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Working with children suffering from abuse and neglect

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Working with children suffering from abuse and neglect

Abstract

This paper examines the history of advocacy for the rights and safety of children suffering from abuse and neglect in the United States and more specifically in the state of Iowa. It looks at statistical data concerning the incidence of child abuse and its correlation to age and ability level. It addresses the developmental, psychological, emotional, and physical effects of child abuse. This paper also outlines the role of the school counselor in helping children who are victims of abuse and neglect, as well as gives interventions that may be used to assist this population.

WORKING WITH CHILDREN SUFFERING FROM ABUSE AND NEGLECT

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Shalon L. Frye

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Abstract

This paper examines the history of advocacy for the rights and safety of children suffering from abuse and neglect in the United States and more specifically in the state of Iowa. It looks at statistical data concerning the incidence of child abuse and its correlation to age and ability level. It addresses the developmental, psychological, emotional, and physical effects of child abuse. This paper also outlines the role of the school counselor in helping children who are victims of abuse and neglect, as well as gives interventions that may be used to assist this population.

Working with children suffering from abuse and neglect

Child abuse has existed since the beginning of time. Greek historians recorded the killing of children in documents dated before the birth of Christ.

Ancient civilizations were known to sacrifice children to their Gods or to kill children who were born deformed (Iowa Department of Human Services, 2004).

Until the latter part of the 19th century, children were considered property of their fathers (Freedman, 1994). Physical punishment was widely accepted and even looked upon as good discipline. A common phrase used during this period, and even into more recent times, was spare the rod, spoil the child. In many families maltreatment of a child was considered part of parental discipline and would never be questioned by anyone outside of the home. Until the latter part of the 19th century, it was also common for young children who were unwanted by their parents to be sent to poorhouses, founding homes, or mental institutions. Older children were sent to other families to become servants (Freedman, 1994). In 1853, the Children's Aid Society was created to rescue some of these children. Eventually, child labor abuses led to widespread public concern about overall child abuse and neglect. Unfortunately, the passage of the first Child Labor Law was not until 1916, according to Freedman.

The first public reporting of child abuse occurred in 1874 with the case of

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nine year old Mary Ellen Wilson. Young Mary Ellen was a Civil War orphan who was horribly abused by her adoptive parents (Lowenthal, 2001). She was kept in a closet, burned with an iron, whipped daily, and was even cut with sewing scissors. With no child abuse laws in place, authorities were forced to use assistance from the American Society for the Prevention of Cruelty to Animals (Lowenthal, 2001). After this historical case, the New York Society for the Prevention of Cruelty to Children was formed. This was the first child protection agency.

Statistics about Child Abuse and Neglect

Child abuse and neglect is a growing epidemic in the United States. Child abuse is reported on average every ten seconds (Childhelp USA, 2005). Each day in the United States, four children die as a result of child abuse in the home. Of these fatalities, 89% are under the age of eight and 43% are under the age of one (Childhelp USA, 2005). During 2003 child abuse cases soared in Iowa; in fact, the rate of child abuse was nearly eight times higher in 2003 than in previous years (Prevent Child Abuse Iowa, 2004). The Iowa Department of Human Services reported that 14,936 children suffered from abuse in 2003. This is an increase of 21 percent from 2002, and is by far the highest number ever reported. Much of the increase in abuse in Iowa is from drug related abuse and neglect. There were 2,132 confirmed cases of physical abuse during 2003 and 10,783 cases

of neglect. Out of Iowa's 99 counties, 83 had more confirmed cases of child abuse in 2003 than they had in 2002.

It has been estimated that nearly 100,000 children in the United States are confirmed victims of child abuse and neglect (Bryant & Milsom, 2005). This only represents the cases that are reported and have been considered founded. It is estimated that for every case that is founded four more go unreported (Bryant & Milsom, 2005). The number of reported child abuse cases in the United States has risen approximately 10% per year since 1976 (Lowenthal, 2001).

Children who are between the ages of four and seven are most likely to be abused, and parents and relatives compose at least 77% of the abusers. It has been estimated that at least 30% of those parents who abuse children were abused themselves as children (Lowenthal, 2001).

