Exploring the Efficacy of Play Therapy with Children who have Experienced Sexual Abuse

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Abstract

This capstone project compiles and reviews literature that explores the use of play therapy as a modality for working with children who have experienced sexual abuse. By exploring the research question “what is the efficacy of play therapy as a treatment method for children who have experienced sexual abuse?” it was noted that play therapy meets many needs for working with this population. Play therapy allows the child to maintain a sense of safety and control, in a developmentally appropriate manner while a therapist supports their treatment process. It was noted, however, that there are gaps in the literature, and more rigorous research is needed to substantiate long-term effects across larger populations. Cultural humility and ethical considerations are recommended for therapists working in this modality to best support these vulnerable clients through their unique circumstances. This paper finds that play therapy demonstrates efficacy in supporting children who have experienced sexual abuse, while acknowledging a need for further research.

Keywords: play therapy, childhood sexual abuse, control, safety, adverse childhood experiences [ACEs], child development, cultural humility

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Chapter 1: Introduction

This capstone project is a literature review that explores the use of play therapy for children who have experienced sexual abuse. Its purpose is to inform readers about the usefulness and application abilities of this modality with this specific population. This information is explored by examining the research question "what is the efficacy of play therapy as a treatment method for children who have experienced sexual abuse?". Play therapy is a relatively new approach to working with children, with much of its research centered in the 1980s and 90s. The International Journal of Play Therapy [IJPT] was established in 1992 (IJPT, 2025). This review explores prominent themes identified in the literature to investigate how play therapy can be used effectively with this population.

This project is broken up into sections, beginning by introducing the topic and providing readers with pertinent information to understand the nature of the work. This is followed up by an exploration of the research process and methods before diving into the literature. Following this review of literature is a discussion of the clinical application of this work. Lastly, the project is concluded with a discussion providing further recommendations and conclusions reached.

The following chapter will explore introductory information to support the reader in understanding important information that impacts this capstone project. This project is based upon research in the fields of play therapy and childhood sexual abuse. The information in this chapter, however, is not all-inclusive, and to understand the material presented, it is suggested that the reader have background knowledge in psychology/counselling, children's counselling, and play therapy to fully benefit from the literature presented in later chapters. This chapter will provide a summary of background information, the research problem, rationale and significance, theoretical orientation, a definition of terms, and the researcher's positionality, and lastly an overview of the remaining paper will be presented.

Background Information

What is Childhood Sexual Abuse?

Childhood sexual abuse is defined by the World Health Organization (n.d.) as any "actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions". Child sexual abuse rates are difficult to establish due to a variety of variables including disclosure, types of assaults, timeframe for the abuse, and inconsistency in collected data such as lifetime measures (Crimes Against Children Research Centre [CACRC], 2005). The CACRC (2005), estimates that rates of child sexual abuse rates are as high as 1 in 5 girls and 1 in 20 boys. Bader and Frank (2023) suggested that nearly 60% of individuals in a 2018 study identified as having had some form of childhood maltreatment. Other research suggests around 6% of the population have experienced sexual abuse in their childhood (Bader & Frank, 2023). Regardless of the variation between reports, there is an indication that there is a significant amount of abuse occurring, including childhood sexual abuse.

Sexual abuse is one of the 10 adverse childhood experiences [ACEs] that have been identified to create long-term negative impacts on health. This research has been ongoing since the 1990s and has informed numerous studies and ongoing research (University of Calgary [U of C], 2025). Adverse outcomes from ACEs are vast; the higher the number of ACEs, the higher the risk an individual is at for negative health outcomes in adulthood. The U.S. Centers for Disease Control and Prevention [CDC] (2024) suggests nearly 1 in 6 individuals has an ACEs score of over 4, and that the health-related consequences of ACEs cost billions of dollars every year. Some of the negative outcomes associated with ACEs include effects on the nervous system: a weakened ability for the brain to respond to stress, challenges thinking clearly, memory deficits, and learning challenges; affects to the endocrine system, leading to metabolic dysfunction,

including growth challenges, obesity, and alterations to puberty; effects to the immune system, creating a higher vulnerability to illness, chronic inflammation, and increased susceptibility to autoimmune disorders; and affects to the cardiovascular system, including the risk of high blood pressure, leading to stroke or heart disease (U of C, 2025). Acquiring precise statistics on the rates of childhood sexual abuse in Canada is difficult due to the hidden nature of the crime. The results from the Survey of Safety in Public and Private Spaces estimate around 1 in 10 children are sexually abused before the age of 15 (Heidinger, 2022). The rates of abuse are noted to be slightly higher for girls than boys, with higher rates among Indigenous peoples; additionally, 69% of respondents identified a parent or stepparent as the perpetrator of their abuse (Heidinger, 2022).

Childhood sexual abuse is a large risk factor for a variety of poor outcomes inclusive of mental health, physical health, and relational challenges, both immediately and in adulthood (Institut National de Sante Publique du Quebec [INSPQ], 2025). These immediate negative outcomes can include shock, fear, anxiety, nervous behaviour, guilt, post-traumatic stress disorder symptoms, denial, withdrawal, isolation, confusion and grief (INSPQ, 2025). Long-term outcomes include consequences that can develop in childhood, in adolescence and in adulthood. These consequences are very widespread and can be severe they may impact behavioural, emotional, neurobiological, and developmental outcomes and relational outcomes. Behavioural challenges include aggression, non-compliance, delinquency, high-risk behaviours, early sexual behaviours, disordered eating, poor academic outcomes, self-harm, or gang involvement. Additionally, emotional challenges may include anger, anxiety, depression, suicidal ideation and/or attempts, dissociation, low self-esteem, poor body image, and somatic functioning challenges, including enuresis or encopresis. Relational or social challenges may also arise

including distrusting others, lacking commitment in romantic relationships, isolation, and experiencing strained relationships. Lastly, there is a risk of revictimization and a potential risk of commiting sexual offenses (INSPQ, 2025). Hashim et al. (2024) highlighted that childhood sexual abuse creates a significant risk for adolescents to experience psychopathy including depression, substance use, self-injury, anger, substance use, risky sexual behaviour, anxiety and PTSD.

What is Play Therapy?

Play therapy as described by Kottman (2014) utilizes the “language” of children in counselling, this done through play. Play can include but is not limited to various external supports, including toys, games, art and media. It is suggested that play facilitates a child’s ability to express their thoughts and feelings that they would otherwise be unable to express through spoken language due to a lack of interoception (Kottman, 2014). Play therapy’s initial inception occurred in the early 1900s within the psychoanalytical realm of therapy. Anna Freud was a key component in the initial viewpoints and later development of the modality (Landreth, 2012). At its core, play therapy is client-centered, utilizes a combination of both non-directive and directive interventions, and can work in both the conscious and unconscious (Yasenik & Gardner, 2023). This interpretation of a client-centered play therapy approach which is flexible in its level of directiveness will be utilized for the purposes of this research paper.

Research on Therapy for Child Sexual Abuse Victims

There is somewhat limited recent literature regarding the topic of play therapy and sexual abuse. Research suggests that play therapy is very effective for trauma work, but specific types of traumas, such as trauma as a result of sexual assault, are not as well identified in the research, including research from Parker et al. (2021) which highlights the use of play therapy for children

who have experienced ACEs. Historical literature, including that of Kelly (1995) suggests that one of our earliest understandings of the processing of trauma was reflected in the play of children; this concept was identified in Freud's work, which indicated that children who were traumatized had persistent observable themes in their play. Historical understanding of play and trauma has greatly influenced further research around play therapy and many derivative theories have been formed from these initial theories. This modality has been shown to be effective due to the ability to be both non-directive and directive in a child's play during treatment (Yasenik & Gardner, 2023). Yasenik and Gardner (2023) provide a framework for integrating skills within play therapy session and treatment planning; this includes a dimensions model which allows clinicians to continuously assess a child's ability to process information, assess for changes within their play, and act in a way that is child-centered and focused on their unique individual growth. Polk (2021) suggests an integrative model of Trauma-Focused Cognitive Behavioural Therapy [TF-CBT] and play therapy to promote resiliency in sexual assault victims. Kelly (1995) offers a perspective of play therapy working through cycles with a child; this can include testing the therapeutic relationship, addressing and re-addressing the traumatic event, and the protecting and distancing from the event. Working through these traumas can take one to five sessions per trauma (Kelly, 1995). Recent research suggests that there is no set schedule for processing trauma and that some traumas may take much longer for resolution (American Psychological Association [APA], 2017). The APA (2017) suggests that some complex traumas such as post-traumatic stress disorder [PTSD] may require 15 to 20 sessions for 50% of the clients' symptoms to resolve.

Research Problem

This capstone research project will explore the following question: "*what is the efficacy of play therapy as a treatment method for children who have experienced sexual abuse?"* As per statistical findings, such as those by Bader and Frank (2023), that suggest 6% of the population experiences sexual abuse in childhood, this is a critical area of study. Based upon historical research there is evidence that demonstrates that play therapy is an effective modality for working with children who have experienced sexual assault (Kelly, 1995). According to Kelly (1995), children who have experienced sexual assault process their trauma in a non-linear and cyclical fashion, which is facilitated well through the play therapy process. As the field of psychology and counselling grows and changes it is important to ensure that we continue to use practices that are evidence-based and that continue to be supported by the current literature. This desire to seek out current evidence that supports these historical findings and to build understanding around the efficacy of play therapy for children who have experienced sexual assault has led to this research question. Dion (2018) identified the constant evolution of learning in therapeutic interventions, including play therapy, and therefore, signifies the need to continue to evolve our therapeutic interventions.

