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The Use of Child-Centered Play Therapy for Children Who Have Experienced Sexual Abuse

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Abstract

Child sexual abuse (CSA) has long been recognized as a complex and global threat to young children. When it comes to mental health, CSA can leave victims with long-term problems that persist into adolescence and adulthood, like anxiety and depression. Child-centered Play Therapy (CCPT) is an evidence-based approach to mental health treatment with children. CCPT is based on the belief that play is a child's natural language and so the therapist is required to make inferences about themes through observations of the play therapy sessions. This qualitative study utilised a qualitative method to acquire a greater understanding and information regarding the themes of play therapy in the treatment of child sexual abuse victims. This case study employed observation and was supported by play therapy session reports as the main data collection method. In total, there were five children aged between 6 to 9 years old involved in this study. There are several play themes identified, such as mistrust, autonomy/ independence, shame/doubt, industry and initiative. The identification of play themes allows therapists to evaluate therapeutic outcomes and ultimately understand the how and why of the effectiveness of play therapy. Identifying play themes is key to understand the meaning of the child's play in each session and allows therapists to systematically track therapeutic change.

Keywords: Child-centered Play Therapy, Children, Sexual Abuse, Themes

Introduction

Child sexual abuse (CSA) is an occurrence that exists worldwide. It is estimated that 150 million boys and girls under the age of 18 have experienced CSA, according to the World Health Organization (WHO) (Singh et al., 2014). Age, physical or intellectual development, a position of control over the child, or even the child's dependence on the abuser, can all contribute to the abuser's dominance (Radford et al., 2020). In addition to touching, fondling, genital stimulation, mutual masturbation, oral sex, using fingers, penises, or other items to penetrate the vagina or anal region, voyeurism, exhibitionism, as well as exposing a kid to pornography or prostitution are all examples of sexual abuse (Ahmad & Abd Hamid, 2020). The offender may engage the child in sexual activity through threats, bribes, force, misrepresentation, and other forms of coercion. Most frequently, the offender is someone the child or family is close with and trusts (Daud & Abd Ghani, 2020; Shah, 2020; Thuong et al., 2019). The majority of children who experience sexual abuse are victimised by people they know, such as parents, guardians, relatives, teachers, etc. Most sex offenders are anonymous to the public, working alongside colleagues and neighbours who accept them as harmless.

In Malaysia, there had been an alarming rise in sexual crimes against children in January 2022, with 1,721 incidents total being reported within the 6-month period from January to June 2020 (Heng, 2022). Statistics show that between 2020 and 2021, the number of these cases increased by approximately 42%, necessitating the creation of additional sexual crime courts to hear these cases. CSA has a significant effect on the victim's thoughts, feelings, and behaviour (Zainudin & Ashari, 2018). Commonly, the victim of CSA has extreme self-blame and feelings of anxiety, frustration, and self-threat. They may also experience recurring flashbacks of the occurrences. In fact, the majority of them believe that living is no longer worthwhile.

Thus, psychological treatments are usually applied to victims of child sexual abuse both while they are young and as adults (Cheng, 2022). CSA victims are more likely to experience post-traumatic stress disorder (PTSD), and they may also find it difficult to engage in some daily activities. In even worse cases, CSA victims may be a population with higher morbidity of mental health issues like depression, anxiety disorders, and other issues. Observational studies, trauma-focused cognitive behavioural therapy (TF-CBT), as well as particular questioning techniques and counselling approaches, have worked particularly well for the CSA suffering group at a young age, in addition to standard interventions focused on each psychological disorder.

However, it is important to approach and comprehend child victims from a developmental perspective. Children naturally engage in play activities. Play is how they share their experiences and their understanding of the world. The overall development of the child may be affected by child sexual abuse. Key developmental phases that were obliterated by the abuse may need to be reconstructed for the child. The child has the chance to analyse and make sense of distortions on a cognitive, motor, and affective level through therapy. Play therapy is a different treatment that has been empirically tested for use with sexually abused children (Parker et al., 2021). According to Landreth (2012), in the Child-centered Play Therapy relationship, toys are like the child's words, and play is the child's language. Therefore, children play out their problems, experiences, concerns, and feelings in a manner that is similar to the process of talk therapy. Play provides a symbolic language that makes communication possible. Child-centered Play Therapy has been considered by numerous clinicians and researchers as a potentially effective intervention tool for children

(Lin & Bratton, 2015; Anandhukrishnan et al., 2018). Regardless of the specific approach, most of the authors emphasised providing these children with a secure therapeutic setting in which the therapist shows support, acceptance, and perseverance.

