

# ECAV Best Practice Guidelines for Group Work with Adults Sexually Assaulted As Children



**Education Centre**  
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The purpose of this document is to outline the minimum standards and best practice required to facilitate therapeutic groups with adult survivors sexually assaulted as children.

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## Introduction

This document is designed to provide a trauma-informed, ethical framework of minimum standards required for practitioners facilitating therapeutic groups for Adults Sexually Assaulted as Children. It outlines all the necessary principles, frameworks, training and skills required in facilitation, planning, selection process, group structure, content and closure to optimise safe and positive group work outcomes for women and men who have been sexually assaulted as children.

The best practice group work model is based on a Feminist understanding of gender-based violence which acknowledges that child sexual assault is a total abuse of power and trust (Mendelsohn et al, 2011).

The group work model is also based on a trauma-informed approach which:

- Understands that safety is crucial in all aspects of running groups for adult survivors. In this document safety includes- physical, psychological, emotional, cultural and spiritual wellbeing of a person
- Understands client's symptoms as responses to trauma and empowers clients in their recovery by emphasising autonomy, collaboration and strength-based approaches
- Recognises and responds to the lived, social and cultural contexts of clients which shape their needs as well as recovery and healing pathways
- Recognises the relational nature of both trauma and healing.
- (Quadara and Hunter, 2016)

## 1. Research-why groups?

The vast majority of research into groups for adults sexually assaulted as children shows significant improvements for those who have attended. Kessler, White, and Nelson's (2003) well cited meta-analytic review of group treatments for women sexually assaulted as children found group treatment to be effective in reducing symptomology in the short-term and longer-term follow-up. Group work has been found to greatly improve symptoms of PTSD (Wolfsdorf & Zlotnick, 2001; Kreidler, 2005; Lundqvist, Svedin, Hansson, Broman, Sektion IV, Socialhögskolan, . . . Institutionen för kliniska vetenskaper, 2006), reduce depression (Wolfsdorf et al., 2001, Lundqvist et al., 2006), reduce dissociation (Classen, Koopman, Nevill-Manning & Spiegel, 2001; Wolfsdorf et al., 2001), reduce anxiety (Lundqvist et al., 2006), improve sense of coherence (Lundqvist et al., 2006), improve negative self-perceptions such as feelings of shame, guilt, isolation and hopelessness (Gorey, Richter & Snider, 2001; Valerio & Lepper, 2010) and improve self-esteem (Classen et al., 2001; Valerio & Lepper, 2010).

The Jacaranda Project Research (Davidson, Delfabbro, Baldry & Gosden, 2007) where 6 groups were researched: 5 for women, 1 for men also showed statistically significant improvements in: general psychological symptomatology, depression, anxiety, posttraumatic stress symptoms, shame and self-esteem. Improvements were maintained at a 3 month follow-up (Davidson, Delfabbro, Baldry & Gosden, 2007).

Svedin, Hansson and Lundqvists's (2009) research also argues that offering groups for women who have experienced child sexual assault offers an economic advantage as this population has shown to have higher health care costs than women without these experiences (Walker et. Al., 1999 as cited in Svedin et al., 2009 p. 172).

The reduction of re-victimisation has also been demonstrated by one published study in Classen, Koopman, Nevill-Manning, and Spiegel's (2001). This study of 52 female CSA survivors showed that women who received group therapy were less likely to be re-victimised compared to those on a wait-list 24 months later. When the women in the study with a history of having been sexually re-victimized in the previous six months were isolated, at post-treatment only 38% of the women who were in the treatment group were re-victimized compared to 67% of women in the wait-list group. Given the small sample size, these differences were not statistically significant, however, a 50% reduction in re-victimization is clinically significant.

While there are many external variables that impact upon the outcome for individuals attending group therapy, research and anecdotal practice wisdom of professionals running groups for adults sexually assaulted as children highlight a number of key features that make group work beneficial.

Yalom (1975, p. 82 as cited in Valerio & Lepper, 2010, p. 33) identified the following curative factors in group therapy:

- Discovering and accepting previously unknown or unacceptable parts of the self
- Being able to say what was bothering me instead of holding it in
- Other members honestly telling me what they think of me
- Learning how to express my feelings
- The group's teaching me about the type of impression I make on others
- Expressing negative and/or positive feelings toward another member
- Existential—taking responsibility for self
- Learning how I come across to others
- Seeing that others could reveal embarrassing things, and take other risks and benefit from it, helped me to do the same.

Valerio and Lepper (2010, p.34) propose that “changes in the ‘group as a whole’, can also be used as indicators of change in the functioning of the individual ‘within the group’. This approach also allows for a proper evaluation of the effect of group therapy rather than simply analysing individuals who happen to be in a group”.

### **Survivor's voices (after attending a group)**

*“It was literally the first time in my life-16 years following the incest- that I saw other physical beings who had been through a similar situation. Their presence proved almost immediately to negate the message that it only happened to me and that it happened because I was me”.*

*“It is so important to hear and understand at a deep level what others have suffered, that there are common reactions which are normal....I lost the sense of aloneness after that”.*

*The remainder of this document will focus on the key features that are demonstrated through research to ensure positive outcomes for women and men attending groups for adults sexually assaulted as children.*

## 2. Facilitation

### 2.1 Co-Facilitation model

Evidence indicates that a co-facilitation model is considered best practice when running groups for people who have been sexually assaulted as children. A co-facilitation model allows for one facilitator to lead the group in a particular discussion or activity while leaving the other facilitator to observe the impact discussed material is having on the group as a whole and individual participants within the group (Hall & Lloyd, 1997). The model should promote a sense of safety within the group as there is always somebody 'emotionally containing and holding the group' while the other leads. It also allows for one facilitator to attend to any individual crisis of a participant should it arise. Ideally, for co-facilitation to be successful both facilitators should be aware of their own particular leadership styles and be able to agree and commit to particular ways of working with each other and the group.

A facilitator contract may be of use to ensure the safety of the group and that power and workload is shared between facilitators. An example of this can be viewed in appendix 1. While it is not necessary that both facilitators hold the same qualifications, level of experience or expertise, it is critical that both facilitators be trauma-informed and share particular knowledge and philosophical and ethical positions (see 2.2 and 2.3 below). It is also essential that both facilitators be open to communicate both the challenges and strengths of working together.

### 2.2 Training and Experience of Facilitators

These include:

- Qualifications: The facilitators should hold a recognised qualification in Social Work, Psychology or Counselling, or a similarly skilled area.
- Training and experience:
  - Clinical practice and expertise in working with adults sexually assaulted as children
  - Gender specific knowledge of the effects of Child Sexual Assault for female and male survivors
  - Understanding of the dynamics of child sexual assault
  - Understanding of perpetrator tactics
  - Current working knowledge of the longitudinal impact of child sexual assault
  - Understanding of socio-political context of sexual violence and the subsequent need to facilitate a group in a way that does not repeat dynamics of power and control
  - Understanding of the gendered meaning of violence
  - Understanding of appropriate and safe professional and personal boundaries
  - Knowledge of agency policies and statutory requirements regarding child protection. (Cosgrove et al 2008)

## 2.3 Philosophical and ethical positioning of facilitators:

- **Safety:** Ensures physical, psychological, emotional and spiritual safety
- **Trustworthiness:** making tasks clear, being clear about purpose, being authentic, and maintaining appropriate professional and personal boundaries
- **Choice:** Prioritises choice and control with participants throughout group process
- **Collaboration:** Promotes partnership and sharing power between facilitators and with group participants
- **Empowerment:** Prioritises empowerment and skill building of all group participants
- **Confidentiality:** Being clear about limits of confidentiality
- **Capabilities:** Belief in the strengths and capabilities of survivors
- **Cultural Competency:** Respect for cultural values, rights and experiences and recognition of the ongoing legacies of racism and own 'white privilege'
- **Believes and communicates that:**
  - ❖ Sexual assault is a crime
  - ❖ Sexual assault is never the survivors' fault
  - ❖ Sexual assault is embedded in the relations of power and control
  - ❖ Perpetrators are solely responsible for their violence
  - ❖ Recovery is possible for survivors of Child Sexual Assault

(Alameda County trauma informed care.org; Cosgrove et al 2008)

### Facilitators of groups for adults sexually assaulted as children should also:

- Ensure that sessions are safe, supportive and inclusive
- Use skills, experience and knowledge on issues of child sexual assault and dynamics of groups to assist participants during and after the group sessions to maintain group cohesion, respect and stability
- Observe and facilitate group dynamics
- Observe group members for material presented or discussions taking place
- Be available and able to sit with a group member in times of crisis or overwhelming affect during the group process.

(Foy et al 2004; Cosgrove et al 2008; Davidson et al 2007)

## 2.4 Gender of Facilitators

- Gender of group facilitators should be carefully considered in relation to the gender of group members. The recommended model is same gender facilitators as group members to ensure emotional and cultural safety.

(Julie Blyth & Anne Harsanyi, 2011, Jacaranda Groupwork Manual).

### 3. Supervision

“Supervision is a process of oversight and monitoring....Clinical supervision is a key component of professional and ethical practice, whereby (usually) less experienced practitioners consult in relation to their client work with a more senior clinician on a formal but also democratic process. Ethical [counselling] requires clinical supervision to be undertaken by practicing therapists, irrespective of their level of experience” (Kezelman & Stavropoulos 2012, p110-111).

Clinical supervision is essential in this work and serves several purposes for workers facilitating group therapy for adult survivors of child sexual assault. It ensures participant safety and improves the ability of group facilitators to provide value to group members. Supervision should encourage and expect facilitators to reflect upon their own practice, their own responses to material being discussed, the impact the group is having on individual participants, the group dynamics and the relationship that exists between the two facilitators. Supervision should also provide a safe place for a worker to discuss how their own practice may change in response to these reflections. Supervision may also guide the direction and processes of the actual group. Individual supervision for group facilitators is important, but of equal importance is the opportunity for both facilitators to meet together with a supervisor.

Research supports that supervision should be conducted by a clinician who is experienced in working with adult survivors of child sexual assault and supervising workers in the trauma field; experience in group work is also desirable. Lansen and Haans 2004, cited in Mendelsohn et al (2011, p. 41) noted that the three most common issues discussed in supervision for group work with adult survivors included, “case conceptualisation, the emotional impact of the work on the therapists, and miscellaneous problems related to the management of specific situations”.

Literature supports that it is best practice for supervision to take place weekly for one hour for the duration of the group. Literature also supports that supervision commences prior to the group member assessment and selection phase. Mendelsohn et al (2011, p. 121) suggest that “Although the needs for supervision may vary, what never changes is the need for the co-facilitators to take sufficient time to debrief each other, plan for the next session, and communicate about how they can best support each other in running the group”. They also suggest that in each supervision session the following topics should be covered (p. 121):

- General observations about the group process
- Individual member goals and problems/contributions
- Co-leaders’ reactions to the group and their co-leadership.



## 4. Planning Phase

Time needs to be taken in the pre-planning phase to focus on the target group, the venue, the resources required and the group program.

- Target group - for example child-care needed, access, transport, times and dates, disability access
- Venue - needs to provide privacy, safety and comfort. Parking, transport and facilities also need to be considered when choosing a venue
- Size of group- 6 -12 participants
- Resources needed for group - for example food and beverages, craft and stationery materials.

## 5. Selection Process

Selecting participants who are at the right stage of their journey is critical for running safe therapeutic groups for adults sexually assaulted as children. Research states that this is a critical phase for evidenced based best practice groups and often is one of the key stages in forming a successful group.

The selection process should include a pre-group face-to-face interview which aims to assess a prospective participant's individual safety and safety of the group to determine if they are group ready. This assessment interview also gauges a client's interest in the group, their individual goals, their coping mechanisms, mental health or drug and alcohol concerns, internal and external mechanisms of support, counselling history and any significant life changes currently or about to take place. The process also allows the facilitators to prepare the person by providing an overview of the group and responding to questions or concerns. It is advisable that both facilitators participate in this process and they engage in a mutual conversation with the person about whether or not they feel ready to join a group and raise any concerns they may have about their safety.

By failing to engage in this interview process, or to make decisions based on the need for more people to make a group viable without assessing if they are group ready, could result in individuals being re-traumatised. While many group facilitators exercise the use of inclusion and exclusion criteria to guide them in their assessment, some flexibility can and should be used as long as the overarching principle of safety is adhered to (Foy et al 2004; Davidson et al 2007, Blyth & Harsanyi 2011; Herman & Schatzow 1984; Mendelsohn et al 2011).

The Jacaranda team have found that age, cultural background, life experience and current life issues do not really affect group cohesion. However, group cohesion can sometimes be challenged if there is one person whose abuse experience is very different, for example a one-off abuse by a neighbour as compared to ongoing abuse by a family member. This should be considered at the time of the selection process (Julie Blyth & Anne Harsanyi, 2011, Jacaranda Groupwork Manual).

Some research indicates that where a client group is experiencing a particular issue, i.e. an eating disorder, participants may find a specialised group more beneficial, or may need additional support if these needs are noted during assessment.

## 6. Group Structure

Research reveals that all successful evidence based groups are built upon a staged approach to trauma treatment. Most notably, with few exceptions, from the work of Judith Herman (1984, 1992, 2011). Some have effectively utilised the four phases of recovery described by Courtois (2009), however, all evidenced based groups follow a similar structure:

- Establishing safety
- Making meaning of the trauma or re-telling the story
- Developing personal goals and participating in experiential exercises
- Re-establishing meaningful and safe connections with others

The structure of each group session should also contain a beginning, middle and end. The beginning involves a checking-in process, the middle is where the topic of the week is addressed/discussed and the end involves a checking-out process (Julie Blyth & Anne Harsanyi, 2011-Jacaranda Group work Manual, 2011). This establishes predictability of process so group participants know what to expect and can maintain some control over this process.

## 7. Establishing Safety

The safety and security of the group and its members must be the cornerstone of any group with this population (Cosgrove et al 2008). This is something that needs careful **consideration** and **ongoing** maintenance. Without this foundation, therapeutic gains are not likely (Wright et al 2006). Safety not only refers to an individual's physical safety but also to their own internal personal, psychological safety and cultural and spiritual safety. It should be recognised that the concept of internal safety can be quite transient, that is, it can change from day to day, moment to moment. It is therefore important that the physical and emotional safety of group members must be considered and continually assessed at each stage of group planning (e.g. the group member selection process, the group structure, the co-facilitation partnership, the content of the group, and when processing the group content).

### 7.1 Cultural Safety

When planning, establishing and working with Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse participants, cultural safety is essential. Cultural Safety refers to "An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together." (Williams, 1999 p.213)

It is important to note that frameworks for healing also need to be culturally appropriate and culturally safe and may differ according to the cultural group. It's important that facilitators are aware of their own white privilege and/or cultural bias and address these issues in supervision and debriefing to avoid getting in the way of engagement.

There is also the Kanyini healing framework which originates from Central Australia. As a framework for healing, Kanyini promotes education, learning and authentic engagement, expressed in relationship. Perius (2012) describes that Kanyini forms one of four central elements of Aboriginal culture and life-Kanyini, law/dreaming, family/kin and land/culture. Aboriginal elder Uncle Bob Randall has stated that the four foundations of Kanyini are:

- 1) A sense of belonging to home and land
- 2) Family connecting with life
- 3) Love, Spirit or Soul
- 4) The belief about creation and the right way to live (Lee & Hogan, 2006).

These practices are those that seek to engage Aboriginal individuals, families and communities with respect and work towards their safety and empowerment (Nothing but the Truth, The Education Centre Against Violence, 2017). It is important that non-Aboriginal facilitators are aware of these elements when working with Aboriginal group participants so their unique worldviews and lived experiences can be included in the group process.

## 7.2 Group Agreement & Group Rules

Establishing a group agreement and group rules provides the foundation of safety for the group see below for some suggested themes.

Confidentiality of the group should be considered at all times by explaining and respecting the participants' rights to confidentiality, and clarify with members the situations where confidentiality may be limited (Cosgrove et al 2008).

## 7.3 Gender Specific

Gender should also be considered when recruiting participants for groups. It is considered optimal to have separate male and female groups for emotional and cultural safety.

## 7.4 Short term

Time limited groups (for example 10 weeks for two hours each week) provide participants with a designated period in which they are exposed to the emotional intensity of trauma-focused work. Knowing that the group is only for a limited time period can allow people to tolerate a certain level of emotional intensity as it provides the knowledge that this will end shortly. This also encourages group participants to be goal orientated and allows them to focus on a particular task or tasks within that time frame.

## 7.5 Closed

Closed therapeutic groups provide a degree of safety and predictability for group members. The group can develop and grow together in a safe, contained space.

## 8. Content

This can vary according to the group, participants and cultural context but therapeutic groups should contain most of the following core components: secrecy and disclosure, perpetrator tactics, impacts of CSA-individual and community, understanding trauma, strategies for managing and making changes, self-care and moving on. Safety and self-care are ongoing content issues throughout the life of the group (Julie Blyth & Anne Harsanyi 2011-Jacaranda Groupwork Manual).

## 9. Closure

Closure is a very important part of the group and participants should be prepared for this. It is helpful to start preparing participants a few sessions before the final session. It is important to keep the final session positive and to not introduce any new emotive topics. It is also important to acknowledge the different feelings participants might be experiencing.

Another important aspect of the final session is to discuss what can happen after the group ends. There may be possibilities of a reunion group or a peer support group (Julie Blyth & Anne Harsanyi, 2011-Jacaranda Groupwork Manual).

## 10. Bibliography

- Adults Surviving Child Abuse (ASCA): <http://www.asca.org.au/Home.aspx> now [Blue Knot Foundation www.blueknot.org.au](http://www.blueknot.org.au)
- Blyth, J. & Harsanyi, A. (2011) *Jacaranda Project Groupwork Manual: Therapeutic Groupwork with Adult Survivors of Child Sexual Abuse*. NSW Health.
- Chard, K. M. (2005). An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse. *Journal of Consulting and Clinical Psychology*, 73(5), 965-971.  
doi:<http://dx.doi.org.ezproxy2.library.usyd.edu.au/10.1037/0022-006X.73.5.965>
- Classen, C. C., Koopman, C., Nevill-Manning, K., & Spiegel, D. (2001). A preliminary report comparing trauma-focused and present-focused group therapy against a wait-listed condition among childhood sexual abuse survivors with PTSD. *Journal of Aggression, Maltreatment and Trauma*, 4(2), 265-288
- Cosgrove, S., Barron, J. & Harwin, N. (Eds)(2008) *The Power To Change. How to set up and run support groups for victims and survivors of domestic violence*. NANE Women's Rights Association, Associazione Artemisia, AMCV, NGO Women's Shelter Women's Aid Federation.
- Dahl, A., & Peleikis, D. (2005). A systematic review of empirical studies of psychotherapy with women who were sexually abused as children. *Psychotherapy Research*, 15(3), 304-315. doi:10.1080/10503300500091835
- Davidson, J., Delfabbro, P. Baldry, E., & Gosden, D. (2007) *Looking to a Future: A Research Project on the Jacaranda Project*. Northern Sydney Sexual Assault Service. Sydney
- Foy, D.W., Unger, W.S. & Wattenberg, M.S. (2004) *Group Interventions for Treatment of Psychological Trauma. Module 4: On Overview of Evidenced Based Group Approaches to Trauma with Adults*. American Group Psychotherapy Association.
- Fritch, A., & Lynch, S. (2008). Group treatment for adult survivors of interpersonal trauma. *Journal of Psychological Trauma*, 7(3), 145-169.  
doi:10.1080/19322880802266797.
- L. Hall., & S. Lloyd (1997) *Surviving Child Sexual Abuse*, The Falmer Press, U.K.
- Harper, K., Richter, N. L., & Gorey, K. M. (2009). Group work with female survivors of childhood sexual abuse: Evidence of poorer outcomes among those with eating disorders. *Eating Behaviors*, 10(1), 45-48. doi:10.1016/j.eatbeh.2008.08.001
- Herman, J.L. & Schatzow, E. (1984) Time-limited group therapy for women with a history of incest. *International Journal of Group Psychotherapy*, 34, (4), 605-616.
- Herman, J (1992), *Trauma and Recovery*, Basic Books, NY.
- Kessler, M. R. H., White, M. B. & Nelson, B. S. (2003) Group treatments for women sexually abused as children: a review of the literature and recommendations for future outcome research. *Child Abuse & Neglect*, 27(9), 1045-1061.
- Kezelman, K. & Stavropoulos, P. (2012) *'The Last Frontier'. Practice Guidelines for treatment of Complex Trauma and Trauma Informed Care and Service Delivery*. Adults Surviving Child Abuse.
- Kreidler, M. (2005). Group therapy for survivors of childhood sexual abuse who have chronic mental illness. *Archives of Psychiatric Nursing*, 19(4), 176-183.  
doi:10.1016/j.apnu.2005.05.003
- Lundqvist, G., Svedin, C. G., Hansson, K., Broman, I., Sektion IV, Socialhögskolan, . . . Institutionen för kliniska vetenskaper, L. (2006). Group therapy for women sexually

abused as children: Mental health before and after group therapy. *Journal of Interpersonal Violence*, 21(12), 1665-1677. doi:10.1177/0886260506294986

- Mendelsohn, M., Harney, P., & Zachary, R. (2007). Group therapy as an ecological bridge to new community for trauma survivors. *Journal of Aggression, Maltreatment & Trauma*, 14(1), 227-243
- Mendelsohn, M., Herman, J.L., Schatzow, E., Kallivayalil, D., & Levitan, J. (2011) *The Trauma Recovery Group: A Guide for Practitioners*. The Guildford Press. New York.
- Nothing but the Truth: The Education Centre Against Violence, 2017.
- Thompson, K. M. (2009). Sibling incest: A model for group practice with adult female victims of brother-sister incest. *Journal of Family Violence*, 24(7), 531-537. doi:10.1007/s10896-009-9251-6.
- Valerio, P., & Lepper, G. (2010). Change and process in short and long-term groups for survivors of sexual abuse. *Group Analysis*, 43(1), 31-49. doi:10.1177/0533316409357126
- Vilenica, S. , Shakespeare-Finch, J. & Obst, P. (2014) What Aspects of Counselling Facilitate healing from Childhood Sexual Assault for Men & Women? A Phenomenological Investigation. *Psychotherapy in Australia*. Vol. 20, No. 4. P 12-22
- Williams, R (1999) Cultural Safety-What does it mean for our work practice? Australia and New Zealand Journal of Public Health 23 (2), 213-214.
- Wolfsdorf, B. A., & Zlotnick, C. (2001). Affect management in group therapy for women with posttraumatic stress disorder and histories of childhood sexual abuse. *Journal of Clinical Psychology*, 57(2), 169-181. doi:10.1002/1097-4679(200102)57:2<169:AID-JCLP4>3.0.CO;2-0
- Wright, L., Stanford, C., Porteous, J., Wightman, M. & Efthimiadis, N. (2006) *Discoveries II: A group work program for women who have experienced child sexual assault*. Dymrna House.
- Shaun Coade & Sandie de Wolf (2008), *Yarning Up on Trauma*. Berry Street Childhood Institute.
- Quadara and Hunter (2016), *Principles of Trauma-informed approaches to child sexual abuse: A discussion paper*. Royal Commission into Institutional Responses to Child Sexual Abuse, AIFS.