Rationale/Justification

Historical research supports the use of play therapy for children who have experienced sexual assault; however, in recent literature there is a lack of evidence supporting how play therapy is effective, specifically with children who have experienced sexual assault. There however, continues to be research supporting play therapy for trauma, in a more general sense. In the therapeutic landscape, play therapy is a newer therapeutic modality and continues to require ongoing research (Moon, et al., 2025). There is a gap in the information to provide

practitioners with a well-rounded and evidence-based approach to support these clients. This research is important to identify how the current literature can aid therapists can best support their clients, ensuring a culturally, ethically, and evidence-based approach for children who have experienced sexual abuse. The constant evolution of information, research, and practice is also a driving factor of this research (Dion, 2018). Gaining a deeper understanding of its use with various populations is important for informing therapists for treatment approaches and ensures that children are receiving effective supports that support their long-term success (Moon, et al., 2025). As more therapists are beginning to be trained in play therapy and using it as an intervening modality, it is important to continue to ensure that the interventions are appropriate for each population. Should play therapy not be effective in working with children who have experienced sexual abuse further research may be needed to identify which modality is best suited to this population.

Significance

This topic is highly related to the clinical practice of counselling and its main purpose is to explore the research of play therapy to best support practitioners who are working with children who have experienced sexual abuse. By exploring how play therapy can be effective with this population, it allows for the contribution of research that is ethically appropriate, provides clinical guidance, and can provide important information to therapists who work with children who have experienced sexual assault. Moon et al. (2025) highlight that play therapy is utilized as an intervention method for a variety of childhood trauma's and that there is a need for ongoing research to concretely establish its use as an evidence-based treatment. Establishing a more nuanced understanding of particular a particular trauma (in this case childhood sexual abuse) is required to better support the diverse needs of traumatized children (Moon, et al.,

2025). This research contributes information that benefits clinicians by exploring themes of trust, control, and safety in play therapy sessions which supports therapist development. Dion (2018) suggests that skills for handling intense themes such as aggression are not taught in academia, and therefore, research such as this capstone can help fill these gaps. This research aims to support therapists who work with children by offering specific information about play therapy's ability to be used with children who have experienced sexual assault, despite a small amount of specific literature.

Theoretical Orientation

This research will utilize the client-centered approach of play therapy and will be grounded in the child development theory of Piaget (1970, 1999). This client-centered approach allows for the different perspectives and experiences to be considered within the research due to the way that play therapy can move in and out of a child's conscious and unconscious awareness (Yasenik & Gardner, 2023). It has been well-established that experiences of individuals following events of childhood sexual abuse vary significantly (INSPQ, 2025). This approach allows for the consideration of these unique experiences while gathering data that is intentional and ethical. The child development theory of Piaget, particularly his ideas around the importance of play, will inform the theoretical orientation of this capstone (Piaget, 1970, 1999). Child development theories are important to consider when using play therapy due to the nature of the child's developmental stage and their play stage. Piaget's theory of child development centers on four unique stages; of these four developmental stages, there is particular importance placed on the third stage (Hanfstingl, et al., 2019). This third stage, which is suggested to occur between the ages of 2 and 7, is among the longest identified stages and emphasizes the role of play in a child's learning. Examining the role of play being instrumental in a child's typical development

provides a strong foundation for utilizing play therapy with children. Sarah et al. (2020) notes the importance of play skills in supporting developmental transitions. Understanding this role of play in development plays an important role in examining the efficacy of play therapy for treatment. Lastly, this research orientation allows for a trauma-informed approach, which is culturally responsible in both it's research and application. This topic of sexual abuse involves extremely sensitive information, therefore, it is crucial to remove cultural bias and to adapt a trauma-informed approach in both the presentation of this data and the research process itself.

Definition of Terms

For the purpose of this capstone project, the following terms will be defined in order to refine the reader's understanding of the use of these terms in the capstone project. These terms will support the readers' understanding of these terms solely for the purpose of this capstone project. Other interpretations and definitions of these terms may be appropriate in other settings, and these definitions are not to diminish their uses in other settings or interpretations.

Childhood Sexual Assault

Childhood sexual assault, as defined by the World Health Organization (n.d.) is any "actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions". This includes inappropriate attempts/threats to the child, including touching, sexual exploitation of the child, verbal threats of a sexual nature, and so on. This paper will use terms sexual abuse and sexual assault interchangeably.

Play Therapy

Play therapy is used in the context of this capstone paper as the use of play-based therapeutic interventions performed by a registered play therapist. Play therapy is a therapeutic

modality that utilizes a variety of play materials to facilitate personal expression through the means of the child (Parker, et al., 2021). As discussed previously, the lens for this paper will follow an approach that allows for a therapist to move through different dimensions of the play therapy dimensions model (Yasenik & Gardner, 2023). For this capstone, play therapy will be all-inclusive of different theoretical orientations within play therapy, including child-centered, Adlerian play therapy, gestalt play therapy, cognitive behavioural play therapy, and others.

Researcher's Positionality

This capstone project has a topic that is personal for me due to my professional interest in working with children who have experienced sexual abuse. In my career thus far, I have been a privileged safe adult during children's disclosures and have been honored to support adults who have shared their stories and experiences, including disclosing histories of experiencing child sexual abuse. This experience has influenced my desire to support children by helping them to gain skills for processing the hurt thst was caused to them, ultimately supporting them to improve their long-term outcomes. In these experiences in working with children, I have found there to be a lack of applicable tangible skill taught in master's programs to truly support a dysregulated child, particularly when aggression is involved. As Dion (2018) suggests, there is a lack of teaching regarding how to effectively integrate a child's aggression into a session. I contribute my learning's in this area to professional development courses, clinical supervision, external learnings and readings, and through my own direct client experience. In my experiences I have found that setting boundaries and expectations for therapeutic work with a child is very different than in moments of parenting, teaching, or simply interacting with a child, as well as different than working with an adult in a counselling setting. This interest in play therapy skills,

as well as being privileged to disclosures, has led me to further explore the topic of play therapy for children who have experienced sexual assault through this capstone project.

I have strong beliefs in the power of therapeutic play, and I plan to continue my journey as a therapist to become both a registered psychologist and a registered play therapist. This interest certainly influences my bias towards the efficacy of the use of play therapy with a variety of approaches, but specifically in this case with children who have experienced sexual abuse. Within this research project I will need to ensure that I am aware of my bias, and I will need to be sure to include any material that falls on either side of the efficacy of play therapy. It may also be important to include information from other opinions and modalities to provide a well-rounded capstone project. I am very hopeful that this project will enhance my future practice by improving my skill and knowledge for supporting children who have experienced sexual abuse This will allow me to improve my own practice, while also providing other clinicians with valuable information to improve their practices. Furthermore, I am also hopeful that the information gathered will be valuable to others who are interested in the field of play therapy and working with children who have experienced sexual abuse.

Paper Overview

The rest of this paper will be broken up into four additional chapters. Chapter two, explores the method of the literature search process, emphasizing the search parameters, while also providing brief evaluations of the literature, and discussing some of the challenges encountered. Next, chapter three will provide a review of the literature obtained during the search process. This will be followed by chapter four, that will explore a clinical application to the literature, providing tangible ways to imbed these findings into practice. Lastly, chapter five

will provide recommendations and conclusions, including future research suggestions, a summary of findings, and a reflection on the process of completing this capstone.

Chapter 2: Methods of Literature Search

The following chapter will describe the method in which research literature was gathered for the literature review of this capstone project. This methodology includes a discussion of the search criteria and the specific search parameters used. A brief evaluation of the literature chosen will also be presented. This chapter will conclude with a description of the challenges, concerns, and limitations of the search process.

Search Criteria

Search Engines and Databases

The primary search engine used for gathering literature for this project was the City University of Seattle [CityU] library, as well as Google Scholar. Both search engines allowed me to locate a larger variety of sources, particularly when the research process became more specific. Utilizing both search engines supported a more comprehensive review of available literature, rather than limiting the material. Specific databases within the CityU library were utilized; this mostly included accessing the PsycInfo and PsycArticles databases. However, Ebook Central, EBSCO eBook Collection, Education Database, Mental Health and Social Care Collection, and Statistics Canada were all used in the search process. Specific journals such as the International Play Therapy Journal [IPTJ] were used to identify to find modality-specific information.

Search Terms & Search Parameters

In the first stages of the research process, search terms began broad and moved towards more specific terms to gather a deeper breadth of literature and ensure themes were well

supported with evidence from a variety of materials. Terms including *play therapy, childhood sexual abuse, and childhood trauma, w*ere utilized in the initial stages. As the research continued and moved into more specific areas of the project, terms used for searching also became more specific. These terms, which included *therapist use of self, play therapy tools and toys, childhood sexual assault counselling, control in the playroom*, *statistics on childhood sexual abuse*, *childhood sexual abuse treatment, ACEs, combination treatment methods for childhood trauma, childhood development, Piaget development theory, and culturally competent play therapy*, were used in order to refine and back up themes that were noted in other literature and, in some cases, provide more recently published literature. The combination of search terms was also used, such as *childhood sexual abuse* AND *play therapy*, were used to further refine articles and in attempts to gain more specific knowledge. Combining terms, however, was only sometimes successful in producing results that were applicable, particularly due to the age of articles. The capstone's author also accessed sources that were in her possession, including books on the topic of play therapy.

The search parameters initially focused on literature that was published within the last 5 years; however, it was necessary to extend outside of the 5 years, as there was a lack of sufficient recent literature published which was relevant to the capstone. Extending the parameters past 8 years resulted in identifying more relevant research. There was also more dated literature that was included due to its foundational role in the play therapy field including that of Kottman (2014, 2016), Homeyer and Landreth (1998), Landreth (2012), and Reyes and Asbrand (2005). Peer-reviewed literature was a key search parameter that was used throughout the literature search.

