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Adverse Effects of Early Exposure to Pornography and the Utilization of Art Therapy

by Meghan Potts, Bachelor of Arts

A Grant Proposal Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Master of Arts
in the field of Art Therapy Counseling

Advisory Committee:

Megan Robb, ATR-BC, LPC, NCC, Chair

Jayashree George, DA, ATR-BC, LMFT, SEP

Shelly Goebel-Parker, MSW, LCSW, ATR-BC

Graduate School
Southern Illinois University Edwardsville
May, 2023

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ABSTRACT

ABSTRACT

ADVERSE EFFECTS OF EARLY EXPOSURE TO PORNOGRAPHY AND THE UTILIZATION OF ART THERAPY

by

MEGHAN POTTS

Chairperson: Megan Robb, ATR-BC, LPC, NCC

Pornography is not a new phenomenon in our culture or world. With the expansion of the affordability, accessibility, and anonymity of pornography, demand and consumption rates have also escalated, along with the adverse impact associated with this growth (Coopersmith, 2006 as cited by Dines, 2017). This two-year grant proposal seeks to focus its efforts on serving children, the population being exposed to this widespread phenomenon (Wright, Paul, et al., 2021). The full-time art therapist will carry out trauma-informed prevention and intervention methods to advocate for the mental and physical health of children in individual, relational, and community contexts. This will be accomplished through direct and indirect services by establishing an art therapy position to provide individual counseling, facilitating small-group psychoeducation sessions, and organizing community screening events.

Keywords: *art therapy, abuse, adverse childhood experiences, adverse effects of pornography, attachment, childhood trauma, human trafficking, intervention, public health, prevention, trauma*

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CHAPTER I

INTRODUCTION

My ardent support for the fortification of the physical and mental health of children serves as the inspiration for this grant. I have had numerous opportunities to interact with children and families through clinical and nonclinical settings, including community events, jobs, and graduate-level internships for art therapy and counseling. A common theme I have noticed through my experiences and my continued education is the impact that childhood can have on shaping the trajectory of a person's health throughout their life. Additionally, I have become increasingly aware of how the individual, familial, and communal circles are impacted by the foundation built in childhood. A large part of this foundation consists of the prevalence of both positive and negative experiences and attachments to others as the brain develops. Consistent positive experiences and relationships can increase beneficial outcomes such as resiliency and healthy physical and mental well-being, while negative experiences, such as traumatic events, can result in adverse effects. One such example of negative experiences that can result in enduring effects is pornography consumption, especially among children. Although the consequences from consistent pornography use are applicable across all ages (Leonhardt et al., 2017), this grant seeks to focus its efforts on the population that is *first* exposed to this widespread phenomenon- children (Wright, Paul, et al., 2021).

Much like the ripple effect of a droplet hitting the surface of the water, early exposure and consumption of pornography can lead to adverse effects on individual, relational, and cultural levels. The individual level is linked with the internal experience of the person wrestling with a pornography habit. This increases the rates of depression, anxiety,

loneliness, low self-esteem, and has detrimental effects on the overall mental health of the individual (Butler et al., 2018; George et al., 2019; Koletić, 2017; Nolot, 2021; Perry, 2016; Wordecha et al., 2018). The next ripple that the adverse effect of pornography directly impacts has more of an external impact. This includes the relationships the individual has with others, such as peer groups, romantic partners, and family life. On the relational level, exposure increases the risk of behaviors such as eating disorders, addiction, substance abuse, violent behavior, younger age of sexual debut, and a distorted view of relationships (George et al., 2019; Kühn & Gallinat, 2014; Perry, 2016; Tylka & Van Diest, 2015). In addition to the impact on individual and relational areas, exposure can impact the cultural, or societal levels. This includes the objectification and dehumanization of others (Cikara et al., 2011; Seabrook, 2018; Zhou et al., 2021), the internalized sexual objectification of the self (Koval et al., 2019), and unrealistic expectations about sex (Rothman, 2021; Wright, 2013/ 2015). The rampant pervasiveness of the adverse effects of pornography on the individual, the family, and the community is a topic that cannot be ignored when exploring the defense of the physical and mental health of children. Through the art therapy position outlined in this grant, the protection of the physical and mental health of children can be made more secure through the use of both prevention and intervention strategies from a trauma-informed approach.

There are three key factors that increase the demand and consumption of pornography: affordability, accessibility, and anonymity (Coopersmith, 2006 as cited by Dines, 2017). In North American culture today, studies show that pornography websites “get more visitors each month than Netflix, Amazon, and Twitter combined” (Bradley, 2018, p.

448), and that it is a multibillion-dollar industry with an estimated \$12 billion coming from the United States alone (Benes, 2018; Things Are Looking Up in America's Porn Industry, 2015). Pornography takes many forms and can be defined "as the portrayal of sexual subject matter for the purpose of sexual arousal using various means that include books, magazines, drawings, videos, and video gaming... it is the depiction of the act rather than the act itself" (George et al., 2019, p. 44). The previously mentioned key factors have undoubtedly had an impact on the average age of exposure to pornography, which is estimated to be between 8 and 11 years old (British Board of Film Classification (BBFC), 2020; Donovan, 2016; Kamenetz, 2019). Given that the brain is still developing until approximately the age of 25, lifelong adverse effects are more likely to materialize with early exposure to pornography.

There is thorough research that shows evidence of the interrelationship between the pornography industry and sex trafficking, also known as modern-day slavery (Beck, 2017). Sex trafficking is legally defined by the Trafficking Victims Protection Act (2020) as "a commercial sex act [that] is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age." A common misconception about human trafficking is that it most often involves kidnapping or physical force from a stranger (Bouché & Thorn, 2018). The evidence shows the use of pornography as part of the grooming process by sexual predators to normalize the abuse that victims experience, to lower victim's inhibitions, and to desensitize them to sexual advances (Lanning, 2010, International Centre for Missing and Exploited Children, 2017).

Corresponding with the previously mentioned definition, everyday situations in both the production and consumption of pornography can be legally qualified as sex trafficking

(Clark-Flory, 2018; Hughes, 2010; Blaustein, 2018). Multiple studies, both quantitative and qualitative, give evidence that major pornography websites host, advertise, and profit from material gained through sex trafficking (Alfering & Meineck, 2020; Burgess, 2020; Kristof, 2020; Kristof, 2021; Thorn, 2015). Although the argument has been made that pornography can be ethical, the consumer of this material cannot guarantee that the pornography they are watching is not the abuse and exploitation of another human being (Agnew, 2020; Bates, 2016; Fight the New Drug, 2021b). As stated by Fight the New Drug (FTND), “sex trafficking shares a variety of symbiotic connections to porn. Often, they’re one and the same. But as long as there’s a demand for porn—especially porn that is extreme, abusive, or degrading—the porn industry will continue to exploit people to meet that demand” (n.d.).

With the accessibility, anonymity, and affordability of pornography continuing to grow, the adverse effects of early exposure will also progress in the individual, relational, and cultural areas of life if no prevention or intervention means are utilized. Fortunately, there are numerous resources to serve as prevention and intervention tools. Organizations such as Culture Reframed (2022), FTND (2016), Saving Innocence (n.d.), Exodus Cry (n.d.), Defend Young Minds (2022), The National Center on Sexual Exploitation (NCOSE) (n.d.), Enough Is Enough (2018), The Reisman Institute (n.d.), Collective Shout (n.d.), and others provide educational materials about the adverse effects of pornography.

For this grant, I am partnering with Pure Hope Foundation (PHF), whose organization exists to strengthen families and restore survivors of sex trafficking in Mount Vernon, Texas (Pure Hope Foundation, 2022). Using the acronym, F.R.E.E., this organization aims to help those that they work with by: Fighting the battle against trafficking on multiple fronts,

Restoring survivors, Empowering advocates, and Ending the demand. PHF currently offers trauma-informed restoration programming to families and individual survivors of human trafficking, retreats to empower advocates, events to strengthen families, and outreach through their advocacy program. These resources include trauma-informed intervention programs through multidisciplinary therapies, nutritional education, financial literacy, GED pursuit, College Prep, and more. PHF also offers resources to the community to promote healthy living by addressing the issue of trafficking through various outlets. These outlets include equipping volunteers through their Ambassador Program with the knowledge of “what human trafficking is, how it happens, how to recognize the signs, and how to be part of the solution to ending it” (Pure Hope Foundation, 2015, para. 1). One tool used to equip agents of the Ambassador Program is a required reading of *The Typology of Modern Slavery* by the Polaris Project (2017).

