



A.N.B.U. GROUP THERAPY PROGRAM MODEL

Learn more about the model at anbu.ca/grouptherapymodel

FACILITATOR'S MANUAL







This document is created by **Abuse Never Becomes Us (A.N.B.U.)**, அன்பு. A.N.B.U. is a Toronto-based charity that envisions a future where Tamil people who have been impacted by childhood sexual abuse can find their voice.





About

The objective of this manual is to guide facilitators (therapists and/or peer support facilitators) of the A.N.B.U.'s Group Therapy Program Model.

This manual has been created based on insights gained through the A.N.B.U. Group Therapy Pilot Project, a first-of-its-kind research project. This program was designed to create linguistically and culturally relevant spaces for adult survivors of childhood sexual abuse in the Tamil community and those impacted by it and supporting them to begin their healing journey.

Partners

A.N.B.U. is deeply grateful to The Gatehouse and York University - The Centre for Sexual Violence Response, Support and Education for their collaboration during the development of this program model.

Manual Adaptation

This manual has been adapted from The Gatehouse's facilitation manual for facilitators of peer support programs for adult survivors of child sexual abuse.

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The A.N.B.U. Group Therapy Program: Overview and Insights

Context

The A.N.B.U. Group Therapy Pilot Project, funded by Women and Gender Equality (WAGE) Canada, was a two-year initiative designed to support Tamil adult survivors of childhood sexual abuse (CSA) and those impacted by it through a culturally responsive, trauma-informed healing model. Recognizing the historical silencing and stigma surrounding CSA within the Tamil community, A.N.B.U. sought to create a safer, linguistically and culturally affirming space for survivors to reclaim their narratives and begin or deepen their healing journeys.

The pilot adapted and expanded on existing trauma-informed frameworks, particularly The Gatehouse's model, incorporating culturally specific concepts, language, and art-based practices. The project included the development of a culturally grounded Group Therapy Manual, the delivery of three group therapy cohorts, extensive evaluation, and the creation of community resources aimed at raising awareness about CSA in the Tamil community.

Key objectives of this Program

The program aims to support adult survivors of CSA in the Tamil community to embark on their healing journeys. Specifically it aims to support survivors to:

- Access a safer space to build culturally relevant knowledge on CSA.
- Discover tools to find their voice and begin their healing journeys.
- Form a sense of community and belonging with other adult survivors impacted by CSA.

The A.N.B.U. Group Therapy Pilot has demonstrated that culturally responsive, survivor-led healing models can transform individual lives and catalyze broader community change.

This manual is a guide to facilitating this program in the light of the learnings gained through the A.N.B.U. Group Therapy Pilot Project.

Who can lead the program?

The A.N.B.U. Group Therapy Program can be led by a Tamil-identifying Therapist and/or Peer Support Facilitator with appropriate training to lead the group therapy sessions. For relevant support and trainings to lead this group therapy program, visit <u>www.A.N.B.U..ca</u>

It is vital to find a facilitator who understands the unique cultural nuances of Tamil people: interconnectedness of immigration pressures, conflict migration, and the trauma associated with these experiences, as well as the emotional and social isolation that can result from migration. Additionally, it is crucial for facilitators to be aware of the historical context of the Tamil community and the ongoing impact of these factors on mental health.





A facilitator's role can be further strengthened by utilizing role models such as program staff, peer mentors, or other participants who demonstrate that growth and healing is possible through group therapy.

Week	Торіс
1	Welcome House Rules Introduction Activities
2	Shame and Guilt
3	Isolation and belonging
4	Triggers Dissociation Grounding
5	Boundaries Sexuality
6	Addictions and Relationship to Abuse
7	Inner Child
8	Inner Child Continued Part 2 Anger & Emotion Regulation
9	Loss & Grief
10	Resiliency

Program Schedule

This facilitation manual is to be read alongside the Participant Program Manual as part of the A.N.B.U. Group Therapy Program Model.





Program Insights to help you Prep

Key considerations to make when facilitating this program in the cultural context of the Tamil community

Facilitators must make every attempt to create a safer space where all voices and experiences are welcomed.

Generally, we might be aware that survivors of childhood sexual abuse experience guilt and shame. However in the Tamil community, there are additional layers of complexity. These may include pre-existing bias about seeking mental health support and fear of being exposed whether related to one's perceived public image of self or that of one's family. These factors can further create barriers to feeling safe and opening up in a group setting.

Let's take a look at some of these layers of complexity within the Tamil community among adult survivors of childhood sexual abuse.

- 1. Perception of Seeking Mental Health Support as Taboo
 - There may be hesitation about whether this process is "worth it" and possibly looking for reasons why they should not return.
 - There may be sensitivity to the "energy" of the experience, such as how welcoming and safe the space is given pre-existing experiences within the Tamil community. For example, many participants are sensitive to rejection or invalidation as they may have shared their story with other Tamil people (family and friends) who may have invalidated them or have said hurtful things.
 - It can be important to highlight the taboo with reaching out for mental health support and the courage it took for participants to be present. It is also vital to create ground rules for communication and boundaries ensuring that this is a safe space free of judgement for survivors.
- 2. Fear of Privacy and Confidentiality:
 - Participants can be concerned about knowing other participants and/or staff from the community and fear what they will think of them.
 - The location of the group can also raise concerns, especially if it is in an area with significant presence of the Tamil community, increasing the chances of encountering someone they know.
 - It can be important to highlight privacy and confidentiality at the beginning of each session to help build trust and create a safe environment.
 - Participants may feel uncertain about how much to share, what to share, and how detailed to be. It is important to set clear expectations and boundaries at the outset to help address these uncertainties. Many participants may attend without the knowledge or support of family and friends. As a result, they may tell family and friends they are participating in a different type of event rather than disclosing the true nature of the group. It is important for facilitators to be aware of safe people to reach out to in case of an emergency.





- 3. Lack of Language and Importance of Somatic Experiences/ Art Therapy
 - There are not many words in Tamil that are used to describe experiences of abuse. This means that disclosing one's experiences to loved ones or even understanding the abuse can present itself as a barrier. Given these barriers, there might be many layers of traumatic experiences living within the body unable to express itself.
 - Somatic experiencing in group therapy uses body-oriented approaches to help individuals release trauma-related tension and help regulate their nervous system.
 - Guided meditations, art therapy and other mindfulness activities can help participants release the trauma within without having to verbally disclose experiences of abuse.
 - It can be important to release these negative attachments and experiences from the body can help some participants make sense of their lived experiences, feel more grounded and free.

Key learnings about Participant Experiences during Group:

A.N.B.U. has observed the following participant experiences during group sessions:

- Participants feel comfortable using Tamil words related to concepts such as *honour, shame, family duty* (code of silence), and *obligation*. They often feel that fellow participants, peer support facilitators, and therapists understand the cultural context behind these terms.
- Recognizing how the Tamil community may use these cultural concepts to silence survivors help participants begin to break through the barriers that have prevented them from speaking about their experiences with CSA.