Inclusion & Exclusion Criteria

Due to the limited research available, studies were included that utilized both adults and children who had experienced childhood sexual abuse, although the focus remained on children as the main participants. Limited adult research was included to robustly examine the role of therapy from participants who can more effectively verbally state their experiences. Understanding the experiences of people was important for informing the effectiveness of the approach at hand. Studies, including that of Starzynski et al. (2017) were useful in exploring the relationship of women's experiences in counselling after experiencing sexual abuse, informing means of effective delivery of services. Literature was also included despite being less specific to sexual assault due to limited literature specific to sexual assault. This includes Parker et al. (2021) which focused more specifically on play therapy with children but was less specific on the type of trauma discussed. It was noted throughout the research process that there is limited literature on childhood sexual assault, likely due to the ethical challenges of studying this population, the funding or lack thereof, or perhaps limited research interest of such a specific combined topic. Literature that was not peer-reviewed, was dated (outside of the few selected sources), or that focused solely on adult abuse was not included.

Literature was included that followed qualitative, quantitative, and mixed-mode methods. Some of the presented articles are reviews of literature on specific topics, including Parker et al. (2021) which explored literature of child-centered play therapy and trauma through a quantitative method, and Tichelaar et al. (2020) which compared literature of differing therapeutic modalities for children who have experienced sexual abuse. Qualitative research was noted in Starzynski et al.'s (2017) interviews of women's experiences in counselling and in Rouse et al.'s (2023) review of the role of art in the recovery process of childhood sexual abuse. While Parker et al.

(2021) utilized a mixed-methods approach to determine the role of play themes to help inform the conceptualization of treatment plans. The combination of different research methods supported a literature review that was comprehensive.

Evaluation of Literature

As mentioned, some of the literature included in this project was dated and therefore requires supplemental recent evidence to support its claims and further substantiate it. More recent sources such as those of Parker et al. (2021), Yasenik and Gardner (2023), and Tichelaar et al. (2020) allow for current literature to be reflected while supporting the more dated literature. Despite the age of some of the literature, it is important in play therapy because it was written by founding authors. Much of the older literature included in this capstone was previously known work to the author of this capstone. The date range of literature included in this capstone is vast, spreading from 2012 to 2025, except for three historical articles dated 1998 to 2005. More than half of the literature included in this capstone is from the past 5 years, with the next biggest inclusion from the past 8 years, some outliers from the last 12 years, and lastly three historical articles. The three historical articles were included due to their foundational role in this specific area of research, and recent research accompanies each piece in the literature review to substantiate their findings in today's research.

Some of the literature in this area poses a challenge due to the nature of the research. A prominent concern or downfall in many of the articles is that they contain small sample sizes. For example, Tichelaar et al. (2020) only explored one randomized control study of play therapy literature in their review while comparing it to other modalities and they noted a small sample in the research they reviewed. Smaller sample sizes were also noted by Starzynski et al. (2017) who

noted they had 15 participants in their qualitative study; Sarah et al. (2020) also noted a challenge in generalizability due to their small sample size in their mixed-method approach, and Rouse et al. (2023) also noted a small sample size in their qualitative review.

The literature was reviewed, and a deductive approach was used to identify themes across the literature. This began from the understanding of play therapy being an effective modality as identified by Kelly (1995), scoping more recent literature allowed for the research question to be answered, demonstrating how play therapy can be effective. This process allowed for a wide variety of materials to be included in order to substantiate the effectiveness of the modality with this population.

Challenges, Methodological Concerns & Limitations

The research process posed challenging due to limited findings of literature specific to both childhood sexual assault and play therapy, particularly in more recent years. It was noted while going through the process that there are many “hot” topics that have been more heavily researched in recent years and the chosen topic of this capstone was not one of these topics. This gap in research motivated the intent behind completing this project but also raised the primary challenge in presenting a thorough capstone with current evidence-based information.

Within the process, the biggest challenge and limitation was the lack of literature, which created challenge to answer the research question as information had to be extrapolated on or combined from multiple sources in order to defend one point. This required using multiple pieces of literature to answer one question and required extensive reading to identify relevant themes across the literature. For example, Starzynski et al.’s (2017) findings on women’s experiences were used to inform the process of supporting control in conjunction with the work of Pappas

(2022). Another way this combination of literature was used was by utilizing relevant, newer research to support findings that were more dated. Limitations of the small sample sizes noted in much of the literature and the lack of recent literature were noted in the process.

Chapter 3: Review of the Literature

Literature has demonstrated that positive decreases in trauma symptomology are found in children who partake in play therapy counselling; it is believed that play therapy may be an appropriate intervention for children who have experienced sexual abuse (Reyes & Asbrand, 2005). This literature review will set out to answer the question "what is the efficacy of play therapy as a treatment method for children who have experienced sexual abuse?" Aiming to answer this question contributes to the gaps identified in the introduction of this capstone project. Research in play therapy also suggests a need for evaluative and systematic guidelines for its implementation to provide further empirical support for its use (Reyes & Asbrand, 2005). Play therapy has been identified as a modality that is effective with a wide variety of presenting concerns (Parker, et al., 2021). Tichelaar et al. (2020) suggested that there are numerous therapies that are effective in the treatment of childhood sexual abuse, including trauma-focused cognitive behavioural therapy, group therapy, and eye movement desensitization and reprocessing; however, they noted that no one modality is more effective than others partly due to research being informed by differing measures. They noted in their literature review, that play therapy was ineffective, but they only cited one study with a small sample size. On the other hand, Reyes and Asbrand (2005) found that play therapy as the primary modality for the treatment of childhood sexual abuse led to decreased symptoms of trauma severity after six months. Symptoms noted to decrease included anxiety, depression, post-traumatic stress, as well as sexual distress. Parker et al. (2021) identified child-centered play therapy to demonstrate significant therapeutic outcomes in children who have experienced ACEs. Exploring these opposing research ideas is important for establishing understanding of how and why play therapy

is or is not effective, as it provides historical context that informs the investigation of specific themes related to play therapy for children who have experienced sexual abuse.

This chapter will discuss the four overarching themes were identified through a deductive analysis which include treatment of trauma; therapy for children; play therapy interventions, play patterns, and therapeutic powers of play; and tools, supplies, and the use of self in the playroom. Each theme has subthemes, some of which extend across numerous themes, while others are unique to one theme. Subthemes, which extend across numerous themes have been identified in each theme they were noted, demonstrating the importance of these considerations across multiple treatment areas. Lastly, this chapter will conclude with socio/cultural influences and considerations and ethical considerations.

The Treatment of Trauma

The first theme identified in the literature is the “generic” treatment of trauma, for the purpose of this literature review this will also include the treatment of adults who have experienced sexual assault. This theme supports the understanding of trauma, and specific considerations that should be made when working with clients with trauma histories. This provides information that is important for understanding how play therapy can then be used to support clients and their treatment needs. It was found that literature consistently acknowledges practices and guidelines for the treatment of trauma, which create the basis for establishing therapeutic guidelines for the treatment of childhood sexual abuse. Because childhood sexual abuse is not a clinical diagnosis or condition, there is a challenge in creating clinical practice guidelines (Seshadri & Ramaswamy, 2019). Addressing the challenge of creating clinical practice guidelines must be developed from existing knowledge and practice; this would ensure

efficacy of treatment. Within the theme of the treatment of trauma, it is important to consider this assumption, working from the previous literature and research of the treatment of trauma to identify supporting factors for the utilization of play therapy with children who have experienced sexual abuse. Parker et al. (2021) state that children who have experienced trauma often present defensively and it is important for adults to respond to them differently. Within this theme of treating trauma, subthemes of trust and control arose. Both subthemes were noted to be present in different areas but frequently in the literature.

Trust

Trust, as identified by Alyce et al. (2024), is diminished after an individual experiences sexual assault. This trust is known to impact relationships, including therapeutic relationships, as well as romantic or familial relationships (Alyce, et al., 2024). Starzynski et al. (2017) explored the perspective of 15 adult women's counselling experiences after experiencing sexual assault through a qualitative interview and analysis. The authors found that women who sought therapy from a single counsellor reported more positive counselling experiences; on the other hand, women who saw multiple counsellors were more likely to report negative counselling experiences. Therapists' judgment was noted as a negative experience that further hindered by their help-seeking process. Although this study did not specify what led these women to feel judged by their clinician, associations could be drawn to a lack of therapeutic understanding of sexual assault from the clinician, a lack of cultural humility on the part of the clinician, or other ruptures that led to a fracture in the therapeutic relationship (Starzynski et al., 2017). In contrast, those who did feel supported found that their therapists added positive perspectives to their self-blame, and in turn showing them how their appraisals were inaccurate (Starzynski et al., 2017). Although the authors did not clearly identify this, it is assumed that the positive experience of a

single therapist was in part due to the initial positive therapeutic relationship with the client from the onset of counselling in comparison to those who had sought out multiple therapists. This study led to the author’s conclusion that the client’s trust in the therapist was a crucial factor in the perceived success of the therapy. This trust was also noted to provide the women with a sense of control of their own therapeutic process, which they attributed to better outcomes. Similarly, it was found that trust is a paramount prerequisite to disclosure in therapy; the strong clinical relationship is crucial for establishing the foundation for client disclosure through trust (Alyce, et al., 2024). As mentioned, children who have experienced trauma may present with defensive behaviours to protect themselves from perceived threats such as a new relationship (Parker, et al., 2021). Helping and caring adults, therefore, must respond differently to a child who has experienced trauma to show increased empathy while building trust, such as limit setting. Although, building trust may appear slightly different with a child as described by Parker et al. (2021) it remains important to long term success as noted by the adult literature. Understanding the crucial factor of trust is important for establishing the effectiveness of supporting individuals who have experienced sexual assault.