PHF’s vision for growth includes the addition of Hope Ranch with the goal of creating multiple Hope Homes to utilize PHF’s Restorative Care Program. Their hope is that this will “establish a global training center where individuals and groups will be trained and equipped to serve [survivors of human trafficking]” (Pure Hope Foundation, 2022). The Hope Homes will also be used to “host events at our retreat center to serve, empower and equip advocates of trafficking victims” (Pure Hope Foundation, 2022). PHF also plans to “establish a family camp to serve and strengthen families in a fun, beautiful setting” (Pure Hope Foundation, 2022). Resources that are utilized in this setting include:

- Blue Campaign- Curriculum and media to combat trafficking from Homeland Security (Blue Campaign, 2013)

- A21 Education- age-appropriate resources and activities designed as preventative measures for children and teens (A21, n.d.)
- Attorney General of Texas- ADA compliant videos and resources to help spread awareness on sex trafficking (Paxton, 2019)

Although PHF has various services to offer prevention and intervention resources that focus on sex trafficking, including talk therapy and equine therapy, there is no programming that incorporates art therapy with a registered art therapist. The application of art therapy creates “a holistic approach to treatment that can appeal to children of all developmental, cognitive and cultural diversity” (p. 126, Racco & Vis, 2014) and “assists children exposed to traumatic events with expressing emotions and communicating their experiences” (p. 126, Malchiodi, 2001 as cited by Racco & Vis, 2014). There is also limited focus and resources on the impact of pornography on the PHF website. Taking into consideration PHF’s mission and vision for growth, this grant will fund a full-time art therapy position within PHF that will facilitate healing for the child, family, and community through psychoeducation and trauma-focused treatment interventions. The mission of this position addresses the individual, relational, and cultural impact that the adverse effects of exposure to pornography have in each of these areas. The purpose of creating this position is to promote healing through means of prevention and intervention. This will be accomplished through the art therapist and other staff at PHF.

CHAPTER II

ASSESSMENT OF NEED

Within PHF is a Restorative Care Program for survivors who have “graduated” from first-stage programs that focus on the initial stabilization of survivors of human trafficking. This transitional second-stage program aims to promote continued healing, personal development, educational resources, and vocational support to prepare those who have been impacted by the atrocity of human trafficking (Pure Hope Foundation, 2022).

Due to the link between pornography and the sex trafficking industry, the direct prevention and intervention services proposed for this position at Pure Hope Foundation are a suitable match. PHF is located in northeast Texas, in Mount Vernon, with a population of 10,359 as of 2020. According to the National Human Trafficking Hotline (2000), Texas was one of the top 10 in the list of states with the highest number of reported human trafficking cases in 2019. The United States Census Bureau (2021) reported that 91.6% of households in Mt. Vernon have computers, and 84.4% have access to the internet in their home. With the accessibility, anonymity, and affordability of pornography continually growing, the adverse effects of early exposure can also be expected to increase. While specific statistics of the pornography consumption rate for this geographical area are difficult to track, it is imperative that individuals, families, and community members are informed about the adverse effects of pornography.

Based on a report from 2019, the reach and impact of PHF included 72 survivors of human trafficking served, 20,257 advocates equipped through education and awareness, 1505 people engaged through local community events, 296 people participated in group retreats,

and 11,381, 585 individuals reached through media resources since the organization's conception in 2015 (Candid, 2019).

While PHF's website mentions other interdisciplinary therapies such as equine therapy, there was no indication of art therapy services currently being offered. As evidenced by PHF's website, the direct services currently offered focus on restoration at the individual level, while the familial and communal levels have an indirect approach. With the implementation of support groups for families and the option of psychoeducation courses, a more direct approach to services can be included.

The responsibilities of the art therapist outlined in this grant address the ongoing process of early exposure to pornography in the family unit. This will be accomplished through a psychoeducational program designed for parents and other concerned adults. The no-cost Parents Program course offered by Culture Reframed (CR) aims to "build young people's resilience and resistance to hypersexualized media and porn while promoting their healthy development" (Culture Reframed, 2022). This research-driven program covers topics such as digital and online safety, educational videos, and sample conversation scripts to empower parents in navigating healthy conversations about pornography with their children.

Along with the trauma-informed restoration resources for survivors of human trafficking, PHF provides their facility to be used for retreats and training that empowers and equips advocates. PHF also offers its location to "host men's events to... address the issue of trafficking at its source, rather than from a symptomatic approach" along with community events to raise awareness and prevent exploitation" (Pure Hope Foundation, 2022). To

provide further services for the family and community, the art therapist will offer support groups for caregivers.

The ambassador program at PHF consists of local, national, and worldwide advocates who bring awareness and education to the dangers of trafficking. Knowing the intertwined relationship between human sex trafficking and pornography, it is advantageous to include psychoeducation surrounding the effects of pornography in the program. Therefore, the art therapist will work collaboratively to integrate materials about the adverse effects of pornography into the pre-existing ambassador program at PHF.

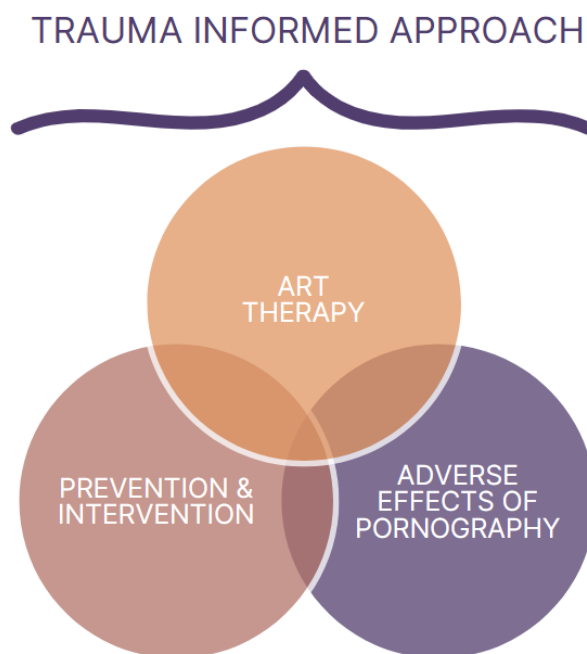
CHAPTER III

REVIEW OF LITERATURE

The review of the literature included articles that are already available. Figure 1 shows the key areas discussed in this literature review: the effect of early exposure to pornography, art therapy, and prevention and intervention methods through a trauma-informed perspective. The literature review discusses the overlap that exists between these areas and the need for development where the three intersect.

Figure 1

Venn Diagram of Key Areas



I primarily utilized Google Scholar, EBSCO, ScienceDirect, Truth About Porn, and PsychInfo for the findings of the articles and resources as shown by Table 1. Table 1 also outlines the alternate search terms that were used for research. I found that I mostly relied on phrases and words that relate to the adverse effects that pornography consumption has on the

development of the brain. Given that the impact of pornography is not confined to geographical borders, this literature review contains information concerning this topic from a variety of cultural perspectives including America, Indonesia, India, Israel, and more (George et al., 2019; Levin et al., 2021; Perry, 2016; Yunengsih & Setiawan, 2021).

Table 1

Alternate Search Terminology

Exposure to Pornography	Intervention Methods	Art Therapy	Search Engines
Effects of Pornography Trauma	Psychoeducation Counseling Group	Art Psychotherapy Addiction Mental Health	EBSCO Google Scholar Science Direct
Internet Pornography (IP) Youth Children Behavior Development Child Sexual Exploitation (CSE) Addiction	Counseling Program Prevention Community Sexual Health	Expressive Therapies Continuum (ETC) Creative Arts Therapy Trauma Attachment	Truth About Porn

Adverse Effects of Early Exposure

The literature shows the effects of early exposure to pornography include an adverse impact on the child's developing brain (Anda et al., 2005). This includes a negative impact on their behavioral and cognitive well-being in addition to the addictive characteristics of porn. On a behavioral level, research shows that those who frequently consume pornography are more likely to "have lower degrees of social integration, increase in conduct problems, higher levels of delinquent behavior, [and] higher incidents of depressive symptoms" (CDC Foundation, 2019; George et al., 2019, p. 46; Perry, 2016). The literature also points to an increased likelihood of those exposed to pornography at an earlier age engaging in risky sexual behavior (such as condom-less and unprotected sexual intercourse) at an earlier age as compared to their peers who had not been exposed to pornography (Dines, 2017; George et al., 2019; Yunengsih & Setiawan, 2021).

Pornography & the Brain

The effect of early exposure to pornography on the brain greatly impacts the neural connections made in the hypothalamus and the development of the prefrontal cortex. Because of these parallels, pornography has been linked to having similar effects on the brain as drug addiction (Love et al., 2015, Stark & Klucken, 2017, De Sousa & Lodha, 2017). This largely has to do with how the reward center in the brain functions. Dopamine is the pleasure chemical that is released as a result of a perceived pleasurable experience, and this reinforces the behavior associated with the chemical release. While this process is necessary for discerning preferences, it can be manipulated into an unhealthy feedback loop that causes the individual to seek out the trigger of the process. This is generally what happens with the use

of addictive drugs, and this same system is engaged and reinforced with the use of pornography. When the behavior is utilized more often, pathways are formed within the brain and an increased amount of dopamine is released which create cravings for the stimuli. As these levels increase, the cravings also increase, which “can push consumers to search longer and more diligently for the same level of “high” (Fight the New Drug, 2022, para. 13; Laier & Brand, 2017).

In addition to this reward center, which is an area that is found in most mammals, humans uniquely have the prefrontal cortex area of the brain. This section of the brain, which is not yet fully developed by the time adolescents are typically exposed to pornography, is responsible for impulse inhibition, attention, and overall cognitive control (George et al., 2019; Levin et al., 2021; Perry, 2016; Yunengsih & Setiawan, 2021). Arguments have been made against identifying pornography as a drug, as demonstrated by the inconsistencies in the diagnostic manuals of the ICD-11 and the DSM-V (Snipes, 2022). However, given the lack of development in the prefrontal cortex and the evidence of hypofrontality (a key factor in classifying addiction), pornography consumption meets the diagnostic criteria of an addiction (Bell & Ronken, 2011; Hilton, 2021).

