

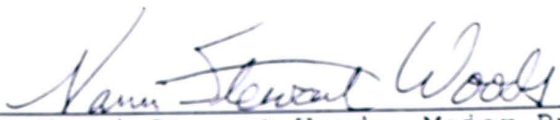
THE USE OF PROJECTIVE DRAWINGS IN THE ASSESSMENT OF  
SEXUALLY ABUSED CHILDREN

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JANNA L. HENDRIX

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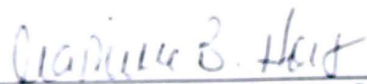
  
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SEXUALLY ABUSED CHILDREN

A Thesis  
Presented for the  
Master of Arts  
Degree  
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## ABSTRACT

The use of projective drawings in the assessment of sexually abused children was presented. Research literature investigating the differences between sexually abused children's drawings and nonabused children's drawings was reviewed. In light of the limitations of this research a new study was proposed in an attempt to methodologically improve the previous research using the Human Figure Drawing to assess sexual abuse. Statistical analysis of the data yielded significant results in support of both research hypotheses. First, sexually abused children's drawings contain significantly more Emotional Indicators than nonabused children's drawings. Second, sexually abused children draw significantly fewer Developmental Indicators in their pictures than children who have not been sexually abused. While these differences were statistically significant, the likelihood these findings have clinical meaningfulness was discussed as well as recommendations for further research in this area.

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## CHAPTER I

### INTRODUCTION

A growing amount of research has been conducted to examine various methods to help identify sexually abused children. Perhaps one of the most promising of these assessment techniques is that of projective drawings. This paper discusses the relevant research on the use of projective drawings with sexually abused children and provides a new study to examine the differences between sexually abused and nonabused children's drawings.

According to Burgess, McCausland, and Wolbert (1981) children's drawings are helpful in the identification of sexual abuse for two main reasons. First, the "use of art has the advantage of gaining access to the unexpressed thoughts, feelings, and reactions of the child" (p. 58). Children's drawings can often reveal themes that are difficult to express consciously and verbally. For example, many sexual acts that abused children are forced to engage in are difficult for them to describe because they do not possess the necessary vocabulary or understanding. Also, Howe Burgess, and McCormack (1987) found that drawings help to defuse the anxiety associated with an abusive history by providing a noninvasive assessment of the child.

The next logical question may be why it is so important to uncover the child's secret. The literature is full of material highlighting the detrimental effects of sexual abuse on children. Sexual abuse leads to betrayal of trust, detachment, and feelings of isolation and disorganization (Cohen & Phelps, 1985). In addition, Forward and Buck (1972) reported evidence of repressed feelings of guilt, rage, shame, hurt, fear, and confusion. Low self-esteem, self-destructive tendencies, psychosomatic symptoms, and low levels of trust may also haunt the survivor of sexual abuse (Forward & Buck, 1972). In Finkelhor et al.'s (1986) review of the research literature they discussed the long-term effects of child sexual abuse: depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, tendency toward revictimization, substance abuse, difficulty trusting others, and sexual maladjustment.

Sexual abuse is not something that just happens to a few people. Rather, it is a nationwide epidemic occurring in all socioeconomic and ethnic groups (Cohen & Phelps, 1985). Studies in the United States and Canada during the past five years indicate that as many as 20 to 35 percent of females and 10 to 18 percent of males are likely to have been sexually abused at least once before they reach age 18. Even these estimates

may be underestimates due to the difficulty in accruing this type of data (Geffner, 1992). Needless to say, with such a large number of children affected and the evidence supporting the devastating effects of sexual abuse, it becomes obvious why this is such an important topic for research. Despite all of the information available on the effects of sexual abuse, research on effective evaluation techniques is lacking. Therefore, research relevant to the use of drawings in the assessment of childhood sexual abuse is discussed and a new study presented.



### LITERATURE REVIEW

#### Projective Drawings

There have been a number of studies utilizing projective drawings to assess and identify specific indicators of emotional trauma resulting from sexual abuse. These projective techniques are based on the belief that the child will project his or her personality, feelings, conflicts, attitudes, self-image, and unconscious processes into the drawings. The most widely used projective drawing tests in clinical work with sexually abused children include the Human Figure Drawings (HFD; Machover, 1949; McElhaney, 1969), the House-Tree-Person (HTP; Buck, 1981), the Kinetic Family Drawing (KFD; Burns & Kaufman, 1972), and various "free" drawings. The HFD requires the child to draw a whole person, the HTP requires the child to draw a picture of a house, then a tree, and finally, a person, and the KFD requires the child to draw a picture of a family doing something. Free drawings consist of a picture of anything the child wishes to draw.

#### Definition of Emotional Indicators

Koppitz (1968) identified a number of emotional indicators through her experience and research with Human Figure Drawings. She examined over 1800 public

school pupils ages 5-12 in ten different schools.

Koppitz counted the frequency of occurrence of a number of items derived from Machover (1949), Hammer (1981), and her own clinical experience and came up with a list of 30 potential Emotional Indicators (see Appendix A). An Emotional Indicator according to Koppitz (1968) is defined as a part of a drawing, that is a sign, on HFDs which meet the following three criteria:

- (1) It must have clinical validity, i.e., it must be able to differentiate between HFDs of children with and without emotional problems.
- (2) It must be unusual and occur infrequently on the HFDs of normal children who are not psychiatric patients, i.e., the sign must be present on less than 16% of the HFDs of children at a given age level.
- (3) It must not be related to age and maturation, i.e., its frequency of occurrence on HFDs must not increase solely on the basis of the children's increase in age. (p. 35)

In 1984 Koppitz extended her research on Emotional Indicators when she compared a group of young clinic patients with serious emotional problems to a group of well-adjusted school children. Using evidence from this study she grouped her previous list of Emotional

Indicators into five categories of impulsivity, insecurity /feelings of inadequacy, anxiety, shyness/timidity, and anger/aggressiveness which she found occurred significantly more often on the HFDs of emotionally disturbed youth. It should be noted that the presence or absence of specific indicators on children's drawings should not be used as the sole reason to offer a diagnosis of emotional problems (Koppitz, 1984).