Control

In the literature, Pappas (2022) wrote on the necessities for client care for individuals who have been assault and highlights a clients need for control and safety after assault in both the therapeutic process, as well as in one's everyday life. Specifically, the authors highlight that therapists should focus on building client autonomy and center their treatment on client agency. This literature did not acknowledge age differences in children or adults and focused more generally on assault victims. They propose that fostering client autonomy in therapy enables a client to reclaim the control that has been taken from them due to the assault. This is consistent

with the findings from Starzynski et al. (2017) who suggest that an individualized approach to therapy is needed for clients to build their sense of autonomy to process their experiences. Although this literature focused on individualized approach to adults, this individualized approach should also be applied to children. Individualized programming can be adapted into many trauma-informed therapy modalities; it includes using client-centered language such as client terms for their experiences (Pappas, 2022). This is important because language in therapy may be perceived differently by each client depending on their experiences, including their upbringing, education levels, developmental state, assault experience, social influences, experiences reporting/disclosing, and more (Pappas, 2022). Therefore, it is important to utilize language that the client is able to relate to; this may mean using or not using socially gendered language and victim-centered language. For example, if a client refers to themselves as a victim of sexual assault, it would be appropriate to refer to them this way in context; however, it would not be beneficial to name someone a victim who calls themselves a survivor. With younger clients, this could be exploring more simple terms they use, such as bad versus good guys and working within their vocubulary. Using language that is geared towards the client helps support their experience of control in therapy. The therapist's perspective is backed by the power and privilege of their word choices, which can lead to microaggressions when misusing language (Hays, 2022). Kottman (2016) highlights that play therapy is particularly useful for children as it uses a child's "language" which is play. Play therapy also allows for the therapist to follow the child's lead and to use child-focused vocabulary while also infusing therapeutic language into counselling as the therapist sees fit to enhance the level of directiveness of the play (Kottman, 2016). In play therapy, child-centered vocabulary means using the same words that the child does and accepting their corrections; this may look like a child labelling a block as a dog or a

pool noodle as a sword (Yasenik & Gardner, 2023). This ability to move through different levels of directiveness and consciousness supports a child's sense of control.

Therapy for Children

In general, there are certain considerations to make when working with child clients based on their developmental levels, their abilities to engage, and their understanding of the therapeutic process. Tucker (2023) highlights that children and adolescents actively participate in engaging with their environments, which in turn influences how and what they learn. Creative experiences are said to be crucial in a youth's education and as a facilitator of healthy development, this influences the need for youth to receive a different counselling approach than adults (Tucker, 2023). Understanding the unique nuances of working with children is important for providing effective supports for all children, not only those who have experienced sexual abuse. This theme reinforces play therapies abilities to be effective with children and begins to deepen the understanding of play therapy's role in the treatment of sexual abuse. Subthemes were noted within the literature that support areas in which counselling may be different in children or that are crucial aspects of therapeutic work with children. These subthemes include language & development, control, safety, directiveness, and external supports.

Language & Development

Understanding a child's language and developmental abilities is important when working with children. Counselling for children differs from adult counselling due to their differing developmental states. Children's brains are developing, and this occurs with the environments in which they are raised. Healthy development is influenced by feelings of being safe, loved, receiving attention and proper care; when these factors are not present it can lead to executive

functioning challenges (Vicario & Barrios, 2023). One area of development includes verbal expression; children are naturally developing in this area, which can lead to challenges verbalizing their experiences. Therapists working with children should be highly trained in working with children, have a deep understanding of the developmental patterns of children and display a high attunement to the child's interactional patterns in the playroom (Engen et al., 2020). This is important when addressing play therapy's effectiveness with children who have experienced sexual abuse due to the role of play therapy meeting the developmental needs of the child. This will be further explored within the theme of play therapy interventions, play patterns, and therapeutic powers of play.

Control

It is important to note that children enter therapy at different points in their healing journeys. For instance, one child may have never disclosed their sexual assault, while another some child may have previously disclosed to a parent but not to a therapist, while another child may have only disclosed to a therapist. Furthermore, the course of the treatment plan implemented by the therapist may vary depending on child's disclosure status as disclosure may indicate the child's readiness for processing the experience, impacting the level of directiveness a therapist may take (Seshadri & Ramaswamy, 2019). Reyes and Asbrand (2005) suggest that allowing a child to lead the activity will help to mitigate the risk of re-traumatization in the therapeutic space by remaining within a child's distress tolerance. Play therapy allows for the therapist to meet a child's actions with empathy, even when it is required to set limits, which supports the child's positive brain growth in building trust and executive functioning skills (Parker, et al., 2021). It is also known that many other factors contribute to the child's level of post-traumatic stress including the circumstances of the disclosure, the dynamics within the

family or other external systems, court involvements, or changes to the family unit's including housing; each of these factors influences the outcomes and potentially the effectiveness of the counselling process (Reyes & Asbrand, 2005). These other contributors that play into the child's post-traumatic stress are important as they influence the child's perceived control; this should be considered by a therapist when making decisions regarding their facilitation of directive activities.

Safety

When working with children, it has been found to be important to create a space that is safe and supportive. Safe and supportive spaces include positive relationships to facilitate feelings of safety and trust, as well as a physical environment that offers emotional safety through familiarity, comfort, organization, and age/cultural appropriateness. These aspects of safety allow for a child to be in a space that facilitates resting, relaxation, and coping, and in turn, they support the return of a regular routine (Seshadri & Ramaswamy, 2019). Play therapy supports client autonomy that is explored within a safe, child-focused environment that allows a child to express and experiment without judgement and interference (Dion, 2018). It is noted that this occurs through the therapists' facilitation for a child to express without interference, this means allowing a child to freely express, which may include overt behaviours which that are typically socially undesirable. In the playroom, this may look like a child using socially unaccepted language or engaging in play that includes dark topics such as death or harm. This judgement and inference-free approach supports safety and enhances coping abilities by allowing the therapist to act as an external co-regulator while maintaining the child's autonomy which build their sensation of safety, particularly in the therapeutic relationship (Dion, 2018).

Directiveness

Play therapy has the ability for a therapist to move through both conscious processing and to mediate the level of directiveness; a therapist can follow their movement in session with the Play Therapy Dimensions Diagram by Yasenik and Gardner (2023). This ability to move through different levels of consciousness and directiveness allows a therapist to meet the child wherever they are in their own processing. This approach can support the facilitation of the processing of the traumatic event while remaining within a child's window of tolerance. The process of remaining within a window of tolerance can mean that growth or resolution may be slow, this can be challenging in short term therapy or in scenarios where financial constraints are a concern. This model presented by Yasenik and Gardner (2023) can be used within any play therapy model such as child-centered, Adlerian, Filial, and others, making it fit for many therapists with different therapeutic styles. Within play therapy, other modalities or interventions may be infused into the process, allowing for a seamless combination treatment. For instance, a therapist could incorporate an intervention from CBT into a play session. Tichelaar et al. (2020) suggest that combination treatment methods are the most effective treatment for children who have experienced sexual assault; however, from an empirically supported perspective, this is extremely challenging to execute research that supports combination approaches. Despite the challenge in supporting an eclectic approach with empirical evidence, play therapy provides an excellent medium for infusing different modalities and varying the level of directiveness to best support each unique child.

External Supports

External supports can vary greatly in the counselling process; this includes aspects of the journey that occur outside of the therapeutic space. Research has shown that family support programs, which include a variety of supports, can improve children's mental health (Kuhn & Laird, 2014). Varying supports can include the support of external systems such as parents, caregivers, schools, community members, or more direct therapeutic interventions that are not provided by the counselling therapist; this includes medications, and other treatments (Mathiesen & Gunnarsdottir, 2022). This subtheme was noted as a topic identified in much of the literature regarding therapeutic supports for children. This subtheme is not specific to only play therapy but remains highly important to the treatment of a sexually abused child as identified throughout this section.

Counselling has been proven to be more effective when accompanied by other treatments, as noted within holistic approaches such as within adolescent school counselling, which utilizes a rounded approach to support the youth (Mathiesen & Gunnarsdottir, 2022). Accompanying counselling with other supports outside of therapy can increase the effectiveness of the treatment (Kottman, 2014). One accompanying treatment is the use of psychopharmacology. Those who experience anxiety and self-harming behaviours post-assault may benefit from mood stabilizers and selective serotonin reuptake inhibitors [SSRIs] as both can have positive effects on emotional regulation (Seshadri & Ramaswamy, 2019). Psychopharmacological treatments are most effectively used alongside psychological interventions, as noted by Tichelaar et al. (2020).

Another important accompaniment to direct therapy is the collaboration with parents/guardians/caregivers and other supporting adults, such as teachers or coaches. Such collaboration is important, as children spend most of their time in external systems outside of the playroom; supporting individuals in their systems to best support them contributes to their overall well-being (Kottman, 2014). Hartwig (2021) emphasizes the benefits of integration which includes family therapy within a play therapy framework to foster improved parent-child attachments, change adverse interactional patterns, and support the family unit in working together. Family therapy sessions should take important considerations of the usefulness for the child client based on their needs, particularly in the case of sexual assault considering the role of this abuse in the family. In cases where family therapy is not a viable option, parent/caregiver consultations continued to be recommended (Hartwig, 2021). Kottman (2014) states that a child's support system can be an invaluable piece of the therapeutic process and contributes to better outcomes. Supporting external systems includes providing parenting strategies, psychoeducation about family dynamics, psychoeducation about child development, and addressing school issues. There are just some of the areas that have been found beneficial for extra support from a play therapist (Kottman, 2014). In a review of parent-based intervention studies for traumatized children, it was found that parent-oriented therapies were more effective; this meant both child and their parents were involved in the process (Tosunoğlu, & Seçer, 2025). Key points highlighted key points for efficacy were early intervention, parent education, and the inclusion of parent-based interventions. In addition, psychoeducation for parents has been found to be a supporting factor in working with children who have experienced sexual abuse (Seshadri & Ramaswamy, 2019).