Hypofrontality refers to a decreased frontal control over the brain’s impulses, and in some cases, a physical decrease in frontal brain matter (Gallinat & Kühn, 2014). As Perry described, “high pornography consumption is associated with smaller grey matter volume in the viewers and is associated with down-regulation of the brain’s response to erotic material. These neural changes in the brains of pornography users do not prove causation, but they are similar to the changes seen in the brains of individuals addicted to cocaine, alcohol, and

methamphetamines, and this association is one more way regular pornography use mirrors the use of addictive drugs” (2016, p. 3). George et al. offered a synchronous conclusion by noting the “addictive nature of pornographic materials” as “an expression of fantasies that can rewire pleasure centers of the brain and alter structures and function” (2019, p. 45).

The four main markers for addiction include sensitization, desensitization, dysfunctional stress, and hypofrontality; behaviors classified as addictive must be shown to cause hypofrontality (Koob et al., 2016). While Perry (2016) noted that the presence of decreased gray matter in the brain does not suggest causation, Fincham et al. (2015) concluded from their study of self-control and the ability to appreciate long term rewards that pornography consumption was not just correlated to hypofrontality but that it *caused* hypofrontality (Fincham et al., 2015; italics mine). This means that in addition to creating a feedback loop of dopamine in the hypothalamus, pornography consumption also decreases the brain’s ability to manage the cravings (Hilton & Watts, 2011).

Trauma & Attachment

The paradox of trauma and attachment involves the simultaneous impact each has on the other. An insecure attachment can cause an individual to become vulnerable to traumatic situations, and the presence of trauma can lead to a lack of healthy relationships and tendencies of isolation, preoccupation, or ambivalence (Goldsmith, 2011; Anda, 2005). Conversely, secure attachments promote resiliency and trust.

There are four identified attachment styles: secure attachment, anxious avoidant attachment, anxious resistant attachment, and disorganized attachment. Secure attachments are associated with numerous benefits including “healthier and more satisfying friendships

and relationships” (Weimer, K Kerns, & Oldenburg, 2004 as cited by Dansby Olufowote et al., 2019, p. 489). This is in addition to individuals experiencing “more positive emotions, stronger self-esteem, ...[seeing] themselves as worthy of love,” and “coping with stress in healthier ways as compared to insecure peers” (Dansby Olufowote et al., 2019, p. 489). One way in which this secure attachment is materialized is through the concept of attunement, which can also be described as fostering an environment to recognize the subjective, emotional alignment between caregiver and child. As Siegel explains (2020, p. 61):

... repeated experiences in which caregivers attune themselves to children’s internal worlds and join with the children at this subjective sharing level result in scientifically demonstrable positive outcomes for the children. In other words, although we cannot quantify a child’s excitement or disappointment, we can in fact observe such joining experiences and then measure the various healthy ways in which such respect leads to positive developmental outcomes.

This can assist in training the brain to develop regulatory skills and promoting a healthy attachment as a protective factor (Siegel, 2012).

Attachment theory places an emphasis on the bonds of the child-caregiver relationship as the foundation of which will be carried into adulthood (Bowlby, 1982; Mikulincer & Shaver, 2007; Olufowote et al., 2019; Dana & Porges, 2018). Mikulincer & Shaver explain that “adult attachment theory suggests people will project the symbolic expectations of their childhood caregivers onto other adult close relationships, either expecting them to be dependable, trustworthy, and safe, or not” (Dansby Olufowote et al., 2019, p. 490). Goldsmith & Oppenheim (2011) suggest “that a child with insecure

attachments may be more vulnerable to trauma because the child lacks the inner resources and the emotional support needed to cope with overwhelming circumstances (Belsky & Fearon, 2002; Toth & Cicchetti, 1996)” (p. 140). Conversely, a sense of resiliency, as defined by Best et al. is “the process of, the capacity for, or outcome of successful adaptation despite challenging or threatening circumstances” (as cited by Blaustein & Kinniburgh, 2019, p. 19). This resiliency can be fostered through healthy attachments that communicate an environment of internal and external safety as a way to begin healing from trauma (Blaustein & Kinniburgh, 2019).

There are many professionals who have contributed to research and theoretical approaches in the field of trauma treatment. Quinn (2021, p. 91) makes mention of the following, and this by no means is a complete list of all who have contributed:

- Bruce Perry’s development of the Neurosequential Model (NSM)
- Siegel and Briere’s incorporation of mindfulness and neuroscience
- Porges, Levine, Ogden, Minton, and Pain’s neurobiological and embodied approaches
- Shapiro introducing the concept of bilateral stimulation and Eye Movement Desensitization and Reprocessing (EMDR)
- Schwartz and Sweeny’s Internal Family Systems (IFS) model

The author goes on to use the definition of complex trauma used by van der Kolk, which “involves early, severe, and chronic trauma that impacts on parental/ child development through adolescence and even into adulthood” (Quinn, 2021, p. 92). The distinction is made between Type I trauma, that is, a single incident trauma, and Type II trauma, or multiple,

repeated exposure to traumatic events (Quinn, 2021). A third type of trauma has also been discussed involving “multiple, pervasive, and violent events beginning at an early age and continuing over a long period of time” (Solomon and Heide, 1999 as cited by Courtois & Ford, 2016b, p. 22). In short, “the impact of trauma essentially sends the brain into survival mode, and “lowers the ability of frontal regions to regulate the emotions and the amygdala from the “top down” (Teicher et al., 2016; Quinn, 2021, p.91). Quinn concludes by sharing the belief that “the need for all mental health practitioners, and other related professionals, to understand basic neurodevelopment paradigms has become essential in applied clinical work, education, research, and social policies” (2021, p.91).

Trauma Treatment & Trafficking

Health effects, both physical and mental, will need to be addressed once the survivor is secure in a stabilized environment away from immediate harm (Gillespie et al., 2015; Franchino-Olsen, 2019; Rajaram & Tidball, 2017). Franchino-Olsen (2019) states that “commonly cited effects include weight loss, poor nutrition, injuries from physical abuse (e.g., broken bones), depression, post-traumatic stress disorder, other mental health disorders, substance abuse, and sexually transmitted infections (Choi, 2015; Miller-Perrin & Wurtele, 2017; Spear, 2004; Varma et al., 2015)” (p.101).

Physical considerations that must be addressed when working with clients in this population include the presence and influence of substances. The relationship between the world of sex trafficking and substances such as pornography, alcohol, opioids, and other drugs is often very cyclical in nature. Those who are involved in using substances can be specifically targeted and are consequently more vulnerable to human trafficking.

Simultaneously, traffickers often use substances to coerce victims already within their control to comply with their demands, “increase productivity, inhibit self-protection, decrease escape attempts, and continue entrapment. Many victims also engage in substance use as a means of coping with their unfathomable trauma” (Openshaw & NAADAC, 2022, para. 1). Quinn (2021) accurately concludes that “taking into account how each survivor can feel and be safe may improve outcomes for survivors” (p.283). Attention to allowing time to heal will be necessary in treatment with survivors of human trafficking due to the nature and the existence of addiction.

Trauma impacts the brain by decreasing the ability of the frontal regions in emotional regulation as well as in the amygdala weakening the cognitive, thinking area of the brain (Quinn, 2021). Bruce Perry’s Neurosequential Model (NSM) comes from a bottom-up approach, engaging first with the lower parts of the brain associated with sensory-motor functions. Therefore, the NSM serves as a helpful lens in navigating the impact of complex trauma of survivors of human trafficking (Courtois & Ford, 2016a; Anda et al., 2005). The treatment of such elaborate trauma requires a multi-sequenced approach, and there are numerous areas of the brain in need of healing to promote a healthy future for the individual. These processes include tasks to promote a sense of self-understanding, a reduction of shame, encouragement of agency and self-control, and a secure connection to others- all of which are done with the goal of building resiliency (Quinn, 2021). Given that betrayal and mistrust will be inevitable in a survivor’s life, one core characteristic that will be vital to treatment and recovery is the presence of empathy (Rajaram & Tidball, 2017). Quinn (2021)

suggests that not only does empathy appear to alter neurobiology, but also the ability to promote a sense of self-worth, trust, and agency.

The presence of certain qualities and characteristics of the therapist working with survivors of human trafficking is of vital importance. In a small-scale qualitative study through interviews with registered art therapists, Naff (2014) found three main themes surrounding the elements of successful treatment: unconditional positive regard, consistency, and goal setting. Naff highlights “the role that attachment plays in the perception of physical and emotional pain and suggests that sensitivity and attunement by the therapist is a powerful reparative force” (2014, p.82). Elaborating on the first theme of unconditional positive regard, the author includes the concepts of “connection, guidance, validation of personal strengths, and recognition of [the client’s] individual potential” (p.82). Naff continues by mentioning concepts of modeling self-acceptance, positive coping, and open communication. Highlighting the topic of consistency when working with survivors, it is foundational that a sense of safety is promoted for the client (Blaustein & Kinniburgh, 2019; Courtois & Ford, 2016b; Levine, 1997). It is important to note that “stability outside of the therapeutic environment will likely fluctuate during treatment; therefore, maintenance of an authentic healing connection with the therapist was acknowledged as important in order to help increase the client's internal stability” (Naff, 2014, p.82). By attuning to the strengths and needs of the client, the therapist can better “assess a client's readiness to continue working with traumatic experiences and...create realistic and appropriate goals for moving forward” (Naff, 2014, p.82).