Participants may even feel empowered to call out the way that community members speak to them about their trauma - and call the community out for trying to use *honour*, *shame*, *family duty* (code of silence), and *obligation* the above words to silence them.

The First Meeting

The first meeting of a group is usually a time when participants may feel very anxious. They may have many unvoiced questions. For many, just walking through the front door may take a tremendous amount of courage.

The first task of the facilitator is to help create a sense of safety by encouraging participants to express their fears, concerns, worries, issues, and questions. For example, participants may not fully understand the group therapy process—what it involves and what to expect. It is important to support them in gaining this understanding either before or during the first session. Addressing participants' concerns and questions upfront can help the whole group feel more comfortable, as their voices are heard and the issues are brought into the open.





Concerns Group Participants may have:

- I'm afraid I'll look stupid.
- Will I tell too much about myself?
- Will others like me?
- What if they find out what I'm really like?
- What if I find out what I'm really like?
- What if everyone rejects me?
- What if the group attacks me?
- I'm afraid I'll be withdrawn and passive.
- What will happen if I really open up my feelings?
- Will I embarrass myself?
- What if I'm asked to do something I don't want to do?
- What if others can tell I'm afraid and nervous?
- What if I find out things about myself that I can't cope with?
- What if I know someone here ?
- What if therapy won't work for me?
- What if no one in my life is supportive of me attending ?
- What if people tell me what happened to me was not bad enough ?
- What if other people's stories are too triggering ?
- What if I have flashbacks or live with my abuser ?
- What if nothing changes?
- What if everything changes?

A group will have many distinctive characteristics. The demographic of Tamil people will have specific characteristics especially if this is their first time connecting for community support and/or disclosing their experiences of CSA. These characteristics are to be addressed and normalized for the participants to feel safer in the group.

Group Characteristics you might notice:

- Silence and awkwardness.
- High anxiety.
- Impatience to "get the ball rolling".
- Confusion about what everybody is supposed to be doing.
- Telling unrelated stories.
- Talking about and focusing on other group members.
- Talking about and focusing on other people or situations outside of the group.
- Balancing trust vs mistrust
- Testing of each other and the leaders.





- Requests for greater leader involvement
- Cocktail conversations, taking refuge in safe levels of conversation
- Vying for informal leadership within the group or competing for leadership with the volunteer group facilitator.
- Some participants invalidate or minimize other participant's experience(s).
- Some participants giving unsolicited advice
- Some participants judging other participant's family or family members, or family situation
- Minimizing and normalizing trauma

Tips for the Facilitator

- Be relaxed tone, speed of speech, body language, eye contact.
- When you are relaxed, the group will be more relaxed.
- Use humour. It lightens the atmosphere. Be careful not to use humour as a way to cover up your own insecurity and anxiety because doing so will only serve to keep the group skipping along the surface.
- Create space for the participants' feelings including insecurity and anxiety builds trust. To do away with it will be to rob the group of an important building block of group trust.
- Be mindful of disclosure what is relevant, and how to express without your own emotions hijacking the group.

Sharing as a Facilitator

As a facilitator, it is important to bring a grounded and mindful sense of self into the space. Therapist Self-Disclosure (TSD) is the sharing of a facilitator's thoughts, feelings, or personal experiences and can be a natural part of therapeutic relationships. However, it is essential that any sharing is done with clear intention and only when it serves the well-being and growth of the participants. Group sessions are not the space for facilitators to express personal beliefs, such as political or religious views, or to discuss personal life situations. Being mindful of how you may be perceived by participants helps maintain a sense of safety and trust in the group. When boundaries are not clear, it can unintentionally create discomfort or undermine the group dynamic.

When done thoughtfully and with care, self-disclosure can help build rapport and strengthen the therapeutic relationship. It can create a sense of connection and trust when participants feel seen and understood. However, it's important to consider the context, timing, and purpose of sharing. Self-disclosure should always serve the needs of the group and support the healing process. Below are some examples of self-disclosure in a therapeutic setting, along with key considerations to keep in mind:





Examples of Self-Disclosure:

• Sharing relevant personal experiences:

A facilitator might share a time they struggled with a similar issue as the client (anxiety, self-doubt), but only if it directly relates to the client's current situation and helps them feel understood or validated.

• Acknowledging personal feelings or reactions:

A facilitator could acknowledge a personal reaction to something the client has shared, such as "I can understand why that would feel so frustrating," or "That sounds really challenging".

• **Providing context for a therapeutic approach:** A facilitator might explain why they use a particular technique or approach, based on their own experience and understanding.

• Responding to client questions:

If a client asks a question about the facilitator's background or experience, a brief, relevant response can be appropriate, but the focus should remain on the client.

• Using "I" statements:

A facilitator can use "I" statements to express their own thoughts and feelings, such as "I find it helpful to..." or "I've noticed that...

The facilitator plays a crucial role in creating a safe group environment, including ensuring that all privacy and confidentiality is maintained. The Peer Support Facilitator can serve as a role model by leading discussions, responding to questions, and initiating exercises. This can empower other participants to share their own stories.

Group Formats

Every group usually goes in the following sequence, however it is important to use your own discretion and check in with the participants if they are ready/open to break. Here's one way to lay out a 3 hour session:

Check-in 15 min Program content 40 min Break 10 min Program content 40 min. Break 10 min Program content 50 min. Check-out 15 min

Check Ins and Check Outs

Check-in and check-out are meaningful parts of the group's rhythm, offering participants a chance to connect, reflect, and be seen. At the same time, they are just one part of the overall session structure. As a facilitator, it's important to use your judgment to ensure that there is enough time for both these



moments and the core program content. If needed, you can gently remind the group ahead of time to keep their check-ins or check-outs brief, so there is space for everyone to participate and for the group to engage fully with the session's focus. Framing this as a way to care for the group's shared time can help set a supportive tone.

Some Suggestions On How To Start a Check In:

- Go around the room and have each member state what they want to get from the evening's session.
- Share your thoughts and reflections about where the group is at, how it is progressing, offering your insight as to where the group might be getting stuck, etc.
- Ask the group members if they have any unresolved feelings or thoughts about the previous session.
- Some check-ins are already planned in the manual and you can follow them.

Some Suggestions On How To Start a Check Out:

- Ask members to tell the group briefly what they learned about themselves during the meeting.
- Ask, "What was it like for you to be in this group tonight?"
- Guide, "Let's do a quick go-around and have everyone say a few words on how the group is progressing so far and make any suggestions for change."
- Determine if there are any issues that members would like to return to or explore in the next session.
- Some check-out's are already planned in the manual and you can follow them.

Let's now look at the program's weekly sessions.