#### Definition of Developmental Indicators

Koppitz (1968) also identified a list of 30 Developmental Indicators (see Appendix B) derived from the Goodenough-Harris scoring system (as cited in Koppitz, 1968) and from her own experience with Human Figure Drawings after studying the HFDs of over 1800 public school pupils ages 5 through 12 years. Koppitz (1968) has developed normative tables based upon age to determine the expected and exceptional presence of DIs compared to the child's peer groups. In general, children at a young age level are expected to include relatively few developmental items on their drawings and as the child ages the frequency of Developmental Indicators will increase until they become a regular feature of many or most HFDs at a given age level.



## Relevant Research

Silvercloud (1982) anecdotally found several recurring features in the artwork of known sexually abused children encountered through her clinical experience including: stab marks, crossed out windows, heavy lines, and red houses. Another clinician argues that sexually abused children's drawings are disorganized (Stember, 1980). Kelley (1984) conducted an exploratory study in which she examined the drawings of 10 sexually abused children ranging in ages from 3 to 10 years, totalling 120 drawings, and found that 20 percent portrayed genitalia, 40 percent displayed an added emphasis on the pelvic region, 43 percent emphasized the upper portion of the body, and 30 percent omitted the hands.

A major limitation of Kelley's (1984) research is that the drawings of nonabused children were not considered as to whether or not they also sometimes include these features in their pictures. Furthermore, Kelley's study only consisted of ten subjects which is too small to allow generalization to the larger population of sexually abused children. Another shortcoming with Kelley's (1984) study as well as Silvercloud's (1982) and Stember's (1980) data is their failure to "blind" themselves to their subjects. Having been knowledgeable of the fact their subjects were

sexually abused may have lead to a biased judgement of the drawings.

A frequently reported phenomenon in the drawings of sexually abused children is the depiction of genitalia in realistic detail beyond developmental appropriateness (Goodwin, 1982). DiLeo (1973) reviewed thousands of ordinary children's figure drawings during his practice as a pediatrician and found the representation of genitalia rare. Likewise, based on the HFDs of over 1800 children ages five through twelve, Koppitz (1968) also observed that genitalia were rarely included. A hypothesis that can be drawn from these studies according to Burgess, McCausland, and Wolbert (1981) is that when assessing children's drawings, suspicion should be noted when the drawings are unusual in two ways: (1) there is a marked shift from age appropriate figures to disorganized objects that require interpretation by the child, and (2) the drawings depict repeated stylized sexual figures. For instance, an 8-year-old child who continues to draw nude figures when developmentally he should be drawing clothes on the figures, or instead of drawing a normal figure with arms, legs, and a head the child draws a disassembled person with arms and legs detached from the body. Likewise, it should be noted when the child repeatedly includes genitalia on his or her human figure drawings,

because the inclusion of genitalia is quite rare (Koppitz, 1968).

Consequently, one of the primary indicators reportedly found in the drawings of children who have been sexually abused is the inclusion of genitalia. One of the studies conducted by Kelley (1984) examined the use of art therapy with sexually abused children. She asked the children to draw a self-portrait, what happened during the sexual assault, and a picture of a whole person. Kelley identified a number of potential indicators of sexual abuse in their drawings including the presence of genitalia and other signs of possible preoccupation with sexual stimuli such as an emphasis on the pelvic region, large belts, and the absence of a trunk or pelvic area.

Kelley also discovered possible markers of low self-esteem and a feeling of helplessness as the result of sexual victimization noted in the depiction of tiny figures and the lack of hands (In contrast, Koppitz' 1968 study noted that big hands were indicators of sexual abuse). Kelley also noted in her study changes in the drawings during the course of therapy. The sexually abused children originally started out as below their expected developmental level, but four to six weeks after their disclosure of sexual abuse they began to draw more age appropriate pictures. Unfortunately,



Kelley failed to include a control group within her study. Furthermore, Kelley scored the drawings herself so that she was not blinded to the fact that the children had been sexually abused.

In another research study, Cohen and Phelps (1985) compared the drawings of incest victims to other children. They analyzed the drawings of 166 children ages four to eight years using raters blind to the hypotheses of the study as well as to which set of drawings belonged to which group of children. Eighty-nine of the children were known to have been sexually abused and 77 were nonabused children with emotional problems. Three drawings were collected from each of the children: the House-Tree-Person (HTP), Kinetic Family Drawing (KFD), and a free drawing. The results of this study indicated that the incest and control groups significantly differed with respect to the total number of markers, or sexual abuse indicators on the HTP and KFD, whereas the greater number of markers on the incest group's free drawings were only marginally significant compared to the control group.

Some of the items found in the sexually abused children's drawings in contrast to the drawings of the control group of nonabused children included the following: red house, one window only, phallic tree, phallic chimney, face colored in, person hidden or

enclosed within an object or space, obvious violent content, and the child's absence from the family drawing. It should also be noted that in a second study with minor variations Cohen and Phelps (1985) analyzed only the drawings with high interrater reliability and found no significant differences between the incest group and the control group. Another limitation of Cohen and Phelps' studies is the absence of a nonabused, nonemotionally disturbed control group of children.

Sidun and Rosenthal (1987) examined drawings by 44 female and 16 male adolescents (13-17 years old) who were hospitalized in adolescent psychiatric units. Their goal was to assess the diagnostic value of drawings regarding the effects of sexual abuse. They divided their subjects into two groups of 30 sexually abused adolescents and 30 nonabused adolescents. The Draw-a-Person test (Sidun, 1986; Urban, 1983) was administered and scored by one trained and blinded rater according to the HFD manual by Sidun and Chase (1985) which included descriptions of potential indicators of sexuality, anxiety, poor self-esteem and body image, phallic-like objects, and line pressure. The only statistically significant findings were that the sexually abused group drew more trouser flys, more often excluded the hands and fingers in their figure drawings, and more often drew only a head of a figure instead of the

whole body. Additionally, the sexual abuse group more often included circles in their drawings and used heavier and more uneven line pressure which according to Buck (1981) indicates the presence of anxiety. One of the problems with Sidun and Rosenthal's (1987) research is the lack of a control group of nonabused, nonpsychiatric adolescents.