Prevention & Intervention Methods

Prevention programs address multiple circles of influence including the micro family unit, service providers, and the community at large (Dines, 2017; Exodus Cry, 2021; Fight the New Drug, 2016). Through this grant, the art therapist will primarily utilize resources from CR for materials used in the Parent Psychoeducation Program. The mission of CR is to “[build] resilience and resistance in young people to hypersexualized media and pornography by raising awareness, building knowledge, skills, and confidence, and promoting social change” (Culture Reframed, 2022, our work). According to Dines (2017), the founder, CR is “the first international organization dedicated to addressing the harms of pornography” (p. 2). CR designs “programs...to equip parents and health professionals with the education and tools needed to mobilize treatment, research, and prevention across families, communities, and institutions” (Dines, 2017, p.6). This emphasis on psychoeducation for parents, caregivers, and health professionals is a key element in preventing early exposure to pornography. Similarly, the American College of Pediatricians calls for both parents and pediatricians to be able to discuss both the how and why of preventing childhood exposure to pornography (Perry, 2016). Organizations that offer additional information that explore the effects of pornography include Exodus Cry (2021) and FTND (2016).

Whether it is a conscious effort or not, many young people turn to pornography to learn about sex (BBFC 2020; Rothman et al., 2021). Regardless of intent, there is evidence that suggests that there is a negative correlation between pornography consumption and sexual literacy (Wright et al., 2021). It is concerning that teens often report attempting to copy the acts they observe in pornography considering the toxic and harmful sexual

narratives that are often portrayed- this includes, but is not limited to, themes such as physical abuse, incest, and fetishizing the rape of minors (Koletić, 2017; Peter & Valkenburg, 2016; Rothman et al., 2014). Upon reviewing the literature, there seems to be a gap in research regarding the integration of learning about sexual health for populations post-intervention (for example populations such as survivors of human trafficking). Related information that is addressed in the PPP framework and the docuseries by FTND include topics such as sexting, revenge porn, and sextortion- highlighting what they are, relevant statistics, and the negative consequences associated with them. Recommendations for elements that would be included in a framework for education about sexual health for minors would incorporate the following principles:

- Proactive, ongoing conversations with appropriate adults
- Communicating in an open and direct manner
- Avoiding shame and scare tactics
- Teaching anatomically correct terminology
- The difference between safe touch and unsafe touch

These general principles are highlighted with the intention of the conversation overlapping with the topic of the effects of pornography. Additionally, it is vital to note that the utilization of sexual education curriculum and resources linked with Alfred Kinsey is highly discouraged due to the ethical incongruencies and concerns that evidence from the research suggests (Jones, 1997; Tate, 1998). Specifically in relation to the methodology and collaboration of obtaining data for Table 34: *Examples of Multiple Orgasm in Pre-Adolescent Males* in his work, *Sexual Behaviors of the Human Male*; this exploits the sexual abuse of

infants and children ranging from the ages of 5 months to 10 years old (Kinsey et al., 1948, p. 180). The use of this information would be in direct opposition to the purpose of this grant and this position: to preserve and protect the physical and mental health of children.

Art Therapy for Trauma

There are “three main criteria [that] differentiate art therapy from verbal therapies: the use of art media as a means of expression and communication, the multileveled meaning present in visual expressions, and the therapeutic effects of the creative process” (Lusebrink, 2010, p.168). Additionally, art therapy intrinsically promotes a neurosequential process that parallels Perry’s model through the use of the expressive therapies continuum (ETC; Hinz, 2020). The ETC is used to better understand art expression that comprises media use, process, and product through a sequential model. As described by Hinz, “the ETC organizes media interactions into a developmental sequence of information processing and image formation from simple to complex” (2020, p.4). Quinn (2021, p.117) expands on this overview by applying each level of the ETC to trauma recovery as such:

- “Kinesthetic/sensory work may reduce tension, gratify the senses, establish healing rhythms, and stimulate memories, including preverbal
- Perceptual/ affective can be activated to aid tolerating in further processing traumatic memories
- Cognitive/ symbolic functions engage higher cortices for broader memory and understanding as well as the top-down abilities to attend, regulate, and think through an action

- the use of symbolization engages instinct and synthesizes visual information, such as a trauma narrative
- the creative function synthesizes memory and instinct effortlessly”

A more in-depth explanation of how the ETC aligns with the various areas of the brain and the involvement of processing can be further explored in Lusebrink’s (2010) work involving the assessment and therapeutic application of the ETC. Interacting with materials that are classified as more fluid in nature have been shown to evoke an otherwise dormant range of emotions, whereas media that are more restrictive “helped with mood regulation, as well as overcoming emotional avoidance, and invited a sense of mastery and ownership of the issues facing clients” (Quinn, 2021, p. 48).

Art therapy has been shown to promote enduring recovery (Backos & Pagon, 1999; Cox & Price, 1990; Donnenberg 1978; Head 1975; Moore, 1983; Schmanke, 2017; Quinn, 2021) due to the unique access it has on “sensory and affective processes on basic levels that are not available for verbal processing” (Lusebrink, 2010, p. 176). Often, “trauma can elude words due to shame, and due to how repeated trauma impacts receptive and expressive language abilities” (Quinn, 2021, p. 45.; Andersen et al., 2002; van der Kolk, 2014). And “in addition to stimulating speech centers, creating art in any form promotes a sense of control that is often taken away with the experience of trauma” (Perryman, 2019; Quinn, 2021, p. 46). Recognizing that “verbally conveying underlying trauma may be difficult, [but that] art offers an alternate language that expedites trauma resolution in people” (Quinn, 2021, p.70). Using reflective distance, this alternative language offers clients the chance to process their trauma in a healthy manner (Hinz. 2020; Naff, 2014).

An example of the use of art therapy as an ideal approach to working with survivors of human trafficking is gathered from a case study that highlights fundamental elements with a registered art therapist working with survivors of human trafficking. Kometani and Farmer's (2020) case study highlights the initial session of an art therapist working with a group of human trafficking survivors. Using qualitative methods, the resiliency effects of art therapy for a group of sex trafficked survivors and their advocates (staff members at the organization) is explored. Group members had multiple mental health diagnoses including depression, bipolar disorder, generalized anxiety disorder, PTSD, and comorbidity with substance use disorder. They also had various medical diagnoses such as STIs, blood clots, high blood pressure, fibromyalgia, teeth extractions from abuse, chronic back pain, and additional medical complications from forced abortions.

The authors reported that "The value of art therapy treatment emerged from the very beginning with the group of survivors. The participants were focused, engaged, and revealed the depth for art as a metaphor in the mandalas created in the preliminary group" (Farmer & Kometiani, 2020, p.6). Art offered the women to express their traumatic experiences symbolically. For example, one of the participants who had created a mandala crumpled and ironed her art several times, as if attempting to smooth over her paper and rectify her mistakes. Through art the women were able "to achieve a higher awareness of [their] feelings and express [their] vulnerabilities" (Farmer & Kometiani, 2020, p.8).

In conclusion, this literature review explored the behavioral and cognitive effects of early exposure to pornography in children, the addictive properties of pornography on the brain, how art therapy interacts with addiction and trauma work, and preexisting early

interventions that presently exist. Fluctuating between individualistic and collective positions, the spectrum of effects caused from the epidemic of pornography reciprocally goes beyond one person's life into influencing society and culture as a whole. David Perry stated, "As pornography becomes more accepted in a society, that society becomes more hypersexualized [which] can increase the demand for sex-trafficked women and children" (United Nations Convention Against Transnational Organized Crime and Protocols Thereto., 2004, p. 42 as quoted by Perry, 2016, p. 3). The elements examined in this literature review are foundational to the rationale behind the necessity of a program that utilizes the specialty of an art therapist in countering the adverse effects of pornography on the individual, the family, and the community.

CHAPTER IV PROGRAM PURPOSE AND EVALUATION

The mission of this grant is to promote the wellbeing of the individual, the family, and the community by providing resources along with prevention and intervention services. This grant will fund the position of a full-time art therapist at Pure Hope Foundation, art materials for counseling services, materials for psychoeducational support groups, incentives

Figure 2

Logic Model



for participants, and quarterly public screenings of the film by FTND, *Brain, Heart, World*, as a psychoeducation tool for the community. The logic model illustrated in Figure 2 outlines the inputs, outputs, participants, and desired outcomes of the program.

Inputs will include one full-time art therapist, supervision for the art therapist, and pre-existing staff at PHF to participate in co-facilitating group and community sessions. Facility inputs for this program involve space at PHF's Hope Homes to provide space for group sessions and community screenings. Additional facility accommodations will be made for a designated art therapy room that includes access to storage for both art materials and confidential space for client artwork made in sessions. Materials will consist of trauma-informed training for the art therapist (a requirement for counselor staff at PHF), art materials for therapy services, the CR curriculum for PPP group sessions, Pinwheel smartphones, a public screening license from FTND, a projector and screen, and printed marketing and resource materials.

The outputs of this program provide three types of activities: individual therapy, groups for caregivers, and community engagement. This is designed to address the needs of the participants on the internal, external, and societal levels through prevention and intervention methods. The identified population, or participants, for this grant, includes survivors of human trafficking, caregivers in the community, and the extended community.

