

The Effect of Integrative Group Therapy on Reduction of Childhood Sexual Abuse Trauma in Women

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ABSTRACT

Objective: This study examined effects of an integrative and short term group therapy protocol on adults who were suffering from result of childhood sexual abuse. **Method:** In this single subject design, two female survivors of childhood sexual abuse participated in a 12-week group treatment. Pre-, mid and post-assessments were conducted among the participants and they completed the standardized measures including: Symptom Checklist 90, Impact of Event Scale (IES), and Trauma Symptom Checklist 40 and. An ABA design is a type of experimental design. In this design experimenters observe behavior before treatment, during treatment and after treatment. Line charts were used to describe the results. **Results:** Overall, the results of the post-assessment showed that the integrative group treatment helped with reducing symptomatology of anxiety, depression and trauma in addition to the post-traumatic stress disorder among the participants. One of the participants showed more anxiety and depression after treatment. The Integrative group treatment protocol was effective to help with recovery of female childhood sexual abuse survivors. **Discussion:** Despite the effectiveness of this integrative and short term group therapy protocol on improving a number of symptoms among the adult survivors of childhood sexual abuse who participated in this study however, the lack of control on the individual differences regarding each subject's unique case, the assessments generated diverse results. Some components such as duration of sexual abuse and abuser identity had influenced the results in this study.

KEYWORDS: Adult survivors, Sexual abuse, Trauma, Integrative group therapy.

1. INTRODUCTION

Children are the most vulnerable members of society and as a result, they are not capable of protecting themselves. Therefore, they need support and care from adults, especially their parents. When parents do not have the necessary competence to support their children, and because parents have more control and authority over children, they will abuse children. Child abuse is an important component in social pathology [1].

There has been a lot of efforts to provide a definition for sexual child abuse in the literature. Definitions are different based on the behavior and the age of perpetrator and child. Common types of child sexual abuse, includes inappropriate touching and staring, exposing them to pornographic movies, forcing children to sexual activities. The victim's age range is from infancy to 18 years old. Approximately in 60% of child abuse cases the perpetrator is a trusted acquaintance of child's family and in around 30% to 40% of cases, the perpetrator is a family member. Generally in 90% of cases, the child and his family know the perpetrator as a trusted person [2]. In general, sexual abuse, involves a child or an immature adolescent in a sexual activity who is not capable of understanding the activity or is not aware it in order to allow and agree with it. These activities violate taboos and social rules [3].

A recent study has been conducted to analyze the prevalence of sexual abuse among adults reviewing 65 articles from 22 countries. In conclusion, it is reported that 7.9% of men and 19.7% of women were sexually abused prior to the age of 18 [4]. Documentations show that childhood abuse affects the victim in his adulthood physically, psychologically and socially. The increasing rate of many issues associated with child abuse in recent decades along with an alarming prevalence of the cases have resulted in recognizing the issue officially [5, 6]. Many studies have been conducted to examine the consequences of child sexual and physical abuse. There is not a uniform and unique clinical profile to explain the impacts of child abuse because, it varies in each case. Various factors may affect how the exploitation results in a damage. Factors such as gender of the victim and perpetrator, type and severity of abuse, length of abuse and family's response after identifying the abuse, affects the severity of harm on the victim of child abuse [5, 7].

Child abuse (including physical, sexual, neglect and emotional) increases the risk of physical and mental disorders in adulthood [8]. There is a convincing amount of research available which concludes child abuse as a widespread problem, causes harmful short and long-term issues. These issues cause dysfunctional emotional, sentimental, social and behavioral issues. Reviewing literature suggests long-term effects are likely to cause depression, low self-esteem [9, 10]. Self-destructive behaviors and anxiety [11], PTSD, interpersonal problems, social alienation, disassociation, dysfunctional sexual relations, drug abuse, and physical complaints [9, 12].

Due to the traumatic childhood experience, the survivors of sexual abuse suffer from a number of symptoms and mental disorders. In order to cope with the experience of sexual abuse in a healthy way, they need professional treatment and help. In recent years a large number of women, have been seeking consulting help due to the long-term effects of childhood abuse. The majority of survivors of sexual abuse complain about several problems [13].

Since the majority of the victims are among women, most treatments have been designed for women. Female survivors of childhood sexual abuse participate in treatment because they are facing issues in one or more categories of cognitive, emotional, physical and interpersonal [14]. Web and Lyhan (1996) provide further definition for these areas as lack of primary trust in oneself and others, low self-esteem, powerlessness and lack of control, difficulty expressing emotions and lack of interpersonal skills. Treatment is an attempt to improve these areas, either individually or as a group [14].

