adolescents, teenagers, men, families, and mother and child relationships. Studies that were intentionally focused exclusively on non IPV-related specific (i.e., trauma due to combat or a natural disaster) were excluded. Individual art modalities were included if a minimum of two studies could be accessed that directly addresses intimate partner violence or trauma using that modality.

The Research Studies

Art Therapy

In 2004, researcher Pizarro designed a study to compare writing and drawing as tools for processing trauma. The purpose of the study was to explore the efficacy of both modalities to determine, if possible, which one yielded more positive results. Pizarro had three hypotheses, (1) that the writing group and the drawing group would produce significantly better results than the control group; (2) participants in the writing and drawings groups would exhibit an increase in negative mood during and directly after the study; (3) participants in both the drawing group and the control group would report a more enjoyable experience, would be more willing to continue in therapy and would be more likely to recommend the treatment to a friend than participants in the writing group.

Forty-one undergraduate students completed the study. The study was conducted over two one-hour sessions with a follow-up at one month. The writing and drawing groups were given the same instruction to use both sessions to write/draw

about a traumatic or stressful event. They were encouraged to delve deeply into the memory and write/draw about their emotions and thoughts. All participants received a blank journal, and pens. The drawing group and control group also received basic drawing supplies.

The results of the study showed that participants in both the art group and the control group reported significantly higher overall satisfaction than the writing group. However, no measurable change in social function was exhibited in either the art or control groups. Participants in the writing group demonstrated a decrease in social dysfunction but reported the greatest amount of negative affect. Participants in the writing group also found the experience less enjoyable, were less likely to continue with therapy and were less likely to recommend the treatment. Lastly, participants in the writing group felt more stress and were less likely to share the experience.

In another art therapy study, Henderson, Rosen, and Mascaro (2007) designed a study focused specifically on mandalas as a method for disclosing, and processing a trauma experience. The purpose of the study was to examine the use of mandalas to improve physical and mental health through symbolic organization and integration of the trauma experience. Henderson and colleagues hypothesized that: (1) engaging the formal structure of a mandala would provide a framework for integrating and organizing complex cognitive and emotional information; (2) drawing the mandala would increase a sense of personal meaning and provide a safe method of therapeutic disclosure; (3) that participants in the mandala drawing group would exhibit a significant increase in overall mental and physical health and well-being in both the short and long-term. In particular, that the participants in the mandala drawing group would report a decrease in depression, anxiety, other symptoms of trauma and occurrences of physical health problems; and lastly that (4) participants in the

mandala drawing group would report an increase in spiritual meaning attributed to the trauma experience.

Thirty-six undergraduate students from an introduction to psychology course completed the study. The study was conducted over three consecutive days with 20 minutes to complete the art intervention each day. Participants were given paper pencils and crayons. In the mandala drawing group participants were asked to use the three days to draw a circle on the paper and then fill that circle with symbolic representations of their feelings and thoughts about their traumatic experience. They were specifically asked to not incorporate words and were encouraged to use shapes, colors, patterns and designed symbolically.

The results of the study showed that at the one-month follow-up participants in the mandala drawing group reported that they were experiencing fewer symptoms of trauma than were reported by the participants in the control group.

In a pilot evaluation study of the *See the Triumph Healing Arts Workshop* program, Murray, Spencer, Stickl, and Crowe (2017) evaluated the efficacy of an arts-based workshop model they designed to address the trauma associated with intimate partner and sexual violence. Through collecting feedback from the participants they hoped to develop a workshop that could be used in multiple community settings and that can be adapted to the needs of victim-survivors of other types of trauma.

A total of twenty-two participants were recruited from a community agency, a university and an IPV shelter. The study was conducted in three different workshops, one at each of the locations where participants had been recruited. Depending on the setting, the workshop included one to four sessions, lasting between 90 to 120 minutes with the art intervention lasting 30 to 60 minutes. Group size ranged from three to ten participants. The four art interventions included in the workshop were: (1)

exploring possible dissonance between inner feelings and external expression through mask-making; (2) exploring strengths and challenges through drawing; (3) exploring finding healing and repair through putting a broken clay pot back together and painting it; (4) open exploration through creative journaling.

The results of the study showed that participants overall had a high level of satisfaction in the program and that the experience was enjoyable, positive and relaxing. They also reported a perception in personal growth and an increased ability to express emotion. Several themes were identified by the researchers including the value participants placed on being able to tell their stories through non-verbal forms of communication; the value of using the art specifically to release emotions and show them how far they have come in their journey; and lastly, the value of using the arts to help identify strengths.

In an art therapy study specifically for victim-survivors of intimate partner violence, Ikonopoulus, Cavazos-Vela, Sanchez, Schmidts and Cathings (2017) examined the efficacy of several arts-based treatments to increase resiliency while also decreasing the emotional and physical symptoms associated with intimate partner violence.