Week 1 - Welcome, Group Norms, Introduction Activities

Duration	Facilitator Tasks
15 mins	Check – in: Requests participants to share their name and pronouns., and to share how they are feeling about being here in a group.
45 min	 Introduction of Facilitator Discuss A.N.B.U. (brief overview of history, mission and vision) and the purpose of the group Discuss the importance of confidentiality and limitations Discuss and agree upon the "Group Rules/Norms" - Participants must sign off on these rules and return to the Program Coordinator. Provide a brief overview of the 10 weeks schedule.
10 min	Break
5 min	Read together "Empathic Listening" reading to set up for the next activity
45 min	 Activity 1: "Tell Me Who You Are" Read instructions together Pair off participants randomly into pairs (at your discretion) Ask participants to interview their partner with the following questions on the sheet Be mindful of Time Regroup, ask participants to present their partner from what they knew from the conversation, incorporate interviewed person to correct if information is incorrect Ask how they felt about the experience
10 min	Break
20 min	 Activity 2: My Outer Face Vs. My Inner Face During break set up markers, pencil crayons Read instructions together, and provide only 7-8 minutes to complete activity (key is not to give too much time to over think) Ask the participants to show their drawings and explain, briefly.
20 min	 Taking Risks: Safe/Unsafe, Certain/ Uncertain Model Read sheet together Explain how we feel anxious when we take risks, and feel anxious when we feel unsafe. Open the floor to ask participants to be vulnerable about what are the risks that they are taking to be part of this experience



Duration	Facilitator Tasks
10 min	 Check Out/ Self-Care Talk Check out with participants asking them 1 new idea/ thought that they learned/ stood out to them. Discuss about the importance of self-care as participants take part in this group, briefly discuss ways they are already engaging in and what is something new they can try. Thank participants for taking the risk to take care of their mental health

Additional Tips for Activity 2

Several themes can emerge in these first weeks, including: the social context of child abuse; grieving for a lost childhood; the concept of belonging to humanity; the diversity of victims that crosses all gender, sexual orientations, race, religion and economic boundaries.

This may be the first time participants take the risk to share their stories. Childhood abuse often forces survivors into silence and hyper-vigilance, creating tension between holding back and wanting to share everything. Early disclosures should be supported gently, encouraging slow, self-directed sharing. These first moments are crucial in helping participants feel a sense of control and choice.

When Sharing:

- Limit to generalities.
- Use "I" statements.
- Expectations of being in the group e.g. hope.

Tips for Pairs Interview Exercise:

- Allow 7 minutes per person maximum.
- Use exercise to have each other introduce their interview partner to the group using the answers from the exercise.
- Ask the person being introduced if there is anything they would like to correct or add.





Week 2 - Shame and Guilt

Notes for the Facilitator:

Normalize all feelings of all participants and praise them all for returning today as it is important to identify to participants that the task of attending although important is very daunting each time.

Shame is often described as a deeply painful experience where individuals feel they are inherently flawed or unworthy. It can lead to feelings of worthlessness, isolation, and a desire to hide from others. Shame can be triggered by past events, social judgments, or internal beliefs about oneself.

Due to shame, some participants may hesitate to share. It can be helpful to gently check in with them and, at times, acknowledge the silence in the group, inviting reflection on what it might represent. When participants do share, be mindful of others offering advice. Guide the conversation toward reflection and shared understanding, rather than judgment or blame. Support participants in avoiding comparisons of trauma, helping them recognize that every experience is valid.

- Awareness-building within the Tamil community remains an essential area of focus. Although participants have started to gain confidence in sharing their experiences, they still feel unsafe disclosing them in community spaces.
- It is helpful to highlight role models—such as staff, peer mentors, or participants—who embody growth and healing. This instills a belief among participants that progress in their healing journey is achievable. A Peer Support Facilitator's role centres on this idea and they play a crucial role during a group session.
- Participants articulated the deep difficulty of addressing feelings of "shame" or "maanam." For many, this cultural concept created a barrier to speaking openly about their experiences. At times, this was rooted in family expectations around honour and patriarchy; at other times, it was shaped by the Tamil immigrant experience, including the impacts of family separation, PTSD, and collective trauma.

Time	Facilitator Tasks
15 min	 Check in Ask participants their thoughts about the last session, if they felt safe, how they felt when they went home, or when they had to come back for Week 2. Did any of them have hesitations about not wanting to come back, or second thoughts. Normalize all feelings of all participants and praise them all for returning today.





Time	Facilitator Tasks
15 min	 Overview of Shame and Guilt/ Self-Esteem/ Resilience/Tips to Boosting Resilience Introduce the topic of shame and guilt (the difference between these two experiences), and the importance of vulnerability as a strength. You can read to the group or ask the group members to take turns reading or read silently for 5-7 minutes. Review tips around sub-topics of self-esteem, resilience and how to boost self-esteem and resilience. You can open discussions about whether they have used these suggestions in the past successfully and if they have, how they do this and what the impact was on them and their quality of life.
30 min	Discussion:What surfaced for you as you read about guilt and shame?How does shame show up in your life?
10 min	Break
10 min	 Exercise 1: The Mindful Bearer of Paper Lanterns Read the activity together. Answer any questions that come up in the group.
15 min	 Exercise 1 continued: Start the activity: Invite participants to further explore shame. Ask participants to sit comfortably in their chairs, keeping their eyes open or closed. If open, they will be focusing on a spot in front of them (but not looking at another group member). Guidelines for participants: Ensure that you are in a place that offers comfort and no distraction. Ensure that you give yourself time. Ensure that you are being kind to yourself, this takes strength, this takes being vulnerable and non-judgmental.
25 min	 Exercise 1 continued: Have participants share what surfaced for them as they took part in the mindful bearer of paper lanterns activity.
10 min	Break
50 min	 Activity 2: Gratitude Introduce the topic of Gratitude / Check Out Ask participants what that means to them and how they practice gratitude. Share the benefits of gratitude. When was the last time they practiced gratitude? Have them complete the gratitude questions Go around and ask participants to share their answers, and be curious about their answers, provide commentary, use this as a way to get to know the participant better. Thank everyone for sharing, and thank everyone for returning. Inform them you will see them all next week again.



Week 3 - Isolation and Belonging

Notes for the Facilitator

This session invites participants to begin exploring and, if they feel ready, opening up about "secrets" they may have carried in connection to their abuse. As a facilitator, it is crucial to proceed with care and sensitivity. When someone shares something they have never spoken about before, it can lead to a sense of overwhelm, sometimes referred to as "flooding."

In therapeutic contexts, flooding can occur when a person is suddenly and intensely confronted with painful memories or emotions, often faster than they are able to process. This can create anxiety, disorientation, or emotional distress. While some therapeutic approaches use structured exposure to manage fear responses, in group work—especially trauma-focused group work—it is important to avoid any abrupt or pressured disclosure. Instead, create space that allows participants to share at their own pace, with gentle guidance and grounding techniques as needed.

Allowing time for mutual support can also help participants feel less alone in their experiences. Hearing others speak openly may reduce the sense of isolation and validate the commonality of certain feelings or situations.

When the group begins to explore themes like dysfunctional family systems, some participants may express feelings of hopelessness—especially those who still live in these environments. They may ask for advice or want to know what they "should" do. In such moments, it's important to hold space without offering direct solutions. It is not the facilitator's role—or that of other participants—to give prescriptive advice. Instead, gently guide participants to reflect on what is within their control and how ready or safe they feel to make changes, in their own time.

