

# Best Practice Guide for Running Groups

For Professionals who work with Children and Young People who have been impacted by Child Sexual Abuse; and their Caregivers

SOUTH LONDON CSA SUPPORT SERVICES

# Foreword

Welcome to the Guide to Running Groups for professionals working directly with children and young (CYP) people and their non-abusing caregivers, where the child or young person has experienced child sexual abuse (CSA) or sexual violence. This guide is primarily aimed at professionals from therapy and support services, the voluntary sector, social care and education; but also includes learning for peer-led groups.

This guide has been produced by the South London CSA Services as one of a series of resources, and is part of NHS England's 'Enhancing sexual abuse pathway for CYP in South London'. Other resources in this series include a Guide for Employers of staff with Lived Experience and Self-help resources for CYP and their Caregivers. The South London CSA Services resources are available for all professionals working in the field of CSA.

The 'Enhancing Sexual Abuse Pathway for CYP in South London' programme, commissioned by NHS England, set out to create a collaborative partnership of CSA service providers in South London; with the aim of increasing reporting of CSA and to create equity of access and consistency of CSA support services across South London, delivered in line with the Child House model.

## About this guide

The aim of this guide is to assist professionals working with CYP who are survivors of sexual abuse and their caregivers. Within the guide, there are recommendations on the various stages of setting up practical and therapeutic support groups for CYP survivors and their caregivers. This will cover the stages including: identifying group participants; assessment of readiness to participate in a group; planning the group and follow-on support once the group has ended.

The guide also includes examples of best practice, and practical and logistical challenges when delivering such groups – including 'Considerations' and 'Limitations', therapeutic activities and topic areas. CYP and their caregivers have shared their experiences of attending groups in this guide; and there are links to best practice services, research and support services to signpost CYP survivors and their families to.

## Acknowledgements

Many thanks to Jan Eubanks from Rape Crisis South London, Chris Tuck from Survivors Of aBuse and Emma Harewood, Harewood Consultancy on behalf of NHS England (London), who developed this guidance based on the learning from national agencies and experts who run groups for CSA survivors; and created in partnership with our Best Practice Advisors and parents. The project was made possible by NHS England (London) funding from the 'Enhancing Sexual Abuse Pathway for CYP in South London' programme.

# Definitions

### Child Sexual Abuse (CSA)

We will use CSA when referring to sexual abuse of children (CYP). CSA involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.

### Children and Young People (CYP)

We will use CYP to refer to children and young people that have told us they have experienced sexual abuse and also the target group for whom organisations will run groups for.

### Caregiver

We will use caregiver throughout to refer to the non-abusing parents and/or carers of CYP that have experienced sexual abuse.

### Best Practice Advisors

This refers to the 28 stakeholders who participated in the production of this guide; through means of email and telephone interviews; survey; one-one semi-structured interviews; focus workshops.

### Criminal justice system (CJS)

We will use the CJS to refer to the collection of agencies including, but not exclusive to, the police, the courts, the judiciary, the Ministry of Justice and the Home Office, who are involved in the detection and prevention of crime, the prosecution of people accused of committing crimes, the conviction and sentencing of those found guilty, imprisonment and rehabilitation of offenders.

### CPS

The Crown Prosecution Service (CPS) is the legal body that prosecutes criminal cases which have been investigated by the police in England and Wales.

### Facilitator

We will use facilitator to refer to the person who will lead and/or assist within a group session. This person may be a professionally qualified individual but can also include a student, volunteer and/or person with lived experience; who have a knowledge and understanding of trauma-informed practice.

### Participant

We will use participant to refer to CYP and/or non-abusing caregivers who are considered for or participate in a group

### Post-Traumatic Stress/Disorder

Post-traumatic stress disorder (PTSD) or complex PTSD (C-PTSD) is a mental health condition caused by very stressful, frightening or distressing event(s). This can be from an episode or a series of severe traumatic events. Trauma is a normal reaction to an abnormal event or abnormal events, in this case sexual abuse. Important to note, that with the appropriate specialist help and support individuals who have been harmed can heal and live to their full potential.

### Survivor

We will use survivor throughout to refer to someone that has experienced sexual abuse or harm, unless we are directly quoting criminal justice documents who refer to such individuals as 'victims' or 'complainants'. Where the terms victim or complainant are used, they represent the same individuals that this guide refers to as survivors overall.

### Trauma impacts

We will use trauma impacts to refer to the harmful psychological, physiological, emotional, mental and spiritual impacts that result from child sexual abuse. When considering trauma impacts, we are incorporating intersectional factors in this guide.

### Vicarious Trauma

We will use this term to describe the wide range of potential negative effects of being immersed and exposed to trauma day today at work and/or the secondary trauma stemming from witnessing/being exposed to an episode or a series of severe traumatic events, within a family environment.

### Voluntary community sector (VCS)

This refers to all non-statutory agencies, that work with CYP who have experienced sexual harm and their caregivers.

# Methodology

This guide has been developed in consultation with our Best Practice Advisors, a group of local and national experts delivering specialist child sexual abuse services to CYP survivors, their caregivers and/or adult survivors of sexual abuse.

Over 400 professionals were invited to take part, including professionals from national CSA specialist providers, local authority statutory services, education, Children's social care, CAMHS and local integrated care partnerships, voluntary organisations and faith-based forums across South London; with 28 joining us as Best Practice Advisors.

After a series of surveys, interviews and workshops; we undertook a thematic analysis[i,ii] of the findings to create this guide.

Whilst the guide has been produced within the South London programme to enhance the support pathway after child sexual abuse, it is hoped that the learning and guidance will be transferable to service providers nationally, as well as adding value to peer led groups.



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# Introduction

In 2022/23, the CSA Centre estimated 500,000 children are sexually abused every year but only 105,000 reports are made to the police[iii]; and in 2015 the Children's Commissioners for England[iv] found that only 1 in 8 children are known to the authorities.

In South London, the 2022 CSA Needs Assessment found only one in seven children that reported to the police, were referred onto therapy and support services. This highlights a significant gap between the numbers of CYP actually experiencing child sexual abuse, the numbers of CYP who report this and those CYP who are able to access help.

The low levels of identification and reporting of child sexual abuse, throws the spotlight on the silent pandemic of sexual harm being perpetrated on CYP; as well as the scale of the problem of survivors living with the impact of such harm. If we knew the actual numbers of survivors that truly exist, this would reveal the true cost to society.

The Victims' Code (Ministry of Justice, 2020)[v] and National Vulnerability Action Plan[vi] state that victims have the right to be referred to services that support victims and have services and support tailored to their needs. The National Police Chiefs Council further places a requirement[vii] on police forces to *"know where and how to access service provision for all strands of vulnerability, especially at the local neighbourhood level"*.