The study included three participants recruited from an out-patient community counseling clinic that provides services for victim-survivors of both intimate partner violence and sexual violence. The study was conducted over 13 weeks and included six to nine individual art therapy sessions. The sessions were delivered by a certified creative journal arts therapist. Interventions included: (1) meeting your inner child through non-dominant hand drawings; (2) embracing your vulnerable child through scribble/doodle drawing and clay sculpting; (3) accepting your angry child through

water color painting; (4) breath meditation, creative movement and letter writing; (5) developing personal wellness through drawing, mask-making and collage-making.

Results of the study showed that the creative journal arts therapy interventions seemed to reduce the overall mental health symptoms of the participants, as well as improve their resiliency. Several dimensions seemed to show improvement over the course of the study including resiliency, symptom distress, and interpersonal relations. Additionally, the therapist observed that the art interventions seems to help participant's express emotions, explore new meanings for their experiences and allow them to develop their valuation of themselves.

In a multi-modal art and writing therapy study, Hass-Cohen, Bokoch, Findlay, and Witting (2018) designed interventions to address trauma and resiliency through drawing, writing and mindfulness exercises. The purpose of the study was to examine the efficacy of a specific four-drawing protocol for coping with trauma experiences. Hass-Cohen and colleagues hypothesized several results: (1) a decrease in the overall adverse effects of the traumatic event, including sadness, grief, depression, anxiety); (2) a decrease in pain endorsements and in pain ratings; (3) an increase in resiliency-based resources; (4) an increase in the participant's meaning-making; (5) an increase in posttraumatic growth cognition; (6) and lastly, an increase in the participant's perception of relational security.

Thirty-one graduate students from a couples and family therapy university program completed the study. The study was conducted in a single 90 to 120 minute session. The four-drawing protocol includes the following: (Drawing 1) Represent the problem; (Drawing 2) self-portrait; (Drawing 3) depiction of internal and external resources that helped with the problem; (Drawing 4) self-portrait- draw yourself as you see yourself now. After each drawing was complete they were asked to write a title for

the drawing and to write a brief story about it. Participants had an opportunity to share their drawings, titles and stories with the group.

The results of the study showed that participation in the four-drawing protocol seemed to decrease the negative effect of the trauma directly following the treatment and at the follow-ups. Participants had also reported changes in pain endorsement directly following the treatment and at follow-up. Lastly, the activity was generally rated by the participants as a positive influence on the changes they perceived in themselves before and after the treatment.

Dance/Movement Therapy

In a dance/movement therapy phenomenological research study Leseho and Maxwell (2010) sought to understand how women created meaning and how those meanings were assigned to various phenomena. In particular, they were interested in how women assigned meaning to dance and creative movement and how dance and movement were used as strategies for growth and healing.

Twenty-nine women from dance, creative movement, dance and spiritual retreats completed the study. The study was conducted at varied intervals over two years and consisted of a single interview lasting between 30 to 60 minutes. The interview consisted of the single open-ended inquiry, “I am interested in the resiliency of the human spirit. Tell me a story of how your participation in creative movement has contributed to your survival and growth” (p. 20).

When the interviews were analyzed, the researchers discovered three themes which repeatedly emerged: (1) empowerment through reclaiming their bodies and their own definition of female-ness; (2) transformation and healing through letting go, expressing emotions, building coping strategies and finding a grounding sense of

presence; and (3) connection to the spirit through accessing the core of one's essence and acknowledging one's connection to spirit as defined by each woman.

In another dance/movement therapy study Levine, Land and Lizano (2005) explored the perceptions and perspectives of dance/movement therapists who had years of experience working with female trauma victim-survivors. The purpose of the study was to gather information from DMT's in order to develop a manual of interventions that could be used by social workers.

Fifteen certified dance/movement therapists completed the study. The majority of the participants had worked as D/MT's for more than 20 years and had substantial experience working with victim-survivors of trauma in a variety of contexts. The study was conducted over a month and consisted of a single phone interview that lasted 30 to 75 minutes. The interview was semi-structured utilizing both guided and open-ended questions which prompted the participants to explore the complexity of trauma-informed approaches in the context of DMT. The participants were provided opportunities to explore the study questions both conceptually and concretely. The interview included questions about the overall effectiveness of engaging the body therapeutically, the elements of DMT that were most/least effective for victim-survivors of trauma, and the populations that seem to have benefited most from this type of therapy.

Through analysis of the interviews the following themes emerged: (1) sessions work best with a clear beginning, middle and end with the middle building on the beginning and the end including verbal processing; (2) group work tended to be more effective than individual sessions; (3) integrating the use of music and props helps guide the movement and can assist with working with metaphor; (4) guided movement exercises such as mirroring and grounding activities can create an awareness of the

location of stored trauma; and (5) that DMT can promote empowerment, trust, self-care and an overall awareness of embodied sensations.

