

The Effect of Art Therapy on Childhood Trauma

Allison Yuan

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Both in the US and globally, the prevalence of children experiencing traumatic events is extremely high. The impact of this early trauma can be long-lasting, with the continuation of traumatic symptoms carrying over to and affecting adulthood. Among many available treatments, art therapy is a possible way to help build the resilience needed to overcome the trauma. This review analyzed the impact of art therapy as an effective treatment for children to cope and recover from their trauma. A total of 139 articles were gathered from PubMed using keywords related to the search. Ultimately, five articles met the inclusion criteria for the review. The studies, conducted both in and outside the US, explored the effects of various types of art therapies on symptoms of trauma. Overall, studies showed art therapy is an effective method to help reduce trauma symptoms and participants showed improvement in their anxiety and depressive symptoms. This form of therapy also taught children how to manage their emotions, cope with anxiety and stress, and understand and identify their feelings. This therapy was shown to build their confidence in themselves and was a positive outlet for expression. On an individual level, these children were able to use art therapy as a form of building social relationships and becoming more connected with their peers, counselors, and family. While art therapy has indicated positive effects as a treatment for trauma, the present review highlights the need for more research in this area.

Keywords: Art therapy, Trauma, Posttraumatic symptoms, Adverse Childhood Events (ACEs)

Introduction

In the US, more than two-thirds of children have experienced at least one traumatic event by age 16¹. Globally, around 1 billion children have undergone some type of physical, mental, emotional, or sexual abuse or trauma between the age of 2-17². Traumatic events like these are referred to as Adverse Childhood Events (ACEs)³. According to the Centers for Disease Control and Prevention (CDC), ACE is defined as anything potentially traumatic, such as abuse, neglect, violence, loss of a loved one, mental health problems, instability within the household, and more⁴. The impact of ACE is significant: living in a trauma-induced environment can bring toxic stress to a child, affecting his/her decision-making, stress response, and immune systems, which all negatively impact the brain development. This may carry on into adulthood where individuals might have difficulty creating or maintaining relationships, dealing with their mental health problems, or struggling to keep up with their jobs and finances. These challenges may even pass on to their children⁴. This impact highlights the need for effective trauma-informed therapies with a focus on ACEs.

According to the American Psychological Association, trauma is an emotional response to traumatic events like natural disasters, physical or emotional abuse, neglect, and the death of a loved one, which can lead to long-term feelings of denial, shock, and unpredictable emotions⁵. Trauma can have life-disturbing mental and physical symptoms, which can end up haunting an

individual for many years after the incident. Symptoms range from emotional dysregulation, numbing, physical harm, and hyperarousal to sleep disturbances, triggers, and trauma-induced hallucinations or delusions. Trauma can lead individuals to feel damaged or incompetent, see the world as an unsafe place, or believe their future is hopeless. The degree of recovery for the symptoms can be related to age as children or teens are more likely to struggle to process their symptoms and understand trauma⁶. Thus, it's important to dive into ways to treat child trauma survivors, especially with the rise in child-related trauma cases.

Currently, there are many interventions for treating trauma. One of them is cognitive behavioral therapy (CBT) and its variations. CBT focuses on the relationship between thoughts and behaviors and aims to change their patterns, helping clients develop coping strategies and change their unhealthy patterns of thought. CBT branches out to cognitive processing therapy (CPT), cognitive therapy, and prolonged exposure. These more specific treatments allow clients to dive deeper into treating trauma like Post-Traumatic Stress Disorder (PTSD) through either mental or physical exposure. In addition, there are other treatments, such as medications, Narrative Exposure Therapy, Brief Eclectic Psychotherapy (a psychodynamic approach), and Eye Movement Desensitization and Reprocessing Therapy⁷. Although there are a variety of treatment options, some, especially children and teens might find traditional therapy intimidating or hard to communicate in⁸. Thus, a non-verbal way of expres-

sion while having fun and rebuilding their positive well-being is needed to help treat trauma. One of those treatment options is art therapy. The American Art Therapy Association states that art therapy is an effective treatment for people of all ages. Art therapists can work with a variety of ages, from children with Autism Spectrum Disorder to veterans of war or older adults with dementia. Art therapy is flexible and suitable for people with a wide range of health problems⁹. According to the British Association of Art Therapies, art therapy is “a form of psychotherapy that uses art media as its primary mode of expression and communication”¹⁰. To participate in art therapy, one doesn’t need to have any experience or an established skill set; it is open to everyone¹¹.