Howe et al. (1987) studied the drawings of 149 runaway youths ages 15-20 years to determine image characteristics and artistic properties of the drawings by the sexually abused adolescents. The subjects were asked to draw a whole person. The drawings were subsequently evaluated by art therapists for specific indicators including: gender, figure completion, integrity of line quality, use of color, and graphic indicators of sexual activity. The findings revealed few significant differences between the sexually abused and nonabused groups. Sexually abused females were more likely to draw the opposite sex figures than the nonabused group of subjects were. Perhaps the most significant result of the study was that sexually abused subjects tended to use faint/sketchy line quality with the absence of bold, firm lines much more than members of the nonabused group. These findings are in direct contradiction to Sidun and Chase (1985) who found heavier lines more likely in the drawings of sexually abused



children. It should be noted that this research was conducted with runaway youths who are not representative of the general population. A final problem with this study is the failure of Howe et al. (1987) to report whether or not the raters were knowledgeable as to which subjects were sexually abused.

There have been only three studies to date which have used "normal" children as the control group against the sexually abused group. All the other studies have either used no control group or have compared sexually abused children to emotionally disturbed children who were not known to have been sexually abused. Chase (1987) analyzed the Human Figure Drawings and Kinetic Family Drawings (Chase, 1985) of 34 female subjects ages 5 to 16 who were victims of incest. He compared their drawings to a control group consisting of 26 matched emotionally disturbed subjects and 34 matched subjects with no known adjustment disorders. Using the Human Figure Drawing coding system by Sidun (1986), significant differences were found between the drawings of the sexually abused victims and the other two groups of subjects. Chase (1987) also reported differences in developmental scores utilizing Koppitz' (1968) developmental rating system which awards one point for the presence of 30 signs ranging from head to clothing, and each item absent receives a score of 0. Chase found



that sexually abused children had significantly lower developmental scores than either one of his nonabused control groups despite being matched on age.

Two studies conducted by Hibbard and colleagues have also used a control group of "normal" subjects. In their 1987 study, Hibbard, Roghman, and Hoekelman tested the hypothesis that sexually abused children draw genitalia on Human Figure Drawings (HFD) more often than do nonabused children. Hibbard et al. (1987) compared 57 sexually abused children ages three to seven with the drawings of 55 nonabused children matched for age, sex, race, and socioeconomic background. The children were asked to draw two HFDs (one of each sex) and to complete an outline of a human figure. The drawings were scored by "blinded" raters for the inclusion of five body parts: eyes, navel, vulva/vagina, penis, and anus. The results showed the presence of genitalia on six of the drawings and the absence on the other 98 indicating 10 percent of the sexually abused children drew genitalia and 2 percent of the nonabused group included genitalia on their drawings. The results were not statistically significant. However, Hibbard et al.'s (1987) study does provide preliminary evidence that few three to seven-year-olds draw genitalia.

Hibbard and Hartman (1990) conducted another study which compared the drawings of 65 sexually abused

children to 64 children (ages five to eight years) with no history of sexual abuse. This time the primary purpose was to look for the presence of Koppitz' (1968) Emotional Indicators (EI) in the Human Figure Drawings of the two groups. The results demonstrated few clinically significant differences between the sexually abused group and the nonabused group. It was reported that 18 of the 65 sexually abused children, or 28 percent of them scored as having one or more of Koppitz' anxiety indicators, whereas only 8 of the 64 children not sexually abused, or 12 percent of the control group children received an anxiety indicator score. No other statistically significant differences were reported. Hibbard & Hartman (1990) failed to indicate whether or not the raters of the drawings were "blinded" to which set of drawings belonged to which group of children.

#### Research Limitations

There are numerous limitations in the studies regarding the use of projective drawings to assess child sexual abuse. First, sexual abuse is difficult to clearly define. Different studies sometimes define sexual abuse in subtly different ways. Second, sexual abuse, no matter what definition one uses, is extremely difficult to confirm. A researcher cannot be certain of the presence or absence of sexual abuse in both the

target group and the control group. Third, although a child who draws genitalia on his or her figure raises the possibility of abuse, it does not prove it.

A fourth limitation in the research on this topic revolves around the representativeness of the drawings. In most of the studies only one drawing per subject was examined. Thus, the drawings may not be a representative sample of either the individual subject or the general population. In addition, Kellogg (1970) found that children's drawings vary from day to day. Rubin (1984) also reports finding variations in children's drawings which were created at different times.

A fifth weakness is the manner in which drawings are interpreted. Sometimes the interpreters project their own ideas and experiences into the pictures rather than the child's intentions (Groth-Marnat, 1990). In addition, psychoanalytic themes appropriate to an adult's drawings are sometimes inaccurately used with a child's. It is important to listen to what the child says about his or her picture as well as the actual drawing (Hagood, 1992). Furthermore, there are vast differences in the drawing abilities of children at each age level. Most of the studies failed to take these individual developmental differences into consideration (Hagood, 1992).



A sixth factor that needs to be taken into account when examining children's drawings in today's time is that often the tests used to assess the children's drawings were developed many years earlier. For example, the Human Figure Drawing test was developed in 1949. Some people would argue the level of exposure children have to sexually explicit material is much higher than it used to be. Therefore, society's changing influence on children's drawings need to be considered. What was "normal" for children in 1949 may not be what is "normal" for today's children.

An additional problem concerning interpretation of drawings is the lack of an agreed-upon or adequate system of rating. There are virtually no norms available and many of the original interpretive hypotheses are based on clinical experience, rather than empirical data (Groth-Marnat, 1990). Consequently, many studies fail to explain how they decide what constitutes a "marker" or "indicator" of psychological maladjustment or sexual abuse. Furthermore, the raters of the children's drawings are usually not blind to the study or to the subjects' sexual abuse histories, thus contributing possible bias in their observations. A similar problem is a lack of sufficient training among the raters and the failure to assess interrater reliability.