Children suffering from disabilities are the most vulnerable population for abuse and neglect (Lowenthal, 2001), and a disabled child is 1.7 times more likely to be abused than a child without a disability. In a random sampling of 1,000 abused children, 36 of the children were disabled. In addition, the rate of emotional abuse in children with disabilities is almost twice as high as children without disabilities (Lowenthal, 2001).

Children with disabilities are more likely to be abused for a number of

reasons. First, they are more dependent on their caregivers and have less contact with peers. Second, children with disabilities often experience rejection from others, which increases the need for more time and attention from their caregivers (Lowenthal, 2001). This additional demand on the caregiver may escalate stress and frustration with the child. Children with disabilities also tend to have innocent beliefs that people caring for them have good intentions and will not hurt them (Lowenthal, 2001).

Definitions and Indicators of Abuse and Neglect

The Child Abuse, Prevention, and Treatment Act of 1974, PL 93-247, defines abuse as “the physical or mental injury, sexual abuse, negligent treatment of a child 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 hereby” (Lowenthal, 2001, p. 13).

Physical Abuse

Physical abuse is defined as a non-accidental physical injury inflicted upon a child by a caregiver. Some of the common physical indicators of child abuse include unexplained burns, bruises, or fractures, grab marks, loss of teeth, and outlines of instruments used to abuse (Iowa Department of Human Services,

2004). Oftentimes signs are not visible on a child's body; instead, the child's behavior is an indicator that there is abuse. Behavioral indicators include, but are not limited to, extreme aggression, withdrawal, seductive actions, and discomfort with physical contact (Prevent Child Abuse Iowa, 2004).

Emotional Abuse

Emotional abuse is viewed as any abuse that causes injury to a child's psychological well-being. The negative effects on a child's self-esteem from this form of abuse can cause life-long crippling results. Unfortunately, it is the most difficult form of abuse to prove because there are no physical indicators (Lowenthal, 2001). Forms of emotional abuse include rejecting the child's values or needs, isolating them from family or community, denying them human contact, verbally assaulting them, threatening them, or putting down the child (Lowenthal, 2001). Children can respond to emotional abuse in one of two ways, either by acting passively or aggressively. If children act out passively they may have trouble making friends, be extremely shy, or become victims to bullies (Romeo, 2000). Older children may be very pessimistic about life and have poor attitudes. Some may self-injure in order to cope with the abuse. Those who act out in an aggressive manner may bully other children or animals, have truancy issues, or be reluctant to go home from school (Romeo, 2000).

Sexual Abuse

Sexual abuse is considered both mental and physical abuse. Children who have been sexually abused will show certain behaviors that indicate that sexual abuse has occurred (Prevent Child Abuse Iowa, 2004). For example, they may be knowledgeable about sex beyond what is normal for their developmental level, display seductive behavior, or not want to be touched. Physical indicators of sexual abuse include injury to the genitalia, bruising, venereal disease, or pregnancy (Prevent Child Abuse Iowa, 2004).

Neglect

Neglect is defined as a lack of appropriate care for children (Department of Human Services, 2004). Failing to provide adequate food, shelter, clothing, medicine, and/or social and educational opportunities are all forms of neglect. Failure to love or pay attention to a child is another form of neglect. Neglect is the most common form of child abuse in the United States and it can be short-term or long-term (Department of Human Services, 2004). Short-term neglect can often be associated with trauma in the lives of the child's parents (death of a loved one, loss of a job, etc.) and long-term neglect is many times connected to drug abuse and/or alcohol abuse (Lowenthal, 2001).

According to the Iowa Department of Human Services (2004), the most

recent bills introduced into legislation have been concerned with significant others, such as live in boyfriends or girlfriends and with methamphetamine manufacturing in the home. Iowa Senate File 63 changed the old law prohibiting abuse by a parent, guardian, or person having custody over a child to also include anyone living or spending a significant amount of time in a household. Iowa House File 178 concerns the manufacturing of methamphetamine (Department of Human Services, 2004), stating in that it is against the law for a parent, guardian, or caregiver to manufacture methamphetamine in the presence of a child.