Music Therapy

Researchers Whipple and Lindsey (1999) designed a group music therapy program for residents of an IPV shelter. The study had the dual purpose of investigating the efficacy of music therapy with this population while at the same time developing a detailed group music therapy curriculum that could be shared with other music therapists. The purpose of the interventions was to improve communication skills, teach coping skills, and provide opportunities to increase self-esteem, self-awareness and social interactions, as well as providing opportunities for self-expressions.

Fifteen participants were recruited from the residential facility in which the study took place. The program was conducted over eight weekly one-hour drop-in sessions. Group sizes ranged from one to five participants; therefore, the composition of the group varied each week. The groups were co-facilitated by two music therapists. The program curriculum included activities such as: lyric analysis, sing-a-longs, muscle relaxation techniques, discussion of relevant topics, listening to music, writing songs for each other, drawing to music, playing simple instruments, goal worksheets, guided imagery to music and group improvisation with song-writing and/or with instruments.

The results of the study were based on a combination of mean scores derived from questionnaires, and from facilitator observations with an emphasis on facilitator observation. Overall the facilitators found that the interventions were effective in addressing the stated goals of the study. In particular, they observed an immediate positive affect directly after group singing. They also noted an increase in positive

socialization and communication, especially after writing and sharing songs about each other. Staff at the residential facility noted positive effects and identified music therapy as something that could be beneficial to all residents.

In another group music therapy study designed specifically for victim-survivors of IPV, Teague, Hahna, and Mckinney (2006) investigated the efficacy of music therapy to improve the mental and physical health and well-being of female victim-survivors of intimate partner violence. The researchers hypothesized that participants would report a decrease in the symptoms of depression and anxiety and an increase in self-esteem.

Seven participants from a residential IPV shelter completed the study. The study was conducted over three months with a total of six sessions, each lasting about 60 to 90 minutes. The groups were facilitated by a board-certified music therapist. The group interventions included activities such as lyric analysis, group singing, group song-writing, working with clay, drawing, relaxation breath work to music, group improvisation and discussion of relevant topics. Discussion topics included leaving the abuser, preparing to leave, the difficult choice to leave, children, and sexuality. The participants were encouraged to use the interventions between sessions and were provided with the resources to do so.

The results of the study showed that there was no significant effect on self-esteem, a marginal effect on the women's perceived level of anxiety but a significant decrease in depression. The follow-up survey showed that the women felt that the combination of music and visual arts was the most helpful, while free-writing and drawing were the least helpful. Overall, women reported that the experience had been positive and enjoyable.

Photography as a Therapeutic Process

Frohman (2005) designed a multi-phase photography project which provided women who had experienced intimate partner violence the opportunity to use photography and narrative to explore their experiences of IPV in a supportive group setting. The overall purpose of the project was to examine the meaning of safety from the perspective of the participants' lived experience. The project was comprised of three primary phases and five goals. Phase one of the project included the opportunity, through photography and narrative, for participants to explore their personal experience with intimate partner violence with the goals of self-exploration and creation of visual representation of IPV. Phase two of the project included community outreach, education and advocacy through public exhibitions of the photographs and narrative with the goals of empowerment, education and advocacy. Phase three of the project included participatory research with the goal to add to the knowledge base concerning intimate partner violence. Every phase was designed to provide the participants with control and flexibility that centered them as the primary source of knowledge and expertise rather than the researchers.

A total of forty-two participants recruited from a collaborating IPV agency completed the study. The study was conducted over five weeks¹ with weekly group sessions. The participants were provided with disposable cameras and asked to take a minimum of five to seven photographs each week that focused on the people, places and objects that represent for them the continuums of comfort-discomfort, happiness-sadness, safety-danger, security-vulnerability, serenity-anxiety, protection-exposure, strengths-weaknesses, and love-hate. During the weekly group sessions, the women

¹ Five weeks was the duration of the intervention and research. Frohman continued to stay in contact with the participants throughout the duration of the public exhibitions. Altogether the project lasted several months.

would share and discuss their photographs. At the conclusion of the fifth week an in-depth life history interview was conducted. The interview was focused on the woman's perception of the violence in her life and her strategies for keeping herself (and in some cases her children) safe.

At the end of the project the participants shared overall positive experiences with the project. Comments by the participants throughout the project led Frohman to conclude that the goals of self-exploration, creation of visual representation of IPV, empowerment, education and advocacy were met on a continuum of success.

In a similar photography research study, Haymore, Morgan, Murray, Strack, Trivette and Smith (2012) examined the efficacy of PhotoVoice² as a tool specifically for empowering victim-survivors of intimate partner violence.

Five participants recruited from a collaborating IPV agency completed the study. The study was conducted over a ten-week period with five bi-weekly sessions lasting approximately two hours each. At the start of the study participants received cameras and a journal. The primary instruction was to take photographs of the factors, (personal, family and community), that they felt best described their experience of intimate partner violence. In addition to the photographs, participants were asked to use the journal to respond to open-ended questions designed to elicit reflection and guide, but not control, their writing. The journal included questions such as, "Why are these pictures important to you and what do they mean to you?"; and "What can these picture tell or teach others about intimate partner violence?" During the bi-weekly group meetings women shared and discussed their photographs. The research project was concluded with a 45-minutes focus group that was designed

² PhotoVoice is a community social action project based in the U.K. that uses native-generated photographs produced by marginalized and historically oppressed peoples to foster positive social change (PhotoVoice, 2019.)

to collect the participants' general impressions as well as suggestions for future PhotoVoice projects.

