



The Effect of Music Therapy on Children Who Have Experienced Maltreatment

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Abstract

Some universal benefits of music therapy on maltreated children have been discussed across topics, including the flexible, dynamic, creative, and engaging features of music. However, the specific ways through which music therapy could assist patients with different types of maltreatment history are also observable. Within the two extant research areas, for sexually abused children, the researchers have discussed music as a symbolic means of expression, safe and nonthreatening communicative properties of music, and how music can restructure victims' behavioral patterns. For emotionally neglected children, the significant effect on parent-child bond and interaction is emphasized. That childhood trauma is an issue frequently happening in our lives. We, as educators, will very likely have traumatized children in our classes. As a potential music teacher, I really want to learn more about how we can help this population by using music. I specifically focused on one common type of childhood trauma, maltreatment. However, there is just a very small amount of research about childhood maltreatment and music classroom strategies. Therefore, I decided to examine in a broader scope how music therapy can be applied in this field and adapt some implications for teachers. This literature review is based on related articles and books from 2000-2019.

Keywords

Music therapy, Children, Maltreatment

1. Introduction

The Boy Who Was Raised as a Dog (Perry & Szalavitz, 2017), where I, for the first time, carefully read the stories of children with trauma, made me realize the world of children who have experienced maltreatment. The author, also a child psychiatrist, recorded ten cases of maltreated and traumatized children and their treatment processes. Those children experienced various horrible traumas, such as being sexually abused, being raised with dogs in a dog cage, or witnessing their parents' death during their early childhood. The intense vulnerability and despair of this population struck me and opened my eyes to notice that they were badly in need of immediate help.

While reading this book, I watched the Broadway musical Dear Evan Hansen (2019), which also raised my attention on the topic. It tells the story of a high school student who suffers from social anxiety and isolation. His family background was one of the main reasons of his situation. His father abandoned the family when he was seven years old, and his mother, a tough woman, spent most of her time studying and working to support Evan's life financially, but emotionally neglected him to some extent.

These stories triggered me to research this topic. Then I found the famous study Adverse Childhood Experience Study (ACE study), which was conducted from 1995 to 1997 by Kaiser Permanente, the largest U.S. health mainten-

ance organization, and the Centers for Disease Control and Prevention (CDC). The researchers asked more than 17000 adults about their history of exposure to adverse childhood experiences (ACEs), which include ten common types of trauma, such as physical abuse, emotional abuse, divorce or parental separation. The findings were striking: first, ACEs are common because 67% of respondents reported at least one kind of adverse childhood experience. Second, ACEs have been shown to have a dose-response relationship with a wide range of health problems. In other words, higher ACE scores lead to worse health outcomes (CDC, 2019).

2. Definition of Child Maltreatment

Multiple global and national authorities have defined child maltreatment. According to the World Health Organization (2016), Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment (Key facts, para. 2). In the United States, The Federal Child Abuse Prevention and Treatment Act (CAPTA) of 2018 defines child abuse and neglect as: At the minimum, any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation (including sexual abuse as determined under section 111), or an act or failure to act which presents an imminent risk of serious harm (42 U.S.C. 5101 note, § 2).

This paper adopts the definition of child maltreatment from the Centers for Disease Control and Prevention (CDC): Child maltreatment is any act, intentional or not, that results in harm, the potential for harm, or the threat of harm to a child. The failure to provide for a child's needs or to protect a child from harm or potential harm is also child maltreatment. Child maltreatment can be by a parent, a caregiver or an authorized custodian of the child, such as a coach, teacher or clergy person (DEFINING CHILD MALTREATMENT, para. 2, 2010), CDC (2010) recognizes four major types of maltreatment: physical abuse, sexual abuse, emotional abuse, and neglect, which organizes the research discussed in this literature review because many states recognize its classification.

3. The Effect of Music Therapy on Children Who Have Experienced Sexual Abuse

The topic of music therapy on child sexual abuse is the most studied among the research on music therapy and child maltreatment. Several scholars emphasize that music functions as a symbolic means of expression. In 2007, Thompson studied musical story improvisation in a music therapy context and found that it is a valuable intervention for child sexual abuse victims. With the assistance of a professional therapist, through music therapy, children with experience of sexual abuse could not only find a safe space but also express themselves freely. In addition, music functions as a symbolic means for child abuse victims to explore their world through sound, rhythm, and melody which also helps them to reconnect with the creativity of childhood.

Afterward, Robarts (2009) studied the positive effects of music therapy on emotional regulation, symbolization and interpersonal attachment between children who experienced sexual abuse and their therapists. He theorized: "In music, there is a two-way channel between the sensory realm from which meaning (or symbolizing) emerges in the movement to the symbolic realm of imagination and play, articulate and full of ideas. (p. 396)" This suggests that patients can create communicative models of their sense of self in musical therapy which they can apply in their own life. Additionally, music therapy can help transform the relationship a child has with their body due to the bodily perception of music in human nature.