Art therapy is an effective therapy for such a wide range of people because it allows them to express their thoughts and feelings nonverbally, through studio art, dance, drama, or music^{12,13}. Additionally, it helps generate a psycho-therapeutic effect on the patient, allowing him/her to heal the trauma or improve his/her mental health through calming activities such as drawing and clay modeling¹². This therapy modality is empirically based, with research showing evidence of boosting an individual’s self-esteem, self-worth, and competence¹⁴. Additionally, it has been shown to help clients improve their mental health, manage pain, and feel more in control of their emotions¹⁵.

Art therapy is especially effective with children¹⁶. Children are often creative and can be more nonverbal than verbal, making art therapy a perfect communication bridge for the therapist and client. Art therapy allows children to comfortably express themselves with an activity they love and find relaxation while the therapist can engage with the child, asking questions and explanations of their work¹⁷. Art can also help the child visualize his/her emotions through the vivid colors used or the expressions drawn, allowing the therapist to see and interpret each child’s unique emotional state.

Research on art therapy in managing trauma is limited. This review aims to provide a broad overview of art therapy and its effects on trauma in children. The goal is to highlight and compile data from the current literature to measure the impact of art therapy on children with ACEs. This paper will clarify and add to current research on how art therapy is effective. Thus, this research begs the question: Does art therapy effectively decrease symptoms of trauma in children who have experienced traumatic events or ACEs?

Results

After completing screening, 5 articles remained that met the inclusion criteria for the present review. All papers were published in the 21st century and contained research with children and adolescents aged 5-20. Sample sizes ranged from 30 to 470, and more than half of the articles collected data from participants outside of the United States¹⁸⁻²¹. Each study employed its

own method of art therapy to understand the effect of different creative art therapies on children with trauma.

The oldest article, published in 2004, was a longitudinal pilot study that explored the impact of art therapy versus other standard treatments on children with post-traumatic stress symptoms. The study was conducted on 83 children/adolescents in the United States aged between 7 and 17 years old. To explore their research question, researchers implemented an incident-specific medical trauma art therapy, the Chapman Art Therapy Treatment Intervention (CATTI)²². This therapy was conducted during 1-hour one-on-one sessions where the child drew and explained their narratives of the medical trauma they experienced. To measure PTSD symptoms, researchers used the UCLA PTSD-RI²³, which is an updated version of the Child PTSD Reaction Index²³, the most commonly used PTSD assessment tool. This measure consisted of three parts: screening of past and current traumatic events, exposure and experience to the events, and the assessment of each PTSD symptom. Results showed that art therapy had the same impact on reducing symptom severity as other treatments. While art therapy helped target the reduction of avoidant/numbing PTSD symptoms, it was only for the short term²². Overall, this pilot study demonstrated that art therapy is a potentially promising intervention, but more research is needed.

In contrast to the 2004 study, Rowe and colleagues (2017) expanded the focus to refugee adolescents from Burma, a country in Asia now known as Myanmar. The study involved a sample size of 30 children from Burma between 11-20 years old. Art therapy was implemented using the Burma Art Therapy Program (BATP)¹⁹, a program consisting of individual and group sessions conducted in school and community settings to help patients find their strengths and lessen their negative symptoms. Three assessments: 1) The Piers-Harris Self-Concept Scale²⁴, 2) the Hopkins Symptoms Checklist²⁵, and 3) the Harvard Trauma Questionnaire²⁶, were used to measure symptoms of trauma or mental illness. The results were mixed in terms of the impact of art therapy on mental health: symptoms of anxiety decreased while symptoms of depression increased, but not by a statistically significant amount. Researchers hypothesized that this increase likely happened temporarily due to patients opening up to their trauma¹⁹. This study suggests future research should implement qualitative and descriptive analyses in addition to quantitative methods. This combination is needed to fully understand art therapy’s effect through more art-based assessments, i.e. the Diagnostic Drawing Series²⁷. Overall, this study continues to demonstrate the potential positive impact art therapy has on PTSD symptoms.