Various therapeutic approaches for survivors of sexual abuse, has been emphasized in the literature, but research has chosen an integrated approach to treatment. Integrated Holistic Psychotherapy is assumed that none of the models of psychotherapy is not enough for all clients and all clinical situations. Integrated approach issues specific clients, look no orientation to a more comprehensive view of the issues to do business references. Based on this comprehensive look at the whole range of therapies is placed in front of the therapist. In this field's literature there are many different treatment approaches to help survivors of child sexual abuse however, for the purpose of this paper we have focused on the integrative approach. In this approach we emphasize that neither of the treatments is sufficient for all the patients and their clinical cases. Integrated approach reviews patient's case without any specific orientation in order to see the big picture regarding his issues, and as a result this provides the counselor with a wide range of treatment methods [15]. Childhood sexual abuse affects the victim later on as an adult in various levels and neither of the theories can cover all different aspects involved in a child sexual abuse case. Therefore, the integrative approach becomes a useful tool in child sexual abuse treatments. The goal of integrative treatment approach is reducing the limitations of the traditional methods regarding both the treatment techniques and theoretical approaches [16]. According to researchers, although using various therapeutic approaches is essential for helping the survivors, however, group therapy has the following advantages: Group therapy creates an environment which helps survivors to improve their lack of communication, It creates a sense of belonging among the members which reduces the survivor's sense of isolation, Being admitted and acknowledged in the group results in healing painful emotions, It creates trust and, It increases assertiveness and encourages experiencing new behaviors [17, 18]. This study was conducted to examine whether integrative group treatment will effectively reduce the symptoms of women survivors of childhood sexual abuse.

2. METHOD

The present study is methodologically is a clinical trial and in terms of design, it has a single subject layout that belongs to A-B-A types of design. Single subject experiment is a test method that involves intensive research on one person or a few people who are considered as one single group. Subjects, were two women survivors of childhood sexual abuse, who visited a clinical psychology center to get counseling help. Subject A was a 25-year-old single woman who had a bachelor's degree and was unemployed. Her biological father was the perpetrator. She could not remember the exact date when she was sexually abused first however, she said she was a child and as far as her childhood memories could go back in time, she could remember she was being abused from very early ages. The childhood sexual abuse extended all the way to her adulthood until she was 22 years old. Her father used to abuse her both sexually and physically. Subject B, was a 42-year-old married housewife with a bachelor's degree. She was sexually abused by three people during prior to elementary school age. The first perpetrator was a serviceman who visited their home for a window repair service. The second offender was her mom's cousin and the third one was neighbor's teenage son. All the perpetrators were older than her, more than five years.

The main areas of study includes: the pre-test (baseline determination), initiating the treatment intervention (treatment phase 1), the mid-process test (treatment phase 2), continuing the treatment intervention (treatment phase 3) and the post-test. Single subject design research requires numerous behavioral observations; otherwise the intervention would result in ambiguity. Therefore, subjects were evaluated three times during each step. The subjects completed the symptom checklist 90 for diseases (assessment of depression and anxiety), self-report scaling of the incident's impact on oneself (assessment of post-traumatic stress symptoms), and checklist for symptoms of trauma, three times prior to, in the midst of and after treatment.

2.1 measurement tools

Revised symptom Checklist 90 SCL 90-R: This is one of the most used tools. It is a self-report instrument that measures the severity of psychological distress and nine initial symptoms [20].

The impact of event scale (IES-R): This is a general measurement tool to determine emotional distress caused by any life event. The scale's questions are not focused on a specific event, but they rather cover conscious qualities that are associated with any type of traumatic events. Traumatic events cause post-traumatic stress disorder.

The trauma symptom checklist 40 (TSC): This checklist is used to evaluate symptoms related to traumatic events. TSC contains measures six subscales including anxiety, depression, disassociation, sleep disturbance, sexual problem, and sexual abuse trauma index. It also measures one more additional subscale that evaluates anxiety attacks and trouble getting along with others. Studies were shown reliability and validity of this checklist [20, 21].

The integrated treatment package: The integrated treatment package for the purpose of this study is a programmatic, short term package that runs for 12 weeks. There is one session per week and each session lasts 90

minutes. The treatment process has been determined in advance and each session focuses on a certain theme and technique. The techniques and topic discussions in each session are as follows:

The First session: the first step in group therapy was participants' introduction and discussing the group's rules and goals. In this early stage the group leaders talked about the importance of attending all the sessions, punctuality, confidentiality, time limits.

