

## Working With Emotionally And Sexually Abused Children: The Therapeutic Value Of Effective Communication

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### Abstract

In social work practice, most children who are considered to be in need of protection are children who have been abused by family members, friends or acquaintances. Common abuses children experience include neglect, physical abuse, sexual and emotional abuses. The objective of this paper is to examine the issues of emotional and sexual abuses as a problem of the Nigerian child and to explore the therapeutic value of effective communication in providing services to emotionally and sexually abused children. The methods used in data collection are mainly observation and documents. Literature on emotional and sexual abuses was reviewed. Also reviewed was literature on communication with children in conflict. The findings show different forms of emotional and sexual abuses and possible signs that children are abused. Results also show important issues in communication with children in conflict and the therapeutic value of effective communication in providing services to children who are abused. We therefore, recommend that for practitioners to be therapeutically effective, they should communicate with empathy, respect and authenticity.

**Key Words:** Children; Emotional Abuse, Sexual Abuse; Therapeutic value; Effective Communication.

### Introduction

Child abuse or child maltreatment cuts across all racial, ethnic and religious groups and exists in all strata of society. Although child abuse has long-standing history, only recently has it received recognition as a social problem. Most children who are considered to be in need of protection are children who have been abused, or as it is sometimes called maltreated, by parents, other family members, friends, acquaintances or hired care givers. Abuse by strangers is much less common whether in modern societies or in traditional societies. Abuse of children is common in poor countries of Africa, Asia and Latin America where child labour is part of the maltreatment children experience. Abuse also exists in advanced countries of Europe, North American and rich Asian countries.

Child abuse and neglect is defined as “the physical and mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened” (Keeping Children’s and Families Safe Act, 2013). Simply defined, child abuse and neglect is the maltreatment of children by parents, care givers or other parent bodies. Child abuse typically falls into four main categories: physical abuse, emotional abuse, physical neglect, and sexual abuse. Physical abuse involves a willful or nonaccidental injury resulting from the harmful action of a parent or caregiver, such as punching, beating, shaking, kicking, burning or biting. Emotionally abuse is parental or caregiver behaviour that consciously intends to harm children emotionally. Child neglect is failure to provide for children’s basic needs or a lack of supervision to an extent that

compromises children's health or safety. On the other hand sexual abuse involves a variety of sexual acts, including fondling, incest penetration, rape, sodomy and pornography.

In our homes, in our neighbourhoods, in our communities, we see them, we observe them, children who are abused or maltreated. It is necessary to note that children who are abused suffer different forms of maltreatment and their experiences cannot be neatly pigeon-holed into one form of abuse or another. For example children who are sexually abused may be subject to physical injuries, and are often threatened or coerced into concealing or denying the abuse. In addition, all forms of abuse have strong emotional component and there are often no dividing lines between the different kinds of abusive acts (Wilson, 2008).

In Nigeria, there is no reliable statistics on the incidence of child abuse. Only very few cases of maltreatment are reported to law enforcement agents. In advanced countries of Europe and North America, there exists reliable data on the incidence of child abuse and neglect. For example, total number of reported abuse of children in England in 2002 was 25,700; in 2003, 26600; in 2004 26,300, in 2005, 25,900; and in 2006 5.5 million children were reported to have suffered child maltreatment (Wilson, Ruck, Limbery & Cooper, 2008). The National child abuse and Neglect Data System, NCANDS, (2006) indicates that neglect is the most common form of substantiated child maltreatment (60 percent), followed by physical abuse (18 percent), sexual abuse (10 percent), and emotional maltreatment (7 percent). Younger children are more likely to experience abuse than older youths. Data also indicate that girls are more likely than boys to fall victims of abuse. Maltreatment is also higher among the poor than among the well-to-do in both poor and rich countries (DuBois & Miley, 2010).

The psychological effects of abuse and neglect on children are pervasive, although differently experienced by affected children. For example, children who react to abuse may experience difficulty regulating and describing their emotions; avoiding intimacy through withdrawal, avoiding eye contact, and hyperactive or inappropriate behaviours; and may behave provocatively and aggressively. They may also experience disturbances of attachment and difficulties in learning (Edmund, Auslander, Elze, & Bowland, 2006; Thomas, Leicht, Hughes, Madigan, & Dowell, 2003; Dubios & Miley, 2010). Children who have experienced maltreatment often think negatively of themselves as learners, experience low self-esteem, and manifest low levels of motivation for school achievement (Lowellthal, 1999).