Building on these findings, a 2019 study by Westrhenen and colleagues explored the effect of a 10-session creative arts program on children who had experienced a traumatic event. The sample included 125 children from South Africa aged 7-13. The Creative Arts in Psychotherapy (CAP) program²⁸ had 90-minute

sessions of different activities such as dance, drama, and storytelling. Trauma was measured with the Child PTSD checklist²⁹, a 28-item checklist in which higher scores showed more severe PTSD symptoms. This checklist had three subsections: hyperarousal (a heightened sense of anxiety and reactivity), avoidance (avoiding reminders of traumatic events), and re-experiencing (reliving the traumatic experience). The study included a control group, which was a non-therapeutic group that instead went through a court preparation and support program that provided emotional support and legal knowledge to help children and parents cope with and prepare for their appearance in court. The control group worked with social workers over many sessions focused on the court process rather than the psychological effect of the trauma experienced. The results of this study supported art therapy as a treatment modality to reduce PTSD symptoms, as hyperarousal and avoidance symptoms were decreased after CAP. However, it did not mitigate reexperiencing symptoms²⁰. This study demonstrated the potential impact art therapy may have on reducing certain PTSD symptoms.

In 2020, Woollett and colleagues sought to measure the effect of art and play therapy implemented alongside trauma-focused cognitive behavior therapy (TF-CBT)³⁰, an empirically supported trauma treatment, as an intervention for children and their mothers who had survived domestic violence. The study included 21 participants with children aged 5-14. This study was conducted in the United States and South America. Researchers combined art and play therapy with TF-CBT, using different visual art materials like markers, crayons, toys, dolls, and puppets. These therapy groups were conducted once per week over 12 weeks, with each session lasting 1-2 hours. Sessions were conducted with psycho-education, using books like “A Terrible Thing Happened” by Margaret Holmes and “Brave Bart” by Caroline Sheppard. Children would listen to or read the stories and then draw the parts they found most frightening. Afterward, these drawings were discussed with a focus on children learning and identifying their own and others’ feelings. Mothers also went through the same treatment of identifying with characters from the books to understand the impact of trauma on their children, in addition to learning parenting tools. Researchers measured symptoms of depression using the Children’s Depressive Inventory (CDI)³¹, and PTSD symptoms through the Post Traumatic Stress Disorder Reaction Index (PTSD-RI)²³. Ultimately, the researchers found that for the non-verbal play therapy, there was a decrease in symptoms of trauma and this allowed the mother to better understand the child’s fears and communicate the child’s needs more effectively²¹. Similar to previous studies, this study demonstrated that art therapy reduces trauma symptoms in addition to increasing parent-child communication.

Lastly, Ezeh and colleagues (2023) measured the impact of interactive media-based dance and art therapies on reducing PTSD symptoms. The study was conducted with 470 Nigerian

adolescents, aged 10-18, who had experienced abduction. Art therapy was conducted through twenty 2-hour sessions, focusing on allowing the children to draw, explain, and express their feelings through visual means. Dance therapy was conducted through the same twenty 2-hour sessions, focusing on movement in the client to help them increase relaxation, enhance self-awareness, and engage in body movements to assist with gaining emotional control. Trauma symptoms were measured through the 12-item International Trauma Questionnaire (ITQ)³². The study also included a control group who received no intervention. Results showed no significant decrease in PTSD symptoms for the intervention groups (art or dance) as compared to the control group. Despite no significance, the dance group reported the highest drop in PTSD symptoms, highlighting the potential of dance therapy as an effective treatment¹⁸. This is the only study in this review to demonstrate that art therapy may not reduce PTSD symptoms and calls into question whether art therapy is effective for all types of traumatic experiences.