The participants in the PhotoVoice study reported having an overall positive experience. They agreed that the project had provided them with a safe way to creatively explore their experiences of abuse. Further, they shared that the supportive environment and the subsequent social support they received was especially meaningful to them. The participants felt that the project could have been longer, that having access to a digital journal, rather than hand writing the narratives, would have allowed for more written reflection, integrating a confidential way to share the photographs in-between groups would have deepened conversation during group sessions and would have been a support outside of group. Lastly, participants shared that they would have liked the opportunity to focus on the process of healing from the abuse, and what their lives are like now, rather than only focusing on the history of abuse.

Writing as a Therapeutic Process

Researchers Park and Blumberg (2002) explored the use of writing as a strategy for creating meaning out of traumatic experiences. The purpose of the study was to assess the extent to which writing about one's trauma would change one's perspective on the situational meaning of the event. Additionally, they were interested in assessing changes in a person's global beliefs. The researchers had three hypotheses: (1) writing about the trauma would positively change a person's perception of both the situational meaning and their global beliefs; (2) the need to cognitively process the trauma would be reduced over time; (3) these changes would translate to better physical and psychological health.

Fifty-seven students from an introductory psychology course completed the study. The study was conducted over four days in one-hour time slots. Participants were assigned to the trauma-writing group or a control group. Participants in the trauma-writing group were instructed to use the four days to write about a single traumatic experience in their life with a focus on their thoughts and feelings rather than the specific details of the event.

The results of the study seem to support changes in a person's perception of the traumatic event. In the trauma-writing group perceptions of increased control, understanding, resolution/acceptance, congruency and an overall increase in emotional health were all reported. At follow-up, the trauma-writing group rated the traumatic event as less central to their life and as less stressful overall. Additionally, by follow-up participants in the trauma-writing group believed they were making fewer attempts at meaning making which resulted in lower intrusion and avoidance scores.

In a similar writing study, Ulrich and Lutgendorf (2002) examined the efficacy of writing that also integrated the cognitive and emotional as a strategy that can contribute to overall health and well-being. The researchers hypothesized that participants in the treatment group would report multiple positive psychological and physiological benefits from writing about their trauma such as increased physical health and an increased awareness of the traumatic/stressful event as having contributed positively to their lives.

One hundred and twenty-two students from an undergraduate psychology course completed the study. The study was conducted over the period of one month and all writing was completed at home. Participants were assigned to a treatment group or a control group and were given a journal. All participants were directed to write at least once a week for at least ten minutes following the guidelines for their

assigned group. The emotional writing group was asked to use the month to write about their deepest feelings about a single traumatic or stressful event in their lives. The emotional and cognitive writing group was asked the same but with the additional directive to include their thoughts on several processes: meaning-making, coping strategies, and changes in perception over time.

The results of the study showed that participants in the emotional and cognitive writing groups reported an increase in positive growth from trauma. Neither the emotional writing group, nor the control group reported these same changes.

Researching poetry as an intervention, Dubrasky, Sorenesen, Donovan and Corser (2019) designed a study that included reading, analyzing and writing poetry with victim-survivors of intimate partner violence. The purpose of the study was to examine the efficacy of a specific poetry curriculum that can be shared as a model for other support groups.

An undisclosed number of participants from an IPV agency completed the study. The study was conducted over five weeks and included five two-hour weekly sessions. Poems were selected for the curriculum that were meant to elicit an awareness of personal strengths with an intentional focus on female poets that wrote about belonging and connection. The basic elements of the curriculum included reading, analyzing and existing poetry, writing poetry individually and writing group poems. During the study the participants were also in a mandatory psychoeducational support group at the agency that was not part of the study.

The results of the study showed that reading, discussing and writing poetry provided participants with another strategy for healing from the violence of the abuse they experienced. Although no control group was used, the therapist personally observed that the participants in the poetry group seemed to express increased levels

of self-esteem, social skills, and behavior management over participants in a traditional group therapy. Similarly, despite the fact that the support group was not part of the study, the facilitators observed that the poetry group and support group increased the efficacy of each. Lastly, the poetry group seemed to promote social interactions and provided opportunities for trust building.

Discussion

The efficacy of engaging the therapeutic potential of the visual arts has been recognized for decades. Art therapy has long been acknowledged as a vital component in treating multiple mental health issues including trauma (Green, 2011). Through providing alternative means to communicate beyond verbal expression, art therapy interventions offer safe containers to hold and express emotion, methods to process painful emotions and sensations, and opportunities to envision hopes and goals for the future (Murray, et al, 2017).