Short-Term Outcomes

Projected goals during the first six months include the art therapist completing the trauma-informed treatment training that is required by PHF for all clinical team members. This certification serves as a direct intervention to the individual therapy the AT will offer at

PHF to survivors of human sex trafficking. The AT will establish a designated art therapy room at PHF for sessions with clients. This includes acquiring and organizing art materials that will be used during counseling services. After the previously mentioned objectives have been met, the AT will begin to build a client caseload who will be seen at the PHF facility. Goals for this portion of the short-term outcomes include assessing the social, emotional, and behavioral domains of the client through various approaches.

Additional short-term goals during the initial six months involve outreach and marketing responsibilities along with establishing professional relationships with program partners. Prospective partners include team members from organizations that the program is utilizing, which includes CR, FTND, and Pinwheel. The intention of these connections is to serve as the groundwork for establishing the psychoeducational group and community events that are outlined in Figure 2.

Long Term Outcomes

The long-term outcomes will be reached after two years of the program's implementation and will continue to provide prevention and intervention services. The art therapist will maintain a caseload for individual sessions at PHF and will administer the Child Outcome Rating Scale (CORS) (see Appendix A) to monitor progress. This caseload will have a maximum of five clients to provide quality services to the individuals receiving therapy as well as allow time to be delegated to the additional services this program outlines.

Evaluation

The desired outcomes for this program focus on promoting resiliency and restoration of the child, the family, and the public through prevention and intervention methods. The

short-term objectives will take place in the first six months of the art therapist being on staff at PHF, and the long-term outcomes for the program are outlined for two years. The program will be evaluated in three key areas: individual mental well-being, group psychoeducation, and community outreach.

Individual Mental Well-Being

The individual mental well-being goals will be accomplished through the weekly art therapy sessions that are held with the survivors receiving services there. Some of the responsibilities that correspond to individual mental well-being include building rapport with the client, case conceptualization, treatment planning, documentation through clinical notes, and administering assessments such as the Child Outcome Rating Scale (CORS) to monitor progress.

To gather baseline information for the individual sessions, the art therapist will utilize the intake standards that PHF uses for the survivors they serve. This includes material pertaining to the trauma that the individual receiving services has experienced and should include the client's demographic information, health information, trauma history, living environments during the month prior to coming to PHF (including arrangements such as in a shelter, on the street/ subway, and couch surfing), and service needs. The program will provide services such as intensive case management, individualized plans, needs assessment, necessary referrals, and medical interventions. The quantitative and qualitative data gathered using intake assessments will assist in the AT gaining a better understanding of how to approach therapy in addition to meeting the client where they are.

The art therapist will provide intervention services for clients using the trauma-informed restoration program through PHF. These sessions will provide individual services for the survivors of human trafficking that live at the home and will focus on promoting healing and processing trauma through art therapy. Themes that will be explored through therapy include:

- Building trust
- Overcoming shame and accepting help
- Emotional recognition and regulation
- Addressing betrayal
- Promoting a sense of agency through restoration of discernment

Child Outcome Rating Scale (CORS)

The Child Outcome Rating Scale is an adaptation of the adult Outcome Rating Scale (ORS) and will be utilized during the individual sessions that will take place at the Pure Hope Foundation facility (See Appendix A).

The CORS consists of four questions using a visual analogue scale (VAS) and has been found to have similar reliability and validity metrics to Likert response scales (Casey et al., 2019). The questions included in the CORS evaluate four different areas of psychosocial well-being:

1. Individual (personal)
2. Interpersonal (family/ close relationships)
3. Social (work/ school/ friendships)
4. Overall (general sense)

Given the context of the PHF setting the art therapist would need to clarify the definition of family with the client to include chosen family as well for the interpersonal question.

Responses are marked on a line that is 10 cm, and has a happy face to the right side of the line and an unhappy face to the left. On the line, respondents are asked to identify and mark a point that best fits how they feel.

The CORS assessment (Appendix A) is intended for children aged 6- 12 years; however, a study has been done to assess the CORS's adaptability to audiences up to age 15 (Casey et al., 2019). In exploring "whether the CORS is satisfactorily valid and reliable while at the same time being highly feasible," the sample included data collected over four years from 2604 participants ranging in ages from 10 to 15 years (Casey et al., 2019, p. 1090). With the necessary consent given, participants completed all questions of the CORS in a teacher-facilitated lesson plan during a normal school day. Upon consideration of the internal consistency, the construct validity, measurement invariance, structural invariance, and sensitivity, the study concludes with the following (Casey et al., 2019, p. 1097):

...the CORS is a robust, brief measure of psychosocial functioning, suitable for completion by young people. The CORS correlates moderately with other domains related to young people's mental health and wellbeing, particularly their ratings of emotional [difficulties], health-related quality of life and self-esteem.

For these reasons, the CORS assessment will be administered through the art therapist at a minimum of once per month and as often as once per session during individual sessions. The purpose of including this assessment is to provide quantitative data of distress levels from the perspective of the individuals receiving services (the survivors of human trafficking) and will

assist in monitoring the progress and outcomes provided by the art therapist and the treatment team at PHF. As a self-reporting tool, this assessment also provides the opportunity to promote a sense of agency for the client.

Parent Psychoeducation Program (PPP)

Participants for the PPP include caregivers who express interest in learning more about the impact of pornography and how to discuss these topics with their children in an age-appropriate manner. This will be a closed group that meets biweekly for six sessions with 90 minutes allocated per session to cover information and discussion. Learning objectives for the PPP program include:

- Program provides prevention and intervention methods
- Increase caregiver competency in engaging with their children
- Equip caregivers with knowledge and resources
- Affiliate program with Pinwheel
- Attendance information will be recorded by AT and PHF co-facilitator

The Parent Psychoeducation Program (PPP) will serve as both a prevention and intervention action step. Using curriculum from CR, the goal of this group is to provide caregivers with the knowledge, skills, and confidence to have healthy conversations with their children about the topic of pornography. Topics in the PPP cover subjects such as the development of the brain, importance of secure attachments and how to facilitate said attachment, and boundaries including the importance of understanding safe and unsafe touch. Additional topics include general online safety and navigating the digital landscape, the relevance of sextortion and sexting, and how feelings of shame and guilt can be present in

pornography consumption. This psychoeducation program will take a trauma informed approach to these topics and will emphasize collaboration between the caregiver and child to promote responsibility and agency. Built into the program is time for discussion and exploration of the topics covered in addition to providing relevant activities; for example: role play of conversation, exploration of family values, and constructing a sample family agreement. Lastly, the art therapist will organize and lead community screenings of the three-part docuseries *Brain, Heart, World* by FTND. The purpose of these screenings is to engage with the surrounding community by providing a free event that will raise awareness and provide resources about the adverse effects of pornography. Learning outcomes associated with the screening of the docuseries and associated discussion include concepts such as:

- The impact of pornography on the brain
- How pornography can harm relationships
- The effects of pornography society
- A guide to healthy conversations about pornography
- Where to access free resources

This group will also serve as a place for caregivers to ask questions and have conversations with other adults in a supportive environment. With wrap-around services of prevention and intervention, this grant aims to promote the well-being of the individual, the family unit, and the larger community.

Pre-test & Post-test Assessments

Data for the PPP will be recorded through pre-test (see Appendix B) and post-test (see Appendix C) assessments. Both assessments utilize qualitative and quantitative methods

to measure the caregiver's perception of attachment with their child, their understanding about the effects pornography, and their readiness to engage in conversation about these effects.

The pre-test will be administered by either the art therapist or the PHF support staff at the beginning of the first session. This assessment will serve as a baseline for the caregiver's pre-existing knowledge of pornography and feelings toward talking about the subject with their child. This is accomplished through the use of three different approaches. There are five questions that are answered through a Likert scale ranging from 1 (Strongly Disagree) to 10 (Strongly Agree) as a self-reporting tool to gather qualitative information about the caregiver's experience. Following the Likert scales are five multiple choice questions that focus on quantitative data about subject matter that will be covered through the curriculum. Finally, the pre-test concludes with two open response questions to provide the caregiver to expand on specific feelings relating to talking with their child about pornography and explain their expectations for the PPP.

The post-test assessment will be administered upon completion of all six sessions of the Parent PPP. This post-test exactly mirrors the Likert scale and multiple-choice sections of the pre-test, and the scores from these sections will be compared to the baseline responses. The open response section of the post-test consists of four specific questions with the option of adding additional comments at the end. The first question is the same as the one found in the pre-test, but the post-test asks about the caregiver's experience in the PPP to assess the quality of the group.

Community Screenings

Community screenings will be available to the public for parents, caregivers, and minors (over the age of 12) with parental consent with the purpose of engaging and informing those who attend. Caregivers who choose to give consent for their child (between the ages of 12 and 18) will be required to sign a verification form for PHF stating they understand the topic of the screenings. This form can be signed electronically or physically, and a link to pre-screen the *Brain, Heart, World* film will be available for caregivers before signing. There will also be a survey to measure qualitative data from participants who attend each screening event.