In this article, we call study two forms of child abuse – emotional abuse and sexual abuse – their definitions, effects and possible signs that a child experiences the forms of abuse. Because social work is a helping profession, we shall explore the role of effective communication in providing profession services to children who experience abuse. The goal in this use of effective communication is to enhance the capacities of children in conflict to resolve problems cope with their circumstances and functions effectively in the society.

### **Theoretical Orientation**

**Attachment Theory** Attachment is emotional tie developed between a child and a preferred adult (usually a parent who has the main care-giving responsibility) which endures over time, whether or not the care-giver is present. This is distinguished from attachment behaviour, which is the outward manifestation of this tie, i.e. seeking and maintaining proximity to another individual. Attachment theory was developed by John Bowlby in 1940 to explain the emotional tie which children develop with a preferred adult usually a parent who has main responsibility for looking after them. This theory is important in explaining the effect of emotional abuse on children. They theory identifies different patterns of attachment which includes secure attachment, insecure-avoidant attachment, insecure ambivalent attachment, ad insecure-disorganized/disoriented attachment.

The level of attachment is a product of the child relationship with the adult caregiver. If the relationship is abusive it affects adulthood negatively. It affects ones dimensions of trustfulness, openness, closeness, and anxiety. Adults with secure attachment model are said to be more likely to trust others, see their parents as friends, as well as lovers and show less anxiety and jealousy towards their partners. Adult with an anxious attachment model are uncertain, anxious, jealous and preoccupied with their involvement. They avoid closeness and disclose little, more intolerant and less reassuring (Bowlby, 1998; Ainsworth, 1978; Hazan & Shaver 1987). This theory is relevant in showing how abuse affects a person's attachment in later life.

**Erik Erikson's Psychosocial Theory:** This theory propounded by Erikson in 1963 was founded on Sigmund Freud's work. Erikson proposed eight life stages that all people must go through from infancy to old age. The stages are called psychosocial because they reflect both psychological and social challenges every one faces during the life course. Each stage is marked by crises. For example, between the ages of 3 and 19 children experience initiative versus guilt, industry versus inferiority, and identity versus role confusion. Emotional abuse is central to all these crises. When children are abused they suffer guilt feeling, inferiority, and role confusion. Effective communication play major role in bringing back autonomy, initiative, industry and identity as the child processes into adulthood

### **Emotional Abuse**

The American Department of Health (DoH) (1999e) defines emotional abuse as actual or severe adverse effects on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. It is the behaviours of parents, relations or child's care takers that consciously intend to harm the emotions of children. Although all abuses have elements of emotional harm, this category is used where it is the main or sole form of abuse. Emotional abuse can include the following:-

- Verbal abuse
- Rejection and withdrawal of affection
- Lack of warmth
- Constant criticism; constant ridiculing
- Holding the child in low regard
- Telling the child that he is unwanted, unloved and unacceptable
- Criticizing the child to other people (Wilson et al, 2008).
- Reminding the child of past shame arousing incidents

According to Wilson et al (2008) children who have experienced emotional abuse may be particularly vulnerable to psychological harm. Garbarino, Guttman and Wilson (1986) classify different types of emotional abuse, and suggest that parents may impair their children's healthy development by responses which reject, isolate, terrorize, ignore and or corrupt them (i.e. mis-socialize them). Emotionally abused children include those who may have had their natural drive for exploration punished, their attachment needs rejected, may have been penalized for any signs of positive self-esteem, and been discouraged from social relationships with peers. Caregivers' or parents' failure to respond to their children's experiences of feeling distressed, anxious or happy will have affected the children's ability to recognize and accept their thoughts and feeling. With others, the repeated experience of being ridiculed or discouraged may impair the healthy development of broader cognitive skills and affect their confidence in learning and exploration (Wilson, 2008).

Possible signs of a child experiencing emotional abuse include:-

- Physical, mental and emotional developmental delay or disturbances
- Over reaction to mistakes

- Sudden speech disorders
- Fear of new situations
- Inappropriate emotional responses to stressful situations
- Neurotic behaviours
- Self mutilation
- Extremes of passivity or aggression
- Substance misuse
- Absconding
- Enuresis and/encopresis (Wilson et al, 2008).