The very act of engaging with the arts has been shown to reduce anxiety and increase tolerance for distressing thoughts (Malchiodi, 2011). This is supported by the findings in all four art therapy studies included in this review. For instance, Murray and colleagues (2017) found that art interventions were effective in releasing distressing emotions, while Henderson and colleagues (2007) found that participants experienced fewer trauma-related symptoms, such as depression and anxiety. Likewise, study participants in the Hass-Cohen (2018) also reported a decrease in trauma effect, citing the art activity as a positive contributor to their new perception of the trauma event.

For many victim survivors of IPV, speaking about the abuse may be too difficult, especially in the early days of recovery, and if pushed to speak about the

trauma can be retraumatizing (Van der Kolk, 2014). Henderson (2007), Murray (2017), and Ikonomopoulos (2017) all found that art interventions are particularly effective in providing non-verbal modes of communication that can be used as strategies to safely access and express distressing thoughts and memories. Participants in the respective studies reported that the art interventions allowed them to express difficult stories, rediscover emotions, and explore alternative meanings through visual symbols and metaphors.

Supporting an increase in a victim-survivor's self-efficacy is a needed, but often over-looked, component of recovery (Wilson, et al., 2015). At some point in a person's recovery they face the task of creating a new future for themselves (Green, 2011) in which the trauma no longer defines them (van der Kolk, 2014). Participants in the Murray (2017) study reported that the art interventions helped them identify their strengths, and showed them how far they have come since leaving the abusive relationship. While in the Ikonomopoulos (2017) study, participants reported improvements in interpersonal relationship and self-esteem, as well as an overall increase in resiliency.

Dance/movement therapy (DMT) has been in use since the 1940's and there is an abundance of conceptual and phenomenological literature that speaks to its effectiveness (Levine, et al., 2015). Both of the DMT studies included in this literature review explored emerging themes through the content analysis of semi-structured interviews. Researchers Levine and colleagues (2015) conducted interviews with dance/movement therapists who employed movement as a tool for recovery and as a strategy for working with women with a diagnosis of PTSD; while researchers Leseho and Maxwell (2010) interviewed women who had a long-term positive relationship with movement as a healing and coping strategy.

Dance/Movement Therapy (DMT) focuses primarily on bodily sensations and experiences (Dieterich-Hartwell, 2017) expressed through movement. DMT is premised on the belief that “the body reflects the mind and the mind reflects the body, and that in working with the body-mind, we affect both” (Leseho & Maxwell, 2010, p. 18). The importance of the re-integration of the mind/body connection in individuals who have experienced intimate partner violence almost cannot be overemphasized. Participants in the Leseho and Maxwell (2010) study shared how engaging in creative movement allowed them to reclaim their connection to their bodies and with a sense of wholeness. Likewise, the dance/movement therapists in the Levine (2015) study spoke about engaging the power of metaphor to guide movement which can ultimately promote the reintegration of the mind/body connection.

The starting point in Dance/Movement Therapy is simply getting the body to move (Levine, et al., 2015). Through physical movement victim-survivors of intimate partner violence can begin to understand how their bodies have responded to the abuse and violence. As the body moves and awakens so follows the mind, the two, body/mind, awaken together (Levine, et al., 2015). Leseho and Maxwell (2010) found that creative movement can promote a sense of being grounded in one’s body which further promoted a sense of congruency with thoughts, emotions, and the felt embodied sense. This is especially important for victim-survivors of intimate partner violence who often have trouble identifying, naming and sensing emotions in the body. Leseho and Maxwell (2010) also found that creative movement can cause changes in emotional states leading to transformation. Subsequently, Levine and colleagues (2015) found that integrating verbal processing, props, and music can enhance this transformative process.

Movements need not be grand, beautiful, nor “dancerly” for DMT to be effective. The simplest, most accessible, every day movements, like a hand gesture, can provoke a meaningful response and connect to profound emotional experiences. In the Levine (2015) study, dance/movement therapist shared that in their experience movement can create an awareness of where trauma has been stored in the body, as well as providing the method for releasing that trauma safely. This is particularly important for victim-survivors of IPV who may struggle to integrate fragmented memories and unidentifiable bodily sensations.

Although music therapy is offered in both individual and group sessions, it is one of the art modalities that is particularly suited to group work; and group treatments have been shown to be especially effective with women who have experienced intimate partner violence (Teague, et al., 2006). Therapeutic and non-clinical support groups promote peer interaction to encourage appropriate assertiveness and self-determination, rebuild the ability to trust, and can create new social support networks (Teague, et al., 2006). In music therapy healing is promoted through the relationship between the therapist and client, as well as between clients in group settings through sharing a musical experience (Green, 2011). This dynamic process that occurs between individuals is described by Sutton & De Baker (2009) as a *form-giving exchange*. Group music therapy offers multiple opportunities to develop and nurture *form-giving exchanges* through simple, but powerful, experiences such as group singing and playing instruments together. The Teague (2006) study included several interventions that addressed the multiple elements of peer interaction. Most notably, the researchers spontaneously incorporated an intervention that provided the opportunity for the participants to write and record a song for a group member that was in the hospital while the Whipple and Lindsey (2010) study included an

intervention that provided the opportunity for women to write songs about each other focused on strengths and positive characteristics.