Offering future-oriented questions can sometimes create a sense of possibility and hope. For example, you might ask, *"If you were to create your own family one day, what values would you want to nurture?"* This can help shift focus from what feels stuck or painful toward imagining new possibilities.

- Facilitators may notice that while participants can feel deeply empowered by their healing journey—a meaningful and affirming experience—this sense of empowerment may not always translate into having the language to speak about childhood sexual abuse with others, even when there is a strong desire to do so. Support participants by acknowledging this complexity and holding space for it with care.
- Facilitators may find that as participants deepen their understanding of their healing journey, they become more able to proactively recognize their triggers and increase their awareness of their mental and emotional states. Expressions of gratitude from participants can serve as a meaningful reflection of the program's impact and the supportive environment created by the facilitators and the group.





- The "My Family House" activity can be a helpful tool in this part of the process. It allows participants to express how they see and experience their family. Sharing this with others in the group can build understanding and solidarity, helping participants see that family dysfunction is often part of broader generational and cultural patterns—not a reflection of personal failure or something unique to their family alone.
- When discussing the Stages of Recovery, some participants may experience strong emotions, including frustration or sadness about where they are in their healing journey. It is important to gently reflect back to them the importance of self-compassion and patience. You can also help them recognize and celebrate the steps they have already taken—such as reaching out for support, attending therapy, or simply showing up for the group. These are meaningful achievements that deserve to be acknowledged and honoured.





Time	Facilitator Tasks
15 min	Check in:Ask participants how they are feeling that hour.
45 min	Introduction of today's topic. Tonight, the theme is from Isolation to belonging, and exploring Secrets vs. Confidentiality, stages of recovery and symptoms of sexual abuse. When moving out of isolation, trust building is a crucial first step. This is an essential element to maintaining confidentiality, as opposed to keeping secrets "hidden", as many survivors did with the secret of childhood sexual abuse. Peer sharing can facilitate growth from "isolation", which can impede our ability to move forward, to "inclusion", which makes powerful new choices available. We can take a step towards ending isolation just by knowing that others have also experienced child abuse. This is how we learn from each other in respectful ways. The offender usually knows that this conduct is against the law, and is, therefore, not averse to telling the child that bad things will happen if the secret gets out. Complete Sharing a Secret exercise - Ask participants to complete the questions of the activity alone. Gauge for time as they complete, you can either take up the activity by asking them to share one by one or you can read out the first question and see who shares first, and continue along for the rest of the questions. Try to guide the conversation with open ended questions such as ' has anyone else had a similar feeling or situation'. Exercise: Holding someone's secret
	 Each participant is asked to write on a piece of paper a secret they have rarely, if ever disclosed. They are then instructed to fold the paper up so conceal the writing. Then give the folded-up paper to the person sitting on their left. The person receiving the paper is not to open it. Wait a few moments in the silence that arises. Then instruct that the papers are returned unopened to its originator. Pause for a moment, so everyone can feel the palpable relief of the nervousness and anxiety. Discussion: How does that make you feel for someone to hold your secret? Would anyone like to share their thoughts on the difference between keeping something "secret" and choosing to share in confidence with someone?



Time	Facilitator Tasks
	• Would anyone like to share their experience with keeping the abuse a secret or sharing it, if you did and how was that experience for you?
10 min	Break
10 min	Dysfunctional Family Systems: Explain the concept: Abuse, mental health concerns, substance abuse, gambling are common concerns that occur in Dysfunctional Family Systems. In high-conflict and violent families, arguments, criticism, and abuse are regular occurrences. Simply put, the parents in these families are out of control. They may be alcoholics who take out their personal problems on their children and each other. They may view their families as possessions rather than as human beings with their own needs. Regarding their children as property makes it easy for them to rationalize abusing them mentally, verbally, emotionally, physically, or sexually. Children in these families experience the ultimate betrayal. They can't count on their caretakers to love, protect, and respect them. They grow up feeling scared, ashamed, unworthy, and lonely. As adults they may develop anxiety, depression, substance abuse, personality, or post-traumatic stress disorders.
	Discussion:
	 Ask participants what they think of the role descriptions. Whom do they see their parents themselves, and their siblings as and why? Intergenerational Trauma, Impacts of Migration, Displacement, Colonization and Caste System: Read content. Explore themes that participants can relate to, by asking open-ended questions such as themes and patterns of how their parents parented and how the war might have affected the way that they parented. Ask: Were their parents anxious when they would go out at night? What were things their parents were afraid of letting them do? Did their parents operate from a lot of protection, safety concerns, and did this hinder them from exploring their own identity or create complicated relationships in the family?
20 min	Activity 2 - My Family House
	 Guidelines: Draw the inside of your house. Draw where you are and where your family members are in the house- to show us a peek into how you feel about each room, and each person in your family (ex. Is everyone in one room, is everyone in different rooms etc.). Ask participants to present their drawing to the group, and ask some basic clarification questions.



Time	Facilitator Tasks
	• After discussion, ask them to re-draw the home and members to how they would like it to be.
20 min	Stages of Recovery:
	Healing from childhood sexual abuse is not a linear process. Let's look at some of the common stages of recovery.
	Reading and Discussion:
	 Have the participants read the Stages of Recovery quietly. After 5 - 7 minutes, ask them where they feel they are at in their journey.
10 min	Break
40 min	Activity 3 - General Myths and following sections on Myths, Facts and Symptoms of abuse can be homework reading if you are running out of time
	Reading and Discussion Myths and Facts About Sexual Abuse
	• [This can be homework reading if you are running out of time]
	Reading and Discussion Common Symptoms of Sexual Abuse
	[This can be homework reading if you are running out of time]
	** Time depending, it would be helpful to review at the start of the next session if these were left as suggested readings.Explore via discussion questions about their thoughts around the information, and how they felt it related to them and their experiences.
	Common Symptoms of Sexual Abuse
	Igniting Joy Image:
	 Review image with participants. Discuss a couple of activities between now and the next session that they can commit to elicit joy.
10 min	Check out:
	 How are you feeling? What is something new you learned today? What was something that stood out to you today Encourage them to try something from the igniting joy image between now and the next weekes session.



During these next sessions participants begin to delve a little deeper into how the lifelong impact of childhood abuse affects their everyday lives. The Participant Program Manual is designed to provide participants with practical strategies for self-awareness, self-care and self- reliance and to begin to nurture themselves and others around them with firm boundaries in place.

Some themes of discussion to address these developments are anger and expressing anger without self or other harm and general emotional regulation; available resources; coping mechanisms; dissociation, and flashbacks; recognizing physiological impacts of child abuse and practicing immediate self-care techniques.





Week 4 - Triggers, Dissociation, and Grounding

Notes for the Facilitator:

Introduction to Triggers: A "trigger" is used to mean something that brings on or worsens symptoms. This often happens to people with a history of trauma or who are recovering from mental illness, self-harm, addiction, and/or eating disorders. When someone has a history of any of these issues, being unexpectedly exposed to imagery or content that deals with that history can cause harm or relapse. Many different stimuli can be possible triggers, and they are often strongly influenced by past experiences. Understanding, identifying, and working to *prevent* triggers can be empowering and effective, especially in comparison to supporting someone after they have been triggered. Many different stimuli can be possible triggers, and they are often strongly influences.