General Therapeutic Influences

Throughout the literature factors noted within this subtheme arose, these general therapeutic influences did not necessarily fit within other subthemes but were noted to provide important information to a therapist working with this population. These influences as followed, are considerations for creating an effective intervention plan and supporting the effectiveness of play therapy.When working with children who have experienced sexual assault, there are some common therapeutic elements that have been noted to create positive outcomes; these include the treatment length, the trauma narration, and stress inoculation (Tichelaar et al., 2020). Reyes and Asbrand (2005) also noted that time or treatment length is an important therapeutic influence, and they suggested it was the most significant factor in facilitating symptom reduction. Improved symptomology in daily living was found to be successful after nine months of brief therapy, while decreases in anger, dissociation, fantasy, and sexual preoccupation were noted to require longer-term support (Reyes & Asbrand, 2005). Another important element of therapy for children who have experienced sexual abuse is the goal of therapy; the objective should include utilizing interventions that support the child through inquiry, allowing for healing, recovery, building safety, and abuse prevention (Seshadri & Ramaswamy, 2019). The goal of therapy is not to have a child "get over it" but rather work through their healing while building safety. This process of trauma narration is one goal of therapy that supports the child in healing and recovery (Tichelaar, et al., 2020). Wickham and West (2002) note topics of inquiry and healing surround feelings of powerlessness, language/identification with socially constructed groups, and exploring and building empathy. These topics of inquiry may support both the process of trauma narration and stress inoculation, which are noted to be important in the therapeutic process (Tichelaar, et al., 2020).

Play Therapy Interventions, Play Patterns & Therapeutic Power of Play

Play therapy utilizes a large variety of tools and interventions which can be unique to this modality or pulled from other therapeutic interventions. Play patterns and the therapeutic powers of play are the premise of play therapy work (Kottman, 2014). This topic of individual interventions, play patterns and the therapeutic powers of play is crucial in the work of play therapy. This theme focuses in on more specific ways in which play therapy is effective for children who have experienced sexual abuse, supporting a greater understanding of ways in which therapists may tailor their treatment methods to individual clients. It was identified that there are subthemes, which include child development and language skills, therapeutic powers of play, interventions and approaches, and conflictual play.

Child Development & Language Skills

As discussed within the theme of 'Therapy for Children', children's developmental stage plays a large role in the therapeutic setting. This subtheme is found again within this theme, highlighting it as a vital area for consideration. As children grow and develop, they gain skills in many areas, including cognitive skills, play skills, motor skills, and intellectual skills. One area of development is a child's language skills, which include both expressive and receptive language skills. Children's verbal abilities vary, and throughout their development, they refine their skills to better express themselves. Landreth (2012) highlights the use of play to express feelings, thoughts, relationships, and wishes in a safe way which allows for challenging emotions to be directed at objects. According to Erickson (n.d.), as cited by Sarah et al. (2020), play acts to advance a child into their next developmental stage. Sarah et al. (2020) note that children do not develop play skills at the same rate, and that some children may need additional support or

intervention to gain the necessary skills to play. Yasenik and Gardner (2023) maintain that play skills are necessary for play therapy to be utilized to its maximum abilities due to the developing language skills of children. The developmental needs of the child are important to consider when supporting the child through the therapeutic process and should influence treatment decisions (Wickham & West, 2002).

In addition to children undergoing developmental changes, which may act as a barrier to their expression of their abuse, Wickham and West (2002) points out that many children do not want to talk about what has happened to them. This can be due to several factors, including their developmental inadequacies or due to the emotional burden they are carrying. These factors include inadequate vocabulary, pre-verbal developmental stages, denying or minimizing abuse and its effects, dissociation, fear of outside perceptions, the protection of others, or the threat of the abuser becoming aware (Wickham & West, 2002).

Therapeutic Powers of Play

Kottman (2014) describes play therapy principles as therapists utilizing the therapeutic powers of play to facilitate the resolution of psychological difficulties. Kottman (2014) identified several therapeutic powers, such as self-expression, accessing the unconscious, teaching directly and indirectly, abreaction, catharsis, self-control, power/control, problem-solving, rapport building, and many others. The use of therapeutic play has been established as an effective means for supporting a variety of diagnoses and presenting problems, including sexual assault (Kottman, 2014). The identified therapeutic powers of play support the use of play therapy for children who have experienced sexual assault and demonstrate the effectiveness of this modality. Engen et al. (2020) agree that play acts as a medium to for children to express their experience,

interactions, and thoughts, as they may not have the vocabulary, maturity, or skill level necessary to be able to share their experiences verbally. Play allows for the enactment of thoughts, feelings, and coping skills, which a therapist can then intervene to support the child through their play scheme based on their assessment of the child's play (Engen, et al., 2020; Sarah, et al., 2020). These therapeutic powers of play as outlined, provide support for the effectiveness of play therapy for working with children who have experienced sexual abuse, as they demonstrate play therapies abilities to support resolution for the child.

Interventions & Approaches

Therapists who are utilizing play in the therapeutic space must be able to work within the metaphor and understand the use of symbolic play because this is a child's preferred expressive choice (Wickham & West, 2002). Play therapy allows for the complete exploration of a child's play themes, which is key to tracking the therapeutic change that occurs during interventions (Sarah, et al., 2020). Understanding this process is of the upmost importance for therapist efficacy.

Homeyer and Landreth (1998) examined play therapy behaviours in children who have experienced sexual abuse, and they found play behaviours differed between boys and girls. In children three to six years of age, they noted boys had a harder time dissociating than girls, and that they were more likely to utilize tactile tools in the playroom as a method of dissociation, such as running fingers in sand or water. They also noted that girls were more likely to reenact sexualized play through kissing puppets or putting things in their mouths, while boys were more likely to create sexual positions in their play schemes. The authors also noted that boys sought out nurturing in their play in comparison to girls, which the authors associated with a perceived

loss of nurturance at home for boys in compared to girls. In the older age range children, seven-to-ten-year old's, Homeyer and Landreth (1998) noted that both girls and boys were found to seek out nurturing play at the same rate, while results of the other categories such as dissociation remained consistent as with the younger group. Therapists should consider the different presentations of boys and girls who have experienced sexual abuse when developing their therapeutic approach and how these presentations in play may change due to age, gender or other variables (Homeyer & Landreth, 1998). Although this literature is dated, it remains relevant and important to inform current practices due to the foundational nature of this research. Current research and intervention guidelines, including that of Yasenik and Gardner (2023) builds from the principles of meeting that child where they are at, based upon presentations such as described above. The play therapy dimension model provides a therapist with a guide to support their movement through different levels of directiveness and consciousness at a rate that is appropriate for the unique child (Yasenik & Gardner, 2023).

Storytelling is one of many of the play interventions that fall within the scope of play therapy, and it has been found to be an effective intervention for children who have experienced sexual assault (Mendoza & Bradley, 2021). It is suggested that storytelling can serve as an entry point into a child's narrative as it allows for distance between the child's reality and their experiences and memories, such as sexual abuse. Creating distance and space between play and consciousness is important for facilitating therapeutic play that meets the child's developmental and emotional needs, the therapist is to track the play to determine when increasing the consciousness of the themes would be beneficial to the child's therapeutic growth (Yasenik & Gardner, 2023). There are many activities and interventions that can be used in play therapy to create this space and distance, including but not limited to puppet play, creative expression, or

figure/doll play. In child-centered play therapy, the non-directive approach creates a dynamic process in which themes are presented in the child's play; eventually, through the therapeutic rapport building over time the child's sense of safety increases, which in turn allows for deeper expression of the child's inner workings and narratives (Ibharim, et al., 2023). Storytelling is connected to the facilitation of hope and resilience in the therapeutic space (Mendoza & Bradley, 2021). Children will personalize their play to facilitate their narrative from third-person to first-person narratives; this supports positive outcomes for the child (Mendoza & Bradley, 2021). Interestingly, in a systematic review of several controlled trials, researchers identified that children most noted that talking, writing, or drawing about their sexual abuse as the most beneficial part of therapy (Tichelaar et al., 2020).

The use of games in play therapy has been suggested for use with children who have experienced childhood sexual abuse (Kottman, 2014). Endendijk et al. (2021), suggests the use of specific games for working with children and adolescents who have experienced sexual abuse, hey created a game titled 'Vil Du?', which translates from Danish to "Do you want to talk about it?" This game was noted to be successful due to the child not having to engage directly with the therapist and due to the removal of eye contact. This game is a digital game that uses tablets, where the therapist and child can see what they are both doing on their individual screens. This is a dress-up-style game where you dress up the character and choose actions for the character to perform. The authors identified this as a tool to provide the child an opportunity to express or disclose their abuse without having to verbalize the incident. Research, such as this, presents a unique combination of play therapy principles and technology for the therapeutic space. The utilization of games supports children's disclosures of sexual abuse in a non-verbal form, which

is useful as children often lack the vocabulary to describe traumatic events (Endendijk, et al., 2021)

Conflictual Play

Children who have experienced sexual abuse may be more like to present as "stuck" in their play, this often occurs when a child is facing conflictual play and it is the therapist's job to support the child in moving through this experience (Engen, et al., 2020). Therapist's may use creative methods to engage and to support the creation of new actions to meet the child's behaviour patterns to support the child in finding resolution within their play. Supporting a child through repetitive or "stuck" play can include modelling a coping strategy or solution, adding in another play scheme, or other play therapy interventions. Specifically, safety of the environment is vital, as children often feel more safe and secure in a playroom than in their everyday environments (Engen, et al., 2020). When a therapist facilitates appropriate levels of directiveness and consciousness in play, safety is maintained. The therapist supports the child by aiding them in remaining within their window of tolerance, challenging them within their abilities, and offering solutions and coping strategies, when their sense of safety is threatened (Yasenik & Gardner, 2023). Ibharim et al. (2023) suggest that child-centered play therapy can be effective due for working with children who have experienced sexual assault due to the therapists' abilities to create inferences from present themes in the child's play. This allows for implementation with a variety of children, as the therapist's inferences are directly related to the individual child, rather than hypothesizing what they may be based on their experiences. This intervention strategy allows for the therapist to create the working hypothesis and to work through the themes of emotional patterns and play.