The second and third sessions: Understanding and communicating with the inner child was the main topic of these two sessions. The survivors, in order to survive, hide their childhood vulnerability and avoid communicating to their selves as a vulnerable child because they believe this will create more issues. They resent their inner child since she was young, weak and powerless. They have no childhood memories and they blame the inner child because of being harassed and bribed and not stopping the abuse. They are embarrassed [22].

The fourth and fifth sessions: These two sessions were focused on sand play therapy. Sand play therapy is the efficient use of sandboxes and miniatures and it can be examined by different theoretical approaches. The sandbox provides a safe communication tool between the therapist and children or adults. Therefore, the survivors can build and represent their inner world using sand and miniatures [23]. Sand therapy is helpful method in treatment for those children who have gone through traumatic experiences and different forms of abuse. A sandbox provides the child with a safe and free space to express and observe complex emotions regarding being abused through playing in a symbolic activity [24].

The sixth session: This session was focused on cognitive approach, especially the cognitive restructuring techniques. The assigned homework for this session was writing letters that would not be sent ever. The most common method using cognitive approach is that the therapist will challenge the patient to question his/her irrational assumptions. The therapist will also help them to learn challenging themselves. The findings have shown that cognitive restructuring techniques help reducing symptoms of mood disorder in survivors [25]. It seems that writing things down is an effective technique and it is now being used in the process of psychology. Since 1970, the using writing as a technique has proven to create meaningful positive impact on patients [26].

The seventh session: This session was focused on Gestalt approach, especially the empty chair technique and behavioral approach, the progressive muscular relaxation techniques. The empty chair is one of Gestalt therapy's known techniques. The empty seat issues brings back "those and then" to "here and now" in the treatment room [12].

The eighth session: This session was focused on art therapy, particularly the technique of creating collage. Art is a way to express emotions and thoughts in a tangible way and as a result, develop a new approach. The experience of emotion through creating them symbolically during the treatment and in a safe environment is the advantage art therapy. Among different treatment methods for sexual abuse survivors, art therapy is one of the most popular ones. Art therapy is a less risky method to be used for the sexual abuse survivors [28].

The ninth and tenth sessions: Processing anger and guilt and assignment of one day out with inner child were topics of discussion during session nine and ten. One day out with inner child is one of the techniques to recognize and communicate with the inner child [22]. Sexual abuse causes anger because it creates immense suffering, resulting in long-term damages among survivors. For survivors it is very difficult to accept someone who they trusted him, abused them, and it reinforces feeling of anger inside them [29]. One of the most important elements of treatment for sexual abuse survivors is dealing with their anger. In fact, anger is like spinal cord in the treatment protocol for adult survivors of sexual abuse. Due to their self-centered character, children see themselves in the center of world. A child who witnesses his/her parents' fighting, he/she would feel guilty. Child sexual abuse happens and even if the offender is not blaming the child, the child would feel guilty. Guilt is feeling of regret and remorse regarding something terrible that has happened [30].

The eleventh and twelfth sessions: Reviewing the assignment of one day out with inner child, practicing the treatment rituals, and reviewing the completion of treatment were done during sessions eleven and twelve. Using rituals is very popular in psychology. For instance, using rituals have been very successful in family therapy sessions. Rituals create a supportive framework, facilitate treatment for patients make the change happen. Adult survivors of childhood sexual abuse, did not have sufficient opportunities to attend enough healthy rituals. Therefore, group therapy recovers all that have been missed due to the sexual abuse. The purpose of doing rituals among childhood sexual abuse survivors is to eliminate negative emotions in order to create positive feelings during group therapy [31]. At this point participants were being reminded that treatment was almost over. They were being reminded of all that happened during group therapy sessions. Moreover, all new techniques and lessons were reviewed and they were told how to apply these in different situations outside group therapy sessions. We encouraged the participants to continue their treatment process and apply the assignments over stressful situations.

3. RESULTS

The following charts show the average scores for depression, anxiety, post-traumatic stress disorder and symptoms of sexual abuse on subjects A and B in the pre-treatment (baseline), during treatment (during intervention) and post-treatment (end of treatment).