Some forms of triggers you can be mindful of when in this session are:

- External triggers: Think senses sounds, sights, smells, textures that elicit responses based on past experiences. Example: Smelling the cologne that was worn by the person that took advantage of them
- **Internal triggers**: Strong feelings that arise based on past experiences. Example: Making a doctor's appointment after a negative medical experience can trigger fear.
- **Trauma triggers**: Strong feelings that arise based on past trauma. Example: Encountering someone who looks like the abuser
- **Symptom triggers**: A physical change can trigger larger mental health issues. Example: A lack of sleep could trigger symptoms of depression and anxiety.

Triggers can cause a range of reactions.

- Some participants may experience physical symptoms like heavy breathing, sweating, or crying.
- Others may have emotional responses, such as feeling attacked or overwhelmed, and in some cases, triggers can lead to harm or relapse
- After a trigger, strong emotions like fear, powerlessness, or confusion may surface, affecting mental health and judgment.
- Responses can vary from mild (tears) to serious (acting out). Facilitators should stay attentive to signs of distress and be ready to offer grounding and support when needed.

- Participants will be triggered; it is important to understand how you can help manage their trigger so that they feel confident in the group, and themselves to return each session. Some helpful things to help someone when triggered :
 - **Be curious :** Learn to engage in difficult situations with a focus on maintaining a positive relationship. Learn what is triggering for those around you, and try to avoid causing pain. Remember to respect an individual's right to not share, or share on their own timeline.





- **Be empathetic and listen without judgment :** Be a safe space for those around you. Avoid taking another's behavior personally nor making negative judgments about someone's feelings and behavior.
- **Maintain good boundaries:** Boundaries help everyone be clear on expectations, which adds security and predictability.
- **Help with coping:** Ask about strategies that work for the person to relax and take care of themselves. Encourage more time spent on self-care activities. The check-out usually can be used to help identify what they will do later to help cope with the big emotions of the session
- **Use trigger/content warnings:** Providing a warning before potentially triggering content provides time for people to prepare or if needed, to opt-out of challenging or emotional materials.
- Facilitators may find that participants appreciate this topic, as many openly express a lack of knowledge or understanding about triggers. Those who have attended therapy often share insights from their experiences, which can be encouraging and reassuring for participants who have not yet accessed therapy but are open to exploring it.
- Fostering connection helps participants feel understood, validated, and less alone. When survivors share their experiences in a supportive space, it can encourage openness and deepen the healing process.
- Participants may display more insight with their triggers after this session and our feedback has
 indicated that it might be useful for check in to include conversations around triggers related to
 previous sessions.
- Questions about what happens after the program ends may arise. It can be helpful to acknowledge these concerns and explore ways participants can continue seeking support beyond the group.

Time	Facilitator Tasks
15 mins	Check – in: How are you feeling tonight and what is one word to describe your week?
10 mins	Start with these statements: Tonight we'll move into triggers, how they impact us (e.g., dissociation, flashbacks) and how we can keep ourselves safe through grounding. We'll talk about this as well as doing breathing exercises so you can experience it and feel it in your body. Read the following together: Introduction: Triggers How the Body Stores and Activates Triggers
15 mins	 Activity 1: Identifying your Triggers Have participants individually write down all their triggers Discussion: What briefly came up for you as you identified your triggers? Read together





Time	Facilitator Tasks
20 mins	 Preparing for Triggers that you expect to face: Read together. Explain the image using the ABC, CBT model.
	 Trigger Worksheet. Have participants break down a triggering event, thought of event, feeling, and their output behaviour. Ask participants who feel comfortable to share with the group. Validate as needed.
10 mins	Break
10 mins	 Coping Mechanisms Have participants read independently the negative and positive coping mechanisms. Ask them to choose their top 4 styles and share briefly about it and whether they see it as helpful or unhelpful.
5 mins	 Grounding Read together as a group. Ask if anyone needs further clarification.
15 mins	 Breathing Exercises Go through some breathing exercises, and experience how everyone in the room relaxes – learn through doing, learn through the body Ask everyone to write down as many triggers as they know about. Take 10 minutes, then discuss. If, after the discussion, they've heard a few more, ask them to write it down.
20 mins	 Activity 3: Safe Space Introduce the Safe Space Activity. Draw or describe your safe space below. It can be a real space (perhaps a bedroom) or an ideal, fantasy space. Somewhere where you can feel safe to be you and never be criticized or judged. A space where you can relax. Is this space big or small? Are you alone? Is the space outside or inside? How do you access this space? Can you go there now or is it hard to get there? Imagine yourself in this space. How does it feel to be there? Do you feel protected, joyful, or just relaxed?
10 mins	Break
10 mins	 P.A.U.S.E. Introduce the topic: When you encounter an obstacle (something that hinders you in any way, shape or form) simply pause, saying to yourself, I am here, I am now, how do I make this better? In the initial stage of your P.A.U.S.E give attention to your breathing and see yourself as having the important task of ensuring that air leaves and enters your body as if it were a sacred life-affirming experience.
	 The Power of P.A.U.S.E. Complete PAUSE Activity [Can be Homework if running out of Time] Pick a time that is good for you and write your experience down and what you learned about yourself. One of the questions you can ask yourself is: how do you free yourself from limiting thoughts and behaviours? Discussion presence and mindfulness.



Time	Facilitator Tasks
20 mins	 Activity 4: Discuss an obstacle in your life. Did you overcome this obstacle and if so, how did you do it? Describe how you would overcome this obstacle applying the principle of P.A.U.S.E (Remember that obstacles in our lives are opportunities for learning, personal growth, and development.) Please take a moment to reflect upon what was discussed. When you leave this session, please write down in your journal the answers to the questions listed below. Please do this activity in your daily lives and when you do, write it in your journal. Take Home Activity and Self-Reflection: Explain
20 min	 Checkout: Three suggested questions to close the evening: What one thing did you learn tonight? What are you going to do to take care of yourself this week? What will you do to stay safe in a healthy way tonight?





Week 5 - Boundaries & Sexuality

Notes for the Facilitator:

Persons of Tamil heritage may be unfamiliar with the concept of boundaries or may carry shame around topics like sexuality. In a collectivist culture that emphasizes respecting elders and discourages speaking out, setting boundaries can feel deeply uncomfortable. Generational trauma often reinforces patterns like enmeshed boundaries, making this work especially challenging.

In a culture where sexuality has been seen as a negative topic, and that should not be openly discussed or explored, this discussion can go a variety of ways. In previous sessions, people have been able to open up about the stereotypes in their experiences in relation to the culture. However, trust needs to be built in the group up till this session to determine how successful and open people will be to speak freely.