- Prevention method
- Engagement from and with the community
- Attendance information will be recorded by AT and PHF co-facilitator
- Community Screening Survey (CSS) available after each screening event

Community Screening Survey (CSS)

To further engage with the community and assist with evaluating the quality of the event, the final assessment utilized in this grant will be the Community Screening Survey (CSS). The survey consists of 11 questions in a variety of methods following demographic and background information. Collecting quantitative data using a descriptive rating scale ranging from one to five, participants indicate the description that best fits their experience at the Community Screening. These scales gather data from four different areas of the event:

- The engagement level of the participant during the discussion portion
- The comfort level of the participant with the environment setting
- The relating resources provided at the event by the Art Therapist and PHF staff

- The relevancy of the information that was covered

Following the descriptive rating scales is a Likert scale ranging from very unsatisfied to very satisfied for the participant to represent their experience overall. The next three questions are open responses to gather qualitative data from the participant's thoughts on the event. These questions range from asking about the strengths, weaknesses, and the likelihood of the participant recommending the community screening event to other people. The form concludes with a space for any additional questions or comments the participant may have, providing an opportunity for the contributor to address any thoughts that had not otherwise been covered.

The CSS form will be administered by either the art therapist or support staff from PHF following each community screening event. The art therapist and co-facilitator will also be responsible for scoring and evaluating the completed CSS forms to best discern the quality of the community screening events.

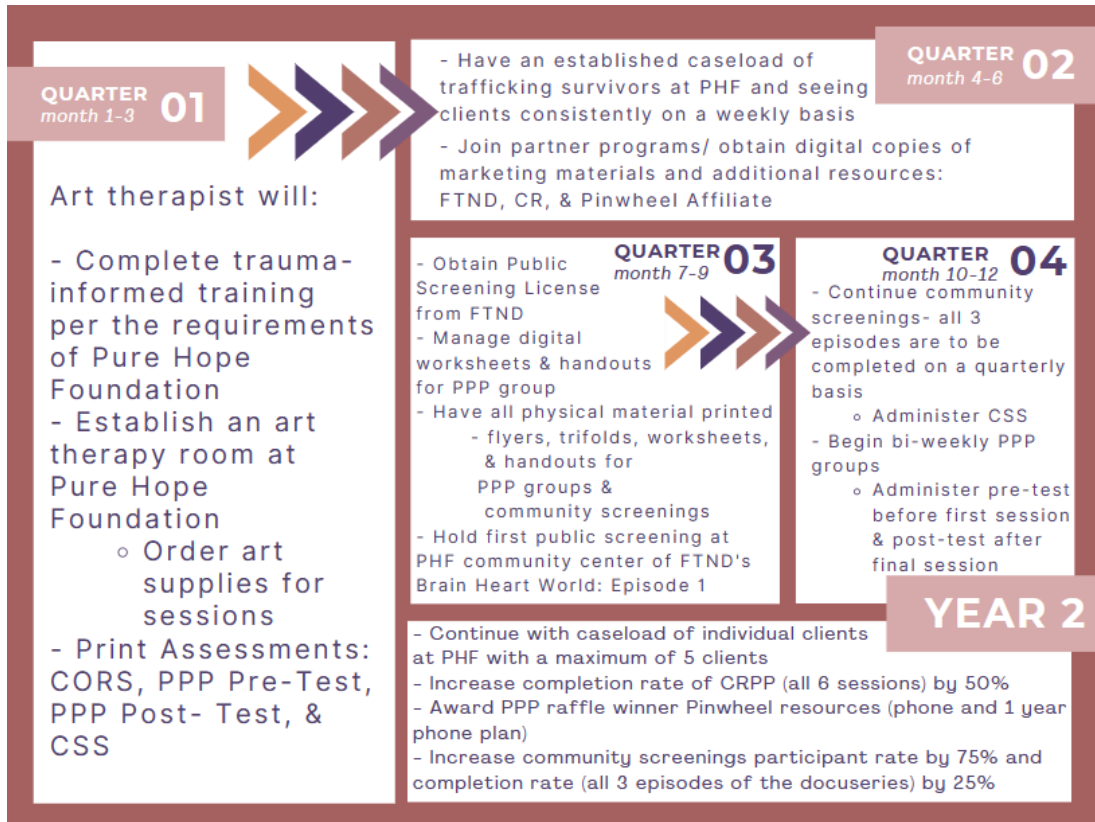
CHAPTER V

METHODS & WORKPLAN

The purpose of the proposed grant for Pure Hope Foundation is to promote and restore the well-being of the individual, family, and community from the adverse effects of early exposure to pornography. This will be accomplished through prevention and intervention methods that correspond to the internal, external, and societal areas of impact. The major tasks that will lead to the success of this project are outlined in Table 2. Logic Model, which gives a detailed summary for each quarter of the first year along with the second year.

Table 2

Work Plan



Quarter 1

Upon implementation of the program, the art therapist will begin the trauma-informed training as required by PHF for staff members that work directly with the population the organization serves. This will prepare the AT for direct work with the individuals who are survivors of human sex trafficking that are receiving services at the PHF facility. This training will be completed prior to beginning individual sessions, and no later than month three of the start of the program.

The AT will simultaneously establish the designated art therapy room that will be used for individual sessions at the PHF facility. These responsibilities will include obtaining all needed supplies such as assessments and art materials. Assessments that will be managed by the art therapist during the first quarter of the work plan include the Child Outcome Rating Scale (CORS). The assessment will be printed and filed before the AT begins individual sessions.

Given that PHF has utilized art prior to the genesis of this program, the AT will evaluate the quality and quantity of preceding art materials that are available for use. This will minimize unnecessary expenditure in addition to maximizing the variety of materials that will be used in the individual art therapy sessions. All supplies will be ordered no later than the second month. These will be organized once received, and the setup of the art therapy room will be complete by the end of the first quarter.

Quarter 2

Starting at month four, the art therapist will provide individual counseling services at the PHF facility for those who have experienced the trauma of sexual exploitation due to

trafficking. These sessions will take place on a weekly basis and will emphasize a trauma-informed approach to therapy. The AT will also manage appropriate documentation as required by PHF which includes but is not limited to session notes, case conceptualization, assessments, and progress summaries as needed. All documentation, including client artwork, will be stored in a professional manner.

The second quarter's responsibilities will also include the establishment and management of partnerships with the following organizations: FTND, CR, and Pinwheel. Through FTND, the AT will obtain digital copies that will be used for marketing purposes to promote the community screenings of *Brain, Heart, World*. In partnering with CR, Pure Hope Foundation will work toward the common goal of transforming culture and promoting healthy development. The AT will become familiar with the free online programs provided by CR, specifically the contents of the parents program that will be utilized in the program. As an official Pinwheel Affiliate, the required contributions to gain the incentives that will be used in the PPP include:

- Consistently mention Pinwheel on social media channels
- Sharing news of Pinwheel announcements and partnerships
- Creating content that revolves around Pinwheel

As outlined in the contributor guide, this partnership will also provide opportunities for the promotion of PHF. This will take place through the Pinwheel blog, newsletter, social platforms, and inclusion as a guest on Pinwheel's webinar series.

Quarter 3

At the onset of the third quarter, the AT will purchase the necessary license for public screenings through FTND. This license will provide lifetime access to the docuseries Brain, Heart, World along with corresponding digital files including:

- 9 Topic Specific Vignettes
- Lesson/ Event Guide
- Accompanying Worksheets
- Screening Marketing Materials

It is expected that the AT will have these materials, along with resources from PHF, CR, and Pinwheel, printed and organized by the end of month eight. Additional physical material that will be printed at this time will be the CSS, which will be administered to participants following the completion of the three-part the docuseries.

During the final month of the third quarter, the AT and at least one other PHF staff or volunteer member will facilitate the first episode of the community screenings of Brain, Heart, World. These screenings will take place at the PHF community center and will continue to be held through the remainder of the program on a quarterly basis.

There will be both a physical and digital participant sheet available at each screening session. As an incentive to assist in this increase, snacks and drinks will be available for purchase. Any revenue from the snack kiosk will aid in future community screenings. Those who attend community screenings qualify to receive vouchers for Program Partner's websites (FTND, Pinwheel, and CR). The screening sessions will also serve as an opportunity to market the PPP group sessions through PHF.

Quarter 4

The public screenings of Brain, Heart, World will continue to be offered to members of the community; this includes parents, caregivers, and other members of the community (as well as minors above the age of 12 with parental consent). These events are designed to complete all three episodes in one quarter upon the start date; this equates to a showing of one session each month. As members of the community attend each episode of the docuseries, the AT and co-facilitator will present the individuals with an optional Community Screening Survey (CSS). This survey will allow participants to share their experience: what they learned, what they thought went well, and their opinions on areas of growth for the public screenings. Those who complete the CSS will be given vouchers to be used at any of the program partners websites.

Starting at the 11th month of implementation, group psychoeducation sessions will also be offered at the Hope Homes to caregivers and educators in the community. Facilitated by the art therapist and another PHF staff, the curriculum used from CR will serve as the framework for the Parent Psychoeducation Program (PPP) as both a preventative and intervention action step. This program will provide resources and support to inform and equip caregivers' competency in conversations. Through these sessions, caregivers will gain the language, knowledge, and confidence to talk with their children in a healthy manner about the adverse effects of pornography. As an incentive, those who complete all six sessions can choose to enter an annual raffle to win a free Pinwheel phone and associated phone plan. These groups will occur bi-weekly, and the AT and group co-facilitator will track participants through a physical sign-in sheet that will be digitally transcribed within a

24-hour timeframe. In the first and last session, participants will complete a pre-test and post-test, respectively, to gather qualitative and quantitative data. These will be reviewed along with attendance ratings to assist in drawing conclusions regarding the effectiveness of the groups.