3.1. Subject A

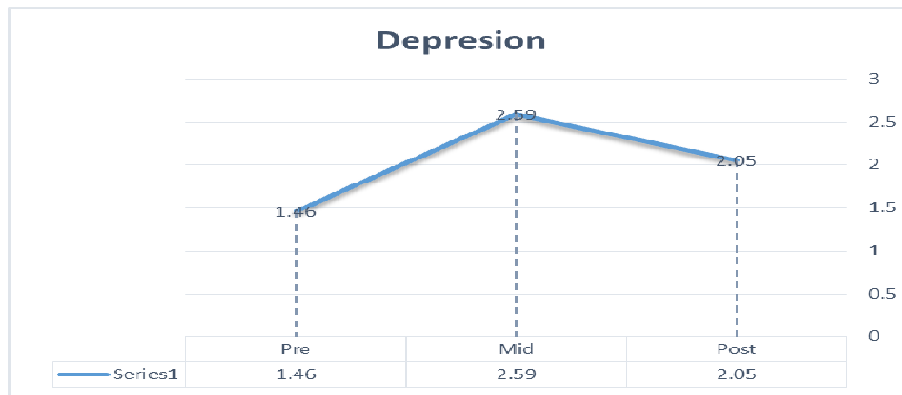


Fig.1. Subject A's average score for depression level. Depression was reduced after intervention, but not as low as the baseline.

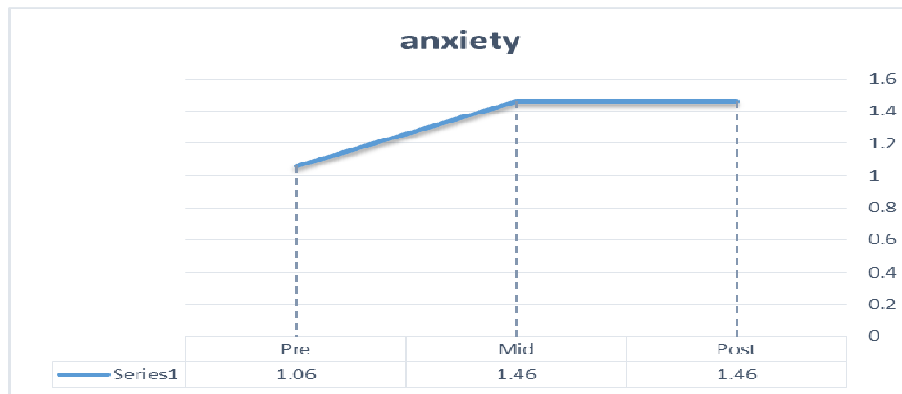


Fig.2. Subject A's average score for anxiety level. Comparing the average scores for anxiety level during treatment and post-treatment shows an increase to pre-treatment scores

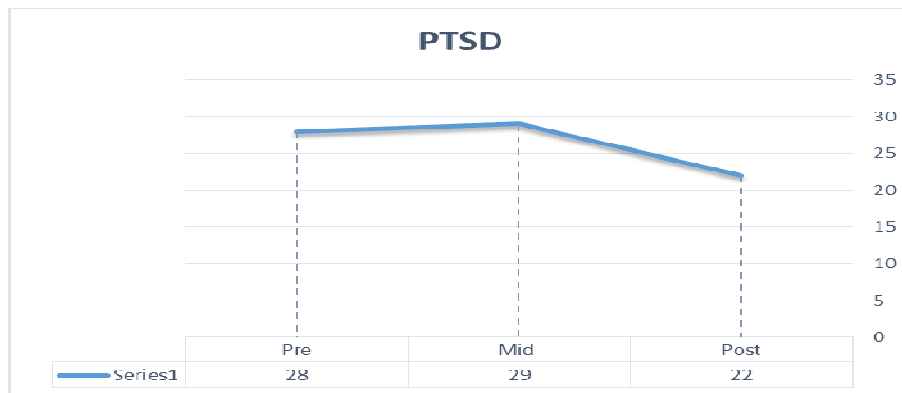


Fig.3. Subject A's average score for the impact of event shows a reduction in post-traumatic stress.

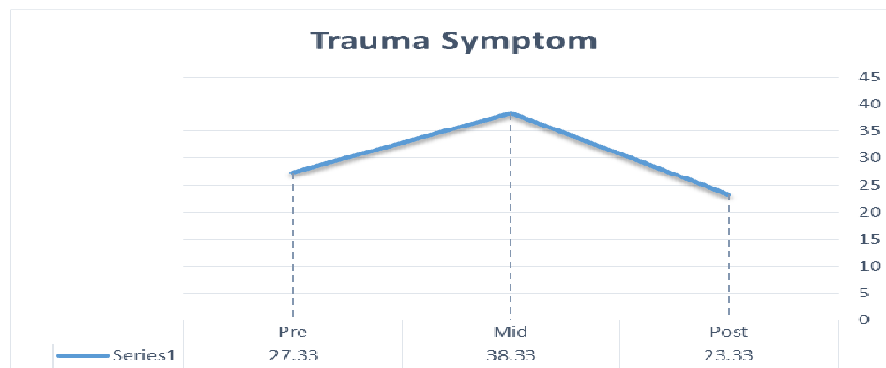


Fig.4. Subject A's average total scores for trauma symptoms checklist. These symptoms have decreased below the baseline.