Garbarino et al (1986) posit that practitioners need to be particularly aware of the destructive patterns of emotions which are projected on to children. According to them what most children typically cannot handle is a pervasive pattern of destructive emotions or extreme outbursts that threaten their world. In most cases isolated trauma is not nearly as threatening as repeated emotional assault. Social workers providing services to emotionally abused children need to be knowledgeable in communication with children before entering into the world of the abused child.

### **Sexual Abuse**

Sexual abuse is defined as actual or likely sexual exploitation of a child or adolescent who may be dependent or developmentally immature. Kempe and Kempe (1978) define it as “the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate social taboos of family roles.” Sexual abuse which is often silenced by the adult offender’s intimidating threats and exertion of power over the child includes a variety of sexual acts such as fondling, intercourse, incest, rape, sodomy, and child pornography.

Sexual abuse has been described in its effect as most akin to severe emotional abuse. According to Glaser and Frosh (1993), in general, and except in instances of associated physical injury or rape by strangers, child sexual abuse is best classified alongside severe emotional abuse in terms of its structure and effects. An example of such emotional component is the abusers intentional distortions of children’s everyday realities. The fact is that abusers always try to present sexually abusive relationship as normal. Far reaching conflicts and confusions are created for abused children who psychologically strive to harmonize their inner experiences of sexual abuse with their abuser’s presentations of reality. According to Frosh and Fyson (2007) abusers may describe their relationships in terms of special and loving and the experiences of sexual abuse as something children should find pleasurable and good, which is often different from abused children’s inner experiences. Wilson et al (2008) include emphasis on secrecy and the often compulsive nature of the abuse as other emotional dimensions that characterize sexual abuse. The serious emphasis on secrecy seems an essential component of sexual abuse if it is to continue, and this is crucial if abusers maintain children’s silence throughout the abusive experiences which may continue for years. All these have devastating effect on abused children’s emotional development.

The effect of sexual abuse can manifest in the following ways:

- The compulsive nature of sexual behavior that characterizes sexual offenders is mirrored in the compulsive sexualized behavior of children who have been subject to sexual abuse.
- The repeated sexual arousal and the resulting tension created by the abuse may lead children to find relief through their own sexual stimulation, either alone or with the involvement of others.

- Sexual abuse also distorts children's view of other significant relationships and of themselves, and the sexual abuse interrupts and damages their subsequent emotional development from the onset of the abuse.
- Sexual abuse may have been used as a punishment for, say, behavior such as wetting or soiling and consequently children's feeling of shame and self-consciousness can be greatly heightened by sexual abusive relationship (Wilson et al, 2008).

How can practitioners identify sexually abused children? The following are possible signs that a child is sexually abused.

- Child depressed or suicidal
- Substance misuse
- Self harming behaviour
- Unexplained pregnancy
- Memory loss
- Anorexia/bulimia
- Running away
- Inappropriate seductive sexualized behavior
- Fearful of certain people
- Anger or irritability
- Not being allowed to have friends or go out
- Soreness/ bleeding of genitals, anus or mouth
- Nightmares or sleep problem
- Changes in behavior or habits
- Withdrawn, excessively worried
- Disclosure about "a friend" (Wilson et al, 2008 pp 495).

Children who are abused sexually or emotionally are described as children in need of help. They are children in conflict, children undergoing emotional trauma. Child protection services are a field of social work practice. Practitioners here provide services that address issues of child abuse and neglect and assist children in conflict. Services specially include child protection, child abuse investigation, preservation and unification. To provide these services effectively, the worker must possess effective communication skills. Good oral and written communication skills are absolutely essential. Interviewing skills are vital because the basic processes of social work are exchanges of information.

### **Communication with Children in Need of Protection**

There is enormous therapeutic value in talking to children in particular and service users in general. There are various ways to talk to children in conversation about their situation. The requirements determining the curriculum content of social work degrees, often referred to as "the benchmark statement" and the National occupation standards that are identified by employers and define professional practice, stipulate that qualifying social workers must be able to demonstrate sound communication skills. This is very important since relationships are built on communication. It must be noted that there is big gap between being able to communicate and being able to communicate effectively. We are here concerned with effective communication with children in need of help.

The form communication takes varies - letters, reporting, case recording are examples of written form of communication; while home visits, office interviews, formal review meetings are examples of verbal communication; and body language, tears, touch are examples of non-verbal language. While not ignoring the importance and effectiveness of

written communication, we shall be concentrating on verbal communication in this work. We also start the communication issues with characteristics of effective communication.