Interestingly, finding play themes in children's play therapy is essential to comprehending the meaning of the sessions and enables therapists to monitor therapeutic progress rigorously (Ryan & Edge, 2012; Sarah et al., 2021). The major concerns that children express in therapy are supposed to be captured by these themes. It is also commonly believed that when therapy is effective, play themes shift to more uplifting, developmentally appropriate ones. Although the identification of play themes is ingrained in practice, there has not been much progress in developing the methods to create, comprehend, and use them in Malaysia. The delicate and perhaps ambiguous way in which certain concepts are presented may contribute to this lack of growth. In play therapy, the process of discovering and later tracking play themes is typically recorded over a long period of time and within the framework of a previously formed therapeutic relationship between the child and therapist (Geldard et al., 2017; Landreth, 2012).

Thus, the purpose of this study was to acquire a greater understanding and information regarding the themes that emerged during play therapy sessions with child sexual abuse victims. The objective was to explore the themes of play therapy in the counselling session with a child sexual abuse client.

Literature Review

Children and Sexual Abuse

A child is usually defined as a person under the age of 18, according to the Child Act 2001 (Salleh et al., 2018). The Convention on the Rights of the Child (CRC) and the World Health Organization (WHO) define child sexual abuse as a child engaged in unacceptable or sexually explicit activities that violate the law or social dissemination (Winters et al., 2021). Sexual abuse includes groping, rape, and increased child orgasm through inappropriate questions, private body parts exposure, or obscene content display (Mathews & Collin-Vézina, 2019). Behaviour that does not involve touching, such as stalking, exposing private parts of the body, and obscene words spoken to children, is also known as sexual abuse (Beckett et al., 2017). In addition, exploiting children for pornographic purposes over the internet and using such material to enable a child to be used by others as a prostitute is also a form of sexual abuse (Jonsson et al., 2019). According to Bhat (2017), usually, sexual abuse of children is intended to provide sexual gratification to the offenders. Based on Section 17 (2) (c) of the Child Act 2001, it is stated that child sexual abuse is the case where a child is sexually abused when participating in a sexual activity that leads to sexual exploitation as a participant or observer (Salleh et al., 2018). In general, child sexual abuse is a sexual act that forces children to have sex without pleasure for the sake of lust and thus has a traumatic effect on the physical and emotional well-being of children.

The Prevalence of Child Sexual Abuse

The findings of several meta-analyses on the prevalence of child sexual, physical, and emotional abuse as well as physical and emotional neglect, including 244 publications and 551 prevalence rates for the various categories of maltreatment, were combined and compared by (Stoltenborgh et al., 2015). The majority of studies on child maltreatment appear to focus on sexual abuse, are conducted in developed nations, and rely on self-report data.

According to Choudhry et al (2018), in their systematic review study in India, they found that both boys and girls experience significant prevalence rates of CSA. Women with psychiatric illnesses, males who have sex with men, and commercial sex workers were more likely to have experienced sexual abuse as children. Additionally, the review's integration of qualitative data from many studies indicates that CSA exposure and perpetration are complex phenomena based on the interaction of social, familial, community, and individual factors. Poor physical, behavioural, social, and mental health effects of CSA in India are indicated by the review. The researchers suggested that further research be conducted quantitative and qualitative studies to explore the factors and perpetration of child sexual abuse through an ecological lens.