Discussion

The present review demonstrates that art therapy may be an effective intervention for reducing symptoms of trauma and PTSD. In all the studies, art therapy did produce positive results and helped reduce PTSD symptoms such as avoidance, hyperarousal, and reexperiencing. In some cases, participants’ anxiety and depressive symptoms also decreased. Overall, this review demonstrates the potential positive impact that art therapy may have on mental health.

While many studies showed a decrease in PTSD symptoms as a result of art therapy, many of these studies demonstrated that this difference was not much larger than the reduction of symptoms using other interventions, meaning that art therapy may not be more effective than other forms of treatment. Despite this, many of these studies had limitations such as low retention rate or small sample size, indicating that more information is needed to determine whether art therapy is more effective than other interventions. With more data collection and larger sample sizes, researchers would be able to see whether the effects of art therapy differ from the effects of other interventions.

Qualitatively, art therapy did improve the children’s well-being and taught them lessons on how to understand and identify their feelings. In the study by Westrhenen and colleagues (2019), children were seen smiling more after completing the treatment, showing that they gained confidence in themselves. They developed a platform to express their emotions and even developed empathy through being in a supportive group setting. According to their families, they slept better and were less resistant at home. The social workers carrying out the art therapy noted how the children were turning a new leaf, transitioning from victims to survivors. Art therapy even went beyond the individual child and strengthened relationships between mothers and their chil-

dren²⁰. In the study by Woollett and colleagues (2020), through different art calming practices, children learned how to soothe themselves when stressed, and mothers were able to gain insight into the emotional well-being of their children and themselves. Art therapy not only acted as a bridge between the therapist and child but also between mothers and their children, showing it as an effective multifaceted treatment²¹.

All five studies shared the goal of using creative arts therapies to help reduce PTSD symptoms in children, but they each focused on different populations and types of trauma. Each study showed that art therapy had potential, with Westrhenen et al. (2019), Woollett et al. (2020), and Rowe et al. (2017) using a mix of art, dance, and play therapies to help children express and process their emotions^{19–21}. However, the trauma experiences they focused on varied: Schreier et al. (2004) examined posttraumatic stress symptoms in children following mild to moderate trauma, Rowe et al. (2017) worked with refugee adolescents from Burma, Westrhenen et al. (2019) looked at general trauma in South African children, Woollett et al. (2020) studied children in domestic violence shelters in the U.S. and South Africa, and Ezeh et al. (2023) examined Nigerian children affected by abduction^{18–22}. As a result, findings were mixed. For instance, Westrhenen et al. (2019) found that art therapy significantly reduced hyperarousal and avoidance symptoms, while Ezeh et al. (2023) study didn't show much change in PTSD symptoms^{18,20}. In the study by Rowe et al. (2017), refugee adolescents showed improvements in anxiety symptoms but an increase in depression, which could be a result of the therapy bringing up painful memories¹⁹. This is in contrast to U.S.-based study by Woollett et al. (2020), where art therapy helped improve communication and reduce trauma symptoms for both children and mothers²¹. The mixed results in the refugee adolescents may be due to the more complex trauma experienced, indicating longer or more specialized interventions. Ultimately, these studies suggest that while creative arts therapies have potentials, their effectiveness seems to depend on the type of trauma and cultural context, indicating the need for more customized approaches for different groups.

Despite their differences, the studies reviewed had a similar limitation: a small sample size due to factors such as participant selection, low retention rates, and cultural barriers. First, the small sample sizes made it difficult to gain enough data to fully test and analyze the broader impact of certain art therapy treatments on trauma in different demographics. Schreier et al. (2004) mentioned the potential lack of participants with higher PTSD severity due to parents' fear of their children's safety, lack of understanding of the treatment, or children being too afraid to participate²². Therefore, their research may not be generalizable to children with more severe PTSD symptoms. Ezeh et al. (2023) also mentioned the flaws of not experimenting on adults with trauma who could benefit from art therapy¹⁸. The studies of Westrhenen et al. (2019) and Woollett et al. (2020)