A final shortcoming found in most of the research on sexual abuse drawings concerns methodological problems. Many of the studies have used sample sizes so small that they could not possibly generalize to a representative population of sexually abused children. An equally important flaw in much of the research is the lack of adequate control groups. Often the drawings of the sexually abused children are not compared to "normal" nonabused children, but rather to emotionally disturbed nonabused subjects in psychiatric treatment.

#### Objectives of Study

Considering the numerous methodological weaknesses in the research concerning the use of projective drawings in the evaluation of child sexual abuse, as well as the limited studies conducted in this area, better studies are needed. This study is both a continuation of and an improvement over the previous research. In contrast to most of the other studies this study included a control group of nonabused, "normal" children. In addition, the study examined both Emotional Indicators and Developmental Indicators whereas most of the previous studies have only included one or the other. This study has also included the use of well established and researched indicators from previous research on sexual abuse (e.g. Koppitz' EIs and DIs) rather than starting over searching for completely new identifiers.

Furthermore, the drawings were coded by a rater blind to which group of children the pictures belonged to, sexually abused or nonabused.

The purpose of this study was to increase the understanding of the usefulness of drawings as an assessment instrument for sexually abused children. The major research hypothesis was that sexually abused children's drawings would contain certain features in their pictures that nonabused children would not include in their drawings. The two main objectives of the presented study were (1) to determine whether sexually abused children's drawings had a significantly greater number of previously identified Emotional Indicators than do drawings from children who had not been sexually abused; and (2) to investigate whether sexually abused children's drawings contained fewer Developmental Indicators than nonabused children's drawings.

## CHAPTER III

### STUDY

#### Method

For the purposes of this study sexual abuse was documented via child and parent report during the intake and treatment process at a mental health facility. A demographic sheet noting gender, age, grade level, race, and diagnostic category was completed by the therapist administering the drawings to the sexually abused children. This data was collected by one of two graduate students or the teacher administering the HFD to the nonabused children. Based upon clinical observation and report, only children judged to be within the average range of intelligence were included. Both the demographic sheets and the sets of drawings from each child were coded by number to ensure the anonymity of the child and to allow a blind rating of the drawings.

#### Subjects

The subjects consisted of 71 children from each of two groups ranging in age from 4 to 16 years. The first group consisted of 22 children reported to have been sexually abused that were selected from four outpatient mental health facilities including: Carey Counseling Center (Paris, Huntingdon, and Trenton, TN), Harriett Cohn Center (Clarksville, TN), Rape and Sexual

Abuse Center (Nashville, TN), and DeDe Wallace Center (Nashville, TN). More specifically, nine subjects were from Carey Counseling Center, six from Harriett Cohn Center, four from DeDe Wallace Center, and three from the Rape and Sexual Abuse Center.

The second group consisted of 49 children of parents in Psychology classes at Austin Peay State University (Clarksville, TN), who had reportedly not been sexually abused and were allegedly not experiencing emotional disturbance. Approximately eight of the nonabused population were students from North Harrison Elementary School (Ramsey, IN). Subjects in the target group were obtained by requesting permission from the directors of the institutions listed above as well as obtaining full consent from the parents and the children who agreed to volunteer for this research project. Subjects in the control group were obtained by requesting parent volunteers from the individual Psychology classes, or elementary school and obtaining consent from both parent and child. Most of these parent volunteers received bonus points for their participation.

### Measures

This study utilized the Human Figure Drawing (HFD) in an effort to identify specific graphic indicators depicting the presence of sexual abuse based on the clinical data derived from some of the studies previously



discussed. The anonymous drawings were scored on some of Koppitz' (1968, 1984) Emotional Indicators which were found to be significant in a review of the literature of sexually abused children's drawings (see Appendix A for complete definitions):

1. Poor integration of parts
2. Transparencies
3. Hands cut off
4. Monster or grotesque figure
5. Shading of face
6. Legs pressed together
7. Clouds
8. Tiny figure
9. Arms clinging to body
10. Teeth
11. Big hands
12. Genitals

In addition to the Emotional Indicators, 30 Developmental Indicators derived from Koppitz' 1968 study of children's Human Figure Drawings were also scored. The following is a list of the 30 Developmental Indicators (see Appendix B for detailed definitions):

1. Head
2. Eyes
3. Pupils
4. Eyebrows or eyelashes
5. Nose
6. Nostrils
7. Mouth
8. Two lips
9. Ear
10. Hair or head covered by hat
11. Neck
12. Body
13. Arms
14. Arms two-dimensional
15. Arms attached at shoulders
16. Arms pointing downward
17. Elbow
18. Hands

19. Fingers
20. Correct number of fingers
21. Legs
22. Legs two-dimensional
23. Knee
24. Feet
25. Feet two-dimensional
26. Profile
27. Good proportion
28. Clothing: one piece or none
29. Clothing: two or three pieces
30. Clothing: four or more pieces

### Procedures

Each of the children was administered the HFD individually. The children in the target group were administered the HFD by a therapist working with the child in one of the mental health centers referred to earlier. The children in the control group were administered the HFD by one of two graduate students from Austin Peay State University or a teacher at North Harrison Elementary School. The collection of drawings were standardized by having all the children use the same size  $8\frac{1}{2}$  by 11 inch white paper and a number 2 pencil to complete each picture. Furthermore, each child was given the same set of instructions: "Draw me a picture of a person." The following is a condensed list of the administration procedures (see Appendix E for complete data collection instructions):

1. Gain rapport with the parent and child. Have parent sign consent form (see Appendix C). The following statement is to be used with all the children: "We are studying how different children draw pictures of people. Would you like to draw me a picture of a

person?" Verbal consent for children under 10 years of age will be accepted while those over 10 must sign a separate consent form than their parent(s) written in language the child can understand (see Appendix D).