Tools, Supplies, and the Use of Self in the Playroom

This final theme provides important information for the therapist to ensure effectiveness of service delivery to support a child who has experienced sexual abuse. This further supports the effectiveness of play therapy with this population, particularly in individualized approaches as noted in the subthemes. Subthemes include the therapist's use of self, creative tools in the playroom, and play items, toys, and other tools. The implementation of these topics is important for building therapist competency, which in turn increases the efficacy of the play therapy as an intervention for addressing childhood sexual abuse.

Use of Self

Dion (2018) states that the therapist is the most important tool in the playroom. The author highlights that the therapist's role in prepping a child for play and for handling aggression and anger if or when it arises. How to handle aggression and anger directly is not always taught in university counselling programs, and therefore, continued education in play therapy is vital to best support clients in the playroom (Dion, 2018). Wickham and West's (2002) research focused solely on the therapeutic process when working with children who have experienced sexual assault. The authors highlighted the therapeutic relationship as the most important component of the process, which includes the therapist's responsibility to provide containment and support the child in a safe holding environment, allowing for expression. Hartwig (2021) explored the play therapist's use of self through 12 skills for implementation, which include four categories: nonverbal skills, content skills, encouragement skills, and interviewing skills. It is suggested that these skills allow the therapist to match the interventions to the child's communication, expression, and understanding abilities. By doing so, the therapist allows the child to be the

expert of their own life while building a strong therapeutic relationship to facilitate healing (Hartwig, 2021).

There are many ways that therapists can support the child through the therapeutic process. For instance, the therapists play an important role in setting appropriate and consistent boundaries (Wickham & West, 2002). Children who have experienced sexual assault have had their boundaries violated; therefore, creating a safe space with clear boundaries allows the child to be empowered. In play therapy, boundaries are often referred to as limits and can be implemented based on the child's needs (Dion, 2018). Limits are established early in the therapeutic relationship to allow for a differentiation of the outside world from therapy while providing unconditional support from the therapist (Kottman, 2016). Because it is the therapist's role to facilitate the expression of feelings, while also respecting the child's defenses, the use of limits can support this process. This can be achieved through both directive and non-directive processes (Wickham & West, 2002). The play therapy dimensions model can help support a therapist in determining when it is appropriate to implement limits (Yasenik & Gardner, 2023).

Creative Tools

Children may have difficulty verbalizing the sexual abuse they have experienced, and thus it is important that the therapy techniques used are carefully considered to meet the child's needs within their developmental and emotional stages, while also considering individual interests and personalities to create a therapeutic process that best supports the issues at hand (Wickham & West, 2002). Rouse et al. (2023) reviewed 16 studies through a thematic synthesis that utilized art and creative means as a modality for self-expression with adults who had experienced childhood sexual abuse. The authors found that that art created an opportunity to

connect and share within a safe, contained activity, allowing for self-empowerment to emerge. Based on literature such as that of, Kottman (2016) who identified art as a means for allowing children in play therapy to self-express, we can generalize the positive change noted in adults in Rouse et al. (2023)'s review is also applicable to children. This is due to the way that art allows for children who do not have the verbal abilities for self-expression to freely express themselves, supporting their benefit from the therapeutic process (Kottman, 2016). Creative activities are a tool that can create a positive impact for those who have experienced sexual assault (Rouse, et al., 2023). They support the facilitation of the recovery process, and the evidence that supports this practice with both children and adults continues to grow (Rouse, et al., 2023). Art materials are a key tool within a play therapy space (Kottman, 2016).

Play Items, Toys, and Other Tools

Opinions vary on the specific items are required for a play therapy space; these opinions differ when considering culturally sensitive items that are necessary or that should be omitted from the playroom and if aggressive toys should be included in the playroom (Chung et al., 2023; Kottman, 2014). There has been some agreement that a wide variety of toys and supplies is necessary to facilitate a variety of play types, which includes toys to facilitate creative play, imaginative play, constructive play, sensory play, exploratory play, and/or dramatic play (Kottman, 2014; Landreth, 2012; and Yasenik & Gardner, 2023). Furthermore, playroom tools should have multipurpose uses, which allows children to use items and toys in ways that differ from their traditional uses (Chung et al., 2023). Examples of multipurpose toys and items include pool noodles, toilet paper rolls, pieces of fabric and other household items, sticks, pinecones, rocks and other natural items, blocks/Lego's, or art supplies (Dion, 2018). When selecting items to include in the playroom therapists should consider how a child may explore and interact with

an item, the items' therapeutic purpose, how it may allow a therapist to engage, and how the items support cultural expression (Chung et al., 2023). Toys and supplies in the playroom should support cultural expression across all cultures, allowing every child to express themselves equally. This includes items such as drums, nature, religious symbols, dolls of different cultural representation, and more, which provide children with familiar materials for expression. As discussed previously, children will personalize their play, and toys that cue appropriate stories that meet their social class, ethnicity, race or religious classifications are helpful in guiding their narration (Mendoza & Bradley, 2021). Aggressive toys such as handcuffs, plastic knifes, swords, or bop bags, are included in culturally necessary items, however, it is suggested that these items do not necessarily need to resemble the "real" items as children who have aggression to express will do so with whichever items are available and use substitutes if necessary (Dion, 2018).

Socio/Cultural Influences and Considerations

Mental health practitioners widely recognize the need for culturally competent care which was evident throughout the literature. This theme of socio/cultural influences and considerations will be explored to further understand the implementation of culturally sensitive care in the playroom when working with children who have experienced sexual abuse. Culturally competent care is the center of many therapeutic topics, and it is no different when considering a culturally responsive approach to children who have experienced sexual assault. This theme highlights significant cultural and social differences that may be present with clients and provides considerations for the therapist to provide culturally competent care. Although many of the statistics regarding sexual assault are challenging to quantify, the Government of Canada (2024) reported that Indigenous women are three times more likely to have been sexually assaulted than non-Indigenous women. Child welfare statistics in Canada also highlight three

times higher rates of child maltreatment investigations in Indigenous groups in comparison to non-Indigenous children (Fallon, et al., 2021). With childhood sexual abuse reports in Indigenous Canadians as high as 35 percent of males, 50 percent of females and 57 percent of gender-nonconforming participants, as recorded in a sample of 282 participants (Helmus & Kyne, 2023). Understanding the unique facets of children who have experienced sexual assault is key to providing competent care that aligns with the Canadian Psychological Association's [CPA] (2017) ethical code. The CPA (2017) ethical code provides guidelines to ensure the ethical practice of psychologists in both behaviours and attitudes. This code states principles, values, and standards to be upheld; provides guidelines for supporting ethical practice and implementation of said principles, values, and standards; and supports psychologists in developing skills for monitoring their own ethical behaviour.

Ray et al. (2022) noted that the most important tool in the playroom is the therapist, who must be culturally competent; this includes their knowledge, skills, attitude, and their personhood. As previously discussed, there are certain toys and tools that can be brought into the playroom that facilitate culturally competent care; however, the most important factor lies once again within the therapist's skill set. Therapists should have a deep understanding of the cultural facets impacting a child both in and out of the playroom. Engen et al. (2020) considered the sociocultural perspective of a child's experiences in the therapeutic process and highlighted the important role of caregivers in supporting complex activities, such as play. There is a lack of literature regarding the outside systems' (such as family, school, or community) role in the recovery process. However, with that said, what literature there is notes that the child's external systems should inform a clinical approach, and their system should be a part of the process (Kottman, 2014). Kottman (2014) utilizes parent and teacher training opportunities to engage

outside systems in the play therapy process to support the child on a more global level. A consideration of bringing outside systems into the therapeutic process may be influenced by who perpetrated the violence towards the child and who is caring for the child.

Another consideration is the use of culturally informed programs that can be woven into the therapeutic process to support a culturally appropriate approach to therapy. Kittow et al. (2024) explored the use of stitching our futures together [SOFT] Program, although not a play therapy practice, can support the inclusion of play therapy practices due to the unique similarities and the culturally responsive approach. There is a need for culturally responsible programming for Indigenous children, particularly when non-Indigenous individuals are supporting children or non-Indigenous therapists. The SOFT program utilizes Indigenous practices such as yarning, storytelling, beading, and other creative elements that could be easily incorporated into a play therapy room to provide a more culturally sensitive approach. The flexible nature of play therapy interventions allows for the infusion of culturally appropriate activities such as those found within the SOFT program, to be woven into the process, while ensuring that a therapist understands the child's cultural background (Kottman, 2014). Polk (2021) supports the necessity of cultural infusion into therapy by suggesting that the use of a trauma-informed cognitive behavioural therapy can be infused into play therapy, leading to increased resiliency in children who have experienced sexual assault; this trauma-informed component is necessary for this effectiveness.

Ethical Considerations

Within the research process of the literature review, there were specific ethical considerations to consider. These considerations include research ethics, which include ethical

guidelines in that researchers followed while undergoing their research studies, as well as ethical considerations during the compilation of this literature review. There are also ethical considerations for the clinical application of play therapy with children who have experienced sexual abuse. Both research ethics and clinical ethics will be explored as follows.

Research Ethics

The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans [TCPS 2] (Government of Canada, 2022) outlines the ethical considerations necessary for research. This policy statement is applicable to this literature review due to the scope of the review attending to human studies. This project did not consist of formal research, however, the literature review followed an ethical process by examining inclusion and exclusion criteria for the studies. Mostly secondary sources were utilized for the compilation of information for this review. The inclusion of journal articles in this review adhered to their respective ethical standards, which was dependent the individual research methodology. Research that was chosen for this review met ethical standards; considerations such as peer-reviewed work, experts in the field, and any acknowledgments of any conflicts of interest were considered in the selection process. Articles such as Rouse et al. (2023) provided detailed accounts of research limitations which was important for determining its applicability to this project and research gaps. Many of the research articles reviewed suggest a need for ongoing research in one or more areas to further deepen the literature on specific topics and provide rationale for this.