Music, like verbal language, is a symbolic system for communication and meaning making. However, unlike speech, music can go beyond, and under words, creating a direct access to embodied felt sense (Sutton & De Backer, 2009). For instance, Whipple and Lindsey (1999) engaged the symbolic nonverbal ability of music with an intervention using simple instruments that allowed women to explore the “sound” of freedom. Music therapy has also been effectively used to treat several symptoms which are frequently found in women who have experienced intimate partner violence, such as depression, anxiety and social isolation. Researchers in both studies noted significant decreases in symptoms of depression and participants in the Whipple and Lindsey study (1999) identified group singing as having an immediate positive impact on their moods. The studies also showed that engaging in group music therapy can increase self-esteem, emotional regulation, coping strategies, emotional awareness, problem solving skills.

What we photograph, why we photographed it, and how we narrate that photograph express what we find significant in our environment and in our relationships (Frohman, 2005). In the last several decades, visual anthropologists and sociologists have provided research participants with cameras and asked them to capture what they believe to be the most significant aspects of their lives. These images are referred to as “native-generated” and this methodology empowers individuals to direct their gaze towards what they find most significant in their lives (Frohman, 2005). Correspondingly, photo-elicitation³ empowers individuals to give voice

³ Photo-elicitation is an ethnographic method in which a person is showed a photograph of themselves, their community or environment and asked to share their perspective (Frohman, 2005).

to their experiences while simultaneously acknowledging the validity of those experiences (Frohman, 2005).

The therapeutic use of photography and narration are the foundation for both the Frohman (2005) and the Haymore (2012) studies. Both studies included photographs and written, or verbalized, narration as the primary intervention which provided women with multiple opportunities to reflect on their experiences of intimate partner violence in a supportive setting. The researchers found that narrating photographs, especially native-generated, promotes healing through self-reflection, self-understanding and meaning-making.

Restoring choice and taking back control and power in their lives is an important process in recovering from intimate partner violence, (Wilson, et al., 2015). In both studies women were able to use photography in these studies as a creative means to tell, and retell their stories, to define and control the narratives of their lives. Moreover, the participants, not the researchers, controlled what was photographed, which photographs would be included in the data analysis and, in the case of the Frohman (2005) study, which would be included in the public exhibition. Sharing the photographs in a support group setting not only provided opportunities for personal reflection but also for the participants to rebuild social support networks and to practice rebuilding trust. Participants in both studies noted that they heard and saw parts of their own stories in the photos and narrations of the other participants. This shared experience decreased their sense of isolation but also helped them to see their own stories of abuse in new ways.

Finding meaning, practicing acceptance and increasing self-efficacy are also part of the recovery process (Van der Kolk, 2014). The Frohman (2005) and Haymore (2012) studies addressed this by employing research methodologies that prioritize the

women's, not the researchers, knowledge and experience. Topics were provided by the researchers to guide the participants in taking photographs, however participants were encouraged to identify what they found to be significant about their experience of IPV and make meaning of it through narrative. These studies have demonstrated that photography, especially when combined with photo-elicitation, can empower victim-survivors of intimate partner violence to take back control and rebuild a life which is not defined by their experiences of abuse.

Writing as a therapeutic process has also been shown to regulate emotional arousal, manage emotions, re-establish temporal order, improve ability to assess the importance and valence of stimuli and reduce the intensity of the emotional arousal associated with a traumatic memory (Jacobs, 2010). It has been widely accepted for decades that suppressing emotions negatively impacts our body and minds, while finding appropriate methods for expressing emotions is beneficial to our health and well-being (Ulrich & Lutgendorf, 2002). Providing an outlet for these emotions and memories has the potential to diffuse the intensity of the emotions while also integrating the traumatic experience into the person's conscious awareness (Masson, 2020).

The trauma associated with intimate partner violence can cause long-term symptoms such as avoidance behaviors, emotional dysregulation, and cognitive dissonance (Green, 2011). Writing about traumatic events has been positively associated with increases in both physical and mental health; for instance, researchers Ulrich & Lutgendorf (2002) found that therapeutic writing could decrease the symptoms of depression, the occurrence of intrusive thoughts, and the inhibition to discuss the trauma. While Dubrasky and colleagues (2019) found that both analyzing and writing poetry increased behavior management and self-esteem.

Likewise, participants in all of the studies reported increases in positive growth in several areas including emotional regulation.