2. Complete the demographic sheet including:
  - a. Gender of child
  - b. Age
  - c. Grade level
  - d. Race
  - e. Diagnostic category
3. Place one piece of  $8\frac{1}{2}$  x 11 inch white paper vertically in front of the child approximately two inches from side of table or desk. Give the child one No. 2 pencil.
4. Instructions: "Draw me a picture of a person on this paper." (Query) Any type of person is fine. If the child draws only one portion of a person such as a head tell the child to draw a whole person including head, body, arms, and legs.
5. Record the following while the child is drawing:
  - a. The time taken to draw each picture.
  - b. Questions asked the administrator.
  - c. Comments during the test.
  - d. Facial expressions.
  - e. Body posture.
  - f. The order of parts drawn
6. Collect the drawing and ask the child the following questions. Record the answers on the demographic sheet.
 

Is this person a man or woman (boy or girl)?  
 How old is he or she?  
 Who is he or she?  
 Is it someone you know?  
 Is he or she a friend?  
 What is he or she doing?  
 What is he or she thinking?  
 What is he or she feeling? (Is he happy, sad, etc.)  
 Tell me about this person?  
 Do you think you would like this person?
7. Place the consent forms, demographic sheet, and drawing back into the administration packet envelope.

8. Thank the child and parent for participating and direct any further questions by parent or child to principal investigator as listed on the consent form.

The information from administration steps five and six were collected for use in future research and was not used in this study. The drawings were analyzed and rated for the presence or absence of Emotional Indicators previously found to be more frequent in sexually abused children's drawings using Koppitz' (1968) definitions. The drawings were also analyzed and rated for the presence or absence of Developmental Indicators also utilizing Koppitz' scoring system. The principal investigator served as the rater scoring each of the anonymous drawings. The rater placed a number 1 next to the corresponding indicator on the coding sheet to indicate the presence of an indicator and a number 0 to signify the absence of the specific indicator. The total number of Emotional Indicators and Developmental Indicators present in each of the drawings were calculated.



## CHAPTER IV

### RESULTS

Data analysis supported both of the proposed research hypotheses. First, among the sexually abused children the mean number of Emotional Indicators (EI) was 1.54 (SD=1.0) with a mean of 1.08 (SD=1.07) among the group of children not sexually abused. A t-test performed on the Emotional Indicator data  $t$  (df=69) = 1.70,  $p < .05$ ) demonstrated that sexually abused children's drawings contained a significantly greater number of Emotional Indicators than the nonabused children's drawings. Figure 1 presents the data for the two groups in bar graph form depicting the percentage of children who drew zero, one, two, and three EIs. No child in either group drew more than three EIs in any one picture.

Second, the mean number of Developmental Indicators (DI) was 13.40 (SD=5.46) among the sexually abused children and 18.73 (SD=4.99) among the nonabused children's drawings. A t-test performed on the Developmental Indicator data demonstrated a significant effect:  $t$  (df=69) = -4.03,  $p < .05$ . These results indicate there were significantly fewer Developmental Indicators in the drawings of sexually abused children than in the drawings of nonabused children.

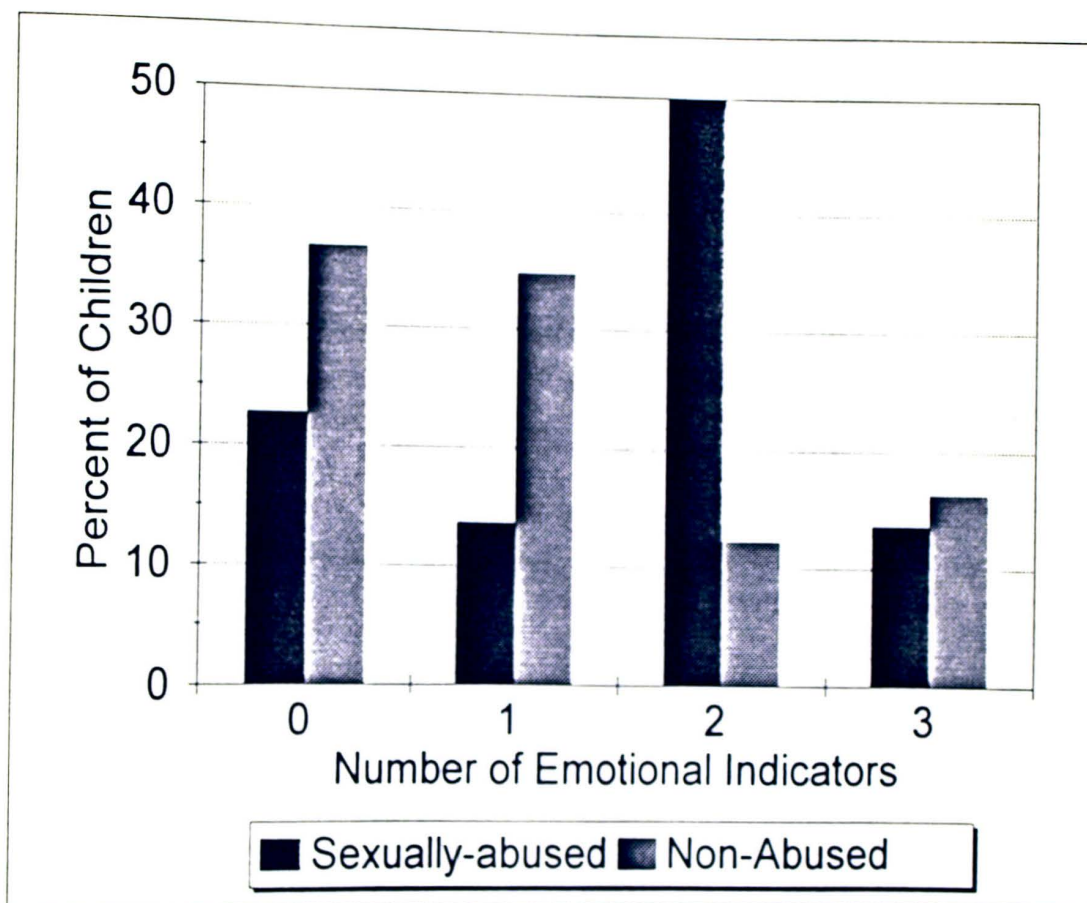


Figure 1. Percentage of sexually abused and nonabused children and the number of EIs drawn.