Effects of Abuse and Neglect

Social Effects

Abuse and neglect have many negative effects on a child's social development. Having a clear understanding of the signs and symptoms of abuse will help a counselor notice the red flags in order to assist the child (Lowenthal, 2001). Children may feel helpless, ashamed, and hopeless when they are victims of abuse. They are more likely to be aggressive, show lack of concern for others, and be more inappropriate towards their peers. They are also less likely to form relationships with others (Urquiza & Winn, n.d.), which could be due to low self-esteem, low confidence levels, a feeling of unworthiness, or even because of depression. Abused or neglected children may feel they are not able to develop

friendships as their family secret may be revealed. This causes them to isolate themselves, hampering their ability to make friends (Lowenthal, 2001).

Educational Effects

Victims of abuse may be less likely to volunteer in classroom settings or participate in extracurricular activities, which affects their academic performance (Lowenthal, 2001). Abused children could possibly suffer brain damage, developmental delays, and learning disorders. Research supports the fact that abused children are 25% more likely to repeat a grade level, and 75% of all high school drop-outs have a history of abuse (Prevent Child Abuse America, 2003).

Physical and Motor Development Effects

Abuse can affect physical development and motor skills in children. Children who have been abused or neglected may experience muscle weakness, weight loss, and lethargy due to being malnourished (Iowa Department of Human Services, 2004). They may have breaks or fractures that heal improperly, causing growth delays and the inability to use large muscles properly. If they are denied access to toys and opportunities they will also lack fine motor skills (Iowa Department of Human Services, 2004). These physical problems can be compounded by the fact they are also suffering from negative body images, decreased self-worth, guilt, and shame about their bodies (Urquiza & Winn, n.d.).

Language and Communication Effects

Victims of child abuse often display language delays. Abusive parents often do not interact appropriately with their children; they talk less and yell more. They tend to discourage the child from talking, telling them to be quiet. They also belittle and criticize their children. Oftentimes abused children find it easier to remain silent and away from their parents (Iowa Department of Human Services, 2004).

Long-term Effects

Teens who were abused as children are more likely to be promiscuous, causing pregnancy and sexual revictimization. They are more likely to be involved in criminal behaviors and substance abuse (Urquiza & Winn, n.d.). Teens who self-injure are 15% more likely to have suffered abuse than those who do not self-injure (Strong, 1998). Many even suffer symptoms of post-traumatic stress disorder.

The Counselor as Mandatory Reporter

Approximately 500,000 children experience abuse or neglect before they enter kindergarten (Lambie, 2005). Most carry the pain of the abuse into their classroom where it results in poor study habits, low attention, lower academic achievement, and social issues. School counselors must take immediate steps to

remedy this problem in the early childhood classrooms. Not only will quick action help the child educationally, but it will also help with their emotional and social development (Lambie, 2005).

Unlike other school personnel, the counselor works directly with both the abused child and all the adults connected with the abuse, including the child's teacher, principal, the parents, a social worker, a therapist, and occasionally the perpetrator should he or she happen to be a family member (Urquiza & Winn, n.d.). The school counselor needs to be knowledgeable about the signs and symptoms of all types of abuse. The counselor must have knowledge of the most recent child protection laws for their state and of the mandatory reporting process (Iowa Department of Human Services, 2004).

Iowa law defines six classes of people who must make a report of child abuse to the Iowa Department of Human Services within twenty-four hours of the suspected abuse: professionals working in the fields of health, education, child care, mental health, law enforcement, and social work. Specifically, under the category of education, all licensed school employees, teachers, counselors, coaches, and para-educators are mandatory reporters (Iowa Department of Human Services, 2004).

According to M. Gudenkauf, Independence police officer (personal

communication, January 11, 2005) when a teacher or the counselor suspects that abuse has occurred, the first step is always to call the Department of Human Services (DHS). The local DHS then calls the police department who sends a deputy with a DHS case worker to the school to check the allegation and do a cursory check. The teacher and counselor are interviewed first and then the child and other siblings are also interviewed. Once the counselor has completed their interview with DHS s/he is typically done and will not work with the child again until s/he returns to school. After the DHS worker has interviewed the teacher and student, the social worker and the deputy go to the home and interview the family. If abuse is suspected and the complaint is found to be valid, the county attorney's office is then contacted and papers are filed for immediate removal of the child.