3.2. Subject B

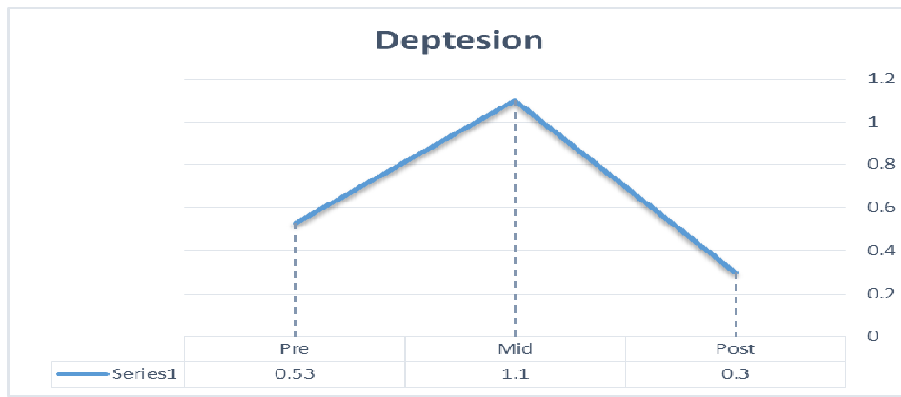


Fig.5. Subject B's average score for depression level. The average score after a three-step measurement process shows the depression has decreased compared to the baseline.

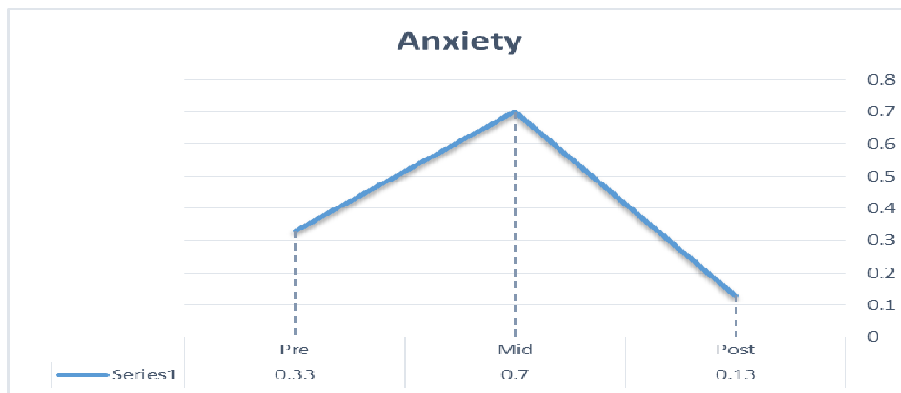


Fig.6. Subject B's average score for anxiety level. The average score after a three-step measurement process shows a reduction compared to the baseline.

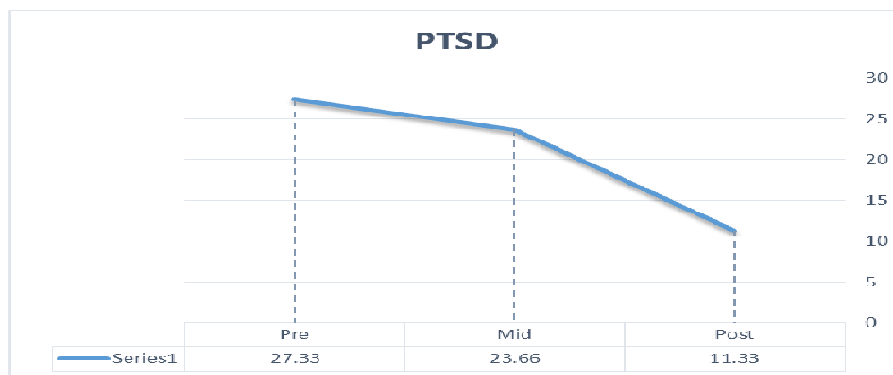


Fig.7. Subject B's average score for the impact of event. Post-treatment evaluations and three-step measurement process show a reduction in post-traumatic stress.