commented on low retention rates that contributed to the small sample size^{20,21}. Westrhenen et al. (2019) wrote that their population demographic targeted underprivileged areas where people prioritized food and shelter over seeking treatment for mental health, so some participants dropped out of the study before its completion²⁰. Likewise, Woollett et al. (2020) discussed the high turnover rates in the shelters where they were gathering data, which ultimately made the research resort to focusing on shorter interventions only²¹. Lastly, with participants from out of the country, the cultural factors created a barrier to gaining a larger sample size. Westrhenen et al. (2019) described that many South Africans still had a traditional manner of examining and treating health, making it difficult for many to participate in a study with art therapy as a treatment method²⁰. Similarly, Rowe et al. (2017) reported factors such as language barriers between researchers and participants, which made the evaluation process challenging and possibly didn't capture the full impact of art therapy¹⁹. These factors highlight the need for more accessible and culturally tailored approaches in future research to ensure broader participation and more reliable findings.

In general, according to all five studies, there was a reduction of trauma symptoms, but only for the short term. Art therapy has its shortcomings and various factors affect how effective it could be. For example, art therapy may not always be effective for those experiencing cognitive symptoms such as flashbacks or intrusive thoughts, who might benefit more from cognitive-behavioral therapy. Cultural and personal factors also influence its outcome. Further research is necessary to determine which trauma types and PTSD symptoms respond best to art therapy and how it can complement other therapeutic methods. Additionally, children may engage either with free-expression activities, i.e. drawing, or more structured tasks, depending on their preferences and comfort level with the therapist. This variability emphasizes the importance of customizing therapy to meet each child's unique needs.

This present study is also not without limitations. First, only five articles were reviewed due to the inclusion and exclusion criteria and the limited research on art therapy on trauma, which makes the generalizability of the study a challenge. For example, analyzing the articles on refugee children who are already vulnerable and have particular traumas may have led to selection bias. This narrow focus on this specific demographic can potentially affect the applicability of the results of this study to broader populations. Moreover, there are many other papers on art therapy that were not within the scope of my research question but broadening the question and including those may allow for a better understanding of the effect of art therapy on trauma symptoms. In general, it would be best to diversify the demographics, factoring in aspects like the different cultural and socioeconomic backgrounds. More specifically, future research could explore the longitudinal studies, diving into the quantitative and qualitative aspects of other articles. Also, it would be

ideal to demonstrate a side-by-side comparison of art therapy and other interventions on treating trauma. For example, looking at the effect of cognitive behavioral therapy in comparison to art therapy or exploring outcomes in addition to responses to PTSD can help increase the reliability and generalizability of the research study and allow for a more comprehensive understanding of art therapy. Second, there was only one database, PubMed, used to search for articles. While PubMed has indexed millions of citations, there are certain journals not included which may cover additional art therapy studies. Future research could expand on search base to include other databases such as PsychInfo or JSTOR. In general, a larger sample size with an expanded database would generate stronger conclusions.

Overall, this review shows the variety of forms art therapy can take while still being effective at decreasing symptoms of trauma and PTSD. Through art therapy, children gained tools to identify, express, and manage their emotions. In support groups, they developed empathy and showed better state of well-being. This review highlights the positive effect of art therapy in children who have experienced trauma since it reduces symptoms of PTSD. This paper adds to current research; however, more research is needed to fully understand the impact of art therapy on children with ACEs.

Methods

This paper compiles articles from PubMed related to art therapy, trauma (ACEs), and children. An initial review was conducted to exclude irrelevant papers followed by the process of extracting information specific to the research question.

Search Strategy

In August 2024, the specific search terms below were searched on PubMed to find articles related to art therapy, children, and ACEs.

("art therap*" OR "creative art* therap*" OR "art making" OR "art-making" OR "artbased therap*" OR "art based therap*" OR "art psychotherap*") AND ("child*" OR "adolescent*") AND ("Adverse child* experience*" OR "ACE*" OR "maltreatment" OR "trauma*")

All papers published until August 2024 are included. See Figure 1 below for paper inclusions and exclusions. Figure 1 illustrates the selection process presented as a PRISMA flow diagram per the PRISMA guidelines. It outlines the number of records identified, screened, excluded, and included, providing a clear overview of the methodology used for study selection.