The task of organizing the fragmented memories of a trauma event is one of the fundamental challenges facing victim-survivors of trauma (Gantt & Tinnin, 2009). Women who have experienced intimate partner violence could benefit from strategies that can help them to create a coherent narrative that is acceptable and promotes left/right brain integration. Ulrich & Lutgendorf, (2002) found that the positive effects of writing in a supportive and safe environment can be further maximized when a person integrates the emotional and cognitive in their writing. Most notably, participants in the study reported that writing about both their emotions and thoughts about a trauma event helped them to become aware of positive changes in their lives due to the experience of that event. Park and Blumberg (2002) found that writing has also been shown to facilitate the process of meaning-making, increase a sense of control over the traumatic event/s, improve psychological and physiological functioning.

At some point in recovery from intimate partner violence, the survivors face the task of recreating their identity and building a life for themselves (Crenshaw, 2006). Writing as a therapeutic process does not only involve writing about painful memories. Dubrasky and colleagues (2019) found that writing from a strengths-based approach imaging an ideal version of the self, or positive hopes and dreams for the future also has therapeutic benefits. Writing as a therapeutic process can encourage a balanced approach to healing by providing victim-survivors of IPV strategies for integrating their experiences as well as providing opportunities to envision a life without abuse or violence.

Limitations

Because there is no universal experience of intimate partner violence the severity, the frequency, and the manner of the abuse can vary dramatically from person to person (NCADV, 2017). Correspondingly, a person's access to services and support also vary due to a complex set of intersecting factors, such as race, socioeconomic status, sexual orientation, religious beliefs, attitudes of family and friends (Lockhart & Mitchell, 2010) and local, state and federal policies. Consequently, the most significant limitation of this literature review is its reductive approach to intimate partner violence.

Suggestions for Future Research

In addition to the research that has already been conducted, further research is warranted that (1) examines intimate partner violence within an intersectional framework (i.e., IPV, trauma and immigration status); (2) is focused on the later stages of recovery (i.e., rebuilding identity, or envisioning a life free of violence); (3) evaluates an intermodal treatment model. Additionally, research could include larger sample sizes, longer treatments and more longitudinal studies.

Conclusion

In the last fifteen years there has been a convergence of diverse voices from multiple sectors looking at intimate partner violence and the devastating consequences to individuals and communities. The cyclical and repetitious nature of intimate partner violence wreaks havoc on the body and mind and it is not difficult to understand why women who experience IPV are more likely to exhibit the symptoms of trauma (Dieterich-Hartwell, 2017). Many current IPV-based programming at shelters

and advocacy/support agencies do not have the resources go much beyond the stabilization phase of treatment (Murray, et al., 2017). However, for women to fully recover from the trauma of intimate partner violence they must also have opportunities to integrate their memories into a cohesive narrative that properly locates the abuse in time (Gantt & Tinnin, 2009), opportunities to rebuild their sense of self and increase their self-efficacy (Green, 2011), as well as multiple experiences that allows them to envision, and work towards, a future free of abuse and violence (van der Kolk, 2014); art can provide those opportunities and experiences.

Art making is a fundamental process inherent to human existence; and as such, it has allowed humankind to communicate thoughts, feelings, sensations, beliefs and ideas through images, sounds, and movement (Malchiodi, 2011). Engaging the arts, regardless of the content of that art, is therapeutic. Whether it is visual art, movement, music or writing, making art and engaging one's creativity is life-enhancing (Malchiodi, 2011). In recent years an increasing number of practitioners have offered multiple examples of arts-based interventions that have been successfully used with people who have experienced various types of trauma (Murray, et al., 2017). As has been shown through the studies in this literature review, the creative art therapies are particularly well-suited to positively affect the physical and psychological symptoms of trauma (Henderson, et al., 2007). Art-based interventions can act as catalysts for memory integration, increase a person's ability to make meaning of their experiences (Hass-Cohen, et al., 2018); as well as offering a multitude of ways that a victim-survivor of intimate partner violence can imagine, practice, perform and envision a new identity that is based in their unique characteristics, strengths and goals for their lives.

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Appendix A

Why Does She Stay?

There are many stereotypes, misconceptions and false beliefs surrounding intimate partner violence and those impacted by it (Policastro & Payne, 2013). Among the most potentially damaging are the ideas that IPV only includes physical violence, that women somehow deserve or provoked the abuse, that women could easily choose to leave the relationship and that leaving the relationship will end the violence (Policastro & Payne, 2013). In fact, the reality is much more complex. Unfortunately, these common and persistent false beliefs actually contribute to the cycle of intimate partner violence by minimizing, denying and justifying the abuse (Yamawaki, et al., 2012). Societal victim-blaming attitudes can adversely influence public policy and woman's access to services (Policastro & Payne, 2013). Additionally, these negative attitudes can result in women blaming themselves which can act as a barrier preventing them from leaving the relationship believing they are to blame and/or that they deserve the abuse (Policastro & Payne, 2013). Most women have to confront multiple barriers when attempting to leave the relationship (Anderson, et al., 2003, Yamawaki, et al., 2012 & Fugate, et al., 2005) and may make several unsuccessful attempts, frequently returning to the relationship multiple times before successfully staying away (Yamawaki, et al., 2012).