Participants often grapple with wanting to know "what is normal" while also learning to be their own support in the face of lifelong impacts of childhood abuse. Despite tools like self-advocacy, education, and mentorship, rebuilding trust remains foundational. Unlike those who had healthy boundaries modeled for them, survivors often have to relearn autonomy and safe social connection from the ground up.

Key Learnings from the A.N.B.U. Group Therapy Pilot:

• Facilitators may find it helpful to approach discussions of sex and sexuality with cultural sensitivity, recognizing the deep shame often attached to these topics. Participants may appreciate this space, as many have had little opportunity to talk openly about sex within their personal circles. Some may also share that they feel more comfortable having these conversations among strangers than with people they know, highlighting the unique safety that the group setting can offer.





Time	Facilitator Tasks
15 ins	 Check-In: Ask how they found the last session, and remaining reservations, questions and clarifications.
10 min	Introduce the topic of Boundaries: It is critical in this session to facilitate a discussion on the rebuilding of one's personal boundaries based upon modeling and conscious choices. It is not a session intended to define "normalcy" although participants often express the feeling that others who have not been abused must "know what normal is". The evening discussion could emphasize "normal" as the rediscovering and/or building of the respectful boundaries that were once thwarted by abusive adults. In particular to discover ones' personal voice in making choices to respect oneself, learn what boundaries one will keep and respect the boundaries of others. What Are Boundaries: • Read together Different types of Boundaries: • Read together Negative Vs. Positive Boundaries: • Read together
5 min	 Discussion: What are your thoughts on boundaries? Do you practice boundaries in their life? Which boundary style do you identify with most (collapsed, positive, rigid)? What stood out to you in this reading? Which of the negative vs. positive boundary traits do you identify with? How do you say no? How do you know what is a good boundary to keep? Reflect - Have you crossed other's boundaries and have you been able to recognize it when you do?
10 min	Break
10 min	 Trauma Bonds Read together. Discuss briefly if there are any questions. Ask how they see trauma bonds impact boundaries. Energy Givers/ Takers Image Ask participants to read silently and discuss briefly
20 min	 Activity 1: What Kind of Boundaries Do You Have? Ask participants to go through this activity Independently, and tick off which ones they identify with. Briefly discuss which ones they ticked off Tips for Setting Healthy Boundaries: Read Together Factors that Make Placing Boundaries Difficult:



Time	Facilitator Tasks
	 Read together Ask if there are any questions. Keep the dialogue open and allow participants to lead the discussion.
20 min	 Activity 2: Houses and Fences - Art Activity Invite participants to read the instructions together and offer 7–8 minutes for the activity, helping them stay connected to their first thoughts rather than overthinking. Ask the participants to show and briefly explain their drawings
10 min	Break
10 min	 Sexuality Read Together and lead a brief discussion Gently ask if anything they wrote stood out or felt meaningful. Let participants lead the conversation and avoid pressing with too many questions
15 min	 Activity 3 - Interview Your Partner Split participants into pairs, and ask them to work together to answer the following questions (7 mins). Next, ask them to come back to the larger group. Problematic Maintaining Factors in the Tamil Community: Read Together Debrief the reading, and their conversations from the interview questions.
15 min	Problematic Maintaining Factors in the Tamil Community • Read together When you Don't Feel Safe with Sex • Read together or for homework if running out of time Internal and External Safety: • Read together or for homework if running out of time Being in your body (can read for homework if running out of time) • Read together or for homework if running out of time Dealing with Triggers During Sex: • Read together or for homework if running out of time * Incorporate basic discussion as you move through the reading, asking if anyone needs clarifications.
10 min	 Check Out: How are you feeling today? Share something new you learned today. Share something that you shared that inspired you or was touching. Thank everyone for attending today.



Week 6 - Addictions & Relationship to Abuse

Notes for Facilitator:

Addictions often come up in group discussions. They can serve both to soothe pain and to block the development of sustainable self-care. Many survivors develop coping patterns in childhood that carry into adulthood, even after the abuse has ended. These patterns often show up as addictions. It is important to gently reinforce that addictions and childhood abuse are deeply connected, not separate issues.

Addiction is about the distortion of the person's real feelings and the inability to connect with self and others. Addiction is driven by shame and fear. Shame and fear are extremely uncomfortable feelings. Shame says things like, "I'm not enough," "I'm no good," "No one loves me," "I don't matter," "I'm bad and unworthy," "I get everything wrong." Then fear says, "Those statements are true." We so often believe our shame, we feel sad, bad, unloved, unwanted, disconnected from others, fearful, trapped, needing to hide, wanting to isolate.

Addictive behaviour is the ability to alter reality in such a way that we don't have to feel anything that we deem "uncomfortable." Addiction is the capacity to manipulate our reality so that we numb ourselves to any emotion, event, relationship, trauma, and/or experience that we believe will create any dis "comfort" emotionally, mentally, physically, socially, financially, and so forth.

- There may be considerable shame around admitting to substance use, or linking their individual or families identity to substance use.
- It is important to navigate a conversation where all parties understand the long-term consequences of substance use and the way it impacts the family system and their own ability to deal with difficult emotions.
- Facilitate the conversation in a way that keeps it broad and supportive, rather than turning it into an individual therapy session. Maintain a neutral stance on substance use to ensure no participant feels singled out or judged.
- Guiding the conversation to topics including coping, ways that their family expresses emotions and ways group members themselves have learned to also express emotions etc. can be more helpful than focusing on their own substance use experiences.





Time	Facilitator Tasks
15 min	 Check-in: Rose: What's something you're grateful for, or that is a positive in your life right now? Thorn: What's something challenging or stressful, that you could use some more support with right now? Bud: What's something you look forward to, or that gives you hope, motivation, and inspiration right now?
10 min	What is Addiction? Read Together Common Complications of Addiction: Read Together
20 min	 Activity 1: Addiction Reflective Questions Ask participants to silently work on the reflection questions alone Discussion of their answers for about 10 mins. Ask for clarification as participants share their answers. Be inquisitive of their personal experience, a loved ones experience, a partner's experience, or a family member. Validate participants for sharing appropriately.
20 min	 Shame & Fear as a Driving Factor: Read together Shame Spiral: Read together Beck's Cognitive Triad: Read together Discussion questions: When was the last time you experienced shame and fear ? How does shame affect you from making decisions ? Have you experienced a shame spiral, what did that look like ?
10 min	Break
10 min	 Worry Jar: Ask them to independently write down their worries, and those who are comfortable sharing them out loud can do so. Ask them to reflect on and share which worries are in their control and which ones are not.