The recent CSA Centre report, Support Matters[viii] found that nationally when survivors are referred to therapy and support services many are placed on waiting lists; with waiting times to access services doubling since 2015. Support Matters found on average, CYP or adult survivors were waiting six months and one in nine services had waiting lists of over one year. Most survivors were accessing support services in the not-for-profit voluntary sector, in contrast to those provided by statutory agencies.

Through our work with the Best Practice Advisors, we found services in the voluntary and statutory sectors provide a range of support groups for CYP survivors and their caregivers, including trauma-informed groups, psycho-education (Psycho-Ed) groups, psychotherapy, practical, nature-based and creative art groups.

The revised 2022 CPS Pre-Trial Guidance[ix] now allows survivors to access groups while there is an open police investigation. The guidance states;

> **"It is vital that victims are supported and can access timely therapy, both for their own recovery and to increase the likelihood of successful criminal justice outcomes... Group therapy that focuses on psychoeducation emotional support and coping strategies should not be considered to be in any way undermining."**

The CPS guidance goes on describe therapeutic support that includes: Psychoeducation, relaxation and grounding techniques, expression of their feelings, empowerment, understanding the psychological consequences of abuse (such as guilt, shame and difficulty trusting others), assertiveness and communication skills, trauma-focussed therapy to process traumatic memories and hopes for the future.

These reports together illustrate the gaps in timely access to support services and now allow support services to include groups as part of their offering for survivors of sexual abuse, including CYP and their caregivers. This good practice guide seeks to provide guidance for therapy and support services when running groups, to enable more services to consider putting group support in place.



# Benefits of support groups

**Groups can provide a safe and non-judgemental space for CYP survivors and their caregivers, where there is a shared lived experience of sexual abuse or harm.**

**Benefits of groups include:**

- ✓ Offers a non-judgemental, safe space to share similar lived experiences and be understood
- ✓ Creates increased emotional support, reduced isolation and a sense of community through a supportive network with others who have similar lived experience/trauma
- ✓ Enables caregivers to be empowered and equipped with skills to support their child's healing and recovery
- ✓ Builds skills and resilience to cope with the impact of the sexual abuse, such as self-blame
- ✓ Affords the opportunity of constructive and supportive role-modelling
- ✓ Can encourage engagement with other support such as peer-peer support groups, education, employment
- ✓ Provides a space to experience and receive self-care activities and restore self-worth
- ✓ A choice of support while on a waiting list for direct therapeutic work to begin
- ✓ Offers emotional support for the stresses experienced whilst awaiting investigation and court proceedings

**Survivors said:**



# Identifying group type and participants

The initial stage in creating a group begins with deciding who you hope will attend the group and how they will be made aware of the group.

**As you plan your group type and criteria for joining the group, some factors to consider include:**

- Age of participants
- Mixed group or single gender groups
- Timing in relation to participants currently accessing other therapeutic support
- Timing in relation to current involvement in the criminal justice process
- Referrals and awareness raising

## Age

For young people's groups, our Best Practice Advisors identified 12 to 13 years old as a minimum age to join a group, due to the emotional development of the CYP. Below this age, one to one direct work or play/creative interventions are felt to be more appropriate, because the support can be tailored to the CYPs needs and they are not required to maintain boundaries of confidentiality for other group participants, which may prove challenging.

## Gender

When choosing to run a single or mixed sex group, you should consider the context of survivor's sexual abuse, the impact of the abuse and the stage of trauma for any survivor and/or their caregiver. Some participants may feel safer in a single-sex environment due to their unique lived experiences, where for others this may not be an issue.

## Timing in relation to accessing other therapeutic support

Some services choose to only offer groups for survivors who have already gone through a process of 1:1 therapy; whereas others offer psycho-education groups as an initial supportive space on referral for therapeutic support. For those that start with a psychoeducation group first, the assessment process is particularly important when determining a survivor's readiness to join a group – see 'Assessment' section. Our Best Practice Advisors recommend a minimum of attendance and participation in either an introductory workshop or check-in sessions, to ensure that both the prospective participant and your organisation have a clear and shared understanding of the remit of the group. This can also provide a space to manage the expectations and contract with the survivor about the nature of the content that can be shared, boundaries and limitations of the group.

## Timing in relation to the criminal justice process

Consideration should be given to whether the group is open to young people, or their caregivers, that are currently going through a CJS process and are in the pre-trial stage. The CPS published Pre-Trial Therapy guidelines in 2022, which sets out principles to follow when providing victims with therapy, before a criminal trial takes place. Whilst the new CPS guidance is clear that groups can be offered pre-trial and are beneficial for the emotional support and recovery of a CYP survivor and their family, facilitators should set clear boundaries at the group contracting stage to ensure participants do not discuss the factual details of their case in the group setting. Further information can be found in the Bluestar Project - Guide to Running Groups Pre-Trial.

## Referrals and awareness raising

When identifying survivors to join a group, organisations may choose to accept self-referrals and/or professional referrals and will need to consider where and how to promote the group. Group information should clearly detail who the group is for, any limiting referral criteria (such as age, gender), the length and content of the programme. For all referrals, it is important to ensure that any awareness raising resources are inclusive and accessible to individuals with variable needs, such as English as second language or sight-impairment; with some services using videos to introduce potential participants to the group. Services should aim to provide a range of options for getting in touch to enquire about the group including written or digital application form; introductory workshops/open days and a variety of routes for the assessment phase such as face-face or online semi-structured interview or a telephone consultation.

## CYP/Caregivers told us...

**"They would like the group to be confidential, respectful and non-judgemental"**

*They valued topics including*

**"Practical coping mechanisms, reassurance that what we are thinking and feeling is normal, and psycho-education about how people respond to trauma"**

*They liked*

**"being with others that understood what they were going through"** *with a* **"shared empathy for what is an incredibly difficult situation"**

## Considerations

- Focusing a group on a specific age, gender or abuse type, enables the group to draw together their commonalities of experience and the overall needs of participants
- Having a limited but varied mix of ages in CYP, can enable the opportunity of constructive and supportive role-modelling. This however may require close monitoring, so that no undue influence is also fostered
- Identifying shared protective factors can minimise potential conflict dynamics and increase the potential for creating a sense of community
- Consider creating separate groups for those young people or caregivers whose criminal cases are in the pre-trial stage, to increase vigilance for not sharing factual case information in the group, where applicable

## Limitations

- Restricting entry criteria for a group can reduce the pool of participants that can be selected from, which in smaller support VCS services may impact on the group size, ability to report on outcomes and limit future funding opportunities
- Limited group criteria may also reduce the potential for mixed sex groups for caregivers and family/systemic work
- Be alert for statutory organisations closing their involvement as soon as a referral to the group has been made. Short-term 1:1 support alongside the group, may be necessary in some circumstances. Best Practice Advisors reported feeling much more supported and impactful, when there was collaborative and joined up working in place with local statutory services. This is especially important where risk levels are complex and/or high. This was echoed in the feedback from participants, expressing a sense of being supported holistically.