Considerations such as the scope of cultural perspectives have been noted to be lacking in the literature. Tichelaar et al. (2020) stated that only three of their 32 studies reviewed included non-Western populations, and most of the studies utilized primarily girls as subjects. Including

research such as that by Seshadri and Ramaswamy (2019) was crucial to adding in a non-Western view, supporting cultural perspective within this capstone, and aligning with the TCPS-2. Starzynski et al. (2017) also noted small sample sizes in their preliminary research, as well as a lack of diversity. Reyes and Asbrand (2005) also acknowledged a limitation in the sample size; with this study completed on a volunteer basis with approximately 50% of their population dropping out before completing the nine months of research, this gap may create a challenge in the ethical generalizability of the results. The acknowledgment of limitations in individual studies demonstrates a lack of generalizability and highlights a need for further research for ethical application to general populations.

The formulation of the literature review topic for this capstone project considered the ethical principles laid out by both the TCPS 2 (Government of Canada, 2022) and the Canadian Code of Ethics (Canadian Psychological Association, 2017). Considerations of how this research would create benefit in the field for both practitioners and clients, how it protects the dignity of children who have faced traumatic sexual assaults, and how it supports the protection from harm were all priority considerations. Other consideration's such as peer-reviewed work and varying research findings were considered to ensure that the literature did not just meet the viewpoints of a single author or was biased to the writer's preconceived thoughts about the topic.

Clinical Ethics

There are clinical considerations that are vital to therapists implementing play therapy with children who have experienced sexual abuse. Although we will not go into depth regarding these considerations it is important to acknowledge them here. This includes following a formal informed consent process with both parents and/or guardians of the child, as well as getting

assent from the child (CAP 2023; CPA, 2017). It is also suggested that clinicians be continually assessing their work's efficacy with a client to identify the effectiveness of interventions (Reyes & Asbrand, 2005). This individual assessment is key for ensuring that benefits are maximized, and risk is minimized by allowing clinicians to tailor their treatments to individual client needs and shift when therapeutically necessary (CPA, 2017). Consultation with peers, supervisors, and other play therapists is strongly recommended to help ensure that best practice measures are utilized and that a therapist is remaining ethical (Dion, 2018; Kottman, 2014).

Discussion

Based on the literature presented, it can be established that play therapy can be an effective intervention modality for working with children who have experienced sexual abuse due to its flexibility to meet the unique needs of a child. This compilation of literature supports Parker et al.'s (2021) statements of play therapy being effective with a variety of populations, as well as supports play therapy as a modality for this specific population as identified by Reyes and Asbrand (2005). Themes from the literature included the treatment of trauma; therapy for children; play therapy interventions, play patterns, and therapeutic powers of play; and tools, supplies, and the use of self in the playroom, which all provided support and rationale for the efficacy of play therapy as a modality for the treatment of childhood sexual abuse.

This efficacy of the utilization of play therapy with children who have experienced sexual abuse was noted greatly in the mechanisms of the process of play therapy supporting subthemes such as trust, control, and safety (Dion, 2018; Parker, et al., 2021). The key topics discussed highlight the efficacy of using play therapy for children who have experienced sexual assault due to the various ways that play therapy can be personalized to meet the needs of the child (Engen,

et al., 2020; Kottman, 2014; Yasenik & Gardner, 2023). More specifically, play therapy is effective because of its abilities to build on client autonomy which is important when working with victims of sexual assault (Pappas, 2022), it allows for children to express themselves in a developmentally appropriate way utilizing play (Kottman, 2016), it allows for therapists to vary their level of directiveness based on the individual interactional play patterns of the child (Engen, et al., 2020), it demonstrates a decrease in problematic behaviours and symptoms (Reyes & Asbrand, 2005), it facilitates the movement of play away from patterns of 'stuckness' while building hope and resiliency (Engen et al., 2020; Mendoza & Bradley, 2021), it allows for therapists to set and enforce appropriate boundaries while building safety (Wickham & West, 2002), it should include a variety of play materials that meet the unique cultural experiences of a variety of clients (Chung et al., 2023), and lastly supports an ethical approach in which therapists can continue to evaluate their own efficacy (Reyes & Asbrand, 2005). Despite the evidence of the of play therapy being an effective modality for working with children who have experienced sexual assault, it is also important to recognize that there continue to be gaps in the literature and that ongoing research is recommended to better support the long-term efficacy of the interventions.

Gaps in Research

As touched on in the introduction there are gaps in the research for the use of play therapy for working with children who have experienced sexual abuse. Tichelaar et al. (2020) noted that there are many different modalities that are effective for working with this population but that the most effective modality has not been fully established. As expected, there was difficulty in finding recent literature that was specific to the use of play therapy and sexual assault that was relevant to this research question, particularly when looking at recent literature.

The challenge in locating this literature demonstrates a gap in itself. Despite this gap, the literature supports the effectiveness of play therapy's use due to its flexible nature to the meet the needs of each individual client.

Parker et al. (2021) highlights the high prevalence of ACEs requiring targeted early intervention and suggests that research into play therapy and ACEs should continue to explore the impacts on a longitudinal level. Much of the literature examined provides correlational information to inform this research question; this means that research information and data were extrapolated by correlating themes of the research that are in line with play therapy interventions. For instance, connecting Pappas' (2022) ideas of supporting a client in having control and safety within their therapy with principles of play therapy limits from Dion (2018) to support the child's sense of safety and control. Because much of this project demonstrates correlational ideas, research testing specific successes would be beneficial to support the use of play therapy with children who have experienced sexual assault.

Tichelaar et al. (2020) noted that there is limited research in many modalities specific to the work with children who have experienced sexual assault and much of the research that exists contains small sample sizes; it is suggested more research is needed. Additionally, as noted in the introduction, the various forms of play therapy should be individually researched to determine a best-practice scenario for the utilization of play therapy with children who have experienced sexual assault. Further research in developing evaluative and systematic guidelines to validate play therapy as a treatment tool continues to be necessary (Reyes & Asbrand, 2005). Rouse et al. (2023) suggests research with sexual assault survivors is challenging due to relationships between researchers and participants (often therapists and clients) and that limited populations

have been researched at this point. There remains a gap in research due to these limited sample sizes and populations.

Future research could include deeper investigation into the role of the relational abilities for play therapy to address specific poor outcomes as a result of trauma in children, such as isolation and rejection (Parker, et al., 2021). Long-term effects should also be researched; longitudinal studies would help to support the effectiveness of this intervention. This research does not support play therapy being the "gold standard" or best option for the treatment of children who have experienced sexual abuse and further specific research comparing modalities continues to be needed.

Chapter 4: Application to Clinical Practice

Working with children who have experienced sexual abuse can be challenging as they may experience a wide variety of symptoms ranging from behavioural symptoms, sexual symptoms, emotional symptoms, and psychological symptoms (Reyes & Asbrand, 2005). The significant distress that a child may face affects not only the child but also their surrounding systems as well; clinicians are faced with challenging work to effectively support the child and their systems (Seshadri & Ramaswamy, 2019). The experience of childhood sexual abuse is one of the 10 ACEs, which have been identified to be treated with play therapy (Parker, et al., 2021; U of C, 2025). The purpose of this capstone is to explore the efficacy of play therapy as a treatment method for children who have experienced sexual abuse. Chapter three's literature review identified numerous themes, these themes inform the application to clinical practice in this chapter. Four main themes were identified, which include the treatment of trauma, therapy for children, play therapy interventions, play patterns and therapeutic powers of play, and lastly tools, supplies, and the use of self in the playroom. Along with these four themes there were 15 identified subthemes. The following chapter will explore clinical application to working with children who have experienced sexual assault by drawing on the themes and subthemes that were identified in chapter three. These application topics will include the approach and direct practice application, toy selection for the playroom, and recommendations for parents, teachers, and other caring adults. This will be followed up by exploring legislative and cultural differences that may factor into the application of this literature review.

Clinical Application

Approach & Direct Practice

Chapter three of this capstone provided information to clinicians who work with children who have been sexually assaulted or who have an interest in play therapy. As noted, Tichelaar et al. (2020) concluded that there is not one way of best practice for working with children who have experienced sexual assault. Other researchers, such as Parker et al. (2021) have identified play therapy to be effective in working with trauma as a broader topic. Given this knowledge, it is important for practitioners to be well versed in their chosen discipline and have a deep understanding of how interventions will impact their client. The information compiled in the literature review in chapter three can support a clinician in providing evidenced-based care to their unique individual clients. This capstone, however, does not provide a clinician with all of the information and training needed to work with children who have experienced sexual abuse or for using play therapy. For instance, the necessity of a clinician to adapt their level of directiveness with a child is a decision that must be made on a case-by-case basis in order for play therapy to be effective.

As such, this capstone can be utilized to enhance one's knowledge on the topic but is not prescriptive. As noted in chapter three, Ray et al. (2022) notes that a therapist must be culturally competent in their knowledge, skills, and personhood. The Canadian Psychological Association [CPA] (2017) highlights the need for each psychologist to have relevant and up-to-date training for working with their specific populations, which this capstone does not provide all the information necessary. It is crucial that those utilizing therapeutic play in their practice have the necessary training(s) to do so. One example is the bottom-up model of the play therapy dimensions model that was noted in chapter three; it can be utilized by clinicians as a tool to

inform their decision-making process in conceptualization but is not a time-limited or structured treatment (Yasenik & Gardner, 2023). Despite the inability to use this capstone information in a prescriptive manner or without other training, there are several main takeaways from the literature review that therapists can consider in their own clinical work.