An international meta-analysis of 217 publications with 331 independent samples estimated the lifetime prevalence of contact CSA based on self-report as 21.2% and 10.7% for females and males, respectively; the estimates for penetrative CSA were 15.1% and 6.9% for females and males, respectively (Stoltenborgh et al., 2011). When all types of CSA for both genders were taken into account, CSA estimations from research done in Asia were among the lowest in our meta-analysis. Another meta-analysis of 27 studies from China, Hong Kong, and Taiwan found the lifetime prevalence of contact CSA to be 9.5% for women and 8.0% for men, while self-report of penetrative CSA was 1% for women and 0.9% for men. According to the international literature, these reviews revealed a higher frequency of CSA in females than in males; of particular interest, estimates of contact and penetrative CSA tended to be lower in Asian nations for both males and females compared with global averages (Ji et al., 2013).

Salleh et al. (2018) found that categories of child abuse cases such as neglect of human rights, physical abuse, and sexual abuse were recorded as the highest cases of abuse in Malaysia. The girl who experienced sexual abuse recorded the highest group of 1279 abuse cases in 2017. The study also found that most child abuse cases result from a problematic family, financial problems, workplace stress, and a lack of religious knowledge. A three-year analysis from 2017 to 2019 showed a decrease in the overall tendency for child sexual abuse cases but an increase in girls' sexual abuse cases compared to boys. In 2019, the total number of child sexual abuse cases for girls was 1722, and the total number of child sexual abuse cases for boys was 132. In 2018, there were 1,569 abuses of girls, compared to 187 for boys. However, in 2017, there were 118 cases of abuse involving boys, compared to 1279 cases involving girls. This third consecutive year of comparison clearly shows that child sexual abuse cases for girls continue to grow. Studies also show that girls are more likely to be victims of sexual abuse crimes compared to boys.

Glasser (2015), in his study, claimed that although a broad range of symptoms was noticed, the most common ones included anxieties, post-traumatic stress disorder, behaviour issues, sexualized behaviours, and low self-esteem, but no single symptom could be used to describe the majority of sexually abused children. A third of patients reported no symptoms, and other symptoms were only present in certain age groups. The degree of symptomatology was influenced by penetration, the length and frequency of the abuse, force, the perpetrator's relationship with the victim, and maternal support. In the first 12 to 18 months after being victimised, almost two-thirds of the victims demonstrated healing. This was agreed upon by Sanjeevi et al (2018), whose empirical research has clearly shown the negative impact of child sexual abuse on social, psychological, and sexual functioning later in life. It has also been reported that some individuals remain asymptomatic despite a history of experiencing child sexual abuse.

The victims also have the possibility of experiencing intimate relationship difficulties, for example, breakups, dissatisfaction and avoidance in their future life (Nielson et al., 2018; Vaillancourt-Morel et al., 2015; Jehu et al., 2016). In addition, the victim of child sexual abuse has the possibility to do self-destructive behaviour, for example, suicide ideation and attempting self-harm (Daray et al., 2016; Ng et al., 2018). Other than that, victims of child sexual abuse are commonly reported to have the tendency to develop anxiety and depression symptoms (Hailes et al., 2019; Amado et al., 2015). Children who have been sexually abused may experience behavioural issues in addition to concerns with their mental and physical health (Gauthier-Duchesne et al., 2017; Levenson & Grady, 2016). However, child victims still need to go through the learning process as they grow. Because of this, child victims have the tendency to adopt the abusive behaviour of the perpetrator and spread it to others, such as beating siblings or harassing classmates (Miley et al., 2020). Indirectly, this will open up a space for them to be involved in the crime scene as well as tend always to be aggressive if they remain untreated (Ghani, 2018).

The Effectiveness of Child-Centered Play Therapy

There are a variety of therapeutic treatment options available for children and their parents that have successfully helped overcome the impacts of early exposure to violence (Urban et al., 2020), including CSA. Evidence-based treatments have been proven to be successful in symptom reduction, resilience building, or violence prevention in young children exposed to violence. A variety of elements are taken into account by therapists when choosing an effective therapeutic treatment approach. These variables include each model's target population (such as those with psychiatric disorders, people of a certain age, gender, or those from a particular race or ethnic group), advantages, limitations, supporting data, and degree of effectiveness. Most significantly, it is critical to match treatment methods to each child's unique mental health needs (Eslinger et al., 2015). As a result, choosing the best therapeutic approach might be challenging for therapists.