# Assessment of readiness

Having received a referral for group support or having identified that a survivor could benefit from a group, assessing an individual survivors' readiness for group is essential for their recovery and the safety of the group.

## Key factors to consider in an assessment of readiness include:

- History of the participants exposure to child sexual abuse and how this abuse is currently impacting the CYP and their family
- Mental health diagnosis or additional emotional support needs
- Any Adverse Childhood Experience (ACE) or other trauma
- Emotional and advocacy support services accessed already and how recently
- Assessment of the participant's current emotional wellbeing state and ability to regulate their emotions
- Additional needs and accessibility factors – such as language, literacy, neurodiversity, cognitive needs, accessibility and mobility factors
- Identification of dependencies, such as childcare or caring responsibilities
- Identification of risk factors and potential safeguarding risks, such as alcohol, medication or drug dependency; self-harm or suicidal ideation; or external threat from another person when attending the group
- Assessment of risk to others - considering how a participants presentation and influence on the group may affect their own or other's ability to fully participate
- Previous or current connections to other participants or the group facilitators
- Level of commitment to the group - including ability to regularly attend and affordability to travel
- Access to a safe and confidential space that can be used for online sessions, without the risk of personal information being compromised for the participant and other group attendees.



### Contracting

Once the assessment has been completed and participants are selected; it is best practice to jointly review and agree a signed contract with each participant, ensuring that they understand the purpose and confidentiality of the group and are committed to the group remit, process and core values. Further information about Contracting can be found in the Bluestar Guide to Groups.



### Value

Some of the Best Practice Advisors from the voluntary sector reported benefits from charging a small joining fee upon acceptance of a place prior to the start of the group, which positively influenced the initial engagement and retention of participants. They reported this was potentially due to an increased sense of value in something participants have contributed to.

## Considerations

- Ensure there is robust process of assessment, to gather consistent and standardised data from all participants
- Use the assessment and contracting process to ensure the participants understand the purpose and aims of the group
- Where possible, respond to the additional needs of participants by adapting the group to meet the participants needs as resources allow
- Ensure safety for all participants when selecting group members, by identifying any potential risks or conflicts of interests that could arise and preparing for any reasonable adjustments.
- Utilise anonymous assessment data, alongside outcome measures, to offer authentic feedback from participants and provide an evidence-base when approaching funders.

## Limitations

- Take the assessment process at the pace of participants, over several sessions if required, to minimise the risk of the CYP or caregiver feeling overwhelmed and being put off attending the group
- Where funding to travel regularly to a group is a limiting factor, consider ways to support attendance by assisting with travel or offering an online group
- Where additional needs of participants limit their ability to understand and agree to formal contracting processes, consider developing adapted easy read versions of all group documentation and providing check-in opportunities to discuss in advance of the group process commencing

# Planning groups & facilitation

**The Best Practice Advisors identified a range of group styles provided nationally, ranging from psycho-education and stabilisation groups, through to creative, practical support and nature-based groups; noting that some groups may be delivered as a combination of these various types of groups.**

Full details of potential group types are detailed in the box below. In addition, they identified a range of facilitator types including professionals, volunteers or peer led groups (all of whom may also have lived experience).

Common aims in all group types, are to build resilience, create community and emotional agency by reducing isolation, redressing self-blame, sharing experiences and receiving mutual support from participants with similar lived experiences.

## Types of groups:

### Psycho-Educational

Typically a structured group programme with pre-determined theory-based topics and themes per session. Generally planned in advanced by the facilitators and usually has a fixed course length in the number of sessions offered.

### Stabilisation/confidence building

Facilitator(s) use therapeutic interventions and techniques to assist CYP and/or caregiver in developing skills for grounding, regulating and managing difficult emotions. Theory-based topics can be used as the basis for each skill.

### Creative

Focuses on using creative arts for release and expression of feelings and trauma (both sub/conscious). This is a less directive style for developing relaxation, grounding, general wellbeing, coping skills. It creates space for enjoyment, hope and creativity; and can create a safe outlet for releasing suppressed stress, anxieties, anger and frustrations. Creative groups, can be fully/partially structured by facilitator(s) or peer lead by participants.

### Themed group

Whilst this may have some formal facilitation, participants have more input into the structure and can take some autonomy into the shape, structure and decision-making functions of the group. The group would have agreed agenda objectives to achieve and is more likely to have a campaigning/advocacy and advisory function.

### Practical support

Facilitator(s) led and task-centred, incorporating set goals to be achieved with the participants such as housing or benefit applications. It can improve integration into community, reduce social isolation and strive to improve quality of daily living experiences and resources.

### Peer-peer support

Sessions led by a peer; can be a follow-on after a more formal group or co-facilitated with a facilitator(s) in the initial stages. Can include semi-structured topics or can simply evolve more organically as each session unfolds; with the ability to be primarily directed by the pace and choice of the participants.

### Nature based

Facilitator or peer-led therapeutic activities, based in natural settings encouraging regulation and grounding of trauma experiences and responses through the connection to the annual cycle of the seasons and resources of nature. A fluid and organic approach that utilises nature-based resources. This is dependent on availability of the community settings, and may be limited by locality and travel to access community spaces. Nature based groups take an inherently more environmentally-friendly and conscious ethos. Further information can be found in Environmental Art Therapy[x].

**Some groups evolve as a hybrid of the above. For example: Structured topics focusing on psycho-education, stabilisation and holistic recovery, with the flexibility to adapt to the needs of the group over the duration of the course.*

### Number of sessions

Best practice indicates that groups usually run over 8-10 sessions, whether they are online or in person groups, to allow time for the group to form and build trust. However, some groups can be delivered as one-off workshops or webinars, or as two to three taster sessions, while survivors are waiting for 1:1 therapy and support to commence.

### Facilitators

The Best Practice Advisors consistently recommended at least two facilitators for each group. This can include two professional facilitators with trauma-informed training or one professional working alongside another facilitator such as a support worker, trainee facilitator or volunteer who may not yet be clinically accredited. In some services, the second facilitator brings their own or their child's lived experience of sexual abuse or is a peer facilitator, with a direct understanding of the impact of sexual abuse, post-traumatic symptoms and the purpose of the support or therapeutic interventions.

Clear agreement of roles as facilitators, and where possible allocation of a named facilitator to each participant, can assist in assessment and supporting of participants during subsequent group sessions. The second facilitator can observe emotional responses of participants and identify signs of distress or overwhelm, offering to support them individually in a break-out space should they become triggered during a group session. This is particularly important when working with a pre-trial group. A named facilitator can have the added benefit of being a consistent person to communicate with specific participants before, during and in between group sessions. An additional benefit of two facilitators is for the facilitators themselves; enabling planning and activities to be shared, offering the ability to de-brief after every session, to assist in planning/risk management before the next session and to evaluate the impact of the group.