Facilitator Tasks
Coping with Trauma and the Brain: • Read Together
 Flash Back Spiral: Relate this to ABC model CBT Ask about whether people experience flashbacks, and how they feel the image we read depicting the pattern.
When someone experiences a traumatic event or experiences extreme fear, brain chemistry is altered and the brain begins to function differentlythis is called the "Fear Circuity" and it is a protective mechanism which we all have inside of us. The neurobiology of traumaessentially the effects of trauma on the brainis important to understand because it helps break down common misconceptions and victim-blaming about gender-based violence and it helps survivors to understand their experience and the aftermath in a new way.
Break
 Urge Surfing: Read together. Read Instructions of art therapy. Art Therapy Activity - Drawing your own wave: Ask participants to work on the activity alone (7 min). Discussion: Ask participants to show their wave and explain how they interpreted it.
 Coping Skills-Tool Box: What are some coping skills you use? What are some coping skills you can use this week? What is your experience with journaling? Which coping skill do you want to implement but struggle to?
 Check-Out - Let it Go: Ask participants: What is something that you know they should let go of (a memory, a relationship, a mistake, a grudge) What is stopping you from letting 'it' go? Inform participants of the community resources listed for further supports.



Week 7 - Inner Child

Notes for Facilitator:

Inner child work involves healing emotional wounds and traumas from our childhood. It is based on the idea that our early experiences and relationships with parents, caregivers and other significant people in our lives can leave a lasting impact on our emotional and psychological wellbeing as adults. How we were taken care of by adults when we were children is often how we take care of ourselves as adults. For example, if the message you received at home was that strong emotions were not allowed, as an adult you are likely to feel ashamed or embarrassed when big feelings come up for you.

Inner child work involves reconnecting with the parts of yourself that might not have received the care and attention they needed when you were younger. When we care for the parts of ourselves that weren't given the compassion that was needed, we can begin to heal some of what might have been missing in our childhood. This can help us to feel more resilient to emotional challenges as an adult and less likely to feel pulled back into the past when stressful or traumatic things happen in our lives.

Inner child work can be triggering for individuals, and can be a heavier session.

- The purpose of the inner child work is:
 - Understanding how past trauma affects your present behavior
 - Developing healthy coping mechanisms for managing emotions and trauma
 - Reconnecting to passions, dreams, and talents you may have put aside
 - You feel safe, empowered, and in control of your life rather than wounded.
 - Improved emotional regulation
 - Increased self-esteem, self-compassion, and compassion for others
- Participants have vocalized that this concept is a new concept for the majority of them.
- Noted that this way of thinking brought on pain especially as they completed the mindfulness activity many struggled with connecting with their inner child. Some intense emotions such as anger and sadness were observed.
- Participants found it emotional to discuss ways to re-parent their inner child.





Time	Facilitator Tasks
15 min	 Check-in: Ask participants how they are feeling about continuing in this journey.
15 min	Introduce what Inner child work is (read facilitator notes above). My Child Within: • Read together. Your Inner Child: • Read together. Discussion: • What resonates with you in the reading? • Thoughts about the messages you received about yourself as a child that impact you as an adult
30 min	 Moving Towards our true self: Read through together. Co-dependency and Internalization: Read together. Re-Parenting with Poor Role Models: Read together. Purpose of Inner Child Work: Read together. Purpose of Inner Child Work: Read together. Discussion: Ask participants: In what ways are you living in your true self, and in what ways are you not? In what ways can you start to re-parent your inner child? What would you do differently? Is there anything from what we read that you connected to on a personal level?
10 min	Break
10 min	 Mindfulness Activity: Introduction to your Inner Child Set up the Activity Ask everyone to become comfortable in their seat and close their eyes - only if they feel safe enough. Read the Mindfulness Activity out loud, slowly allowing plenty of time for the visual imagery to unfold. When you finish reading, allow there to be some silence for a moment or two. Ask participants to then write down what they saw, and what was said and exchanged. When completed check-in with how it felt. Ensure that everyone that wishes to speak is heard.
10 min	Recovery of your Inner Child: • Read together. Reconnecting • Read together.





Time	Facilitator Tasks
20 min	 Art Activity: Draw Your Inner Child Wounds Provide colouring pencils to participants/ coloured pens Instructions: Draw an outline of your body. Where are your inner child wounds? In your heart? In your head? In your chest? Colour them in with the colours of your feelings. Are they raw and red, green, blue,co or purple or are they black? (Provide 10 mins) Discussion (10 Minutes):
	 Ask participants to share what they ended up drawing. Ask some clarifying questions as they explain their choice in drawing.
10 min	Break
50 min	 Compliments Exercise: You will need a aquare slip of paper for the exact number of people in the group, and one extra slip. Everyone should have a slip for each person in the group + 1 extra) Facilitator to: Ask them to write down the name of a participant on each slip + 3-4 compliments (Do not sign their names - should be anonymous). The facilitator collects all the slips, and distributes them according to the name on them. Participants read them in their seats silently. Then go around and have them read it out loudly, discuss with each participant what are the emotions that are arising as they read the compliments. On the last slip - they are to write 3-4 compliments about them-self- they are to read them out aloud and process how that felt
10 min	 Check Out: If your mood was a weather forecast, what would it be and why ? What is the scariest thing about being part of this group for you? Share one thing you learned and how you will apply it to your healing process?





Week 8 - Inner Child (contd.) & Anger and Emotion Regulation

The concept of the inner child may feel natural for some and challenging for others, as it can stir vulnerability. This session offers gentle exercises for participants to explore at home or with their facilitators/therapists. It's important to recognize that the wounded child developed survival strategies that may still shape adult behaviours. Healing involves nurturing the inner child and learning new ways to engage with the adult world.

- When exploring inner child wounds, participants may express anger in many forms.
- This anger often reflects deep pain, frustration, and unmet childhood needs, and may show up not only as overt anger but also as irritability, resentment, or depression.
- To truly understand why the participant's inner child is angry, we must explore the possible causes:
 - Unmet Emotional Needs: During childhood, emotional needs such as love, validation, and security are paramount. If these needs were not met adequately, it could lead to feelings of neglect and anger. For instance, if a child feels ignored or unimportant, they might grow into an adult who harbors unresolved anger towards authority figures or loved ones who remind them of their caregivers.
 - 2. *Trauma and Abuse:* Traumatic experiences, whether physical, emotional, or sexual abuse, leave lasting scars. Children who undergo such experiences often feel powerless and voiceless, leading to repressed anger that can surface in various ways during adulthood.
 - 3. *Invalidation and Criticism:* Constant criticism or invalidation can erode a child's self-esteem. An inner child who constantly faces criticism might become an adult who is overly self-critical or harsh towards others, fueled by underlying, unresolved anger.
 - 4. *Abandonment and Rejection:* Experiences of abandonment or rejection, whether through parental neglect, divorce, or loss, can lead to a profound fear of abandonment and subsequent anger. This anger can be a defense mechanism to guard against future hurt.
- Participants expressed a range of emotions while writing with their non-dominant hand, offering support and validation to one another.
- Many found the unsent postcard exercise freeing, as it allowed them to safely express anger without fear of repercussions.