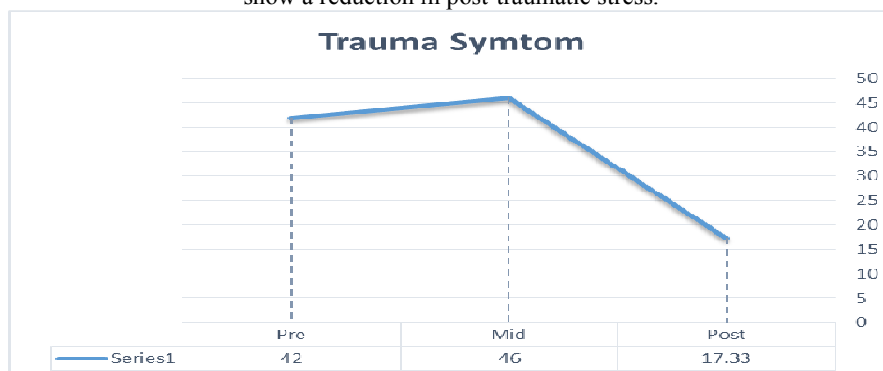


Fig.8. Subject B's average total scores for trauma symptoms checklist. Symptoms of trauma in this subject is lower than average scores of baseline level and during treatment ones.

4. CONCLUSION

Childhood sexual abuse has both short and long term impact on victims. A child victim of sexual abuse experiences fear, panic, guilt and some other symptoms. Many of these signs and symptoms stays with the child and impacts him/her in adulthood, adult relationships and interactions. Research findings demonstrate a meaningful connection between emotional, sexual, social, emotional and behavioral disorders with having a history of sexual abuse. Victims of sexual abuse in their adulthood experience anxiety disorders, depression, suicidal thoughts, self-injury disorder, post-traumatic stress disorder and other psychological disorders. Due to the numerous complications reported by victims of sexual abuse, different treatment methods have been created. A wide range of individual and group treatments have been tested using various approaches. Cognitive-behavioral approaches for the purpose of healing post-traumatic stress disorder, behavioral approach for the purpose of reducing anxiety, feminist approaches to empower women survivors and many other approaches have been examined in previous research. Since women survivors have numerous issues in various levels, a single approach with a specific purpose is not capable of addressing all these issues. Therefore, the present study selected the integrated approach as treatment framework in a group therapy in order to address numerous symptoms caused by childhood sexual abuse experience.

Depression score of Subject 'A' after treatment is higher compared to pre-treatment results. Depression score of subject B was lower than the baseline after the completion of treatment. Research that has been conducted to review group therapy cases with different treatment approaches shows that a group therapy with a feminist theme and a problem solving approach reduces depression level among the survivors [32]. Current group therapy with the integrated approach resulted in lowering depression level in Subject B.

Average anxiety level after treatment was higher than pre-treatment results in Subject A. Anxiety level after treatment was lower than the baseline among the Subject B. Previously conducted research studies show that group therapy effectively lowers anxiety level. After participating in the group therapy, anxiety level among female survivors is significantly lower than the anxiety level in this examined group [33]. The current paper was a single subject study therefore, there was no control group available for the purpose of analysis.

One research paper has studied women survivors of sexual abuse after cognitive restructuring group therapy. This pilot study involved a control group and two experimental groups. The experimental groups participated in a 10-week group therapy based on the theory of rational-emotional behavior therapy. The results demonstrates this type of group therapy is effective in reducing anxiety [25]. Participants show increased anxiety level measuring the baseline towards the mid-treatment evaluation. All the anxiety triggers that used to be suppressed over the past years, were now above the unconscious mind and caused the participant to experience anxiety. Anxiety reduction in subject A after the intervention was slow, probably if there were more follow-up evaluations, the subject would show reduced anxiety.

Symptoms of post-traumatic stress disorder in both subjects were reduces after treatment. Several studies have emphasized that female survivors of childhood sexual abuse have symptoms of post-traumatic stress disorder [34]. The subjects who participated in the current study had these symptoms at the beginning of group therapy. One study has been conducted using multiple baseline assessment to evaluate the effectiveness of cognitive restructuring treatment focused on reducing post-traumatic stress among survivors of sexual abuse. The results show that post-traumatic stress symptoms were reduced among the examined group members after completion of treatment [35]. The current study used integrated group therapy and was not designed to specifically focus on post-traumatic stress disorder however, symptoms of post-traumatic stress disorder was reduced in both subjects after completion of the treatment.