More recently, Schulze (2018) explored the ways in which adolescent survivors of child sexual abuse (CSA) could use music therapy for the exploration and construction of identity. The results showed that music therapy had enhanced the CSA survivors' ability to use symbolism. To a deeper extent than through speech, the survivors explored their personal experiences and emotions through multiple symbolic modes, such as improvisation and songwriting provided by music therapy.

In addition, Schrader and Wendland (2012) as well as Chestnut (2013) talked about safe and nonthreatening communicative properties of music. Schrader and Wendland (2012) first studied young female survivors of commercial sexual exploitation (CSE) and related examples of sexual violence in a center in Cambodia. They launched a project in order to explore how music therapy could effectively assist the extant programming catering for survivors and their care staff. They found that music therapy offers methods, including instrument play, dance and movement, singing, song writing, lyric analysis and musical listening for relaxation, through which girls could begin to confront their trauma and start the healing process because of the nonthreatening nature of music. One year later, Chestnut (2013) concluded that patients could have a possible way to safely express memories and feelings of sexual abuse that were suppressed by the survival

instinct when co-creating and co-witnessing musical experiences with their therapists. She also suggested that listening to music, singing, and composition can be possible music interventions for the social worker of teenagers with a history of sexual abuse to safely self-witness, self-reflect, accept, and foster trust in other therapeutic environments.

On top of that, Strehlow (2009) studied how music therapy can help sexually abused children restructure behavioral patterns like withdrawal, need for safety and difficulty dealing with strong feelings. The researcher gave an example of a case study in which the subject was an eight-year-old girl who was a sexual abuse victim. The music therapy process was demonstrated through six scenes, each including a specific musical moment followed by the explanation of the researcher. The key of the treatment is to help the girl to trust herself more by offering her a chance to face her traumatized past and providing a secure zone for her to express herself. In addition, Strehlow (2009) concluded nine ways through which music can be effective in helping with this population, such as, "Music as a space for good and secure experiences", "Music as a way of mirroring emotional experiences" (p. 181).

4. The Effect of Music Therapy on Children Who Have Experienced Physical Abuse

There has been no research that investigates how music therapy specifically works on children who have experienced physical abuse. The most related research to this topic was conducted in Florida, two decades ago, by Coulter (2000), who compared the effect of two types of musical interventions: song writing and recreational music on nine children with posttraumatic stress disorder (PTSD) symptoms. All of these children experienced physical and/or sexual abuse, and they were divided into the younger (age 6-11) and older group (age 12-18) attending at least three of the four sessions of music therapy cycles including recreational music and song writing. The research tested the participants self-perceived PTSD symptoms according to subscale scores in avoidance, empowerment, self-blame/guilt, intrusive thoughts, and personal vulnerability as well as measuring off-task behavior.

The findings didn't show a statistically significant difference between the effect of these two music conditions in reducing PTSD symptoms. The researchers speculated that insufficient control of setting, such as the length of participants' stay due to discharge from the hospital, and small sample were responsible for this. However, the research study showed that individual subscale scores decreased in the song-writing intervention. Avoidance and intrusive thought scores went down, but empowerment, self-blame/guilt, personal vulnerability scores went up when using recreational music intervention (Coulter, 2000).

In addition, Coulter (2000) pointed out the necessity of conducting more specific research in the treatment of sexual abuse victims and physical abuse victims separately due to multiple differences between them. A notable difference is that people with a history of sexual abuse always suffer more shame and guilt than those with a physically abusive past.

5. The Effect of Music Therapy on Children Who Have Experienced Emotional Abuse

Similar to the previous topic, there is no research work labeled by the keywords "music therapy" and "emotional abuse". One significant reason is that childhood emotional abuse is usually difficult to identify because the harm is hard to recognize directly, and there are only a few extant well-validated measures of it. Additionally, child emotional abuse victims often choose to conceal their disadvantaged experience due to the fear of punishment or they regard this as a normal way of being treated by caregivers (Prevent Child Abuse America, 2016).

However, emotional abuse is always found with the occurrence of other forms of maltreatment (Prevent Child Abuse America, 2016). Therefore, the impact of music on children's emotion is usually noticeable in the research of treatment to other types of abuse.

As discussed, among the studies on child sexual abuse, Robarts (2009) suggested that music therapy helps improve patients' emotional regulation. Strehlow (2009) pointed out that music could function as "a way of mirroring emotional experiences" (p. 181) and could increase children's perception of traumatic emotions.

More broadly, Harkins, Garnham, Campbell, and Tannahill (2016) investigated the effect of music on children's emotions in disadvantaged groups. They assessed the effects of the Sistema Scotland's Big Noise orchestral program on participants' mental and emotional wellbeing, in short to medium term. This charitable program aims to help children with disadvantaged backgrounds to acquire social and wellbeing benefits as well as life skills by letting them take part in the symphony orchestra. This research indicates that participation in the symphony orchestra improves participants' mental and emotional wellbeing. This experience allows participants to gain complicated skills for music-making, demonstrate these skills and hence receive rewards. As a result, they feel happiness, security, and belonging with increased pride, confidence and self-esteem. Also, the program creates a supportive and structured community, which enables them to have a dependable routine and enriching musical and interpersonal relationships.