Play therapy is an empirically supported counselling intervention (Drewes & Schaefer, 2016; Lin & Bratton, 2015) that is grounded in child development principles, including the essential role of play in children's holistic development (Parker et al., 2015). There are many studies have been conducted regarding the effectiveness of the play therapy approach in treating child clients with various issues (Schottelkorb et al., 2015; Davidson et al., 2017; Patel et al., 2014; Swank & Smith-Adcock, 2018; Post et al., 2019; Dewi, 2020).

According to Landreth (2012), CCPT is a mental health intervention that recognises the relationship between counsellor and child as the primary healing factor for children ages 3 to 12 years. Play therapists use a playroom with carefully selected toys to match the developmentally appropriate communication style of children, which is play, thereby supporting the message that the play therapist seeks to understand the whole child in the context of their world. By understanding and accepting the child's world, the play therapist offers the child an environment that unleashes the child's potential to move toward self-enhancing ways of being. The growth that children experience through CCPT typically results in reducing the child's relationally or physically harmful ways of interacting as well as increasing the child's sense of self-responsibility toward behaviour.

CCPT focuses on facilitating an environment of safety, acceptance, and empathic understanding in order to unleash the child's natural tendency toward self and other-enhancing growth (Haas & Ray, 2020; Landreth, 2012; Bratton et al., 2015). In CCPT, the therapist trusts the child's inner direction to move toward positive growth within facilitative

relationships. The therapist recognises that the best way to understand a child's behaviours and emotions is to empathically discover the way in which a child sees his or her world (Haas & Ray, 2020; Landreth, 2012; Bratton et al., 2015). CCPT is most effective when a therapist can provide, and a child can perceive, an environment and a relationship accepting of the child's internal world, which are relationships that lead toward personal integration and functionality (Ray & Landreth, 2015). Play therapy provides children with a nonverbal and universal means of expression that allows them to bridge the gap between concrete and abstract thought (Landreth, 2012; Bratton et al., 2015). According to a survey of members of the American Counseling Association and the Association for Play Therapy, CCPT was the most frequently used approach among counsellors who use play therapy and adhere to a specific theoretical approach (Ray et al., 2015). Based on Carl Rogers's (1951) person-centered theory, CCPT is differentiated from other theoretical models by the steadfast belief in children's inherent striving toward growth and maturity, in addition to their capacity for self-directed healing.

Play therapy is beneficial to these particular clients because children who have experienced sexual abuse are in a situation where they need to express their experience with an adult but lack the verbal ability to do so (Murray et al., 2014). These children found play therapy to be very beneficial because it allows them to express their feelings about the abuse as the therapist works with them to examine the destructive messages that the abuse has taught them (Goodyear-Brown, 2019). Other than that, play therapy is helpful for children to relearn to trust people because sexual abuse destroys trust (Agarwal & Ray, 2019). Play therapy's purpose for children is to allow for the relief of stress and emotional pain.

When working with children of sexual abuse, it is important to remember that many of these children suffer from Post-Traumatic Stress Disorder (PTSD). These children will often appear to struggle with identifying issues, anxiety issues, nightmares, distractibility, and often display overly sexual behaviours. One of the best ways that practitioners can address these issues is by working toward the healing process individually using a variety of play media (Drewes & Schaefer, 2016). These children respond best to non-directive approaches (Ryan & Edge, 2012). Additionally, play therapists must be competent at looking for themes in the child's play behaviour. Throughout play therapy with children, themes keep coming up. Children use metaphors in their play, and therapists must pay close attention to what children are doing in the playroom in order to appropriately identify themes.

Themes in Child-Centered Play Therapy

Ryan and Edge (2012) conducted the first study in this area after realising there was a gap in the body of knowledge on non-directive play therapy on themes. In order to maintain consistency and authenticity of the themes throughout research and practice, they developed a guideline for indicators of play themes. Themes are described as inferences formed about children's primary emotional difficulties by play therapists (Ryan & Edge, 2012). They conceptualised themes in non-directive play therapy into two distinct categories, individual and relational, which held that children's emotional and social development occurs in their interactions, environments, and sense of individualism.