The trauma symptoms were reduced in both subjects after treatment. The short-term group therapy lasted for 12 weeks and there a single closed session each week conducted to evaluate impacts of group therapy on women survivors of childhood sexual abuse. The results show that women who participated in the examined group, compared to women in control group, had fewer trauma symptoms after completion of treatment [33]. This study demonstrates that trauma symptoms increased from baseline to mid-treatment evaluation. Addressing sexual abuse issues during group therapy caused in increase in the symptoms. At the end, symptoms of trauma were reduced in both subjects after completion of treatment.

Techniques used in the current treatment package were based on previous research studies. Depression in subject B shows a decline after completion of treatment. Using techniques such as empty chair and writing letters that would not be sent ever released the anger inside subjects. Their anger was towards the aggressor, family and abuse. The unexpressed anger in the subjects was hurting them and had caused depression. Treatment and experiencing feeling of anger, resulted in reducing depression level. Symptoms of post-traumatic stress were very obvious in the subjects. The nature of group therapy, other members' support, expressing feelings through various methods of treatment, caused a reduction in these symptoms. Relaxation techniques conducted in the group reduced their muscle and mental tension.

As mentioned above, childhood abuse impacts victims in their adulthood and symptoms are visible among women survivors. Many women are not aware that their current symptoms is related to their childhood sexual abuse experience. Group therapy provided them with an opportunity to make a connection between these symptoms and childhood sexual abuse experience in order to recognize the alarming situations. Art therapy created a relationship with the damaged inner child and sand therapy and processing anger and guilt helped the subjects to reduce symptoms of trauma.

Sexual abuse has many health effects and many other factors exacerbate these health effects. One of these factors is the length of sexual abuse, the longer sexual abuse lasts, and the survivor will experience more health effects. The overall

effectiveness of treatment varied for each subject. Individualistic differences could lead to different results. Subject A was abused by her biological father longer and had more symptoms compared to subject B.

REFERENCES

1. Khushabi, K. 2003. A sexual abuse case report. *Social Welfare Quarterly*, 2(3): 131-139.
2. Amin Zadeh, M, 2010. *child sexual issues (education of children)*. Tehran Qatreh Publishers, pp: 1-20.
3. Kempe, R.S., Kempe, C.H, 1984. *the Common Secret: Sexual Abuse of Children and Adolescents*. New York, Freeman Publication, pp: 10-40.
4. Pereda, N. Cuilera, G. Forns, M. Gomez-Benito, J, 2009. The prevalence of child sexual abuse in community and student samples: a meta-analysis. *Clinical psychology review*, 29(4): 328-338.
5. Futa, K., T. Nash, C., L. Hansen, D., J. Garbin, C., P, 2003. Adult Survivors of Childhood Abuse: An Analysis of Coping Mechanisms Used for Stressful Childhood Memories and Current Stressors. *Journal of Family Violence*, 18(4): 227-239.
6. Browne, A. Finkelhor, D, 1986. Impact of child sexual abuse: A Review of research. *Psychological Bulletin*, 99(1): 66-77.
7. Hecht, B. Hansen, J, 2001. The Environment of Child Maltreatment: Contextual Factors and the Development of Psychopathology. *Aggression and Violent Behavior*, 6(5): 433-457.
8. Stevens, R. Gerhart, J. Goldsmith, E. Heath, M. Chesney, A. Hobfoll, E, 2013. Emotion Regulation Difficulties, Low Social Support, and Interpersonal Violence Mediate the Link between Childhood Abuse and Posttraumatic Stress Symptoms. *Behavior Therapy Behavior*, 44(1): 152-161.
9. Elhai J., D. Flitter J., M. Gold S., N. Sellers A., H, 2001. Identifying Subtypes of Women Survivors of Childhood Sexual Abuse: An MMPI-2 Cluster Analysis. *Journal of Traumatic Stress*, 14(1): 157-175.
10. Boudewyn, A., C. Liem, J., H, 1995. Childhood sexual abuse as a precursor to depression and self-destructive behavior in adulthood. *Journal of traumatic stress*, 8(3): 445-459.
11. Briere, J. Woo, R. McRae, B. Foltz, J. Sitzman, R, 1997. Lifetime victimization history, demographics, and clinical status in female psychiatric emergency room patients. *The Journal of Nervous and Mental Disease*, 185(2): 95-101.
12. Beitchman, H. Zucker, J. Hood, E. DaCosta, A, 1992. A review of the long term effects of child sexual abuse. *Child abuse and neglect*, 16(1): 101-118.
13. Kendall-Tackett, K. Williams, L. Finkelhor, D, 1993. Impact of sexual abuse on children: A review and synthesis of resent empirical studies. *Psychological Bulletin*, 113(1): 164-180.
14. Morrison, A. Ferris, J, 2002. The SATIR model with female adult survivors of childhood sexual abuse. *Contemporary Family Therapy*, 24(1): 161-180.
15. Nolan, S., Nolan, P, 2002. *Object Relations and Integrative Psychotherapy*. Londen, Whurr Publication, pp: 30-50.
16. Bergin, A.E., Garfield, S.L. (1994) *Handbook of Psychotherapy and Behavior Change*, 4th Edition, New York, Wiley Publication, pp: 40-70.
17. Wallis, A., N, 2002. Reduction Of trauma symptoms following group therapy. *Australian and New Zealand Journal of Psychiatry*, 36(1): 67-74.
18. DiNunno, J., H, 2000. Long-term group psychotherapy for women who are survivor of childhood abuse. *Psychoanalytic Inquiry*, 20(2): 330-349.
19. Talbot, L. Houghtalen, P. Dtiiberstein, R. Cox, C. Giles, E, 1999. The effect of group treatment for women with history of childhood sexual abuse. *Psychiatric Science*, 50(5): 686-695.
20. Gold, S., R. Milan, L., D. Mayall, A., Johnson, A., E, 1994. A cross validation study of the trauma symptom checklist: The role of mediating variables. *Journal of Interpersonal Violence*, 9(1): 12-26.
21. Klest, B. Freyd, J, 2007. Global Ratings of Essays about Trauma: Development of the GREAT Code, and Correlations with Physical and Mental Health Outcomes. *Journal of Psychological Trauma*, 6(1): 1-20.
22. Hall, L., Lloyd, S, 1993. *Surviving Child Sexual Abuse A Handbook for Helping Women Challenge their Past*. London, RoutledgeFalmer Publication, pp: 100-120.
23. Zhou, D, 2009. A Review of Sand play Therapy. *International Journal of Psychological Studies*, 1(2): 211-232.