### **Characteristics of Effective Communication**

For social workers working with children to listen and communicate effectively, they need to make the children feel they have been understood on two levels –first intellectually or cognitively and secondly emotionally or affectively. The first level of understanding requires attentive and accurate listening, with attention paid to the content of the communication, that is, the factual information. Then for the second level of listening to be undertaken effectively you need to be able to recognize and respond to what is being communicated both verbally and non-verbally. It is estimated that approximately two-thirds of communication is non-verbal (Wilson et al, 2008). In all forms of communication, at all levels of communication the core characteristics of effective communication are empathy, authenticity and respect.

**Empathy:** empathy means attempting to put oneself in another person's place, in the hope that one can feel and understand another person's emotions, thoughts, actions and motives. Empathy involves trying to understand, as carefully and sensitively as possible, the nature of another person's experience, their own unique point of view and what meaning this conveys for that individual (Trevithick, 2005). Another term for empathy is emotional attunement – the capacity of a professional to recognize what a service user is feeling (Koprowka, 2005). To be emotionally attuned involves paying close attention to the verbal and body language of the service user – how do they articulate and describe their situation, what specific words do they use, how they come into the room or greet you, how are they sitting, do they look relaxed or strained, are their body language and verbal language congruent, that is, expressing the same message?

Social workers working with children must be able to communicate empathy. Social workers achieve controlled emotional involvement through their expression of empathy. They feel with the children, that is, they feel and respond to the children's feelings. Empathy is antithetical to "blame", it is the healing balm for blame. Empathy provides the dynamic that differs from either sympathy or pity. Accurate empathy according to Egan (1994), requires the listener to respond to the child in a way that accurately reflects the person's experience, behaviours and feelings. Empathy empowers the child client to work toward the goal and make plans for change without absolving them from taking responsibility for their actions.

**Authenticity:** In working with children who are abused, it is expedient that the practitioner be authentic. Authenticity is the congruence between what the worker says, what he feels and what he does; it is the ability to relate to others with integrity, to be able to engage with others 'persons to persons' while at the same time being aware of and using their own feelings and values as well as the resources of their agency role and the other roles they occupy (Wilson et al, 2008). To be able to be empathic, you need to be authentic. Being authentic contributes to more effective communication. Being empathic and authentic help to build or restore the trust of abused children. This restoration of trust is important while working with emotionally or sexually abused children since the abuse distorts a child's perception of others.

**Respect:** Respect for persons is one of the fundamental cornerstones of social work practice which is enshrined in the General Social Care Council's Code of Practice. Respect for persons is the ability to communicate acceptance and valuation of people irrespective of their personal qualities and social or professional position. Respect is arguably inseparable from empathy and authenticity as core features of effective communication. Empathic and authentic relationships engender respectful professional relationships. The consistent message of service users, especially children who are abused and in need of protection is their wish for honest, transparent relationships.

Above are the core characteristics of effective communication. Effective communication is the communication which has the power to produce the desired result – the communicator conveys the message he means to convey and the audience hears what the communicator actually says. For communication to be effective, it should be clear, concise, complete, convincing and capable of being carried out. These are ingredients that booster empathy, authenticity and respect. The worker should also possess the key skills for developing relationships with service users. The skill include: verbal clarity, empathic comments, authentic comments, paraphrasing/summarizing and open questions.

### **Communication with Abused Children**

The ability to communicate with children is a key skill for practitioners working with children and young people. The immediate purpose of communication with abused children is to get in touch with the real self of the child, which is what he is feeling about himself and his life at the moment of the meeting. The worker wants to help children remain in contact with themselves and maintain a sense of their own unique identity and worth in relation to other people (Winnicott, 1964).

The following, according to Falberg's (1991), are the purpose of direct communication with children: to help strengthen current relationship; to understand the child's needs and perceptions; to prepare the child for transition; to assess needs; for disengagement work, i.e. from previous relationships; to explain plans for the future; to address areas of concern; to facilitate identity formation by helping the child to know himself better; and to reintegrate early life experiences. It is necessary to carefully plan, in advance, how you engage the child. These include such issues as setting, time of day, how you will introduce yourself, and explain your role, what kind of activities, materials and tools you will need, if any, and so on as noted by Crompton (2007) and Aldgate and Seden (2006). Some of the important principles of communication with children are:

- i. Choosing the right setting – preferably somewhere that the child feels safe and familiar, which is comfortable, and which will be free from interruptions.
- ii. Observing, seeing, noticing and really listening to what the child says.
- iii. Talking to children about topics or doing activities with children, which interest them in order to build a relationship.
- iv. Being honest about roles and responsibilities.
- v. Being honest even if means saying 'I don't know'
- vi. Being sensitive to the painfulness of a topic and not pressing the bruise.
- vii. Respecting the child's right not to say something or respond and being sensitive to non-verbal clues of not wishing to pursue a particular topic.
- viii. Being clear about limits to confidentiality
- ix. Consulting the child as far as possible
- x. Checking the child's understanding from time to time
- xi. Working at the child's pace as far as possible
- xii. Taking account of how the child likes to communicate
- xiii. Being consistent and reliable and punctual
- xiv. Being imaginative in finding the means to communicate
- xv. Adapting communications and activities to the child's level of understanding, age and capacity.
- xvi. Thinking through how you will record the session in a way which is non-intrusive,

### **The Therapeutic Value of Effective Communication**

The social worker has various ways at his disposal through which to engage children in conversation about their situation. Communicating may involve a casual conversation with a child, a one-off interview, or it may involve a longer process of working with a child in order to build a relation in which it becomes possible for the child to trust you, and you begin to

understand more about him or her. Often social workers and parents or caregivers find that significant conversations happen when they are driving a child somewhere. The confines of a car seem to create a safe space in which the child and the social worker/parent/caregiver can talk directly to each other without needing to look at each other all the time. Working directly with children, according to Aldgate and Seden (2006), has its basis in the following three perspectives: a right perspective; a safeguarding and promoting – welfare perspective; and a therapeutic perspective, grounded in developmental theory.

We know that children value the opportunity to talk through their anxieties with someone they can trust. So talking to a trusted adult can produce the following therapeutic effects:

- Offers the opportunity to offload: children who are emotionally or sexually abused are laden with emotional burden and experience difficulty regulating and describing their emotions. Communication with child has the therapeutic value of enabling the child to get rid of such emotional burden.
- *Providing the chance for children to talk, make comparisons, express opinions, preferences, etc. without judgment or criticism.* Without such therapeutic communication with trusted adults, abused children will not have the opportunity of talking or expressing their opinions or making comparisons or expressing their preferences.
- *Helps remove feeling of self blame:* Many children, even adults who are abused, have the tendency of harbouring the feelings that they are to blame for the abusive relationship. Communicating with a trusted adult or a professional social worker helps to remove that feeling of self-blame. Emotions are healthier when they are rid of self-blame.
- *Helps lay some of the ghost of the past:* Emotionally and sexually abused children are continually haunted by the ghost of their past experiences. Effective communication with a trusted adult has the therapeutic effect of helping the child to lay off haunting experiences and so be able to progress into functional and progressive adult.
- *Help correct distortions:* Abused children suffer emotional trauma in many cases because of mis-representation of facts. For example, where the child holds herself wholly responsible for the break-up of the family, the child lives with the painful emotions of self-blame. Communication with trusted adult helps to correct the distortions. Such correction helps in the normal development of stable personality.
- Effective communication with children in need of protection can *prepare children living away from home for returning to their birth families* by helping the child to understand what has happened within his/her family during separation. This is particularly important in situations where abuse had been to the extent that the child was removed from family to placement or foster care or adopted by another family.
- *It can prepare children living away from home for returning to their birth families by helping the child renegotiate her/his place in the family.* This re-negotiation is necessary as it has the potential of forestalling some future abuses and unnecessary tensions.
- In severe abuse circumstances, children in need of protection may need to be removed from their abusive homes. *Effective communication helps to prepare children for their new homes.* That is effective communication is used to work with children during care plans for placement for looked-after children.

- Some children who do not suffer abuse may be compelled by circumstances to move to new homes. Effective communication can prepare children for moving to new families by *helping the child to mourn for the loss of her/his family*.
- Effective communication can also prepare children for moving to new families by *helping the child to understand what has happened*. Because of the remoteness of death in modern societies and contemporary times, children do not fully appreciate the implications of death. So effective communication helps them to understand what has happened and the implications of such happening.
- Whatever unsafe circumstances the child may find himself, whether sexually abused, emotionally abused or separated from birth family, effective communication *helps the child to plan and build for the future* (Aldgate & Seden, 2006; Wilson et al, 2008).