In contrast to relational play themes, which represent the shared emotional state established between people, individual play themes developed in therapy are observable through emotional expressions of the self (therapist and child). They classified the themes based on Erikson's presumption that the child's primary emotional issue dominates that stage of development for children using the primary indicators (Ryan & Edge, 2012). According to

Ryan and Edge (2012), it is anticipated that when children are less distressed, they will have numerous themes pertaining to their current developmental stage, an assumption that will again need to be empirically tested.

The 82 themes and subthemes that were developed as a whole correspond to Erickson's psychosocial development and include Trust (Subthemes: Safety or Protection, Comfort, Nurturing); Mistrust (Subthemes: Distancing or Rejecting, Chaos, Trauma and Abuse); Autonomy/ Independence (Subthemes: Power, Mastery, Sense of Completion); and Shame and Doubt (Subthemes: Control/ Victimisation, Weakness or Helplessness, Aggression). The common markers for "individual" play themes include one or more of the following:

a) Repeated, similar play with the same materials or toys within a session
b) High levels of emotional involvement and intensity in children's play
c) A lengthy amount of time is spent on the same activity
d) Ideas and emotions that seem similar, even though toys or activities change
e) Children verbally remembering previous play activities and/or relating the play with their therapist to their current/past/future life
f) Repeated, similar play with the same materials or toys from one play therapy session to the next (or later session)
g) A sudden and intense change of activity, with highly focused play emerging
h) Children verbally remember with others previous play activities and/or relating the play to current/past/future life, immediately after a session or at a later date

Markers for "relational" play themes include one or more of the following:

a) Children's primary, continued focus is on their therapist and not on play activities (e.g. a child asks for personal information from the therapist, such as "where do you live?")
b) Children's behaviour towards their therapists is very intense emotionally (e.g., a child tries to please his therapist inordinately; or is highly avoidant or dependent; or is strongly challenging of limits)
c) Children's interactions with their therapists are similar, even though the activities and/or verbal content change; Children's interactions with their therapists are markedly different, even though activities and verbal content remain similar
d) Therapists' personal emotional responses to interactions with children during play therapy are out of the ordinary and unexpected (e.g., more intense or inexplicably bored)

Ryan and Edge (2012) affirm the ability of the therapist to make assumptions based on information they receive from various sources as follows:

i. Direct knowledge of a child within other settings (e.g. a home visit, an observation at school)
ii. Information from other sources (e.g. parents, other professionals, teachers, etc.)
iii. Their own theoretical orientation and ways of creating meaning
iv. Their own knowledge of normal and atypical child development theory and research
v. Their own experiences with children generally, both in therapy and in everyday life

The identification of play themes enables therapists to assess therapeutic results and, eventually, comprehend the how and why of play therapy's effectiveness. In order to comprehend the significance of the child's play in each session and to carefully monitor therapeutic development, play themes must be identified.

Methodology

Research Design

This study employed a case study in qualitative approach to explore the themes of play therapy in the counselling session for child sexual abuse clients. The qualitative case study, as Creswell and Poth (2016) explained, is an approach that centres on an event, location, issue, time, or other physical limitations. According to Meriam (2019), the central feature of this method is the detailed and in-depth analysis of a single case or multiple cases over time through the use of multiple sources (interviews, observations, audio-visual materials). However, this study did not utilise interviews as part of the data collection method.

Participants

The study was conducted with five children between the ages of 6 and 9 years old who had been the victims of child sexual abuse and went for 20 play therapy sessions at one of the child protection centres in Kuala Lumpur. These children were participating in a special counselling programme in the child protection centre sponsored by a funder. Thus, they were required to attend at least 20 play therapy sessions under this programme. All of the participants received child-centered play therapy as the main approach to the counselling session. The demographic information of the participants is shown in Table 1.

Table 1.
Demographic information of the participant.