Interventions

The counselor plays a key role in helping the victims of abuse, in addition to educating children through classroom guidance in order to help prevent it.

Interventions can be employed in individual and small group counseling, and prevention occurs in the classroom setting.

Individual Counseling

Individual counseling begins the healing process for a child abuse victim. It

allows victims to explore their sense of self, raise their self-esteem, and gives them a sense of power (Urquiza & Winn, n.d.). Individual counseling also helps children to address issues of trust, safety, and control. It is an opportunity for the child to interact with a supportive adult and develop a relationship that models appropriate adult/child behaviors, according to Urquiza and Winn. Some interventions that can be used in individual therapy are bibliotherapy, scriptotherapy, art therapy, and role playing.

Bibliotherapy. Bibliotherapy is an especially helpful counseling technique used in individual counseling for children who are reluctant to express their thoughts and feelings. Bibliotherapy gives children the reassurance they are not alone in what they have experienced. In reading books about abuse, children can be exposed to characters who are feeling the same way they are and going through situations similar to their own. According to Pardeck (1995), this can lead to insight into their feelings and behaviors (as cited in Bradley, Gould, & Hendricks, 2004). Some books to use in individual counseling sessions are; *Something is Wrong at My House* (Davis, 1984), *A Terrible Thing Happened- A Story for Children Who Have Witnessed Violence or Trauma* (Holmes, 2000) and *Trouble with Secrets* (Johnson, 1986).

Scriptotherapy. Scriptotherapy is the practice of using journaling to

enhance the therapeutic process. Journaling helps children to develop their thinking skills and self-understanding (Hoff, 1998) and can also help in dealing with the trauma of abuse.

Journaling takes many forms. Students may use journal writing periodically or as a daily outlet for their feelings. It can also be used as a communication tool between the counselor and student (Hoff, 1998). One way scriptotherapy has been used successfully with abused children is to have them write daily affirmations (James, 1996) such as “I have the right to be happy,” “I am a loveable child,” and “I have a right to the feelings I have.” Another way to use scriptotherapy with abused children is to write a story together (James, 1996) in which the child writes one line of the story and the counselor the next, alternating this way until the story is complete. This intervention helps children bring their concerns into the session through the story.

Another helpful scriptotherapy activity to use with abused children is “Guess What Other Abused Kids Worry About?” (James, 1996), an activity that can be used to discuss educational information about abuse with the child. Abused children often have many questions and fears they are afraid to ask. In this activity they would discuss what other kids wonder about and then have the victim write down any questions they have (James, 1996).

Art therapy. Art therapy can be especially helpful with children who have been abused or neglected because it engages the whole brain, accessing both right and left hemispheres (Ulmen, 2001). This encourages integration of feeling, cognition, and sensation, which can create new understandings for the student about the issues that are troubling them. Creating art also helps bridge the conscious and unconscious. Many children are able to externalize a traumatic issue through art, while simultaneously providing a means for re-processing the event (Fausek, 1997).

Art therapy can be especially helpful to use with children who have suffered from abuse or maltreatment (Hass-Cohen, 2005). Counselors can use this approach to help children in abusive situations work through vivid experiences and images. Creating art also helps abused children form better coping skills, gives them a better sense of self-control and well-being, and provides a needed distraction from stress (Hass-Cohen, 2005).

Art therapy can be used in individual sessions in various ways. For example, art and music can be combined by playing music while simultaneously having the child create a picture depicting the feelings the music is stimulating. Art therapy can also be done by painting or creating self portraits. These portraits could be very concrete or abstract depending both on the age of the child and the music

being played as inspiration. Another activity would be to have the students draw how they felt when they were being abused or what they felt like after an abusive situation. One example of this is “Color Your Life” (James, 1996). In this activity children list feelings on one side of the paper. Each feeling is listed in a different color so that the colors are associated with feelings. The child would then draw a large circle in the center of the page, representing themselves. The child would use only colors to show how they are feeling now. Another version of this activity is to have the abused child make a timeline of their life using the colors for their feelings (James, 1996). The counselor could also suggest the child draw a picture of their abuser. If the abuser is a family member a kinetic family drawing may be useful. The main focus of using art therapy would be the processing of the activity and the feelings the activity created for the child.