Year 2

With the foundation for all of the elements for the program designed in this grant established in year 1, year 2 will emphasize the maintenance and growth of the program. The AT will continue to provide services that are geared toward the individual, family, and community. The individual art therapy sessions that are offered at PHF will continue, and it is noted that the caseload for these sessions is not to exceed five sessions per week.

After the first year of the program, both the PPP groups and the community screenings of the FTND film will have started. By the end of the second year, both the participant number and the completion rate will increase. For the PPP group, the completion rate of all 6 sessions will increase by a minimum of 50%. For the quarterly screenings of *Brain, Heart, World*, there will be an increase in participant attendance by 75% and an increase in the completion rate of at least 25%. These projected growth numbers will be accomplished as marketing for the program continues through word of mouth and program partnerships. One distinction in the second year is awarding the raffle winner from the psychoeducation group sessions with their Pinwheel resources: a Pinwheel phone and a one-year phone plan free of cost.

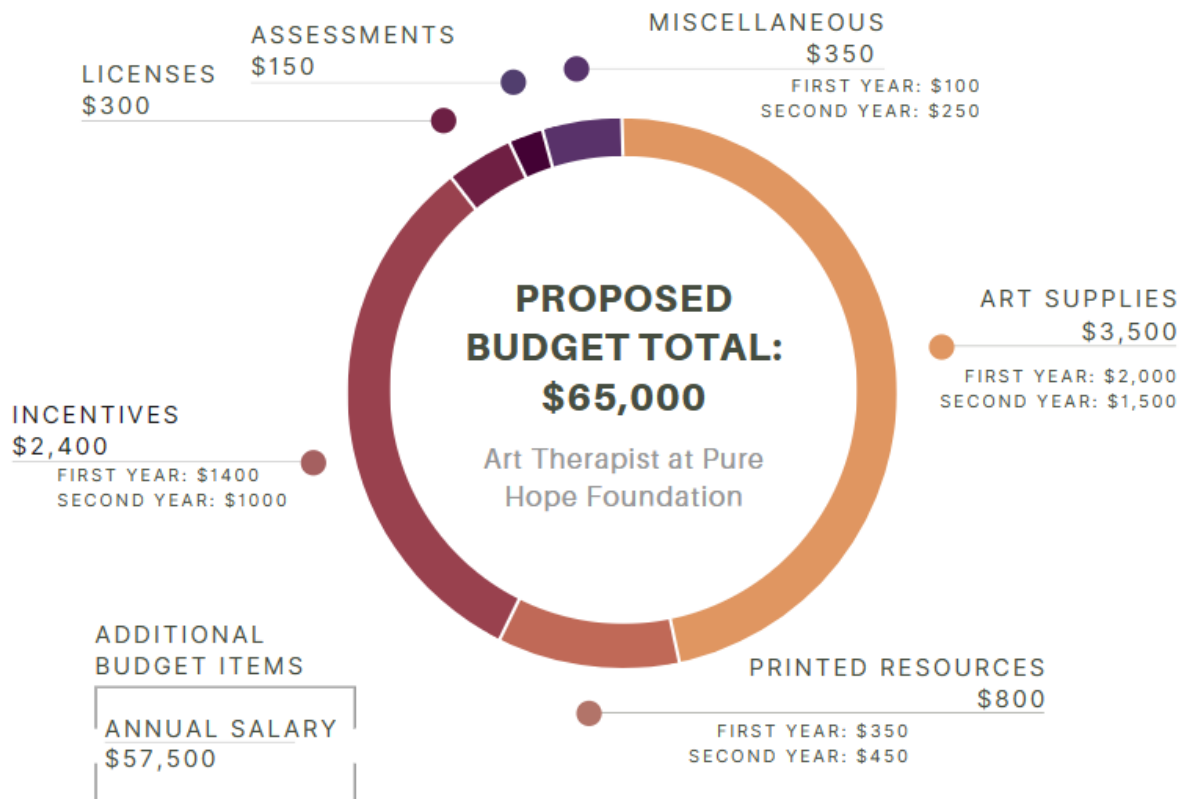
CHAPTER VI

BUDGET

The proposed budget total for both years of the program amounts to \$65,000. To confront the multifaceted influence of the adverse effects of pornography, the program considers the influence on the individual, the relational, and the cultural levels. This includes a stipend for a full-time art therapist at Pure Hope Foundation and the cost of materials, such as assessments and art supplies to promote the healing and restoration of the survivors of modern-day slavery. The budget will also administer funding for printed materials, such as marketing and psychoeducational resources, in addition to the assessments and survey that

Figure 3

Proposed Budget



will be used throughout the PPP group and community events. Included in the responsibilities of the art therapist on staff entail networking with foundations and organizations and management of partnership requirements.

Illustrated in Figure 3 is the proposed budget that spans the course of two years. The various categories of expenditure include the annual salary of the art therapist for one year, art supplies, assessments, licenses, resources from partnerships, printed materials, and miscellaneous budget items.

PHF will partner with CR, FTND, and Pinwheel; these partnerships will assist in providing the necessary inputs to accomplish the aim of this grant: to promote and protect the mental health and well-being of the individual, family unit, and community. With the duration of both years considered, PHF will receive the entirety of the total funding from multiple organizations that serve a similar population and have a similar purpose to the one emphasized in this program.

Art Therapist Salary

The budget includes the annual salary for a full-time art therapist at PHF. During the first year of the program, PHF will receive the funds to cover this expense. To promote sustainability, the second year of the AT's salary, equating to \$57,500 will be covered through PHF or through additional grants.

Art Supplies

A range of art supplies will be purchased specifically for use during individual sessions taking place at PHF in the designated art therapy room. Given that PHF currently utilizes some expressive art methods in their practice, there will be some materials already

available at the facility for the AT to use. A total of \$3500 will be allocated for supplies to be purchased to provide individual services for a maximum of five clients on-site. The art therapist will evaluate the supplies that PHF already has in their possession and make additional purchases through the lens of the expressive therapies continuum. The budget for the supplies during the first year of the program will be set not to exceed \$2000 to ensure that PHF has a range of quality materials and tools accessible for session use. In the second year, the remaining budget allocated for supplies will not exceed \$1500. This will be used for restocking and additional supplies for the purposes of individual services at PHF.

Printed Resources

PHF will provide printed resources such as worksheets, psychoeducational information, parental consent forms, attendance sheets, and the assessments (CORS, PPP pre-test and post-test, and the CSS). This also includes marketing materials present at the group and community events. Printed materials will total \$800 for all printing needs throughout both years of the program. Specifically allocated for the first year will be \$350, and \$450 for the second year to account for the projected increase in participants. Any additional copies and prints will be made through the PHF facility.

Incentives

The art therapist will be responsible for the initiation and monitoring of organizational partnerships relating to this project. This includes following the structure of the affiliate program with Pinwheel to cover the cost of outlined incentives, which will total \$1000 per year for a combined total of \$2000 for the duration of the program. The

partnership with CR will cover the balance of \$400 for the unlimited use of the curriculum of the Parents Program and the associated resources, worksheets, and marketing materials.

Licenses

The community screenings will showcase the film *Brain, Heart, World* by FTND. This is a three-part series of short films, each approximately a half hour in length. Immediately following the film screenings will be 15- 30 minutes for discussion as facilitated by two PHF staff members: the art therapist and one additional support staff. These events will be held once a month, allowing for the completion of the series once per quarter, and are of no cost to participants. Because this docuseries' intended audience is middle school children and older, these community events will allow minors above the age of 12 to attend with parental consent.

The entirety of the film, including all three portions, will be available at no cost to individuals and families and FTND requires the purchase of a license for public screenings that take place outside of an individual's home. PHF will attain a lifetime access license at the one-time cost of \$300, which is valid for one specific screening location with no limit on the number of times the film is shown. Included with the purchase of a screening license will be digital access to the films, lessons, discussion guides for each episode, nine topic-specific vignettes, and worksheets.

Assessments

A total of \$150 will be used for the various assessments that the art therapist will administer in the individual and group sessions. The art therapist will be expected to record data for the CORS, the pre-test and post-test used in the PPP, and the self-reported CSS that

will be given upon completion of all three parts of the docuseries events. The designated amount will cover the cost of all needed assessments for both years of the program outlined in this grant.

Miscellaneous

As an incentive for community members, there will be a small snack kiosk with food and drinks available for purchase. The total amount that is allocated for the kiosk in this proposed budget is \$350. Participants are welcome to bring their own snacks and drinks to the screenings, and a jar for additional donations will be present. The AT and co-facilitator will be responsible for the setup and takedown of the kiosk, and purchases will be on the honor system, eliminating the need for staff to be stationed at the snack kiosk. A total of \$100 will be put toward the snack kiosk during the first year of the program. As the number of community participants is projected to increase by 75% during the second year, the amount assigned to the miscellaneous portion of the budget will also be adjusted accordingly but will not surpass \$250.