Participant number	Profiles	Age	Gender
P1	Raped by biological father, referred by the Department of Social Welfare (JKM)	7	Female
P2	Molested by grandfather, referred by the Royal Malaysia Police (RMP)	9	Male
P3	Attempted rape by grandfather, referred by the Royal Malaysia Police (RMP)	6	Female
P4	Raped by an uncle, referred by another NGO	7	Female
P5	Molested by the eldest brother, referred by another NGO	8	Male

Data Collection Procedure

In this study, the main method for collecting qualitative data was observation and supported by play therapy session reports. The researcher conducted the observation through all the recorded videos of play therapy sessions with child victims of sexual abuse clients. In order to document both verbal and nonverbal behaviours of the participant in his or her particular context requires a rigorous and precise description (notes) of behaviours and occurrences in the social setting under study. Play therapy, when combined with observation, gives insight into this phenomenon since it focuses on the narrative and behavioural aspects of creative play (Tornero & Capella, 2017). This is in line with the main goals of the current study.

In contrast to other methods, observation is helpful when respondents have difficulties verbally and emotionally expressing themselves since it allows researchers to explore a wide range of issues (Merriam & Grenier, 2019). Therefore, in this study context, it is a minimally invasive form of research for this particular sample population, which requires an approach that is aware of the psychological effects of sexual assault and ensures participants' psychological well-being.

Ethical approval was obtained from the child protection centre manager. In the beginning, consent from parents, caregivers, and children was gathered. However, this procedure continued before and during the sessions and was not a one-time occurrence (McNeilly et al., 2020). Names and other identifying details were taken out of all the reports to protect confidentiality. A few minor adjustments to biographical data were made without changing the study's setting because case studies have the potential to violate confidentiality.

In order to protect children from harm, parents were invited to the consultation sessions if they desired to do so or if the child requested their presence (Havenga, 2011). When working with young children, it can be helpful to include parents in parent consultations in order to create a comfortable environment and support the children's need for safety (Green, 2012). In addition to having a child-friendly atmosphere, the researcher was proficient in using the CCPT approach.

Data Analysis Method

This study employed the guidelines for indicators of play themes as proposed by (Ryan and Edge, 2012). As this study utilised CCPT as one of the non-directive play therapy approaches, the guidelines are suitable for this study purpose of identifying the play themes. The developed guideline was chosen because it also emphasised the grounded elements in CCPT, as proposed by Landreth (2012), which are intensity, repetitiveness, and context.

To further analyse the data, this study utilised content analysis to determine the presence of themes within some given qualitative data. According to Gheyle and Jacobs (2017), sources of data could be from interviews, open-ended questions, field research notes, conversations, or literally any occurrence of communicative language (such as books, essays, discussions, newspaper headlines, speeches, media, and historical documents). A single study may analyse various forms of text in its analysis. Thus, to analyse the text using content analysis, the text must be coded or broken down into manageable code categories for analysis (i.e. “codes”). Once the text has been coded into code categories, the codes can then be further categorised into “code categories” to summarise data even further.

Findings and Discussion

In this study, the results have shown that there are several sub-themes identified from the play therapy sessions. The sub-themes are summarized in Table 2.

Table 2.
The sub-themes according to play therapy stages.

Play Therapy stages	Participant/ No. of sessions	P1	P2	P3	P4	P5
Stage 1: Exploratory	PT1	Exploration	Danger	Anger	Exploration	Danger
	PT2	Danger	Protection	Protection	Exploration	Danger
Stage 2: Negative Reaction	PT3	Danger	Aggressive	Aggressive	Danger	Violence
	PT4	Safety	Protection	Danger	Violence	Aggressive
	PT5	Power	Aggressive	Power	Aggressive	Protection
	PT6	Protection	Danger	Protection	Safety	Protection
Stage 3: Work/ Growing	PT7	Protection	Disasters	Nurturing	Rescue	Manipulation
	PT8	Violence	Control and Safety	Manipulation	Control and Safety	Rescue
	PT9	Violence	Protection	Rescue	Manipulation	Protection
	PT10	Aggressive	Protection	Control and Safety	Fixing	Control and Safety
	PT11	Protection	Control and Safety	Creativity	Nurturing	Nurturing
	PT12	Protection	Manipulation	Control and Safety	Creativity	Control and Safety
	PT13	Control and Safety	Nurturing	Nurturing	Comfort	Creativity
	PT14	Creativity	Fixing	Control and Safety	Control and Safety	Nurturing
	PT15	Nurturing	Control and Safety	Nurturing	Fixing or Repairing	Nurturing
	PT16	Togetherness	Comfort	Creativity	Acceptance	Control and Safety

	PT17	Nurturing	Fixing or Repairing	Acceptance	Nurturing	Nurturing
Stage 4: Pre-Termination / Termination	PT18	Nurturing	Creativity	Nurturing	Comfort	Nurturing
	PT19	Acceptance	Comfort	Nurturing	Creativity	Creativity
	PT20	Creativity	Creativity	Comfort	Creativity	Acceptance

Note: *PT- play therapy, P1- participant 1, P2- participant 2, P3- participant 3, P4- participant 4, P5- participant 5

Table 2 shows a broad range of sub-themes identified for the five children. Based on Table 2, for two of the children, which are P1 and P4, the identified sub-theme was exploration at the initial stage of the play therapy session because both participants were still exploring the toys and items in the playroom. This was common in dealing sessions with child clients, where they like to explore until they are interested in playing with specific items or toys in the initial session. According to Landreth (2012); Leung (2015), at Stage 1, usually the children are still developing rapport and trust with the play therapist. As compared to other children, both of them were quite difficult to trust the therapist because they were rarely exposed to outsiders as they were both locked up at home and were also being sexually abused by their close family members. Their adverse childhood experiences also affected how they interacted with other people (Herzog & Schmahl, 2018). However, based on Table 2, most of the children began playing straight away, and therefore a range of sub-themes was able to be immediately captured.

The best explanation of the differences is that in non-directive play therapy, the key assumption about the processes of theme building is that it is a dynamic process, dependent upon a two-way relationship that strengthens over time spent together, where the child feels a sense of security, safeness, and trust to reveal to the therapist their inner workings (Ryan & Edge, 2012). CCPT is a theoretically grounded and evidence-based intervention that recognises the relationship between therapist and child as the primary healing factor for children who are experiencing emotional and behavioural challenges. CCPT focuses on facilitating an environment of safety, acceptance, and empathic understanding in order to unleash the child's natural tendency toward self- and other-enhancing growth. In CCPT, the therapist trusts the child's inner direction to move toward positive growth within facilitative relationships. The therapist recognises that the best way to understand a child's behaviour and emotions is to empathically discover the way in which a child sees his or her world (Sarah et al., 2021). CCPT is most effective when a therapist can provide, and a child can perceive, an environment and relationship accepting of the child's internal world, a relationship that leads toward personal integration and functionality (Ray & Landreth, 2015).

Based on Table 2, the children also showed progression in the play therapy sessions. Interestingly, the emerged sub-themes show that the play activities improve from abnormal to normal play activities. It shows that there were positive changes in feelings, emotions, and behaviour for the five children. This is because children are developmentally unready or unable to express and explore their feelings, thoughts, and social behaviours in words as adults do (Webb, 2018; Landreth, 2012). Thus, for children, play and activity serve as key

means of communicating needs, fears, and anxieties. Play is also a means of self-expression, enjoyment, and self-actualisation. When used in therapy, play provides a means for children to express what concerns them without requiring the predominantly verbal expression of their thoughts and feelings. Clearly, in this study, the children are able to express themselves in a safe and therapeutic environment led by the play therapist.

Table 3
Play themes exemplars (n=5).