Anderson and colleagues (2003) retrospectively analyzed data from 485 women that had been collected between 1998-1999 as part of the intake process at a domestic violence advocacy agency in Dayton, Ohio. The women had been asked several questions related to the reasons they did not leave the relationship, or chose to return to it. The researchers were able to identify over thirty distinct issues that the women perceived as barriers to leaving or staying away. Examples of barriers are: a lack of

money, not having a place to go, no space in a shelter, afraid of partner, afraid of escalating the violence, lack of support from the police, immigration status, employment status, fear of losing children, partner's promises to change, partner's threat to harm/kill themselves, harm the children, or harm the women's family, fear of being alone, advice to stay from counselors, family, friends, spiritual leaders, feelings of hopelessness, helplessness and isolation, belief that she should stay and make the marriage work, uphold marriage vows, protecting the partner from criminal consequences, and many more. It can feel pointless to even try to escape (Anderson, et al., 2003).

Fugate and colleagues (2005) identified additional barriers such as a belief that the abuse was not bad enough to warrant ending the relationship, not knowing about resources in the community, not having resources in the local community, and the belief that they must leave the relationship and/or take legal action in order to qualify for support and services. There are yet additional barriers specific to certain populations (Robinson, et al. 2020). People in the LGBT community may fear that disclosure would also "out" them; undocumented people may fear that disclosure will result in deportation; and members of religious orthodox communities may feel that disclosure of the abuse is in direct violation of the laws and precepts of their faith (Robinson, et al. 2020).

Clearly, leaving is a complex decision which includes a diverse range of intersecting challenges. Advocates, organizations, and counselors can support women through this process by acknowledging the complexity of the challenges they face and by validating their feelings and their choices. Lastly, understanding how these barriers impact women's choices, is essential when developing policies, support systems and interventions (Robinson, et al. 2020).

Appendix B

The Economic Toll of Intimate Partner Violence

It would not be possible to quantify the cost of the pain and suffering endured, often over many years, of the victims, survivors, children, family and friends impacted by intimate partner violence. However, some of the tangible costs incurred as a result of IPV can be calculated and those costs are staggering. The economic cost of intimate partner violence is a drain and burden on individuals, families, communities and, by extension, the global economy (Max, et al., 2004 & NCIPC, 2003). According to the National Coalition Against Domestic Violence (2020) intimate partner violence in the U.S. costs between \$5.8 billion and \$12.6 billion dollars annually. This sum includes approximately four billion for physical assaults, three hundred million for stalking and nine hundred million for murder victims. Healthcare sources, such as Medicare and Medicaid, paid out approximately seven million and private insurance nearly two billion. As high as these figures are they primarily represent the sum expenditures on just *some* of the IPV-related costs (Max, et al., 2004 & NCIPC, 2003).

The methods used to calculate IPV-related costs are extensive but, there are several factors that make it difficult to conclusively estimate the cost of intimate partner violence. For instance, data samples are often limited to very specific settings, such as hospitals, and clinics, or to specific reports, such as police incidence reports; and only include incidences in which the victim disclosed the abuse (Max, et al., 2004). Additionally, neither the terminology associated with intimate partner violence, nor the definitions of the terms, are standardized (NCIPC, 2003) and often vary significantly from organization to organization and from state to state (NCIPC, 2003). This lack of standardization means that IPV-related issues are often erased when grouped with non-IPV statistics (Max, et al., 2004). Additional factors include the use

of different survey methodologies; limitations in the methodology itself; and incomplete data (NCIPC, 2003). Along with all of these factors are the many expenditures which are generally omitted in large-scale cost analyses (Max, et al., 2004). These include the costs associated with medication/s for physical and mental disorders (acute and chronic); substance use treatments; treatment of sexually transmitted diseases, abortions due to rape-caused pregnancy; health care due to suicide acts; health care prior to the death of IPV victims; cost incurred by the children of victims; and treatments for issues which were not disclosed as being IPV-related such as depression, anxiety, or sleep disturbances. Lastly, the estimated cost of intimate partner violence does not include calculations of time lost due to interacting with the police, the courts, with social service agencies, hotlines, and IPV-focused support programs (Max, et al., 2004).

Accurate, inclusive, estimates are essential. The numbers demonstrate the prevalence and impact that intimate partner violence has on us as individuals and as a community. This knowledge can then be applied to policy-making, allocation of funds, and also be used to assess existing treatment programs, strategies and interventions (NCIPC, 2003).

THESIS APPROVAL FORM

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Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA**

Student's Name: Gina Cestaro

Type of Project: Thesis

Title: Examining the Creative Therapies as a Strategy for Addressing the Trauma of Intimate Partner Violence: A Literature Review

Date of Graduation: September 15, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Theresa Benson, Ph.D.