### Conclusion

The primary purpose of working with children is to promote their welfare. Social workers have a responsibility to engage with children in ways that respect their view and promote their welfare. The most effective ways to achieve productive listening to the voice of the child is, first, to develop enhanced self-awareness and understand how your own experiences of childhood influence your approach to children; and secondly, to develop professional skills in relating to and communicating with children (Wilson, 2008). The social worker has many reasons for engaging emotionally and sexually abused children into therapeutic communication. Some of the reasons are: to make sense of some confusing events in the past, that is to understand and come to terms with feelings about those who may have abused them; to make up for early lost experiences, especially missed opportunities to play; to enable the child to understand and leave behind the emotional baggage associated with destructive early life experiences; to enable a child to experience the full range of emotions, pleasurable as well as painful; to enable the child to modify anti-social behaviours; to prepare for life in a new family; and to improve the child's self-esteem (Carrol, 1998; Brandon, Schofield & Trinder 1998; Wilson & Ryan, 2005).

Professional relationship with emotionally and sexually abused children requires you to have developed good communication skills. Though there are numerous interpersonal communication skills, this paper has focused on only a very important aspect of effective communication and that is, the capacity to communicate empathically, respectfully and authentically. With this foundation in place, it is possible to develop communication skills necessary to effectively communicate therapeutically with children in distress with heightened sensitivity to the specific needs of each individual child, whether he is emotionally abused, sexually abused, or whether abuse has been to the extent that the child has been separated from the abusive parents or caretaker. Developing effective communication skills takes time and should not be rushed.

### References

- Ainsworth, M., Blehar, M., Walters, E. & Walls, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.
- Aldgate, J & Seden, J. (2006). Direct work with children. In D. Jones, W. Ross & C. Jeffery (Eds). *The Developing World of the Child*, pp 229-72, London: Jessica Kingsley.
- Bowlby, J. (1973). *Separation, anxiety and anger*. London: Hagart Press.
- Brandon, M., Schofield, F. & Trinder, L. (1999). *Social work with children*. Basingstocke: Macmillan.

- Carrol, J. (1998). *Introduction to therapeutic play*. Oxford: Blackwell Science.
- Crompton, M. (2007). Individual work with children. In K. Wilson & A. James (Eds) *The Child Protection Handbook, 3<sup>rd</sup> ed*, pp 391-413. Edinburgh: Elsevier.
- Department of Health (1999e). *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children* London: HMSO.
- DuBios, B. & Miley, K.K. (2010). *Social work: An empowerment profession*. Boston: Pearson.
- Edmund, T., Auslander, W., Elze, D., & Bowland, S. (2006). Signs of resilience in sexually abused adolescent girls in the foster care system. *Journal of Child Sexual Abuse*, 15(1), 1-28.
- Egan, G. (1994). *The skilled helper: A problem management approach to helping, 5<sup>th</sup> ed*. The Pacific Groove, CA: Brooks Cole.
- Erikson, E. (1959). *Identity and the life circle*. New York: International University Press.
- Falberg, V. (1994). *A child's journey through placement*. London: BAAF.
- Frosh, S. & Fyson, R. (2007). *Child protection handbook, 3<sup>rd</sup> ed* (pp 69-89). Edinburgh: Elsevier/Bailliere Tindall.
- Glaser, D. & Flosch, S. (1993). *Child sexual abuse*. London: Macmillan.
- Hazan, C. & Shaver, P. (1987). Romantic love conceptualized as attachment process. *Journal of Personality and Social Psychology*, 52: 511 – 24.
- Kempe, T. & Kempe, C. (1978). *Child abuse*. London: Fontana Books.
- Koprowska, J. (2005). *Communication and inter-personal skills in social work*. Exeter: Learning Matters.
- Lowenthal, B. (1999). Effects of maltreatment and ways to promote children's resiliency. *Childhood Education*, 75(4), 204-209.
- Thomas, D., Leicht, C., Hughes, C., Madigan, A & Dowell, K. (2003). *Emerging practices in the prevention of child abuse and neglect*. US Department of Health and Human Services, Office of Child Abuse and Neglect. [www.calib.com/nccanch/prevention/emerging/report.pdf](http://www.calib.com/nccanch/prevention/emerging/report.pdf).
- Wilson, K., Ruch, G., Lymbery, M. & Cooper, A. (2008). *Social work*. Harlow: Pearson Education.
- Wilson, K. & Ryan, V. (2005). *Play therapy: A non-directive approach for children and adolescents*. London: Bailliere Tindall.