6. The Effect of Music Therapy on Children Who Have Experienced Neglect

The research on music therapy with neglected children mainly focuses on the emotional neglect area, on how music therapy can improve parent-child bond and interaction. Jacobsen is a committed researcher who has conducted multiple studies individually or with other scholars on music therapy with emotionally neglected children and their families.

In 2014, Jacobsen, McKinney and Holck conducted a study targeting 18 families with neglected children aged 5-12. Six to ten music therapy sessions were given to nine parent-child dyads as the variant for the experiment group. The rest of the families consist of the control group. The study indicated that the nine dyads that received music therapy had noticeable enhancements in parent-child interaction in terms of nonverbal communication and mutual attunement. Besides, parents who participated in music therapy suffered far less from stress and were able to noticeably better understand their children when compared with the control group.

Jacobsen and Wigram (2007) also developed a music therapy tool, "Assessment of Parent-child Interaction" (APCI), which evaluates parent-child interaction and parenting skills, to assist her research on emotionally neglected children from age 5 to 12. Through Jacobsen and McKinney's (2015) examination, APCI is proven to be reliable and useful in examining families' mutual attunement, nonverbal communication patterns, and recognizing the attachment behavior of a child.

In addition to the findings from the studies mentioned above, Jacobsen (2017) also presented her therapeutic approach to families and emotionally neglected children in a music therapy setting and concluded the followings:

- a) Music could mix the roles of being a facilitator and a role model for a therapist in a nonthreatening way through music interaction; when for example, the therapist allows parents to primarily interact with the child or when the therapist takes a leadership role in the forms of nonverbal and emotional communication.
- b) It is important to be aware of the structure as well as freedom and spontaneity in situations where the therapist helps these families with music interventions. As Jacobsen (2017) noted: "The main technique with this population is not built on specific activities, but rather on a conscious shift in level of structure and with a client-centered intervention style" (p. 216).
- c) Rich activities with both directed and undirected characteristics are recommended in music therapy sessions, such as "singing and listening to both familiar and new songs, musical improvisations and exercises (solo, duet, and trio), and songwriting. (Jacobsen, 2017, p. 216)"
- d) A challenge for a music therapist is to let unhealthy interactions momentarily unfold. Therapists need to be patient and make the smart choice of when best to intervene with the families. As role models, they shall authentically show the appropriate interactive ways while also providing opportunities for the families to interact on their own.

7. Discussions and Implications

In conclusion, although music therapy with children who have experienced maltreatment has not been widely researched, especially in physical and emotional abuse areas, its positive effects on this population have been proven in the extant studies. A range of music interventions have been developed and adopted in this field, such as improvisation, songwriting, making musical stories, singing, and movements. Most therapy processes use a combination of multiple methods in order to respect personal preferences and meet an individual's needs for different aspects.

However, it is also recognized that research needs to be conducted to target the rest of the maltreatment types separately. Despite the noticeable overlap, there are still significant differences between each type of victim group which requires specific assessment and interventions. For instance, Coulter's (2000) explanation demonstrates different levels of guilt between child sexual abuse victims and child physical abuse victims. Moreover, conclusions on music therapy's good impact of related research to emotional and physical abuse also shed light on the potential values of the application of music therapy on these groups.

When realizing the power of music on children who have experienced maltreatment, I felt a strong sense of responsibility of being a potential music educator. Therefore, I have considered some possible strategies that teachers can adopt to help these children in music classrooms. First, teachers need to truly know their students to be able to provide assistance in time for children with special needs. This can be done through conversations on students' backgrounds and current situations with other teachers during staff meetings, and careful questions to children to remind them that there is always someone that loves and cares about them. Second, a structured, supportive community should be constructed to help vulnerable children develop a sense of security and belonging, which they usually lack due to traumatic experiences. Teachers should also try to minimize the pressure on traumatized children when they are taking part in music activities and never force or push them. Third, at the same time, their freedom and creativity need to be respected. Pro-

viding children rich musical options is the key for them to discover the symbolic mode they would like to use to express their suppressed traumatic memory. Inspired by the idea of improvised stories in music therapy, games that combine story, drama, and music would possibly be one of the optimal exercises where their ability to use symbolization can develop. Fourth, based on the importance of a good relationship between therapists and patients, it is speculated that building a trustworthy, bonding teacher-student relationship is also essential. The healthy relationship developed in a nonthreatening music environment can be a model for other relationships in their lives. Peer interaction and peer-modeling are also powerful educational strategies in an inclusive classroom.

Although there is a gap between being a teacher and being a therapist, using the healing power of music to help vulnerable children should be the responsibility of both. We should always try to be the ones, because we are the people who work with music and children, who use the ever-present, healing power of music to extend its positive effects and evoke the light that has been hidden due to trauma.

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