## Trauma informed

The CSA Centre found that although specialist, trauma-informed child sexual abuse services are generally thought to be best placed in providing support to survivors, there are still a large proportion of generic support services striving to meet this need[xi]. Due to the shortages in specialist CSA services; support from schools, CAMHS and sexual violence services are important for supporting survivors. The Best Practice Advisors recommended that it is vital for any staff, supporting CYP who have been sexually abused and their caregivers, to be trauma-informed. In addition, having a pool of trauma informed therapeutic resources can be advantageous to compliment the sessions as themes arise. *See Topics and Activities, p14.*

## Group size

When deciding on group size, best practice suggests that a group between eight to ten participants for face-face and online groups is the optimal size, with two facilitators for the group. To have more than two facilitators could be over-powering and negatively affect the power dynamics.

For a larger group of more than ten participants, such as a walk and talk group, it is recommended that three facilitators are utilised. With larger online groups, the assessment of needs, risk factors and complexities of need would have to greatly inform an appropriate size of the group.

## Group location

As part of the assessment process, it is best practice to identify the preferred group location and timing of sessions for all participants, offering flexibility around face-to-face or online where possible. Whilst there may be practical, resourcing and funding considerations that influence location and timing, the Best Practice Advisors noted the qualitative difference and advantages of meeting participants *'in the room'* on their increased ability to monitor body language, manage group dynamics and boundaries more easily.

National services often have to rely on online group sessions due to the wide geographical spread of the participants, and one national parent support service[xii] actually found improved attendance and engagement when courses moved online. CYP/Caregivers reported preferring a standard programme of four key modules, valued digital resources sent in addition and still appreciated an attendance certificate with an increase to 90% retention.

Additional safety planning is needed when working outside in nature-based groups because of the inability to maintain confidentiality and privacy boundaries in open spaces, the physical risks present in natural environments and the unpredictability of the environment that may impact on psychological safety. However, risk aversion should not outweigh the benefits of working in a nature-based setting.

## Timing

Some services are able to offer groups during evenings and weekends, whilst many are limited to Monday-Friday during office hours. It is important to ensure that awareness raising materials and group information resources are clear about both the location and timings on offer to participants.

## Keeping connected

Group participants report the value of maintaining connectivity after the assessment process has been completed and before the group begins. Best Practice Advisors recommended the facilitator or an admin team member keeping in contact on more than one occasion prior to the main group process starting, to provide an overview of the group programme, keep them updated and provide orientation to participating in the group.

*Parents at one group said:*

> **"Please tell C (the group administrator), that she is so lovely...It is due to her that I'm here ... She is so warm, accommodating and understanding in her manner... Can she come to the group so we can meet her"**

Using written or video introductory materials services can explain the group content in more detail; as well as offering a check-in session, call or survey to discuss any concerns or personal needs a participant may have. The key is to begin to create a relationship with each participant and keep the communication channels open and flowing.

## Note keeping in groups

The CPS recommend that note keeping in groups is limited to the participants and facilitators in attendance and the themes of the group session only; with any safeguarding matters or case management actions being documented in the participants notes only. When working with participants whose case is pre-trial, the Bluestar Guidance recommends group session notes should be factual, simple and kept succinct. This is recommended even if the participant is not going through the CJS process, as the case may be reported and investigated years later when the notes could be accessed.

## Considerations

- Aim for two facilitator(s) to enable delegation and clarity of roles; sharing the load of preparation; providing support and debrief to each other.
- Ensure each participant is allocated to a named facilitator to keep them connected and develop a consistent relationship.
- Manage higher needs and risk through ongoing practical and emotional support from a named facilitator, to allow for early identification of needs and risk management.
- Factor in intermittent contact before the group cohort commences: to maintain interest in the group; create safety and reduced anxiety; enable retention; to increase the formation of a healthy relationship and trust with the facilitator(s).

## Limitations

- Services may only have capacity to run a limited number of groups with two professionally trained facilitators each year, resulting in a waiting list for groups; especially for those participants needing a bespoke group, such as male caregivers only, support groups for online harms, pre-trial groups
- Limited funding may mean that services with trauma-informed facilitators do not have the capacity to deliver groups, relying on local peer-led support groups
- Insufficient capacity to 'keep connected' prior to groups commencing may lead to drop outs and reduce engagement/ retention
- Limited funding may restrict professionally led groups to weekdays only, therefore limiting the accessibility for some survivors
- Limited time to train, supervise and support survivors with lived experience to co-deliver groups
- Limited funding may lead to accessibility issues for survivors with additional needs – such as access to interpreters or resources in different media formats

# Topics and activities

Through our work with the Best Practice Advisors, we found services in the voluntary and statutory sectors provide a range of support groups for CYP survivors and their caregivers, including trauma-informed groups, psychoeducation groups, psychotherapy, practical, nature-based and creative art groups.

Depending of the type of group being provided, there are a range of best practice resource materials available to draw from, depending on the type of group being set up:

### Trauma-informed structured groups and psychoeducation groups

Evidence-based trauma-informed materials, underpinned by theory, are valuable resources for the creation of the sessions. Resources may include written handouts, visual aids, videos, podcasts or activities. The time taken to collate the materials for the initial roll-out of a group can be time consuming, but these resources can then be utilised in future groups. Additionally, they can be used to create a menu to pull topics from in a Themed Group or participant shaped group. Take care to ensure the resources are regularly reviewed and refreshed, so that activities or videos are not overused and lose their meaning. Try to limit themes/topics to a maximum of two or three in a session, to not overwhelm and enable in-depth exploration of the themes.
*(see topics opposite)*

### Nature based groups

Environmental and nature-based groups are becoming increasingly popular ways to engage participants as an alternative to individual processing work or therapeutic work in groups. Research provides evidence of the health benefits of being outdoors and engaging with nature, including feelings of wellness and reduction in stress. Creative and arts-based sessions use natural resources collected from outside which participants use for art-based therapies, reflection and discussion. Other groups take place outside such as mindfulness walks, imaginative play and art-making; followed by reflections on the meaning of the experience. *See Appendix 2 (p27) for further information on running nature-based groups*.

### Practical help groups

The focus of these groups is geared more towards information-based resources such as how to access housing support, benefits, careers and getting ready for the workplace, the Victim's Code and learning about an individual's rights.

### Creative groups

Although the focus of the sessions are shaped by the individual participants creativity, it is still helpful to identify a series of activities that can be used to scaffold conversation topics. Materials could include arts materials, craft materials, space or equipment to enable movement, cookery or poetry. Activities can provide learning opportunities to practise grounding, stabilisation and self-care exercises.