Further analysis (Pearson  $r$ ) indicated there was a strong positive correlation between age and DIs for both abused ( $r=.56$ ) and nonabused ( $r=.64$ ) groups. This correlation reflects the finding that as the child's age increases the number of DIs also increases. The mean age of the sexually abused group of children was 8.32 and the mean age of the nonabused group of children was 9.73. A  $t$ -test indicated there was no significant differences in age between the two groups ( $t$  [df=69] = 1.65,  $p>.05$ ).

## CHAPTER V

### DISCUSSION

The purpose of this study was to increase the understanding of the usefulness of drawings as an assessment instrument for sexually abused children. More specifically, it was predicted that (a) sexually abused children would depict a greater number of Emotional Indicators in their drawings than nonabused children and (b) sexually abused children would draw fewer Developmental Indicators than children who have not been sexually abused. Data analysis indicated significant findings to support both of these hypotheses.

Numerous studies have demonstrated the tremendous emotional impact sexual abuse has on its victims. Disconnected feelings, rage, fear, shame, low self-esteem, depression, and anxiety are just a few of the many emotional problems commonly experienced by sexually abused persons (Cohen & Phelps, 1985; Forward & Buck, 1972; Finkelhor et al., 1986). Thus, the finding that sexually abused children's drawings contain significantly more Emotional Indicators than drawings by children who have not been sexually abused was not surprising.

As Figure 1 indicates however, there was a lot



of overlap between the two groups. While there was a statistically significant difference in the presence of an Emotional Indicator between the two groups, on average nonabused children's drawings contained 1.08 EIs. The fact that even nonabused children usually draw at least one EI demonstrates that at this point in time the presence of an EI cannot be used to predict sexual abuse.

Results also indicated that sexually abused children's drawings contain significantly fewer Developmental Indicators than nonabused children's drawings, even though the sexually abused group was not significantly younger. This lower developmental level can potentially be attributed to the traumatic impact the sexually abusive experience has on the physiological and emotional make-up of a child. Although the research is still inconclusive at this point, there is evidence supporting the notion that sexually abused children do develop differently than nonabused children and that the sexually abusive trauma does negatively affect a child's physiological development (DeAngelis, 1995). This result lends further support to Chase's (1987) study which also found sexually abused children's drawings to be less developmentally mature than nonabused children's drawings utilizing Koppitz' scoring method. Likewise, Kelley (1984) also reported that pictures

drawn by sexually abused children are often below expected developmental levels.

Another potential explanation for why there were fewer DIs among the sexually abused group than the nonabused group could be due to significant age differences between the two groups. However, a t-test yielded no significant differences between the mean ages of the sexually abused and nonabused children. Nevertheless, a recommendation for future research would be to note the age of the child when the sexual abuse first occurred as well as the extent, or severity of the abuse. It may be that children who are sexually abused at a young age such as during the preschool years experience more developmental delays than a child who is sexually abused at an older age who has already matured. Thus, those sexually abused children may draw fewer DIs than other sexually abused children. Furthermore, children who are more severely sexually abused than others may also exhibit different EI and DI patterns than less traumatically abused children.

The literature review demonstrated several limitations in the research comparing sexually abused children's drawings to nonabused children's drawings. Likewise, this study also contained a few of the same shortcomings which should be eliminated in any future research endeavors. First, the sample sizes, especially

the sexually abused group of only 22 were too small to appropriately represent the general population of sexually abused children. This small sample size also prevented analyzing the likelihood of the presence of individual EIs. Second, only one drawing was collected from each child. Kellogg (1970) demonstrated how children's drawings vary from day to day. Thus, the drawings may have merely reflected how the child was feeling on that particular day. Furthermore, the drawings from the sexually abused children were collected while they were at a mental health center either before or after their therapy session. These drawings collected in a therapeutic setting may be notably different from drawings that would be collected during times when the child is at home in familiar surroundings without the watchful eye of a therapist.

Another complication in this study is the difficulty and subjectiveness of scoring the drawings for the specific indicators. Coding the individual drawings for the presence or absence of indicators tends to be highly subjective in some instances despite the guidelines of specific indicator definitions. For example, the Developmental Indicator of poor integration of parts is a more abstract and subjective indicator to score than the definitive DI of whether or not eyes are present.



In addition, some of the "tadpole" drawings are extremely difficult to code due to the immaturity of the drawing which is not accurately accounted for in the instructions for Koppitz' Emotional and Developmental Indicators. "Tadpole" drawings are those depicting only a head with legs and arms projecting from the head as if it was a body which is typical for children below the age of five. By age five most children should no longer be drawing "tadpole" figures and yet several of the drawings in this study appeared to fall under this classification (27% of the sexually abused and 24% of the nonabused children) making the indicators not as scoreable. It would possibly have been better to have used a higher cut-off age than four years such as age six or seven to reduce these coding problems.

One other point to consider as well as a potential confounding variable in this study is that there was no emotional screening for the group of children allegedly not sexually abused. There is no way of knowing whether or not some of the supposedly nonabused children had in fact been sexually abused or whether they were experiencing some form of nondiagnosed emotional problem that could have influenced their drawing and subsequently interfered with the results of this study. It was known for example that four of the nonabused children had been diagnosed with



Attention Deficit Disorder (ADD) while one of the sexually abused children was diagnosed with ADD. However, these problems would be more likely to obscure a group difference than facilitate a difference.

An additional experiment the researcher conducted aside from the main study was to pick out which children's pictures from the collection of 71 drawings belonged to the 22 sexually abused children before being made aware of which drawings belonged to which group. The results of this experiment yielded the researcher choosing eleven out of the 22 sexually abused children's drawings. Thus, the researcher's experience and knowledge of what to look for in children's drawings produced no greater than 50 percent accuracy in distinguishing sexually abused children's drawings from the nonabused children's pictures. Furthermore, in choosing these drawings the researcher instinctually based her judgments more on the overall impression of the drawings rather than the specific indicators this study was designed to identify.