CHAPTER VII

FUTURE FUNDING

Support for this grant will initially come through support from program partners and will progress toward a self-sustaining framework. The budget for the first-year totals \$61,400, and this grant will petition for financial contributions to cover the whole of the expenses from the following institutions: FTND, CR, and Pinwheel. Pure Hope Foundation will incorporate the development of continued funding for a full-time art therapist at the organization into future budget plans but will also seek additional aid from other interrelated institutions and individual donors for collaboration.

The majority of the proposed budget will be fulfilled through FTND, covering the annual salary of \$57,000 for an art therapist at PHF along with the \$300 fee for a public screening license. This organization's mission statement is stated as: "a non-religious and non-legislative nonprofit that exists to provide individuals the opportunity to make an informed decision regarding pornography by raising awareness on its harmful effects using only science, facts, and personal accounts" (Fight The New Drug, n.d.). Given that nonprofit organizations are limited in the ways that exceeding expenses can be utilized, PHF would be an ideal candidate for FTND to invest in considering the compatibility of the program's aim. An additional factor to put into consideration is the art therapist's continual promotion of FTND's docuseries, *Brain, Heart, World*, and related material for the community events that will be held.

CR aims to empower young people by building resilience and resistance to hypersexualized media and pornography (Culture Reframed, n.d.). The projected impact this

organization has through their work that most closely aligns with the proposed program at PHF involves:

- “Increased assessment, reporting, and treatment of health problems and injuries related to pornography” (Culture Reframed, n.d.)
- “Prevention of problems related to pornography” (Culture Reframed, n.d.)

Paralleling these transformative standards is the multilayered effect the responsibilities of the art therapist at PHF will achieve. CR will be requested to contribute \$2450 to aid in the purchase of art supplies to be used in individual therapy and group psychoeducation sessions, printed resources, and clinical assessments.

The remaining funding will come from Pinwheel, a business that promotes “fostering curiosity, discovery, authentic connection, and courage in a safe environment” for kids (Pinwheel, n.d.). Pinwheel is a smartphone for kids, with an emphasis on well-being and healthy habits in relation to technology. This product is endorsed by therapists, approved by parents, and acclaimed by kids with its innovative design. The art therapist on staff will join the pre-existing affiliate program as outlined by Pinwheel and will continue building a professional relationship with the organization. As such, the portion of the proposed budget that is requested from Pinwheel amounts to \$1,650. This total pertains to the incentives for the community screenings, along with the PPP group sessions that involve a raffle for a Pinwheel smartphone and data plan.

The project in this grant is designed to work toward longitudinal sustainability. This will be made possible through the gradual decline in dependency on the program partners as outlined in the proposed budget. Future funding may also be available through grants

partnering with other organizations with similar goals and objectives. Should the success of the proposed project not be achieved, actions will be in place for healthy termination of counseling services in the areas of individual therapy, psychoeducational group, and community outreach.

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APPENDIX A
CHILD OUTCOME RATING SCALE (CORS)

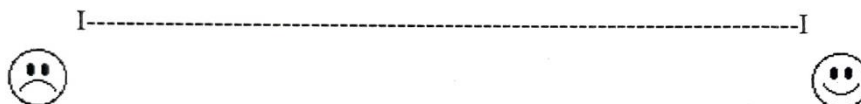
Child Outcome Rating Scale (CORS)

Name _____ Age (Yrs): _____
 Sex: M / F _____
 Session # _____ Date: _____
 Who is filling out this form? Please check one: Child _____ Caretaker _____
 If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

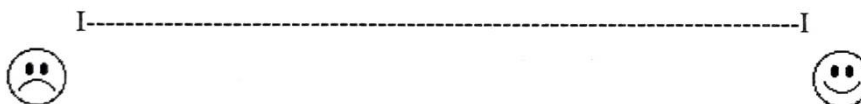
Me

(How am I doing?)



Family

(How are things in my family?)



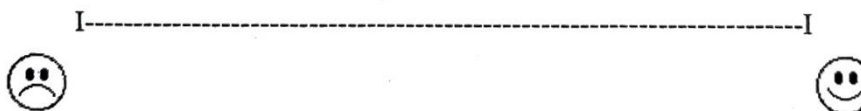
School

(How am I doing at school?)



Everything

(How is everything going?)



The Heart and Soul of Change Project

www.heartandsoulofchange.com

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APPENDIX B

PARENT PSYCHOEDUCATION PROGRAM PRE- TEST

Parent Psychoeducation Program Pre- Test

Name: _____ Date: _____

Referral Type (social media, word of mouth, etc.): _____

Please circle the answer that best applies for you.

I feel well connected to my child.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

I feel comfortable having a conversation with my child about pornography.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

I understand the impact that pornography has on the individual.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

I understand the impact that pornography has on the family.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

I understand the impact that pornography has on the community.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

Multiple Choice

1. The average age of first exposure to pornography is_____.
 - a. under 7 years old
 - b. between 8 and 11 years old
 - c. between 12 and 15 years old
 - d. over 16 years old

2. What are four major brain changes common to addicted brains- all of which can be found in pornography consumption?
 - a. sensitization, desensitization, hypofrontality, and a malfunctioning stress system
 - b. dysregulation, desensitization, dependence, and a lowered amygdala response
 - c. sensitization, dependence, increased use of the neocortex, and decreased neuroplasticity

3. Pornography has been linked to_____:
 - a. poorer relationship quality
 - b. poorer body image
 - c. human sex trafficking
 - d. a & b only
 - e. all of the above

4. In a 2020 study, 75% of parents believed their child had never encountered porn. But in reality, ___ of those parents' children reported that they had seen porn.

- a. 20%
- b. 48%
- c. 53%
- d. 62%

5. Research shows that while feeling _____ can motivate healthy change, feeling _____ actually fuels problematic porn habits.

- a. empathy, sympathy
- b. shame, guilt
- c. sympathy, empathy
- d. guilt, shame

Open Response

How would you describe your current attitude toward the topic of pornography?

Describe the feelings that come to mind when you imagine talking with your child about pornography:

Please explain what you are hoping to learn from this group:

APPENDIX C

PARENT PSYCHOEDUCATION PROGRAM POST- TEST

Parent Psychoeducation Program Post- Test

Name: _____ Date: _____

Referral Type (social media, word of mouth, etc.): _____

Please circle the answer that best applies for you.

I feel well connected to my child.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

I feel comfortable having a conversation with my child about pornography.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

I understand the impact that pornography has on the individual.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

I understand the impact that pornography has on the family.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

I understand the impact that pornography has on the community.

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

Strongly Agree

Multiple Choice

1. The average age of first exposure to pornography is_____.
 - a. under 7 years old
 - b. between 8 and 11 years old
 - c. between 12 and 15 years old
 - d. over 16 years old

2. What are four major brain changes common to addicted brains- all of which can be found in pornography consumption?
 - a. sensitization, desensitization, hypofrontality, and a malfunctioning stress system
 - b. dysregulation, desensitization, dependence, and a lowered amygdala response
 - c. sensitization, dependence, increased use of the neocortex, and decreased neuroplasticity

3. Pornography has been linked to_____:
 - a. poorer relationship quality
 - b. poorer body image
 - c. human sex trafficking
 - d. a & b only
 - e. all of the above

4. In a 2020 study, 75% of parents believed their child had never encountered porn. But in reality, ___ of those parents' children reported that they had seen porn.

- a. 20%
- b. 48%
- c. 53%
- d. 62%

5. Research shows that while feeling _____ can motivate healthy change, feeling _____ actually fuels problematic porn habits.

- a. empathy, sympathy
- b. shame, guilt
- c. sympathy, empathy
- d. guilt, shame

Open Response

Describe the feelings that come to mind when you imagine talking with your child about pornography:

What are three things you were surprised to learn from this group?

What are three areas of improvement needed in this group?

What are three things you think are strengths of this group?

Additional Comments:

Complete only if you wish to be entered into the annual raffle:

Name: _____

Phone Number: _____

Email: _____

APPENDIX D
COMMUNITY SCREENING SURVEY

Community Screenings Survey

Name: _____ Date: _____

Referral Type (social media, word of mouth, etc.): _____

Was this your first time viewing this docuseries (circle one)? Yes No

I came to learn more as a (circle the one that most applies):

Parent/ Caregiver Teacher Community Member Other

Select the rating that best describes your experience.

Discussion

1	2	3	4	5
I was very disengaged during the discussion	I was somewhat disengaged during the discussion	I was neither engaged nor disengaged during the discussion	I was somewhat engaged during the discussion	I was very engaged during the discussion

Environment Setting

1	2	3	4	5
I felt very uncomfortable with the environment setting	I felt somewhat uncomfortable with the environment setting	I felt neutral with the environment setting	I felt somewhat comfortable with the environment setting	I felt very comfortable with the environment setting

Resources

1	2	3	4	5
I believe the resources provided were very unhelpful to me	I believe the resources provided were somewhat unhelpful to me	I believe the resources provided were neither helpful or unhelpful to me	I believe the resources provided were somewhat helpful to me	I believe the resources provided were very helpful to me

Information

1	2	3	4	5
The information covered was very irrelevant for me	The information covered was somewhat irrelevant for me	The information covered was neither relevant or irrelevant for me	The information covered was somewhat relevant for me	The information covered was very relevant for me

Overall Rating:

1 2 3 4 5 6 7 8 9 10

Very Unsatisfied

Very Satisfied

What do you think went well?

What would you improve if you could?

How likely are you to recommend this community event to others?

Additional Questions/ Comments: