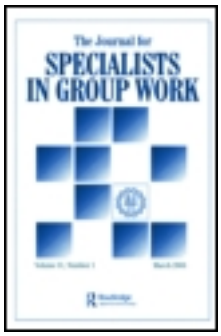

The Journal for Specialists in Group Work
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/usgw20

Group Play Therapy With Sexually Abused Preschool Children: Group Behaviors and Interventions

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Published online: 21 Jun 2010.

To cite this article: Karyn Dayle Jones (2002) Group Play Therapy With Sexually Abused Preschool Children: Group Behaviors and Interventions, The Journal for Specialists in Group Work, 27:4, 377-389, DOI: 10.1080/714860200

To link to this article: http://dx.doi.org/10.1080/714860200

Group Play Therapy With Sexually Abused Preschool Children:
Group Behaviors and Interventions

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Group play therapy is a common treatment modality for children who have been sexually abused. Sexually abused preschoolers exhibit different group play therapy behaviors than do nonabused children. Group workers need to be aware of these differences and know the appropriate group interventions. This article describes group play therapy with sexually abused preschool children, how to establish a play therapy group for sexually abused preschoolers, common group play therapy behaviors observed among sexually abused preschoolers, and appropriate group therapy interventions.

Child sexual abuse can have a variety of devastating effects on children. *Child sexual abuse* refers to the sexual assault or rape of a child younger than the age of 18. It is a major risk factor for a variety of psychological problems both in terms of immediate and long-term effects. Common effects of sexual abuse on children of preschool age include anxiety and fear, depression, physical effects, aggressive and antisocial behaviors, sexual behavior problems, boundary issues, sleep disturbances, poor self-esteem, and developmental delays (Gil, 1991; Griffith, 1997).

Group play therapy is an effective treatment approach for a variety of reasons for children who have been sexually abused. First, group play therapy provides children the opportunity to learn about themselves and remediate several of the effects of the abuse through relationship with other group members (Homeyer, 1999; Landreth, 1991). Second, universality, the discovery that one's own experience has been shared by others, is an important factor in group play therapy to help sexually abused children work through issues of secrecy, isolation, and "being different" (Homeyer, 1999; Yalom, 1995). Third, vicarious learning, the

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JOURNAL FOR SPECIALISTS IN GROUP WORK, Vol. 27 No. 4, December 2002, 377-389
DOI: 10.1177/019339202237599

learning that comes from observation of other group members, also occurs in group play therapy. Finally, group play therapy as a nondirective approach allows children the opportunity to deal with and work through their issues related to the abuse when they are ready. This ability to direct or be in control of their play and how and when they will address the abuse is important in supporting empowerment among abused children.

Although group therapy is a common treatment modality for sexually abused children, information about common group play therapy behaviors observed in sexually abused preschoolers and about appropriate therapist responses are relatively sparse. To be effective, therapists need to be aware of how the dynamics and effects of sexual abuse in children are played out in group play therapy. Sexually abused preschool children display a variety of behaviors that are different than those of nonabused children in group play. These behaviors include aggression, withdrawal, hypervigilance, sexual behavior, reenactment of the abuse, dissociation, regressive-nurturing behaviors, conflict, and boundary problems. Group therapists need to be aware of these distinct behaviors and provide appropriate interventions to address them.

The purpose of this article is to describe (a) the effects of sexual abuse on preschool children, (b) group play therapy with sexually abused preschoolers, (c) how to establish a play therapy group for sexually abused preschoolers, and (d) common group play therapy behaviors observed among sexually abused preschool children and appropriate corresponding interventions for group therapists. The information in this article is derived from the research literature and from the author's personal experience of leading play therapy groups for sexually abused preschoolers.

EFFECTS OF SEXUAL ABUSE ON PRESCHOOL CHILDREN

Professional understanding of the psychological ramifications of sexual abuse has increased greatly in the past 10 years. Child sexual abuse is a major risk factor for a variety of problems, both in the short term and in terms of later adult functioning (Berliner & Elliott, 1996). Typical short-term effects of sexual abuse include age-inappropriate sexual knowledge and behavior; sleeping and eating disturbances; aggressive and antisocial behaviors; feelings of guilt, blame, and other depressive symptoms; self-deprecating or self-destructive behaviors; hyperarousal; inability to concentrate; and other anxiety symptoms (Strand, 1999). In

addition, sexual abuse can result in boundary confusion and the inability to develop peer relationships and other trusting relationships.

A large amount of research has addressed the impact of sexual trauma on childhood development (Armsworth & Holaday, 1993; Gil, 1996; Strand, 1999; van der Kolk & Fisler, 1994). It is necessary for children's cognitive development that they attain certain levels of competence and understanding to advance to the next developmental stage (Norton & Norton, 1997). For preschool children, sexual abuse can block the evolution of many developmental needs, including trust, security, relationship, autonomy, and differentiation (Griffith, 1997). These developmental blocks can result in impairment in the development of interpersonal relationships and support systems into adulthood.

GROUP PLAY THERAPY WITH SEXUALLY ABUSED PRESCHOOL CHILDREN

Group play therapy is the natural union of two effective treatment modalities (Sweeney & Homeyer, 1999, p. 3). In the same way that group therapy works with adults, group play therapy provides for children a psychosocial process for growth and for learning about themselves and others.

Treatment for sexual abuse survivors typically focuses on the sexual abuse experience because emotional and behavioral disturbances are considered to have resulted from the abuse. The goal of therapy for the survivor, whether child or adult, is to eventually talk about or in some way address the trauma. Play therapy provides a means for preschool children to address sexual trauma using a variety of play media and through the relationship with the therapist. The theoretical framework on which play therapy is based is that "play is the child's natural medium of self-expression" (Griffith, 1997, p. 131). It is the child's "symbolic language of self-expression, and for children to play out their experiences and feelings is the most natural, dynamic, and self-healing process in which children can engage" (Landreth, 1991, p. 17). As a therapeutic method, play therapy provides children the opportunity to "play out" their feelings and problems, which is particularly beneficial for abused children who express their innermost feelings more readily through action than words (Ater, 2001; Axline, 1947; Moustakas, 1953). Because play is the natural expressive language of children, play therapy provides the opportunity for sexually abused children to communicate that which cannot be articulated because of a lack of a cognitive framework for understanding experiences appropriate to a later developmental stage (Homeyer, 1999). It also allows for expression of experi-

ences, feelings, and beliefs that are too frightening or overwhelming for words. Play therapy helps sexually abused children address what has happened to them and learn new ways of coping to protect themselves from further abuse (Cattanach, 1992). It provides children the opportunity to heal their emotional wounds and work through sexual abuse without needing or feeling pressured to verbalize their feelings (Ater, 2001).

Group therapy has long been part of the treatment of sexually abused children, and for some practitioners, it is the treatment of choice (Berliner & Ernst, 1984; Lindon & Nourse, 1994; Mandell & Damon, 1989). As a combination of play therapy and group therapy, group play therapy is a psychological and social process in which children learn about themselves while interacting with each other in the playroom (Landreth, 1991). It allows children to address interpersonal issues, engage in vicarious learning, experience self-growth through peer feedback, experience limit setting, develop interpersonal skills, and learn to build trust with the therapist and other children (Sweeney & Homeyer, 1999). Children interact and communicate with other children and therapists in the group room through the language of play.

Group therapy for sexually abused children is often psychoeducational (i.e., directive) in nature. These groups are structured around particular topics using a variety of activities. For preschool children, psychoeducational groups may be above their cognitive developmental levels. Nondirective play therapy groups, in contrast to psychoeducational groups, allow children to direct their own play to work through their individual responses to the sexual abuse experience (Homeyer, 1999). With nondirective play therapy, therapists provide a safe, therapeutic environment and trust that sexually abused children will deal with their abuse issues when they are ready. Many play groups are not wholly psychoeducational nor wholly nondirective but provide elements of each that are developmentally appropriate to the children.

Establishing a Play Therapy Group for Sexually Abused Preschoolers

The recommendations used throughout this section and the rest of the article are based on the literature and the author's professional experience. The author has more than 10 years of experience treating child, adolescent, and adult survivors and perpetrators of sexual abuse. From her recent experience volunteering at a counseling center specializing in treating survivors of sexual abuse, she has accumulated more than 150 hours of experience specifically doing group play therapy with sexually abused preschool children. The interventions recommended in

this article were used throughout the group play therapy experience with sexually abused children.

To establish a play therapy group for sexually abused preschoolers, therapists need to be trained in both play therapy and group therapy (Landreth & Sweeney, 1999). In addition, Haugaard and Reppucci (1988) suggested that groups co-led by male and female therapists have the advantage of eliciting children's feelings about men and women in a manner that would be more difficult with a single therapist. For example, when a male co-therapist is working with children who have been victimized by a male abuser, feelings of anger and fear projected to the male cotherapist can be used to help children identify and deal with unresolved feelings regarding the abuse (Pelcovitz, 1999, p. 186).

Therapists need to consider several factors prior to establishing a group for sexually abused preschoolers. Selection and screening for such a group includes choosing sexually abused children of similar developmental age and similar physical size (Sweeney & Homeyer, 1999, p. 9). The age range of children in group play therapy should generally not exceed 12 months. For example, the difference between a 3-year-old and a 5-year-old is too great for therapeutic purposes. Group play therapy is contraindicated if a child has serious psychiatric disturbances such as suicidal behavior, is involved in self-mutilation, is experiencing a severe mood or thought disturbance, is aggressive to others without remorse, or was sexually abused in a group (Homeyer, 1999). Recently traumatized children are recommended to be seen in individual therapy prior to group.

Because smaller group size is recommended for younger children (Sweeney & Homeyer, 1999), the average size of group for sexually abused preschoolers is 3 to 4 children. Although mixed gender groups for older sexually abused children and adolescents are not recommended, mixed gender groups for preschoolers is appropriate. The younger the children are, the shorter the sessions. For preschool children, a play group may run for 20 to 40 minutes. Typically, group sessions for sexually abused children are held weekly with a concurrent nonoffending parents group.

The selection of toys for group play therapy with sexually abused children is critical. Generally, play materials should be selected to facilitate creative and emotional expression, engage children's interests, facilitate expressive and exploratory play, allow exploration and expression without verbalization, allow success without prescribed structure, and allow for noncommittal play (Landreth, 1991). Because the goal of therapy is to help the child address the trauma either verbally or symbolically, the following play media can be particularly helpful for encouraging a child's verbal or play communication: telephones, sunglasses,

therapeutic stories, puppet play, sand play, nursing bottles, and dishes and utensils (Gil, 1991).

Group Play Therapy Behaviors and Interventions

As sexually abused preschool children work through their abuse in the play group, they exhibit different behaviors than do nonabused children (Ater, 2001). Researchers have identified a variety of play behaviors displayed by sexually abused preschool children (Homeyer & Landreth, 1998; White & Allers, 1994). These behaviors include aggression, withdrawal, hypervigilance, sexual behaviors, abuse reenactment, dissociation, regressive-nurturing behaviors, conflict, and boundary problems. It is important that therapists be aware of these common play behaviors and use appropriate responses and interventions. This section will describe each of these behaviors and discuss interventions to address the behaviors.

Aggression. Sexually abused children may be aggressive in their play. Children with aggressive behaviors must have the freedom to express their aggressive tendencies and hostile feelings in order to progress in the therapeutic process (Norton & Norton, 1997). To express their anger, children may use toys such as a shark or alligator puppet to "bite" the therapist, other children in the playroom, or other toys. A child may pretend a baby doll has been bad, angrily shout at the doll, and spank the doll, possibly playing out themes observed from his or her family or playing out a sense of personal stigmatization. Aggressive children may also try to control the play of children in the room and take more of an authoritarian role in the group.

To help children appropriately express and work through their angry feelings, group leaders need to address aggressive behaviors and the motivational intent behind the aggressive behavior. It is important to reflect the aggressive feelings in the play, for example, "You're very angry at that person." However, therapists need to also reflect the meaning behind the feeling (Norton & Norton, 1997). The therapist could say, "You want to tell him to stop being so mean to you," or "You'd like to tell him to leave you alone and never hurt you again." Another way to address aggression in the play group is for the therapist to become part of the experiential play. In doing so, the therapist could say, "That really hurts! I don't like it when the alligator bites me. I feel scared." If a child's aggressive behaviors escalate and become unsafe (e.g., destructive behaviors, trying to physically harm the therapist or others), the therapist needs to set limits. The therapist may say, "I am not for biting—the alligator can bite the doll," or "We need to be safe in the playroom." After

setting limits, the therapist can redirect the child to find a way to appropriately express anger, such as punching clay or painting an angry picture.

Withdrawal. Abused children may learn to withdraw from new or stressful situations, using isolation and passivity as a means of self-defense (White & Allers, 1994). In the play therapy group, children who are more withdrawn or passive tend to play alone quietly unless approached by a group member or therapist. They are very compliant to therapists' and other group members' requests and directions, and they may not use direct words when asking for something they want.

Withdrawn or passive children may be targets for victimization as a child or even into adulthood if they do not learn more assertive behavior. Therapists can address the withdrawn child's behavior by encouraging the child to use words when wanting something. For example, if a child is struggling to get Play-Doh out of the container and glances at the therapist without saying anything, the therapist can say, "You can always ask a grown-up for help," or "Use words to ask for what you need." In this way, the child is encouraged to be more assertive in the play group. If another group member frequently directs the passive child to play with certain toys or do things a certain way, the therapist may comment, "You are playing with the toys Bobby told you to play with. But I wonder if that is what you really wanted to do," or simply, "It is OK to say no." Helping sexually abused children who are withdrawn and passive become more assertive is important for resisting possible future abuse attempts.

Hypervigilance. Sexually abused children may have a heightened state of anxiety, otherwise known as hypervigilance. White and Allers (1994) stated that hypervigilance in sexually abused children may be in anticipation of subtle, coercive, and abusive sexual interactions with others. Hypervigilant children generally do not feel safe in their environment, and they spend much cognitive and physical energy in constantly monitoring their surroundings to determine if they are safe. In group play therapy, children may exhibit hypervigilance by frequently scanning the group to see what other children are doing or listening to sounds occurring outside of the group room.

A child who is hypervigilant has increased emotional and physiological anxiety and may have difficulty concentrating on an activity without being distracted by outside noises or the presence of others. An objective of group therapy needs to be to reduce the amount of hypervigilance the child is experiencing in group. Therapists may respond to this behavior by stating, "You're looking around the room to see what everyone else is

doing," or "You feel safe when you know what everyone is doing." As the child feels validated and safer in the group room, hypervigilance will decrease.

Sexual behavior. Sexual behavior in the playroom is frequently seen in sexually abused children (Gale, Thompson, Moran, & Sack, 1988; White & Allers, 1994). Inappropriate sexual behavior can include children engaging in open masturbation, excessive sexual curiosity, exposure of genitals, rubbing their genitals on the therapist or other group members, or grabbing the breast or genitals of therapists or group members. In this case, setting limits in the play is critical. The purpose is to protect the child, protect other children, and protect the therapists, thereby keeping the playroom safe. In a nonpunitive tone, the therapist accepts and acknowledges the child's feelings, needs, or intentions followed by communicating a limit. Examples of limit setting could be one of the following (Homeyer, 1999, p. 312):

> Therapist: I know you want to be close to me, but I'm not for rubbing on. You can stand close to me without rubbing on me.
> Therapist: Deanna, I know you want Joey to like you, but Joey's private parts are not for touching. You can be close to him and play with him without touching.

Reenactment of the abuse. Sexually abused children may reenact their abuse in their play. Homeyer and Landreth (1998) found that preschool-age boys were more likely than girls to play out sexual intercourse positions in play. For example, boys may simulate sexual intercourse using two dolls. Girls' sexualized play tended to involve inserting objects into their mouths or simulated oral sex through the use of toys. When abuse-focused play occurs, a strong therapeutic alliance and trust has developed between the therapist and the children. Homeyer (1999) stated that therapists should stay with the child's play metaphor in order for continued playing through of the abuse experience. Therapists can then provide appropriate interventions, such as stating that the child is not to blame. For example, a therapist's response might be, "That grown-up is doing secret touches with the girl. It's not her fault that it's happening" (Homeyer, 1999, p. 313).

Dissociation. Dissociation is another common behavior observed in the playroom. Dissociation is "a disruption in the usually integrated functions of consciousness, memory, identity or perception" (American Psychiatric Association, 2000, p. 519). Dissociation is clearly linked to trauma. In sexually abused preschool children, dissociation is one of the

mechanisms used to deny and avoid the painfulness of the sexual trauma (White & Allers, 1994). In group play therapy, dissociating children may appear as though they are in a trance, for example, sitting in a chair staring off into space or appearing in a trance as they play. They may be oblivious to the presence of other children or therapists in the room as they play out their experiences.

Although it is a useful defense mechanism for avoiding the emotional pain of the trauma, dissociation can also impair children by affecting their concentration and their ability to be present both cognitively and emotionally. Therefore, reducing the amount of dissociation in a child is one of the objectives of therapy. When therapists notice a child dissociating in group, they should not try to "snap" the children out of it. Instead, it is more appropriate to narrate what the child is doing, particularly if the child is engaged in play. In addition, helping the child feel safer in the group room and learn more effective coping strategies can reduce dissociative behavior.

Regressive-nurturing behaviors. Preschool boys and girls exhibit various regressive-nurturing behaviors during group play therapy. Because sexual abuse can block the developmental needs of trust, security, and relationships, abused children may play out their needs by pretending to be a baby and having another child or therapist take care of him or her. The child may also nurture a baby doll by preparing food for the doll, feeding the doll, and putting the doll to bed. This play theme is seen as a way for the child to play through the lack of nurturing, trust, and security in his or her family.

Therapists who observe this type of play need to narrate the play and reflect such feelings as "safety," "cared for," and "loved." For example, therapists can say, "The baby feels safe when you hold her and take care of her," or "You feel cared for when I read you a story and tuck you in bed." In addition to validating the child's feelings, therapists can help the child work through the issues of lack of nurturing and security by focusing on ways the child can nurture himself or herself.

Conflict. A common play therapy behavior observed during group play therapy with sexually abused preschoolers is conflict. Conflict can occur between two or more children in the group or between a child and a therapist. Many sexually abused children come from dysfunctional families with patterns of social isolation, emotional distress, family discord, mental health problems, spouse abuse, and substance abuse (Gil, 1991). Incest families also typically have poor communication and lack conflict resolution skills. From this environment, sexually abused children usu-

ally have not learned how to resolve conflict. Therefore, helping them learn to do so is an important objective in group therapy.

Generally, one of two behaviors emerges when a child is faced with a conflict: aggression or passivity. For example, in group play therapy, a typical conflict is one child wanting to play with the same toy another child is using. An aggressive child may raise his or her voice to get the toy, take the toy from the other child, or become physically abusive. A passive child may say nothing and simply stare at the other child and the toy or ask the therapist for the toy. Either results in avoiding the conflict.

Group play therapy provides the opportunity for therapists to help children learn to share and resolve conflict (Sweeney & Homeyer, 1999). The therapist can use conflict resolution strategies to help. The following is a short dialogue using fictitious client names:

Chris: I was using the toy first. (Taking the toy from Diana)
Diana: No, I was.
Chris: It's my toy. (Getting angry)
Diana: No, I need to use it. (Trying to grab the toy)
Therapist: You both seem angry. You both want to play with the same toy.
Diana: Chris took the toy, and I wasn't finished using it.
Chris: I had it first.
Therapist: All the toys here in the playroom are for children to share and play with. Chris, did Diana know you were playing with the toy before she was using it?
Chris: No, I guess. But I still wanted to use it.
Therapist: Can you ask Diana if you can use the toy when she is finished?
Chris: (To Diana) Can I use the toy when you're finished?
Diana: Yes.

After listening to both sides, the therapist "coached" Chris to ask to use the toy when Diana had finished. One way to help children work through conflict is to teach them how to ask for what they need appropriately. For this example, the therapist needed to know who had the toy first to make sure the conflict ended fairly.

Boundary problems. A common theme that runs through many of the behaviors seen in group play therapy with sexually abused preschoolers is poor boundaries. The concept of boundaries is complex. For sexually abused children, it specifically refers to understanding one's personal space, privacy in the home environment, generational roles, and interpersonal boundaries among family members (Burton & Rasmussen, 1998). In the play therapy group, boundary issues manifest in a variety of behaviors. A child with poor boundaries may want to physically touch, kiss, or hug other children or therapists; violate other group members'

physical space; or take an adult role in the group and tell other children what and how to do things.

It is important to address boundary problems so that children can understand their role in the family, personal space, and inappropriate touch. In addition, helping sexually abused children increase their boundaries in regards to touching others or allowing others to touch them helps in reducing revictimization. To address the problem of touching other people in the group room or violating personal space, therapists can state, "Always ask if you want to give a hug," or "Ask if you want to touch somebody." These statements can be followed by, "It is always OK to say 'No'." If a child takes on an adult role in the group, therapists can reflect this by stating, "It's important for you to tell others which toy to play with. I wonder what toys they want to play with," or "You want her to play with that toy just the way you want. She can decide for herself how to play with the toy." If a child begins taking an adult role in the group room, for example, telling other children it is time to clean up, the therapist can say, "That's for a grown-up to decide," thereby reinforcing appropriate generational boundaries.

CONCLUSION

Child sexual abuse can have a devastating impact on children. Common effects of sexual abuse include anxiety and fear, depression, physical effects, developmental delays, aggressive behaviors, sexual behavior problems, boundary issues, sleep disturbances, and poor self-esteem (Armsworth & Holaday, 1993; Berliner & Elliott, 1996; Gil, 1996; Strand, 1999; van der Kolk & Fisler, 1994). Group therapy has long been viewed as the treatment of choice for survivors of sexual abuse (Berliner & Ernst, 1984; Lindon & Nourse, 1994; Mandell & Damon, 1989). Group work provides survivors the opportunity to develop relationships with others, universality, and vicarious learning. For preschool children, group play therapy provides the same opportunities for growth; however, because play is considered the child's natural medium of self-expression, it also enables sexually abused children to work through trauma issues by using a variety of expressive play materials. Through the use of play, children can address the trauma symbolically without having to verbalize frightening experiences and feelings (Homeyer, 1999). In addition, group play therapy is beneficial for children to address key issues that may only appear in group process, such as conflict, boundary problems, and sexualized behaviors.

Although group play therapy can be useful in helping sexually abused preschoolers, therapists need to take into consideration special factors

when forming a group. Issues such as client selection and screening, group size, co-therapist issues, and appropriate play media need to be given careful deliberation (Gil, 1991; Haugaard & Reppucci, 1988; Homeyer, 1999; Landreth, 1991; Sweeney & Homeyer, 1999). In addition, therapists need to be aware of the distinct group behaviors observed in sexually abused preschool children (Ater, 2001; Homeyer & Landreth, 1998; White & Allers, 1994). These behaviors include aggression, withdrawal, anxiety, sexual behaviors, abuse reenactment, dissociation, regressive-nurturing behaviors, conflict, and boundary problems. It is important for therapists to be aware of these common play behaviors and use appropriate responses and interventions.

It is important for group workers to understand the effects of sexual abuse on preschool children and how it affects the dynamics of group play therapy. Therapists need to be cognizant of how sexually abused children's behavior may differ from nonabused children in group. The behaviors displayed in group can provide both the therapist and client the opportunity to address and work through specific issues related to the abuse. Thus, the group therapist's task of responding with the appropriate intervention becomes critical in providing effective treatment for sexually abused preschool children.

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