Theme	Subthemes	Exemplars
Trust	Safety	P1 played with a doll who is trying to run away because a spider is chasing her.
	Protection	P2 played with a miniature mother who is trying to protect two cats from falling to the ground.
	Rescue	P4 played with a police and soldier set trying to rescue a doll from a snake.
	Nurturing	P3 played with a doll, cooking food for a family lunch. P3 took the kitchen set, vegetable set, and dining table set up like at lunch time.
	Comfort	P4 played with a baby doll, gave it a bottle and fed the baby doll, then kept hugging it. P4 seemed to feel soothing and calm, hugging the baby doll.
Mistrust	Danger	P5 played with putting a barbie doll in the middle of several black spiders in the sandtray.
	Violence	P1 played with a father figurine that beat up a barbie doll. P1 keeps repeating the beat for several minutes in the play activity.
Autonomy/ Independence	Manipulation	P2 played with a man figurine that is trying to say something to a barbie doll. However, the barbie doll did not want to listen. But the man kept saying something to influence the barbie doll.
	Power	P3 played with big-sized animals that kept eating the small-sized animals.
	Creativity	P5 played with a Lego set and tried to develop a castle.
Shame/ Doubt	Control	P1 played with a set of policemen in a police station, locking up a bad guy in jail.
	Aggression	P2 played with a gun, trying to kill all the lions.
	Anger	P3 played by burying two snakes in the sand and then kept punching the sand while yelling.
Industry	Fixing/ Repairing	P4 played with trying to sew two barbie dolls' clothes. Then P4 rebuilt a dismantled house developed using Legos.
Initiative	Togetherness	P1 set up a dining table and put a boy figurine and an old man figurine beside each other and ate together.

Acceptance	Then, both of them go somewhere while holding hands. P5 played with a small kid hugging a big female figurine, and the female figurine said, “I forgive you”.

Based on Table 3, there are several main themes emerging from the identified sub-themes, which, according to Erickson. The themes most frequently expressed were trust (23), shame/doubt (19), autonomy/independence (16), mistrust (11), initiative (5), and industry (4). Based on the average age of the participants and the progression of Erickson's developmental phases, this result was anticipated. Table 3 represents a series of exemplars using the Ryan and Edge (2012) framework. Even though a single play segment may contain multiple thematic levels, exemplars are grouped under the most important subtheme.

Interestingly, the findings show that trust and shame/doubt were recorded as the highest themes that emerged. Most of the children in this study played with the sub-themes of safety, protection, rescue, nurturing, and comfort in their play therapy sessions. This finding is in line with a statement from Garofalo and Bogaerts (2019), which stated that most children who have experienced sexual abuse are affected in terms of trust development. According to Finkelhor (2019), the victims of child sexual abuse are also in need of safety and reassurance. Overall, the children in this study were able to express their experiences naturally by using the medium that fits within their developmental stage.

Conclusion

Finding play themes in children's play therapy is essential to comprehending the meaning of sessions and enables therapists to properly monitor therapeutic changes (Sarah et al., 2021; Landreth, 2012). The themes from CCPT sessions with child sexual abuse victims are summarised here as conclusions drawn by play therapists concerning children's primary emotional problems. These conclusions are drawn by therapists from observations of children's patterns of play with objects or their patterns of verbal and nonverbal interactions with their therapists. Play therapists then use these “themes” as shorthand for experiences that they assume demonstrate emotional patterns and unique meanings for the children themselves.

As a result, themes are never "facts" but rather inferences. Therapists utilise them as working hypotheses for the emotional problems that children seem to have a lot of. The themes that have been identified give guidance for essential therapeutic aspects that can be enhanced or undermined through following play scenarios and interactions with children during sessions.

Thus, it is recommended for future research to explore the child victim's parents' perception of the effectiveness of play therapy on their children. It will be interesting to find out more about the changes shown by the children at home from their parent's perspective. Parents' observations at home are one of the important contributors as a supplement to the child victim healing process. Their roles are significant because they also get involved in the consultation sessions for every play therapy session conducted for their children. They learn about their child’s progress from a counsellor or play therapist’s perspective. However, in order for the children to completely heal, they require extensive support from their parents when they are at home. Thus, parents play a vital role in supporting their children’s healing processes, and at the same time, their opinion about their children’s healing progress is important.

Additionally, it is crucial that therapists compare information from various sources to the topics discussed during play therapy sessions. The working hypothesis derived from the themes can be supported by information such as observations of the children by their therapists before and after sessions, at school, and at home; verbal reports from parents and teachers; written documentation; verbalisations by the children themselves; and therapists' evolving knowledge about children generally. The themes that emerge during the sessions may or may not be related to this information. Therapists draw conclusions once more by connecting this outside knowledge with the themes that emerge during play sessions.

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