A future research idea would be to design a study in which the same set of drawings as collected in this study would be presented to a group of therapists and a group of laypeople to determine whether therapists are any better at picking out the sexually abused children's drawings than laypeople with presumably no

experience in this area. If indeed therapists are no more accurate than laypeople in distinguishing sexually abused children's drawings from nonabused children's drawings, this finding could have important implications for the field. Such a result would certainly raise questions as to the usefulness of trying to identify indicators in drawings if they represent no clinically meaningful diagnostic significance.

In summary, this study supports the idea that Emotional Indicators are more common in sexually abused children's drawings. This study also demonstrates that younger children do draw less mature pictures as noted by the smaller number of Developmental Indicators depicted at young ages in both the sexually abused and nonabused group of children's drawings. Finally, the need for further, more complex, larger, research in this area is indicated.

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## APPENDIXES



## Appendix A

## Koppitz' Emotional Indicators

The following definitions are taken directly from Koppitz' 1968 research and the categories (impulsivity, insecurity, etc.) are from Koppitz' 1984 study. The items in boldface are the Emotional Indicators coded in the present study.

Impulsivity

**Poor integration of parts:** One or more parts not joined to rest of figure, part only connected by a single line, or barely touching.

Gross asymmetry of limbs: One arm or leg differs markedly in shape from the other arm or leg.

**Transparencies:** Major portions of body or limbs noted through clothing.

Big figure: Figure 9 inches or more in height.

Omission of neck: Complete absence of neck.

Insecurity/Inadequacy

Slanting figure: Vertical axis of figure tilted by 15° or more from the perpendicular.

Tiny head: Height of head less than one-tenth of total figure.

**Hands cut off:** Arms with neither hands nor fingers; hands hidden behind back of figure or in pocket not scored.

**Monster or grotesque figure:** Figure representing nonhuman, degraded or ridiculous person; the grotesqueness of figure must be deliberate on part of the child and not the result of immaturity or lack of drawing skill.

Omission of arms, legs, and feet.

### Anxiety

**Shading of face:** Deliberate shading of whole face or part of it.

Shading of body and/or limbs.

Shading of hands and/or neck.

**Legs pressed together:** Both legs touch with no space in between; in profile drawings only one leg is shown.

Omission of eyes: Complete absence of eyes.

**Clouds:** Any presentation of clouds, rain, snow, or flying birds.

### Shyness/Timidity

**Tiny figure:** Figure 2 inches or less in height.

**Short arms:** Short stubs for arms, arms not long enough to reach waistline.

**Arms clinging to body:** No space between body and arms.

Omission of nose or mouth.

Anger/Aggressive

Crossed eyes: Both eyes turned in or turned out.

**Teeth:** Any representation of one or more teeth.

Long arms: Arms excessively lone, arms long enough to reach below knee or where knee should be.

**Big hands:** Hands as big or bigger than face of figured.

**Genitals:** Realistic or unmistakably symbolic representation of genitals.

## Appendix B

## Koppitz' Developmental Indicators

The following definitions are taken directly from Koppitz' 1968 research.

1. Head: Any representation, clear outline of head required.
2. Eyes: Any representation.
3. Pupils: Distinct circles or dots within outlines of eyes required. A dot with a line over it is scored as eyes and eyebrows.
4. Eyebrows or eyelashes: Either brows or lashes or both.
5. Nose: Any representation.
6. Nostrils: Dots or nostrils shown in addition to presentation of nose.
7. Mouth: Any representation.
8. Two lips: Two lips outlined and separated by line from each other; two rows of teeth only are not scored.
9. Ear: Any representation.
10. Hair: Any presentation of hat or cap covering head and hiding hair.
11. Neck: Definite separation of head and body necessary.
12. Body: Any presentation, clear outline necessary.
13. Arms: Any representation.



14. Arms in two dimensions: Both arms presented by more than a single line.
15. Arms pointing downward: One or both arms pointing down at an angle of  $30^{\circ}$  or more from horizontal position or arms raised appropriately for activity figure is engaged in; arms extending horizontally from body and then turning down some distance from the body is not scored.
16. Arms correctly attached at shoulder: Indication of shoulder necessary for this item, arms must be firmly connected to body.
17. Elbow: Distinct angle in arm required; rounded curve in arm is not scored.
18. Hands: Differentiation from arms and fingers necessary such as widening of arm or demarcation from arm by sleeve or bracelet.
19. Fingers: Any representation distinct from hands or arms.
20. Correct number of fingers: Five fingers on each hand or arm unless position of hand hides some fingers.
21. Legs: Any representation; in case of female figures in long skirts this item is scored if distance between waist and feet is long enough to allow for legs to be present under the skirt.
22. Legs in two dimensions: Both legs presented by

23. Knee: Distinct angle in one or both legs (sideview) or kneecap (front view); round curve in leg not scored.
24. Feet: Any representation.
25. Feet two dimensional: Feet extending in one direction from heel (side view) and showing greater length than height, or feet drawn in perspective (front view).
26. Profile: Head drawn in profile even if rest of figure is not entirely in profile.
27. Clothing: One item or none: No clothing indicated or only hat, buttons, or belt or outline of garment without details.
28. Clothing: Two or three items: The following items are scored for clothing: pants, skirt, shirt or blouse (upper part of dress separated by belt is scored as blouse), coat, hat, helmet, belt, tie, hair ribbon, barrette, necklace, watch, ring, bracelet, pipe, cigarette, umbrella, cane, gun, rake, shoes, socks, pocketbook, briefcase, bat, gloves, etc.
29. Clothing: Four or more items: Four or more of items listed above present.
30. Good proportions: Figure looks right even if not entirely correct from anatomical point of view.

## Appendix C

Adult  
Informed Consent to Participate in Research

Austin Peay State University  
Clarksville, Tennessee 37044

You are being asked to participate in a research study. This form is designed to provide you with information about this study and to answer any of your questions.

**1. TITLE OF RESEARCH STUDY**

The Use of Projective Drawings in the Assessment of Sexually Abused Children.