Inclusion/Exclusion Criteria

In the first round of review, 139 articles were collected from PubMed. All titles and abstracts were reviewed and articles were excluded based on no original data collection (n= 28), case studies (n= 8), conference presentations (n= 1), redacted (n= 1), no art therapy (n= 18), non-adolescent population (n= 23), or trauma not assessed as an outcome (n= 12). The exclusion criteria was adopted to focus on articles with experimental data tailored to the literature research in the adolescent population. It was important to stay away from articles that were already literature reviews or case studies since the goal was to use original data to analyze and form a new literature review. Next, there was a complete full-text review of the included papers among which certain articles were excluded later for the following reasons: dissertation (n=1), art therapy and trauma relationship not assessed (n=3), no art therapy (n=8), no original data collection (n=11), non-children or adolescent population (n=5), qualitative research (n=9), trauma not assessed as an outcome (n=3), and unable to get access (n=2). Overall, the target of this review was to examine the effect of art therapy on trauma so any articles not related to art therapy or trauma were excluded to allow for a more accurate data pool. Eventually, 5 articles were selected based on the above criteria and prepared for data extraction.

For data extraction, each article was read in detail, and special attention was paid to: study size, participant demographics, description of art therapy, trauma measured, results/discussions, and limitations. After the information gathered in an Excel sheet was analyzed and organized, the data extraction was complete.

Eventually, through meticulous screening process, the researcher was able to locate the specific articles which met her research criteria on art therapy on children/adolescents with trauma. The selection process allowed for the right articles needed for this present literature review based on current studies published online.

Data Synthesis

After the exclusion/inclusion process, a qualitative analysis was performed on the five articles selected. A Google Excel sheet was used to break down each article into separate categories. The first category was "General Info" and contained information such as title, abstract, first author, and year. Next, there was a Methods section, diving into sample size, age range, gender, country, description of art therapy, control condition, trauma outcome, and trauma measure. The last category was the results, discussions, and limitations section. With these categories labeled out, each article was read in detail, and information from the articles was extracted and inputted into the category boxes in the Excel sheet. Each article was analyzed separately, sorted into designated categories, and compared with the other four. The similarities and differences were recorded.

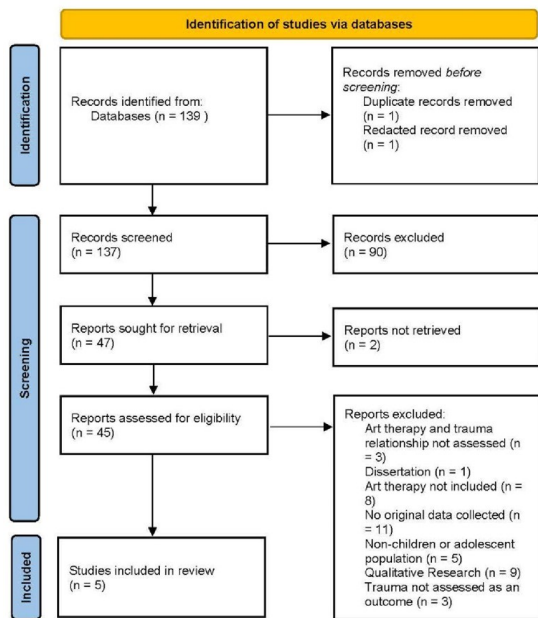


Fig. 1 PRISMA Flow Diagram for Review Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. This work is licensed under CC BY 4.0. To view a copy of this license, visit <https://creativecommons.org/licenses/by/4.0/>

Conclusion

This review highlights the potential of art therapy, because of its nonverbal nature, as an effective treatment for childhood trauma. Many children, particularly those who've experienced multiple traumatic events, encounter much difficulty articulating their emotions and recounting their experiences³³. Art therapy offers these children a safe outlet to express their emotions of fear, confusion, or sadness, which might not be optimally addressed through other treatment modalities. With painting, drawing, and other creative endeavors, these children are able to externalize their trauma, which makes it easier and less overwhelming for them to process their emotions³⁴. Art therapy, as a type of non-verbal communication, is especially helpful for young children with developmental delays or children from cultures where emotional suppression is common^{35,36}. Art therapy provides these children with means to express themselves in a nonjudgemental and less intimidating environment, facilitating a therapeutic process where children can feel completely heard and understood¹⁷.