24. Grubbs, G, 1994. An abused child's use of sand play in the healing process. *Clinical Social Work Journal*, 22(2): 193-209.
25. Moller, T. Steel, R, 2002. Clinically Significant Change after Cognitive Restructuring for Adult Survivors of Childhood Sexual Abuse. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 20(1): 49-64.
26. McAllister, H. Wolff, C, 2002. Letters Never Sent: Tending to Unfinished Business. *Journal of Poetry Therapy*, 15(4): 187-193.
27. Mann, D, 2010. *Gestalt therapy: 100 key points and techniques*, USA, Routledge Publication, pp: 110-130.
28. Brooke, S, 1995. Art therapy: an approach to working with sexual abuse survivors. *The Arts in Psychotherapy*, 22(5): 447-466.
29. Newman, A. Peterson, C, 1996. Anger of women incest survivors. *Sex Roles*, 34(7): 463-474.
30. Pollock, H., Llewelyn, S., Clarke, S., Hagan, T., Gregory, K., Stowell-Smith, M., Gpfert, M., Mitzman, S., Bamber, M, 2001. *Cognitive analytic therapy for adult survivors of childhood abuse: Approaches to Treatment and Case Management*. Now York, John Wiley & Sons Ltd Publication, pp: 20-60.
31. Jansen, S. 2001. *Talking sticks and BMW'S: Ritual, power and authority in a psychotherapy training placemen*, MS thesis, University of South Africa.
32. Kessler M., R. 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 and neglect*, 27(9): 1045-1061.
33. Westbury, E. Tutty, L, 1999. The efficacy of group treatment for survivors of childhood abuse. *Child Abuse & Neglect*, 23(1): 31-44.
34. Price, L. Hilsenroth, J. Callahan, L. Petretic-Jackson, A. Bonge, D, 2004. A Pilot Study of Psychodynamic Psychotherapy for Adult Survivors of Childhood Sexual Abuse. *Clinical Psychology and Psychotherapy*, 11(6): 378-391.
35. Ross, G. O'Carroll, P, 2004. Cognitive Behavioral Psychotherapy Intervention in Childhood Sexual Abuse: Identifying New Directions from the Literature. *Child Abuse Review*, 13(1): 51-64.