### Group topics could include:

- What is abuse? And dispelling societal myths on sexual abuse
- How trauma impacts the brain and your child's emotions? What is vicarious trauma?
- Grounding techniques, emotional regulation and self-care – including understanding the autonomic nervous system
- Impact of trauma on families and your child's behaviour
- Impact of inter-generational/ familial abuse and caregivers own experiences of CSA
- Use of language and its impact
- Topical issues facing young people today, such as patriarchy, gender-based violence, harmful sexual behaviour, peer-on-peer abuse
- Processing thoughts and feelings
- Having difficult conversations with your child
- Sexual health, sexuality, healthy relationships and consent
- Managing boundaries, risks and behaviours – including patterns of sexual abuse and grooming
- Online abuse and use of social media
- Guest speakers/presenters – such as police, parent support services, sexual health nurses, individuals with lived experience who are at different points in their recovery journey; self-care/specialist services such as beauty treatments; body massage; story-telling; dance; yoga; Pilates

*See Appendix 1 (p25) for a list of example service providers delivering groups and related resources.*

# Keeping everyone safe

This section will consider keeping everyone safe during and after the group sessions, through the use of group agreements and check-ins, giving due consideration to power dynamics and triggers, and ensuring there is support for participants and facilitators outside of group/main session space.

## Group agreements

Managing the expectations of participants through the setting of boundaries and creating a group agreement is an important aspect within any group. Being clear and transparent about what the group can offer, the ability to shape content and agreeing a shared understanding of the groups' purpose and goals.

A group agreement will typically include factors such as the importance of consistent start and finish times, the duration of sessions, being confidential and respectful, being open to questions; which can build the trust needed at the start of a group process. This can empower participants to fully engage in the process; building confidence and courage to safely share the impact of their abuse and personal lived experiences.

## Check-ins

'Check-ins' provide a space at the beginning of the session for participants and the facilitators to share how they are feeling emotionally and to identify if anything significant has occurred for them during the last week. This may also include any topics that the group are still reflecting on from earlier sessions.

A check-in can provide a useful temperature check to observe emotional responses of participants and identify signs of distress or overwhelm, which may require the facilitator to offer to step outside before the session begins. During work with participants whose case is pre-trial, this is a really important opportunity to avert oversharing within the group.

The Best Practice Advisors highlighted the importance of reminding participants of the agreed group agreement at the start of each session, to help maintaining a contained and consistent safe space.

## Check-outs

Equally important is the 'check-out' at the end of each session. This can provide an opportunity for the facilitator to consolidate themes covered, hear how participants have experienced the session, identifying signs of distress or overwhelm and enable grounding participants before they depart from the session.

## Getting started

Survivors report that groups provide a safe space to share similar lived experiences and be understood. Sharing the commonality of their experiences can make participants feel welcomed, relaxed and valued.

The first group session can include naming the potential apprehension that participants may have arrived with, sharing the types of abuse and trauma they or their child have experienced and an encouragement to being open to trust in the process. The Best Practice Advisors also noted that facilitators should actively avoid over-promising offers of support to the participants, that are unlikely to be provided.

Consider referring to Tuckman's Model of Group Development (opposite) to create a collective sense of ownership for the group. This can provide containment, create a space where participants feel therapeutically supported and able to relax, and fosters a healthy group formation evolving.

## Power dynamics

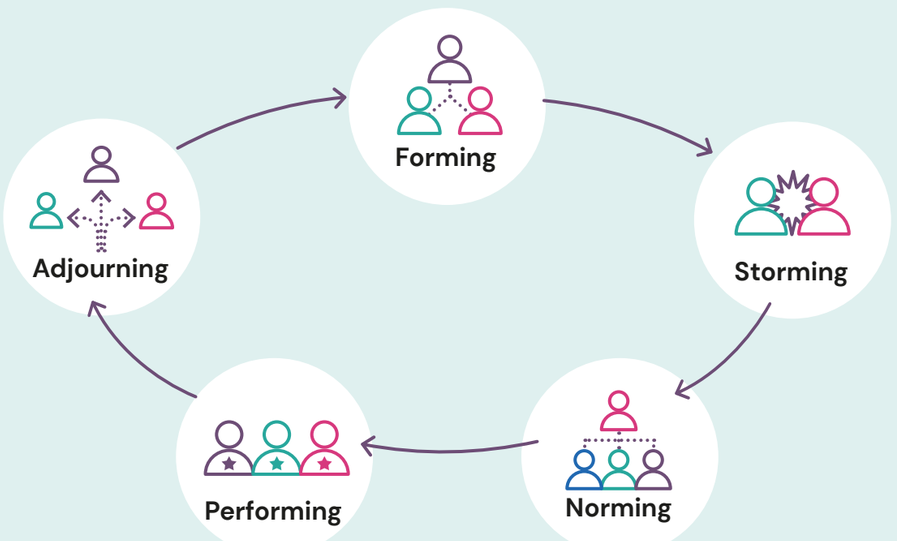
Equally important is being open about the risks of power dynamics in a group. The initial session should approach how the group will seek to create and maintain a healthy shared balance of power between all group members; including the responsibility for everyone to enable dignity, autonomy and safety.

This will include communicating without being judgemental, being respectful and validating each participant. The group should enable safe sharing, without the need to compete for the space or escalating the severity of what is shared. All group participants should be encouraged to take time to value everyone's story; and to acknowledge when they share their own stories they come from a place of 'I'; rather than 'we'.

Be mindful that different participants will open up and feel safe to share at varying paces. Some participants may be less vocal and hold their trauma within, at times potentially appearing detached or less engaged.

A key aspect is to ensure that all participants are equally validated and encouraged to share when they feel comfortable. Facilitators should acknowledge the differences when expressing trauma, and monitoring that the space is shared fairly and equitably.

### Tuckman's Model of Group Development



## Responding to triggers

Clear roles and responsibilities of the facilitators ensures there is clarity over who will lead each session, who is designated to respond to a dysregulated participant during sessions and where a designated safe break-out area can be, whether face-face or online.

Facilitators can agree as part of the assessment process and contracting with a survivor, how they will respond if the participant is triggered and the availability of 1:1 support during (or after) the sessions. Best Practice Advisors suggest a discreet and safe technique that can be used to manage triggers or dysregulation is to develop a 'code' word; which is agreed within the group or personalised for each participant/facilitator.

## Covering challenging content

The Best Practice Advisors contributing to this guide recommended that it is more beneficial to cover challenging and intense topics during the earlier stage of the series of sessions, but not in the initial or final sessions. Avoiding challenging content in the initial sessions allows time for trust and resilience to be developed within the group participants. This also safeguards the ending of the series of sessions, leaving space for more hopeful sessions as the group draws to an end.

Group participants can be prepared for challenging sessions by keeping them informed ahead of the session, managing their expectations and providing an outline of grounding techniques or activities that will be used in the session. These may be familiar or not known to the participants, depending on whether they have encountered any previous therapeutic support.

## Working safely pre-trial

For CYP and caregivers whose case is still going through the CJS proceedings, it is crucial that all facilitators are aware from the assessment stage that a group participant is receiving support pre-trial. The contracting and group agreement should both reinforce to all participants the importance of not oversharing personal and identifiable details about their own case and the impact this could have on the case still awaiting court.

