

Human Figure Drawings: Evaluating Trends in Child Victims of Sexual Abuse

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Introduction

Differences between abused and nonabused children were investigated to determine the validity of human figure drawings as projective measures in children. Published literature on child abuse and human figure drawings was explored and showed mixed data, including significant differences between the drawings of abused and nonabused children. Clinical, practical, and ethical issues for clinicians are discussed.

Many young children lack the cognition to acknowledge and successfully process traumatic events. They are internally conflicted and may be unable to verbally communicate the traumatic events they have experienced (Miller, Veltkamp, & Janson, 1987). When investigating possible abuse in children, art functions as a nonthreatening tool for communication between client and clinician (Stember, 1980). Variations of art communication serve as therapeutic tools through encouraging symbolic interaction in creative form (Naumberg, 1987). For these children, art allows processing and healing to occur on the level of the child (Stember, 1980). Such techniques integrate thoughts and feelings with artistic expression, rather than developmentally dependent oral or written forms of communication (Naumberg, 1987).

The use of human figure drawings successfully allows unconscious motivations to present themselves in safe ways for client

processing (Miller & Veltkamp, 1989). Consequently, belief in unconscious motivations is vital to the administering and interpreting of human figure drawings (Miller & Veltkamp, 1989). When administered and analyzed, differences between the artwork of abused and nonabused children were found (Hjorth & Harway, 1981). The finding of such distinctions indicates that human figure drawings have the potential to provide helpful information in assessing the functioning of a child (Goodenough, 1926). Specifically, projective drawing techniques allow for the evaluation of relationships and interactions in the child's life (Koppitz, 1968). Ethically speaking, when evaluating such clientele, only clinicians carefully trained and knowledgeable in analysis should interpret projective drawings (Miller & Veltkamp, 1989).

The use of projective drawing techniques is supported by results from various studies. One such study on human figure drawings reported that when sexually abused children were evaluated, each child focused on genitalia in his or her drawings (Sturner & Rothbaum, 1980). Sexual anatomy in these drawings was often depicted in great detail (Thomas, 1980). Drawings done by children who were victims of incest tended to minimize or exaggerate features of a sexual nature (Yates, Beutier, & Crago, 1985). Sexually abused children, as an umbrella categorization, have been found to draw perpetrators with obvious phalli (Goodwin, 1982), while young children of sexual abuse often depicted anatomically correct male genitalia (Hagood, 1992).

Blain, Bergner, Lewis, and Goldstein (1981) grouped selected children into the following three groups: those who reported being abused, those having no history of reported abuse, and the normative sample consisting of children selected at random, without regard to abuse history. The samples of abused and nonabused children were made with regard to reported abuse history. All children were selected through their participation in outpatient therapy for emotional difficulties. The normative sample was used to reference the general population. After analyzing the illustrations, results indicated that the scores of abused children differ significantly from those of children in the nonabused and normative categories. Abused children depicted the size of legs and/or arms as disproportional when compared with

one another. They tended to omit feet from human figures and to depict the size of a figure's head disproportionately in relation to the remainder of the figure. Additionally, the abused children who were evaluated composed the human body of a series of geometric figures. Hjorth and Harway (1981) found abused children's figures to be less symmetrical than those of children who had not encountered abuse. Hibbard, Roghmann, and Hotelman (1987) found when comparing drawings of sexually abused and non-abused children that sexually abused children were more likely to draw sexually explicit features than those who were not abused. Sexual themes appear to inundate the artwork of sexually traumatized children.

When 120 drawings of sexually abused children were analyzed, 40% placed added emphasis on the pelvic region and 20% portrayed defined genitalia (Kelley, 1984). Human figure drawings of children ages 5–12 who had not encountered sexual abuse rarely included genitalia, with less than a 1% prevalence of defined genitalia (Koppitz, 1968). When additionally prevalent manifestations in figure drawings were investigated, abused children were more likely to draw the legs of a figure "pressed together," possibly indicating an attempt to control sexual desires or to prohibit sexual attack from others (Koppitz, 1968). Knowledge beyond the child's years may be evident through emphasized genital or breast areas, or the depiction of sexual contact between figure drawings. When determining what falls within an acceptable range of sexual knowledge, one must take into account both socialization and developmental norms (Miller et al., 1987). Emotionally speaking, drawings from children who were sexually abused depict significantly more anxiety than do drawings of nonabused children (Hibbard and Harman, 1990).

There are, nevertheless, criticisms of human figure drawings and other projective measures. Cohen and Phelps (1985) conducted a study that independently selected and evaluated 40 sets of drawings. Drawings and checklists were distributed and images were evaluated according to the presence of specific features. Each drawing in the study was distributed to two evaluators and the results compared. Evaluator reliability was then computed by dividing the number of pair agreements by the total number of agreements and disagreements.

The average reliability between evaluators was 42%, illustrating poor reliability with regard to the analysis of projective human images. Howard (1962) concluded the cycle of inference, especially when interpreting projective measures, to be subjective and innately invalid. Thus, while the child's freedom to communicate is enhanced through techniques using art, practitioners are likewise presented with ambiguity. Such ambiguity possibly leads to greater freedom on the part of the clinician and consequently, a greater rate of error in interpretation (Miller & Veulkamp, 1989).

Of additional importance is the cultural sexualization of children. What is normal for a child's sexual knowledge in one time period, geographic region, or socioeconomic division may have been abnormal years before, in a neighboring area, or different economic bracket. The use of projective measures, without regard to contemporary culture, remains a hindrance to the assessment process (Hagood, 1992). Unfortunately, many times after drawings are completed, children are not asked to reflect upon their own creations. Children, as active participants in life, often have the greatest insight into the drawings they have created. Frequently within clinical settings when such illustrations are evaluated and used as assessment tools, only one drawing is examined, thus failing to evaluate the larger, more accurate, scope of the child (Hagood, 1992).

Summary

Children often find art to be a starting place for initiating verbal communication. After engaging in the creation of human figure drawings, the therapeutic process is just beginning. When interpreting a child's drawing, analysis should include not only the clinician's introspection, but also the child's description. While engaging in expressive activities, children often feel at liberty to discuss their art, and to talk freely using their creations as guiding mechanisms (Miller et al., 1987). Consequently, because drawings are the child's way of communicating with the clinician, the responsibility of being knowledgeable insofar as benefits, hindrances, and interpretations of human figure drawings is an essential component of the competent

clinician (Miller et al., 1987).

After drawings are created within the therapeutic setting, they become a part of the child's permanent record and can be used effectively to compare the child's growth along various points in the therapeutic continuum (Miller et al., 1987). Clinicians have the ethical responsibility to use drawings in collaboration with other evaluative material, because drawings alone should not be used as a final determinant, but as a tool to alert clinicians of possible abuse (Hibbard et al., 1987).

Conclusion

Projective measures, particularly human figure drawings, have the potential to positively supplement the therapeutic process when working with abused clientele. Great responsibility, however, must be taken in the training of clinicians to interpret such works. The administration of human figure drawings grants children the freedom to communicate issues they may otherwise be unable to express. Using human figure drawings as evaluative aspects of the therapeutic treatment puzzle can be beneficial to both client and clinician.

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