**2. PRINCIPAL INVESTIGATORS**

Janna L. Hendrix, Austin Peay State University,  
Clinical Psychology Graduate Student,  
Clarksville, TN, (615) 552-1363

Nanci Stewart Woods, Ph.D.,  
Austin Peay State University,  
Psychology Department,  
Clarksville, TN, (615) 648-7236

**3. THE PURPOSE OF THE RESEARCH**

This study will examine the differences between the drawings of children in treatment for the effects of sexual abuse and children's drawings who have not disclosed sexual abuse. Knowledge of the differences between drawings of children in treatment for sexual abuse compared to nonabused children may provide another means of assessing sexual abuse in children. It is hypothesized that children who have been sexually abused include specific indicators in their drawings that are not present in children who have not been sexually abused. The use of projective drawings in the assessment of children who have been sexually abused is important in that it may provide a less threatening approach than the traditional clinical interview to assist in the diagnosis of sexual abuse.

**4. PROCEDURES FOR THIS RESEARCH**

Your child will be asked to draw a picture of a person. The Human Figure Drawing is a common



projective technique used to assess for various personality characteristics and potential areas of emotional conflict. Following completion of the drawing there will be an opportunity for you or your child to ask any questions you might have about the study in which your child participated.

You will have no access to the specific results of this study as we will be unable to tell which drawings belong to which children. A summary of the overall results of the study will be made available to you upon your request.

#### 5. POTENTIAL RISKS TO YOU

There are no known risks from participation in this study.

#### 6. POTENTIAL BENEFITS TO YOU OR OTHERS

The benefits to your child from participation in this study are minimal. Your child may enjoy drawing a picture.

#### 7. INFORMED CONSENT STATEMENT

I agree to allow my child to participate in the present study being conducted by Janna Hendrix, a clinical psychology graduate student at Austin Peay State University under the supervision of Dr. Nanci Stewart Woods, a faculty member of the Department of Psychology at Austin Peay State University. I have been informed, orally and in writing of the procedures to be followed and about any discomfort which may be involved. Janna Hendrix has offered to answer any further inquiries that I may have regarding the procedures and she can be contacted by phone ([615] (552-1363)).

I understand that myself or my child is free to terminate participation at any time without penalty or prejudice and to have all data obtained from my child withdrawn from the study and destroyed. I have also been told of any benefits that may result from my child's participation.

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## Appendix D

Child  
Informed Consent to Participate in ResearchAustin Peay State University  
Clarksville, Tennessee 37044

You are being asked to join in on a research study. A research study helps us to learn more about certain topics. The purpose of this study is to look at the drawings of children who have been sexually abused and those children who have not been sexually abused. You will be given a piece of paper and asked to draw a picture of a whole person including the head, body, arms, legs, and face.

No names will be used so no one will know what picture you have drawn. You may choose not to complete your drawing and quit this study at any time and your picture will be thrown away.

If you would like to take part in this research study, please sign the paper below.

---

NAME (please print)

---

SIGNATURE

---

DATE

## COLLECTION OF DATA

1. Have **consent forms** signed by parent(s). The consent forms are enclosed in the administration packets (9 x 12 inch envelopes). There is both an adult consent form and a child consent form (labeled at the top). All adult forms must be signed. Children age 10 or above must sign the child consent form. Children under the age of 10 are not required to sign the consent form as verbal consent will be accepted.
2. Complete **demographic sheet** for the individual child (located in the administration packets). Simply fill in the blanks including the child's gender, age, grade level, race, and diagnostic category. Also write the length of time the child has been in treatment.
3. Administer the **Human Figure Drawing**.
  - A. Place the blank piece of paper (located in the administration packet envelope) vertically in front of the child approximately two inches from the side of the table or desk. THE SMALL NUMBER IN THE LOWER LEFT HAND CORNER SHOULD **NOT BE** ON THE SIDE OF THE PAPER THE CHILD DRAWS. IN OTHER WORDS, PLEASE MAKE SURE THE SMALL NUMBER IS ON THE BACK OF THE DRAWING. This is so the researchers coding the drawings will not be distracted by the numbers. You will also notice that the demographic sheets also have numbers in the lower left hand corner. This is so the demographic sheets can be later connected with the appropriate drawings as the coding of drawings will be conducted without knowledge of demographics or of which group, sexually abused or nonabused, the child belongs.
  - B. Give the child one No. 2 pencil (please use the pencils provided in the box of administration materials).
  - C. State the following instructions to the child:  
"Draw me a picture of a person on this paper."  
If the child asks questions try to respond in a nonleading manner. For instance, if the child asks what type of person to draw, say "any type of person is fine." If the child draws only one portion of a person such as a head only, tell the child to draw a whole person including head, body, arms, and legs. If the child draws

a stick figure encourage the child to draw a more realistic person. Erasing is allowed. If the child for some reason needs another piece of paper additional blank sheets are in the administration materials box (be sure you copy the number from the demographic sheet onto the new sheet). Although the child is asked to draw only one person, if he/she includes more than one person or additional items such as a house that is fine.

- D. Record the following while the child is drawing on the back of the demographic sheet.
1. The time taken to draw each picture.
  2. Questions asked the administrator.
  3. Comments during the test.
  4. Facial expressions.
  5. Body posture and emotional signs.
  6. The order of parts drawn.

4. Collect the drawing and ask the child the following questions. Record the answers on the back of the demographic sheet. If additional space is needed use another piece of paper and be sure the number from the demographic sheet is written on the additional sheet.

Is this person a man or woman (boy or girl)?

How old is he or she?

Who is he or she?

Is it someone you know?

Is he or she a friend?

What is he or she doing?

What is he or she thinking?

What is he or she feeling? (Is he happy, sad, etc.)

Tell me about this person?

Do you think you would like this person?

5. Place the demographic sheet and drawing back into the administration packet envelope along with the consent forms. Put the administration envelopes in a designated place at the Mental Health Center to be picked up by the researcher at a later date.

**Deadline for the collection of drawings is May 12, 1995.**  
**This time may be extended to June 2, 1995 if necessary.**

If you have any questions please contact Janna Hendrix at (615) 552-1363 or my supervisor, Dr. Nanci Stewart Woods at 648-7236.

THANK YOU FOR YOUR TIME AND HELP IN COLLECTING DATA  
 FOR MY RESEARCH STUDY.