Participants should be made aware of the risk that the courts may raise concerns about reliability of their evidence. Services can support this process by following the CPS Pre-trial Guidance[xiii] and keeping limited notes as advised by the CPS – *See Note Keeping in groups (p13)*.

All participants should be made aware, as part of the group contract, that if any disclosure of a new allegation is made by a participant, the facilitator will need to record this and should pass this information on as soon as possible to the child's social worker and, if known, the Officer in Charge of the case or 111. If this is the first time the participant has told anyone about this new evidence, the group facilitator will be considered a 'First Disclosure Witness'.

## Keeping participants safe online

To keep participants safe online, it is best practice to ask all participants and the facilitators to have their cameras on, to enable observations of participants throughout the session. 'Cameras on' also encourages attentiveness in the group process and can build the level of trust between those present in the session. Facilitators will need be alert for behaviours that may disrupting the dynamics in the group or compromise safety, being prepared to intervene if required as agreed in the group contract.

## Keeping participants safe outside of group session

The Best Practice Advisors advised ensuring group contracts and agreements are clear that participants should be asked not to contact each other outside of the group, whilst the series of group sessions are occurring. This includes communications through texting, social media platforms and/or meeting up in person.

For the duration of the group support, facilitators can either arrange 1:1 support from within the service if required or signpost to external support agencies and helplines. Communications between group participants outside of the session times, can be problematic as they are less boundaried and can disrupt the balance of trust and confidentiality that is contained in the formal group space.

This can also create an additional responsibility for the group facilitators to restore any affected relationships that deteriorate, or may result in a participant not feeling safe and leaving the group, potentially causing them further harm. Instilling clear boundaries regarding contact outside of the group whilst sessions are running, strives to keep the group setting a safe space.

## Supervision for facilitators

Organising therapeutic groups, for participants with complex and traumatic lived experience, can be very rewarding for facilitators but also have significant impact on their own wellbeing. Running groups can be exhausting, stressful and carries a risk of vicarious trauma, which should never be minimised or disregarded.

Facilitators should have access to a process of de-brief and reflection immediately after the session, taking any required follow-on actions and referring on to external agencies if required. As well as the immediate de-brief, clinical supervision provides contained space for reflective practice, critical constructive feedback, exploration of themes and issues, and reviewing different ways of working and activities.

# Considerations

- Take time at the group agreement to set agreed boundaries and create an open, welcoming and safe environment
- Consider referring to Tuckman's Group Formation[xiv] to create a collective sense of ownership for the group. This can provide containment, create a space where participants feel therapeutically supported and able to relax, and fosters a healthy group formation evolving.
- Plan carefully the timing for introducing more challenging themes. You may notice the increasing emotional resilience in the participants over time through peer-to-peer support and skills gained from earlier psychoeducation topics.
- Use check-ins to observe emotional responses of participants and identify signs of distress or overwhelm, which may require the facilitator to offer to step outside before the session begins
- Consider power dynamics in a group, using the first session to acknowledge the power in the room (including that of the facilitators) and agree how to create and maintain a healthy balance of power between all participants – it is everyone's responsibility
- Ensure consistent planning, de-briefs and supervision is available to keep the facilitators safe and able to respond to the needs of the group

# Limitations

- Lack of clear agreements and planning can increase the likelihood of the participants being left without clarity and feeling unsafe in the group. This may negatively impact on participants' willingness to open up, trust in the process and their level of engagement.
- Without careful planning, the flow of topics may unfold in an unplanned and disorganised way, resulting in trust breaking down.
- Facilitators should prepare for safeguarding risks before they arise and have clear processes to follow.

# Managing risks

In order to minimise the risks and disruption to the sessions, all the factors in the 'Keeping everyone safe' *(p16)* section should be considered and discussed by the facilitators during the planning, assessment and initial session stages. This section details potential issues and safeguarding risks that could arise immediately before, during and after sessions:

**Risk: A participant arrives to a session incapacitated by being under the influence of alcohol or drugs.**

### Forward Planning

As part of contracting, facilitators should highlight to participants the expected behaviours required to participate in each group session, including a strict no drug or alcohol policy.

A formal agreement should have been signed up to by all group members that the facilitator can ask someone to leave the group if they are under the influence of drugs or alcohol or their behaviour if not appropriate for the group.

**Risk: A conflict of interest becomes apparent at the initial session, such as participants have had a previous conflict or may be linked to the same court proceedings.**

### Forward Planning

Facilitators could speak to the affected participants separately; discussing options and offering them an alternative arrangement. This may require individual participants to be split up to ensure the safety of all involved and participation in a future group.

**Risk: A participant is considered to be at risk of harm and a safeguarding response is triggered**

### Forward Planning

Should any safeguarding concerns arise, that lead the facilitator to believe that the CYP or caregiver are at risk of serious harm, it is essential there is a clear safeguarding policy to follow and that all facilitators are trained and confident knowing how to respond. The policy should direct facilitators to what immediate and subsequent actions need to be followed and what information should be shared with the caregiver and statutory agencies.



**Risk: A participant has an urgent medical need and becomes incoherent or requires immediate medical assistance.**

### Forward Planning

Where high-risk factors are identified at assessment, such as suicidal ideation, self-harm or any additional health needs, best practice should be to devise a safety plan with the participant as part of their acceptance into the group. This could include having agreed escalation routes for suicide or self-harm; and clearly recorded medical procedures to be followed should they become unwell during a session, such as EpiPen, inhalers, seizure management.

In addition, the assessment phase should gather any emergency contact details, which could be called upon in the event of a medical or psychological emergency.

**Risk: A person deemed to be a risk to the CYP or their caregiver (such as under bail conditions or a no-molestation order) arrives at the location of the face-face session or is observed in the participant's location (if online).**

Other Safeguarding concerns may include: domestic abuse, modern day slavery, trafficking concerns, criminal damage/exploitation

### Forward Planning

If the participant is a CYP, then in discussion with the caregiver (if appropriate), Children's social care and/or the police need to be contacted.

If the participant is a caregiver, then in discussion with the caregiver you may agree to contact police or social care.

In case of an emergency, contact 999.

**Risk: During a session, a participant's mental wellbeing becomes so distressed and dysregulated that the facilitator feels that medical assistance is required.**

### Forward Planning

If the participant is a CYP, then in discussion with the caregiver (if appropriate) their GP, CAMHS or health emergency services may need to be contacted.

If the participant is a caregiver, then in discussion with the caregiver you may support them to contact 111 or adult crisis support team and/or a delegated emergency contact.

In case of an emergency, contact 999.

# Good endings

## Communication

Clearly setting out the number of sessions scheduled for a group is beneficial to participants, in managing their expectations and preparing for a good ending. Communicating this from the outset of the group, from assessment and throughout the group sessions, will assist both participants and facilitators as they plan for the group ending and consider what onward support, if any, would be helpful.