Although with many advantages, art therapy does not work in all settings. Studies show different outcomes in various circumstances when looking at its effectiveness³⁷. A number of factors can impact how well art therapy works, including the degree of trauma, the type of art activity used, and the child's individual needs as well as readiness to participate. Even though art therapy has appeared to lessen certain PTSD symptoms like anxiety, de-

pression, and emotional dysregulation, to understand how well it actually works depends on the exact type of trauma experienced and the specific symptoms an individual is dealing with. For example, people who have survived intense PTSD, especially those who have experienced long-lasting or multiple traumas (i.e. abuse in childhood or violence in the home), often have difficulty communicating what they feel using words³⁸. Art therapy can be a powerful tool for these people because it gives them a chance to show their deep sentiments and share emotions that would otherwise be hard to express using verbal language. Art therapy is also especially beneficial for addressing symptoms like emotional numbing, avoidance, and hyperarousal, as it provides a non-verbal outlet for processing trauma³⁴. However, for individuals who primarily experience cognitive symptoms, such as intrusive thoughts or flashbacks, art therapy may not always be as effective on its own. Those individuals might require additional interventions, such as cognitive-behavioral therapy (CBT), which focuses on changing their negative thought patterns⁷. Moreover, cultural and personal barriers may also influence how well one engages with art therapy. Art therapy is not a one-size-fits-all approach, and it is crucial to recognize that treatment must be tailored to each individual's unique trauma history and symptomatology¹². As a result, more research is needed to further explore which trauma types and PTSD symptoms are most responsive to art therapy, and how best to integrate it with other therapeutic approaches for optimal results. Additionally, some children may respond better to activities that allow for free expression, such as drawing or painting, while others may benefit from more structured art projects that help guide emotional exploration. The variability in the child's engagement, as well as their level of comfort with the therapist, also plays a role in determining how effective art therapy is³⁹. These factors suggest that while art therapy can be beneficial, it may not always be the best or most feasible intervention for every child, and instead, a tailored approach is needed to suit each child's needs.

Even with these limitations, the positive effects of art therapy, such as improved emotional expression and better overall well-being, make it a highly viable option for trauma treatment. It's been demonstrated that art therapy can help children/adolescents manage their feelings positively in an unbiased environment as well as those who don't respond well to traditional "talk" therapy³⁴. Also, art therapy enhances abilities such as control of emotions, self-esteem, and self-assurance, which are important for children healing from trauma¹⁴. The careful integration of art therapy into existing treatment protocols for childhood trauma could provide a more holistic approach. This more all-including approach can particularly complement customary therapies such as cognitive-behavioral therapy. As part of a broad treatment plan, art therapy may address the emotional and mental needs of the child, along with the social elements of trauma recovery, helping children gain better connections with people and develop improved communication skills. Incorporat-

ing art therapy into trauma care may improve the effectiveness of treatment by offering additional pathways for emotional healing.

Going forward, more studies are needed to fully comprehend how art therapy works in multiple contexts to determine its effectiveness. More academic studies are needed to carefully examine the different types of trauma, as well as the specific art projects employed to address it, and the personal traits of the children who are more likely to benefit from art therapy. It's important to examine the long-term effects of art therapy and its significant contribution to mitigate later-in-life mental health problems in severely traumatized children. As the research on art therapy grows, there is potential for its wide adoption in trauma treatment programs, especially for children who are less comfortable with verbal forms of therapy. By continually exploring art therapy's role, researchers can better integrate it into comprehensive treatment plans to meet the diverse needs of children affected by trauma.

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