Role playing. According to Edwards & Springate (1995), role playing offers the child the opportunity to practice new behaviors, rehearse learned skills, view situations from multiple perspectives, gain confidence, and express feelings. Through the process of rehearsing alternative behaviors, the child can receive feedback and the effect the new behavior may have (as cited in Bradley, et al., 2004). Having an abused child act out the five self-protective skills (recognize inappropriate touch, say no to the perpetrator, walk away, find an adult to tell, and

disclose the event) gives them the skills to know what to do when confronting an abusive situation.

Research shows that many times abused children do not have the ability to follow the steps to protect themselves, even when they know them (Urquiza & Winn, n.d.). Many researchers agree that children need to feel as if they are protected before they can protect themselves (Thomas, 2003). An example of a structured role play that would give children this opportunity is to have the child imagine they have a protector in the room with them. Have them think of someone who could have protected them from the abuse. This person can be real or imagined. Ask them to recall an abusive situation. Have the child start at the beginning and describe the entire situation. At the moment of abuse have the child imagine their protector entering the room and defending them (Thomas, 2003). According to researchers, this tactic is often extremely effective in helping children learn to protect themselves from future abusive situations.

Another version of role playing is Gestalt's Empty Chair technique. This is where the child would sit in a chair opposite an empty chair. The child would pretend their abuser is sitting in that chair. They would then have a dialogue with their abuser about the abuse they suffered (Thomas, 2005). Any questions or comments they have for the abuser could be asked at that time. When using the Empty Chair technique children can confront their abuser without the fear of retribution (Thomas, 2005).

Classroom Guidance

Intervention, in the form of prevention, occurs in the classroom. Classroom guidance lessons are the optimal place to teach students about child abuse and about the steps to take when confronted with an abusive situation (Grober & Bogat, 1994). Hearing about abuse in a safe environment, such as the classroom, allows those suffering from abuse to come forward and seek help without shame or embarrassment (Urquiza & Winn, n.d.). Five self-protective skills that should be taught in all elementary schools are to recognize inappropriate touch, say no to the perpetrator, walk away, find an adult to tell, and disclose the event (Grober & Bogat, 1994). Most researchers agree that these skills should be taught starting at the pre-school level and continue through sixth grade.

There are many books and videos about body awareness and abuse that counselors can use in the classroom. Books such as *My Body is Private* (Walvoord Girard, 1984), *Something Happened and I'm Scared to Tell* (Kehoe, 1987), *The Right Touch: A Read-Aloud Story to Help Prevent Child Sexual Abuse* (Klevan, 1997), *Your Body Belongs to You* (Maude Spelman, 1997), and *It's My Body: Children's Safety and Abuse Prevention* (Freeman, 1984) are excellent resources. Some videos that are available for counselors to use when discussing good touch, bad touch and body awareness include *All About Strangers, Facing Dangers: Red Light, Green Light, I Am the Boss of My Body: Preventing Child Sexual Abuse*, and *It's Your Body* (AEA 267).

Another option, one which is especially appropriate for older children, is to have speakers who have suffered from abuse and are now child advocates share their experiences (Gootman, 1996). Speakers who are involved in community resources to aid children suffering from abuse such as therapists, police officers, and social workers, may also be helpful. Introducing new resources to students gives them another perspective about abuse and possible places to get help (Gootman, 1996).

Conclusion

Child abuse and neglect has existed since the beginning of human kind. Not until the twentieth century was the issue taken seriously enough to be addressed through legal action. Unfortunately, the number of child abuse cases in the United States continues to rise.

Schools provide an optimal setting for educating children about abuse, and for counteracting and overcoming the effects of abuse. School counselors have a unique situation in that they have the opportunity to see a child every day in their own environment interacting with their peers and with other adults. Their role in addressing the problems of child abuse and implementing preventative programs is significant.

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