A clear structure of sessions can act as a guide to prompt facilitators to periodically recap on the topics so far and skills acquired by the group. There will be times that some of the sessions and topics that were planned, may not be possible. It is important for the facilitators to be open and flexible to this and also acknowledge this with the group, where possible providing the participants with follow-on resources.

## Jointly planning good endings

Planning together with the participants how to mark the penultimate and final sessions, can help to create an ending process with the group that affirms their journey so far and reinforces key messages and skills. This provides a rich, nurturing and empowering environment to endorse the growth and recovery that the participants have achieved.

**Best practice recommends making a conscientious effort with the participants to:**

- Reflect on the journey together
- Recognise all participants contributions
- Notice their personal and collective growth
- Celebrate the small and big wins!

## Seeking feedback

Seeking feedback from the participants is important to review the effectiveness of the group and shape future improvements, as well as providing an important source of evidence when seeking funding for future groups.

> **"It's important to feel that if something is not working or our needs are not being met that our voices are heard and changes made where practically possible"**

## Supporting participants after the group

At this stage, our Best Practice Advisors identified that group participants are likely to be safer to establish direct contact and communications with each other outside of the group, where positive connections have been made. Their time in the group will have enabled a shared journey of learning and consistent boundaries, reinforced by trust.

Participants may choose to set up communities for conversations on social media platforms, telephone or face-face meet-ups; but support services may not have the capacity to join these groups or enable these communities to be established. Participants should clearly be reminded that they will need to hold the responsibility and accountability for managing these contacts and agree between themselves the boundaries that they feel will make them feel safe and contained.

## Considerations

- Provide a clear timeline of the structure of the group, with an agreed ending session
- Set and maintain boundaries about endings to enable participants to feel safe and contained
- Limit contact between participants outside of the group until after the series of group sessions have ended
- Jointly plan the ending process with participants; giving time to reflect, recognise, notice and celebrate their journey

## Limitations

- Where endings are not acknowledged in a sensitive or timely way; participants may experience this through a mixture of emotions: a chaotic or inconsistent experience, feeling unsupported, confusion, a sense of being abandoned, or replicating previous negative attachments
- A poorly planned ending has the potential of disrupting and overshadowing the richness of healing that a therapeutic group process can provide
- Support services should not join peer-to-peer spaces set up after groups, being clear that the survivors should hold the responsibility and accountability for setting the boundaries

# Final thoughts...

Running therapeutic support groups for CYP and their caregivers can be a really positive and creative way to empower survivors. Safe, non-judgemental and trauma-informed communities in group settings, enable peer support to help develop a sense of acceptance, validation and emotional agency.

Having a clear idea about the purpose and type of group will guide what type of structure and resources are needed, within the limitations of the funding available. Remember to take time to consider what support, boundaries and safeguards are needed for the participants; as well as thinking about the support and safeguards that are pertinent to the facilitators too!

**Be creative, be curious and incorporate a degree of flexibility for the group sessions to evolve and flow organically.**

Enjoy and learn from the journey with the participants and always be prepared for the unpredictable, as no matter how well structured and organised a group is, you will never be able to predict what participants will bring into the room.

Remember to capture a robust evaluation during the sessions and at the end. Enable participants' voices to be heard throughout the group sessions and when they feedback on how they have experienced the process. This could include what have been the short-term and long-term changes for them, and will help evidence the benefits of the group and secure future funding.

The overall aim of this guide has been to empower professionals working with CYP and their non-abusing caregivers, to support and aid their recovery process, following a lived experience of sexual harm and the trauma impact. We hope this guide will increase the consistency of knowledge, quality of standards and equity of service delivery across support services. We encourage you to be open to learning, ready to adapt and courageous to try out new ways of working using these best practice approaches.

**Most importantly; involve, listen to and proactively respond to the wishes and needs of CYP survivors and their caregivers.**



# Appendix 1:
# Useful resources

## Example service providers delivering groups and related resources

**Bluestar Project** - Improving access to best practice pre-trial support services bluestarproject.co.uk

**Brave Futures** - Support service for CYP and caregivers in Suffolk and Norfolk bravefutures.org

**Circle of Hope** - Psychoeducational Group support manual nsvrc.org/resource/circle-hope-guide-conducting-psychoeducational-support-group

**CSA Centre** - (Centre for expertise on child sexual abuse) csacentre.org.uk

**The Green House** - Support service for CYP and families in Bristol providing a Nature Based Therapy group the-green-house.org.uk/services/nature-based-creative-therapy-group

**The Lighthouse** - Support service for CYP and families after CSA thelighthouse-london.org.uk

**MIND** - mind.org.uk/information-support/guides-to-support-and-services/abuse/#SexualAbuseSupportOptions (Support options/sexual abuse)

**NAPAC** - napac.org.uk

**One in Four** - oneinfour.org.uk/groups-workshops

**Place 2 Be** - place2be.org.uk

**RASASC** - Empowerment model rasasc.org.uk/e-newsletter/empowerment-model

**Save the Children** - trauma recovery manual - Journey of Hope resourcecentre.savethechildren.net/document/pfa-ii-dealing-traumatic-responses-children

**Support Matters Report** - (CSA Centre) csacentre.org.uk/app/uploads/2024/01/Support-Matters-full-report.pdf

**Survivors Of aBuse** - survivorsofabuse.org.uk/books/breaking-the-cycle-c-l-e-a-n-e-r-living-therapy-programme

**Systematic Review and Meta-analysis** - Group-Based Interventions for Treating Posttraumatic Stress Symptoms in Children and Adolescents. Journal of American Academy of Child & Adolescent Psychiatry 2023 jaacap.org/article/S0890-8567(23)00129-6/fulltext

**Treasure Chest Toolkit –** Karen Treismann ISBN-10 1785922637

**We Stand** - National parent support service westand.org.uk

## Example check-in/out questions:

- On a scale of 1 to 10 how are you feeling? At start and end of group
- Use a range of 'faces' depicting 'sad to happy' and ask them to share how they are feeling at start and end of group
- "How has your week has been and what support do you feel you need?"
- "What one thing has made you 'smile' during the week? What are you grateful for?"
- "Were you able to implement anything that you have learnt so far and can you share with the group? How did this make you feel?"
- "If you were to describe how you feel as a weather system today what would you be?"
- Remind them to do something for themselves in between sessions
- Remind them about their support networks and further support
- "What one thought/feeling and/or action are you taking from the session?"
- "What word/phrase would describe how you are feeling at the start/end of the session?"
- "What goal/action would you like to achieve by the next session?"
- "How can you work towards looking after/ meeting some of your needs by the next session?"