Time	Facilitator Tasks
15 min	Check – in: Sentence completion Activity • My Intentions today • I am Thankful fo • Today I feel • Happy Moments • Today I accomplished





Time	Facilitator Tasks
10 min	Activity 1: Letter Writing to Inner Child Invite the participants to write a letter using their opposite hand (non- dominant), from the child's perspective to the adult.
20 min	 Part 2: Forgiving Have participants write a letter to their inner child with their dominant hand. They can express the sadness they feel toward the loss of their childhood innocence. Sometimes survivors' express anger towards their inner child. It is important for the participants to write and not impose judgement on themselves for what they wrote.
25 min	 Have them read the written letters Process appropriate emotions that come up for them
10 min	Break
20 min	 Activity 2: Affirmations Exercise Read together. A Tale of 2 Monks: Read together. Discuss a time they struggled to let something go.
30 min	 Anger Iceberg: Read together: Anger: Read together Four Steps for Releasing Anger: Read together. Anger Journaling: Read together. Discuss what resonated from the reading. Discuss the themes that emerged, and whether it was relevant to the past, present or future.
10 min	Break
10 min	 Activity 4: Exploring Anger: Have them complete this activity individually. Debrief the questions in the activity together.
30 min	 Activity 5: Unsent Postcard: Read the Instructions for Participants Ask them to work on it individually, then ask them to share what they wrote
10 min	 Check Out: Tell us about a healthy rise that you have taken this week? Tell us about a value that is important to you? Thank participants for their commitment, and the importance of this journey of healing to them, and their inner child.



Week 9 - Loss and Grief

Notes For Facilitator:

Grief is an individual experience, however it does not need to be done alone. Using a person-centred approach we can provide support unique to the individual's needs, while offering a community where people can openly share in their grief.

People process and express their grief in many different ways and sometimes the grief is not the typical reason of losing a loved one but there are various other themes that will arise in the form of CSA.

- Conversations about grief can help individuals identify the parts of their childhood that might require grieving or more processing normalizing feelings of sadness for the child that experienced the harm but also acknowledging methods to re-parent and care for oneself again.
- People dealing with grief may feel like they're doing it wrong that they're not sad enough or that they've been grieving too long but there's no "right" way to grieve.
- Participants found the art therapy activity very helpful many people find it beneficial to participate in the creative process as it promotes emotional risk taking and a sense of wellbeing. The art activity provides an opportunity for participants to engage in visual art tasks in a relaxed group setting.

Time	Facilitator Tasks
15 min	 Check-in:Ask participants: What is occupying your mind as we start this meeting ? On a scale of 1-5 how are you feeling coming to this meeting ? What colour represents how you are feeling right now? What's been the high and low point of your day/week?
45 min	What is Grief: • Read Together 7 Stages of Grief: • Read Together A Spiritual Grief Process:
	 Read Together Discussion Questions: When was the last time you experienced grief? What kind of grief was it ? Do you remember which stages of grief you experienced?



Time	Facilitator Tasks
10 min	Break
40 min	 Grief is Energy That Needs to Released: Read Together Identify Losses: Read Together The Anger Work: Read Together Discussion Questions: Can you think of a time you tried to suppress big emotions from arising - maybe expressing the emotion felt inconvenient (when at work, around family)? Can you recall a time where you struggled to accept loss?
25 min	Forgiving: • Read Together. Self-Care: • Read Together. • Go through the sheet with participants and inquire about their self-care plans.
15 min	Break
35 min	 Art Therapy Activity: My Hands:Share these guidelines:: Trace your hands. On one hand express with words or images of who you thought you were/ or are, or how your CSA affected you to be the person you identify as. On the other hand, express with words and images who you want to be. Express if you were to be re-born, or healed from your trauma, what that would look like. Use 15-20 minutes to have participants share their drawings and explain their interpretations of the activity.
10 min	 Check-Out: How are you feeling today? Describe yourself in three words If you could go anywhere in the world, where would you go and why?



Week 10 - Resiliency

Notes for the Facilitator:

As resiliency is the final topic and this is the last session, it is important to use this time to strengthen hope. Help participants recognize and honour their achievements in their healing journey.

Resilience means being able to cope with tough events. When something bad happens, you still feel anger, grief and pain. But you're able to keep going, both physically and psychologically. Resilience isn't about putting up with something tough or coping on your own. In fact, being able to reach out to others for support is a key part of being resilient.

- Participants found reflecting on their experiences together supportive and encouraging, with most sharing positive insights. They discussed both the risks and rewards of joining a group with strangers.
- Many especially appreciated the reflection on heroes, often identifying a supportive family member.
- Some ways participants can build resilience:
 - **Get connected.** Building strong, healthy relationships with loved ones and friends can give you needed support and help guide you in good and bad times. Connect with others by volunteering, giving, being part of a cause that you are passionate about.
 - Make every day have meaning. Do something that gives you a sense of success and purpose every day. Set clear goals that you can reach to help you look toward the future with meaning.
 - **Learn from the past.** Think of how you've coped with troubles in the past. Think about what has helped you through tough times.
 - **Stay hopeful.** You can't change the past, but you can always look toward the future. Being open to change makes it easier to adapt and view new challenges with less worry.
 - **Take care of yourself.** Tend to your own needs and feelings. Do activities and hobbies you enjoy. Include physical activity in your daily routine. Get plenty of sleep and make bedtime rituals. Eat a healthy diet. Practice how to manage stress. Try ways to relax, such as yoga, meditation, guided imagery, deep breathing or prayer.
 - **Take action.** Don't ignore your problems. Instead, figure out what you need to do, make a plan and take action. It can take time to recover from a major setback, trauma or loss. But know that your life can improve if you work at it.





Time	Facilitator Tasks
15 min	Check-in: • Today is the last session – how are you feeling about this journey coming to an end?
10 min	Creating your Sacred Path: • Read together. Perennial Principles of Creating Your Sacred Path: • Read together. Parable of the Sacred Path: • Read together.
35 min	 The Way of Procrastination/Why you Procrastinate: Read together. Answer the questions together, as a discussion. Activity 1: Procrastination Reflection: Have participants complete this individually, and then debrief together.
10 min	Break
20 min	 Activity 2: I would rather be whole then perfect Have participants complete the activity individually, and then debrief and discuss together.
25 min	 Art Activity 3: How Different would Things Be: Ask participants to work on it individually. Then have participants share as a discussion; debrief what they ended up drawing/ conceptualizing for themselves.
10 min	Break
20 min	Courage: • Read together. Activity 4: Courage Reflection: • Use discussion questions to open conversation with the group.
5 min	The Way of P.A.U.S.E.: • Read together.
10 min	 Activity 5: Hero Reflection: Use discussion questions to open conversation. Ask participants to then draw an image of their hero, and share with the others. Sustaining the Path, The Sacred Path: This can be a home-activity, to be completed as a reflection after this last session.



Time	Facilitator Tasks
15 min	 The Way of the Invisible Knapsack: Read the Instructions to the activity and complete with participants.
10 min	 Check Out - Questions: How are you feeling today? What is something that you want to change about yourself? What are two things you can do to change it? Thank everyone for their commitment and their courage to come back each time.









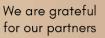




A.N.B.U. envisions a future where Tamil people who have been impacted be childhood sexual abuse can find their voice. **@: @abuseneverbecomesus @:www.anbu.ca**



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