## Grounding/Stabilisation Techniques

- Pilates / Yoga – breathing techniques
- Walking / Gardening / Exercise - movement
- Sitting in nature / by the sea
- Listening to music that is calming to you/ evokes positive thoughts and memories
- Infusing sensory fragrances that are pleasurable - is calming to you/evokes positive thoughts/feelings
- Holding/stroking/squeezing something soft and/or pliable
- Preparing/having a nice meal
- Sensory/dimmed lighting; use of candles (un/scented)
- Drinking herbal teas

## Creative ideas

- Journaling, Poetry, Letter writin
- Reading/writing inspirational quotes; affirmations
- Colouring, Painting
- Clay modelling, Sand tray play
- Vision Boards; visualisation
- Creative arts/crafts: treasure chests; jewellery making; cooking; crochet/knitting/sewing
- Writing/singing songs; playing calming/ empowering music



# Appendix 2:
# Nature-based groups

**Environmental and nature-based groups are becoming increasingly popular ways to engage participants as an alternative to individual processing work or therapeutic work in groups. Research provides evidence of the health benefits of being outdoors and engaging with nature, including feelings of wellness and reduction in stress.**

As with other group types, the risk assessment and identification of the participant's needs are a key first step; with added safety planning needed when working outside – such as the inability to maintain confidentiality/privacy boundaries in open spaces, minimising and managing the physical risks present in natural environments and the unpredictability of the environment that may impact on psychological safety. However, risk aversion should not outweigh the benefits of working in a nature-based setting.

Creative and arts-based sessions that take place outside usually begin with a contained and structured start, often in a building on the site; allowing time to settle into the session in a familiar space before venturing outdoors. The intentional ritual of a shared arrival into a contained space and a closing session can bookend an otherwise participant led and experiential session.

Some groups venture briefly outside and bring a selection of natural materials back into the room such as flowers, berries, clay, stones, wood, moss, feathers; sand; shells using the elements for art-based therapies, reflection and discussion. Therapists facilitate the group to take time to select items; to use them for art, play or to spark their imagination; to share their meaning with the group and their experience of choosing them. This kind of playful absorption is like a form of meditation, giving an opportunity for the unconscious to be brought forward.

Other groups take place outside such as mindfulness walks, imaginative play and art-making; followed by reflections on the meaning of the experience. Therapists support the participant to engage with the process, to take a mindful stance and to find meaning through shared reflections with the group. Experiences in nature can stimulate and then regulate the autonomic nervous system through physical contact with natural objects on the skin and body, as well as stimulation of other senses like the smells, sounds and feeling/texture of nature. By inviting CYP to feel the touch of natural objects on their skin, they can create new memories of healthy touch. Research has also shown that CYP's imaginative play increases in nature and that natural objects allow the child the freedom to express what is within, rather than being confined to using toys which already have meaning attached.

Nash, in Environmental Art Therapy[xv], describes how group members report a connection, comfort and resonance with nature, noting how their voice, sounds and rhythm can be reflected back by nature; as well as the certainty that the season that brings hope and new growth in Spring comes every year, after the dark times of Winter. The consistency of the seasons provides some stability when everything else might be changing and provides a mirroring of the healing processes in the mind, the autonomic nervous system and overall bodily sensations. It is important to note that for some survivors the seasons can be de-stabilising due to the triggers associated with times of the year such as Halloween; Christmas, Father's/Mother's Day.

Nature's metaphors can also usefully resonate with experiences such as birth, loss, hope and growth. Natural materials themselves can be a useful mechanism for CYP (and their caregivers) to express big feelings of anger and hurt; creating a healthy process of release. For example, breaking a big stick gives much more of a freedom of expression that snapping a pencil.

"What emerged in the group was an ability to see this contrast mirrored in nature. Yes, there was dirt, disease, decay, rot and pungency, but alongside it was growth, fragility, strength, newness, beauty and hope. Here and there were the signs of life and renewal." *Michelle Edinburgh, Bringing the Outside In*[xvi].

Finally, creating positive experiences for CYP (and their caregivers) with nature, in place of the dulling effect of technology, can spark a relationship with nature that might last a lifetime and remain beneficial beyond the end of therapy.



# References


i Thematic Analysis - Braun and Clarke, 2006

ii Clarke and Braun's (2013) Six Step Data Analysis Process: Familiarization of data, Generation of codes, Combining codes into themes, Reviewing themes, Determine significance of themes, Reporting of findings.

iii csacentre.org.uk/app/uploads/2024/03/CSA-Centre-Iceberg-2022.23-scaled.webp

iv Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action. Nov 2015. assets.childrenscommissioner.gov.uk/wpuploads/2017/06/Protecting-children-from-harm-full-report.pdf

v Code of Practice for Victims of Crime in England and Wales November 2020

vi National Vulnerability Action Plan. vkpp.org.uk/vkpp-work/national-vulnerability-action-plan-nvap

vii National Police Chiefs' Council, 2023:12

viii Support matters: The landscape of child sexual abuse support services in England and Wales. CSA Centre. Jan 2024

ix CPS Pre-trial Therapy Protocol, 2022. cps.gov.uk/legal-guidance/pre-trial-therapy

x Environmental Arts Therapy – The Wild Frontiers of the Heart. Ian Heginworth and Gary Nash. 2020

xi Key messages from research on identifying and responding to disclosures of child sexual abuse Debra Allnock, The International Centre: Researching child sexual exploitation, trafficking and violence (University of Bedfordshire) Pam Miller and Helen Baker, NSPCC. CSA Centre. Sept 2019

xii We Stand moved to online groups in COVID and found this as the preference for caregivers

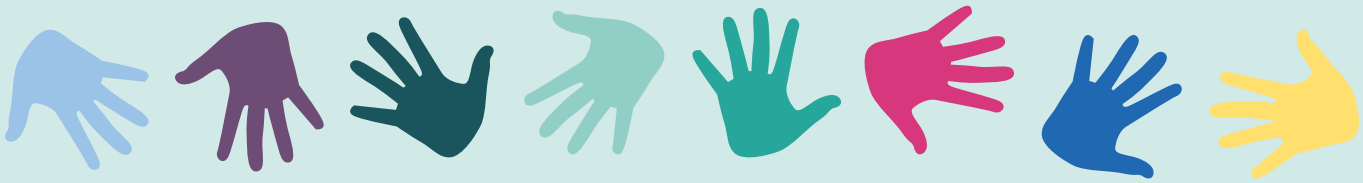
xiii CPS Pre-trial Therapy Protocol, 2022. cps.gov.uk/legal-guidance/pre-trial-therapy

xiv The Tuckman 5 Stages of Group Formation, 1965

xv Environmental Arts Therapy – The Wild Frontiers of the Heart. Ian Heginworth, Gary Nash. 2020

xvi Chapter 5 of Environmental Arts Therapy

The aim of this guide is to assist professionals working with CYP who are survivors of sexual abuse and their caregivers. Within the guide, there are recommendations on the various stages of setting up practical and therapeutic support groups for CYP survivors and their caregivers.



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