One of the capstones themes is the unique experience of the client and the need to consider this when providing interventions. Seshadri and Ramaswamy (2019) highlight that each child has a unique experience of their abuse, which can be a result of differing temperaments, personalities, individual circumstances and surroundings. The subthemes of control and safety are evident in the application of interventions with a child, meeting the child at their unique circumstances, and meeting them with empathy in every part of the therapeutic process, including moments where limits must be set (Parker, et al., 2021). These unique experiences demand a different approach from helping professionals, and therapists working with this population must be ready to support a child with an individualized approach (Seshadri & Ramaswamy, 2019). Furthermore, Dion (2018) identified the autonomy of the child as being central; therapists can consider their clinical application of interventions in relation to the child's autonomy, for example, by allowing for the child to decide on which activity to engage with or how to engage with an item in the playroom. Resources such as the play therapy dimensions model can be used by therapists to assess and implement appropriate levels of directiveness and consciousness, which is a subtheme identified, when working with a child to ensure that the integrative approach is tailored to the unique needs of the child (Yasenik & Gardner, 2023). The utilization of the play therapy dimensions model not only allows for a therapist to work within the subtheme of directiveness but can also facilitate safety and control for the client.

Toy Selection for Playroom

As noted in the theme of tools, supplies, and the use of self in the playroom, chapter three provided very useful information for therapists to consider when selecting the toys for their playroom. For example, ensuring a large variety of toys, tools, and mediums in order for each child to have an interest met within the playroom. This could include a variety dolls, blocks, art materials, trucks, games, dress-up, sensory bins, and so on. This is incredibly important for ensuring that the necessary tools are available to support a child in effectively moving through their trauma, guiding their narration in a way that meets their individual and cultural needs (Mendoza & Bradley, 2021). Key points for toy selection include ensuring that the toys selected allow each child, regardless of religious, cultural, or socioeconomic background, are able to express themselves; items that can be used to express aggression are important; and a wide variety of toys should be available to support a variety of play types (Chung et al., 2023; Dion, 2018; Kottman, 2014; Landreth, 2012; Yasenik & Gardner, 2023).

Parent, Teacher, or Other Caring Adults Recommendations

As identified in the subtheme of external supports, it is important to make considerations regarding a child's external systems, including parents, caregivers, school staff, community involvement, and other therapeutic supports, such as therapy groups or medications (Mathiesen & Gunnarsdottir, 2022). Making these considerations for children who have experienced sexual abuse can be vital, as it involved the numerous caring adults and people in their lives who will interact with them outside of the therapy room. As Kottman (2014) states, support systems can be a valuable part of the therapeutic process; as therapists we can use this information to help guide our practice with a child to include their support systems. Considering a family therapy dynamic to be implemented as part of one's clinical application may be useful as Hartwig (2021)

suggests, or at minimum having parent consults. Due to the proven effectiveness of parent-oriented work, it is clinically appropriate for therapists to ensure the involvement of both parent and child (Tosunoğlu, & Seçer, 2025). Involvement of parents provides plenty of opportunity for psychoeducation, parenting strategies, and collaboration with other external systems. Filial play therapy utilizes a family therapy approach which can also provide the therapist with the opportunity to build attachments between child and parent/caregiver. This approach is said to improve the functioning of the family unit and is another way clinicians can consider working with their child clients who have experienced sexual abuse (Hartwig, 2021). Lastly, a clinician should consider collaboration with school staff to ensure that there is carryover across all areas of a child's life, as Mathiesen and Gunnarsdottir (2022) note counselling to be more effective when a holistic approach including school supports is involved. Seshadri and Ramaswamy (2019) highlight preventative measures that schools can also take, including providing workshops and skills training around topics of sexual abuse for their staff.

Research Findings, Legislation and Cultural Differences Factoring into Implementation Abilities

Working with children who have experienced sexual abuse can be particularly challenging due to laws, ethics, legislation, and cultural factors that may influence the path that a clinician must take. Chapter three identifies that social and cultural factors influence the rates of childhood sexual assault, particularly noting that Indigenous populations are more likely to be victims of assault (Government of Canada, 2024). Therapists should have a strong understanding of these external variables and processes beyond the material presented here. The CPA (2017) stipulates that psychologists need to make efforts to minimize all harm; when working with this population there are risks of harm that psychologists need to be innately aware of to ensure

ethical practice ensues. This includes maximizing knowledge as well as being extremely mindful of intentional harm that can be caused through disclosures/information sharing with parents or outside sources, re-traumatization to the child through systems such as the courts and child services, or the involvement of the law. This is supported by Engen et al. (2020) supports this by highlighting the important role of parents and caregivers in supporting complex activities, and as such involving them in the process in a way that benefits the child, the CAP (2017) principle can support the therapist in their decision-making of what benefits the child. As noted previously, maximizing knowledge is also supported in the literature due to the central role that a therapist plays in the process (Ray, et al., 2022).

Seshadri and Ramaswamy (2019) focused heavily on the role of other systems, such as the law, in the intervention of children. Although this paper has information based in India, it can help support clinical work in Canada as well. Considerations mentioned include the role of medical intervention, including physical examinations, forensic evaluations, pregnancy and sexually transmitted disease assessment, and/or intervention (Seshadri & Ramaswamy, 2019). Possibilities also include the legal system, such as participating as an expert witness in a court of law or mandatory reporting. In Alberta, under the Child, Youth and Family Enhancement Act (2025), if any person has reason to believe that a child is at harm and requires intervention, it is their duty to report. Under this Act, neglect, emotional abuse, sexual abuse and physical abuse require reporting to Child and Family Services (Child, Youth and Family Enhancement Act, 2025). As a helping adult working with children, there may be a need to report; in some cases, the reporting will have previously occurred, and therefore, it will not be the responsibility of the therapist. Alberta laws stipulate that therapist’s follow this Act and learn how it may affect their practice; this is also legislation that falls within the ethical decision-making processes of

psychologists through the CPA (2017). The role of the law, such as a therapist having their clinical file subpoenaed or being required to testify in court is another potential risk of working with this population. The National Child Traumatic Stress Network (2013) suggests that therapists should consult with others in the field who have had similar experiences and practice proper self-care to aid the process, as well as have a thorough understanding of the processes. A process of consultation can support a therapists' ability to reflect on their own practice and efficacy, as noted in chapter three (Reyes & Asbrand, 2005).

Due to the flexibility of the integrative play therapy model, implementation is made easier; this is due to the ability to meet the large variety of unique experiences and cultural factors that may be present in the playroom. Rouse et al. (2023) supports the notion of working collaboratively with a client rather than using a one-size-fits-all approach that can be found in other modalities. Play therapy, as discussed, is not prescriptive, and therefore, implementation challenges can occur. The greatest way to mitigate implementation challenges is to be well versed in play therapy, preferably as a registered play therapist with supplemental training in trauma work. As noted in chapter three, Tichelaar et al. (2020) highlighted further research and learning is needed to fully validate therapeutic effects for working with children who have experienced sexual assault. Furthermore, chapter three recommends enhancing a clinician's skills to be as knowledgeable as possible is recommended. The Canadian Association for Play Therapy [CAPT] (2025) outlines specific requirements of play therapists for registration purposes; these guidelines would support a clinician in more effectively using therapeutic play with a child who has experienced sexual abuse. Certification in this area includes holding a master's degree in a psychology-based program, supervision specific to play therapy, and 180 hours of play therapy-specific training (CAPT, 2025). As such, it is highly recommended that therapists be adequately

trained to implement the therapeutic play techniques and suggestions of chapter three with their clients.

Chapter 5: Recommendations & Conclusions

This final chapter will provide the reader with final considerations regarding the use of play therapy for children who have experienced sexual abuse. This will begin with a summary highlighting key points that were noted throughout the paper. This will be followed by recommendations for future research and practice, a brief personal reflection, and lastly, this chapter will finish with a take-home message for the literature review presented. This chapter aims to provide the reader with a clear and concise closing to the information regarding the research question: "*What is the efficacy of play therapy as a treatment method for children who have experienced sexual abuse?" which was* provided throughout the paper.

Summary

It is estimated that 6 to 10% of the population experience sexual abuse before the age of 15 (Bader & Frank, 2023; Heidinger, 2022). Childhood sexual abuse has a wide range of negative symptoms that can coincide immediately with the event or at a later time, and may affect an individual's long-term outcomes (INSPQ, 2025). Tichelaar et al. (2020) demonstrated that research shows a variety of modalities are effective for working with children who have experienced sexual assault but were unable to identify one method as being superior. Research from the late 1990s and early 2000s suggested that play therapy was an effective model for working with sexually abused children (Kelly, 1995; Reyes & Asbrand, 2005). To substantiate this research in today's work, the writer set out to find updated literature to answer the question *"What is the efficacy of play therapy as a treatment method for children who have experienced sexual abuse?"*.

The literature reviewed the research question, by conducting a scoping through more recent literature on the topic, it was identified that play therapy utilizes interventions that are

appropriate for addressing identified themes for children that have experienced sexual abuse. This process as outlined in chapter two consisted of locating literature, reviewing literature, and identifying themes across the literature. Multiple themes were identified, including the treatment of trauma (Parker, et al., 2021); therapy for children (Tucker, 2023); play therapy interventions, play patterns, and therapeutic powers of play (Kottman, 2016); and lastly, tools, supplies, and the use of self in the playroom (Dion, 2018). These themes guided subthemes, which supported the implementation of play therapy, that can be effective with children who have experienced sexual assault. Trust and control were identified as subthemes in the theme of the treatment of trauma, which play an important role in sexual abuse victims. Children often present with defensive behaviours to protect themselves from the perceived threats of relationships, while trust has been proven paramount in supporting disclosures in therapeutic relationships (Alyce, et al., 2024; Parker, et al., 2021). Control and autonomy are essential to supporting the unique experiences of individuals in the therapeutic process, providing care that is individualized, trauma informed and utilizes the language of the client in this case play (Kottman, 2016; Pappas, 2022).

Subthemes were also identified within the theme of therapy for children, including language and development, control, safety, directiveness, external supports, and general therapeutic influences (Dion, 2018; Engen, et al., 2020; Tucker, 2023; Yasenik & Gardner, 2023). The theme of therapy for children highlighted distinctive elements of therapy for children, which may differ from working with adults or simply be pertinent for clinicians to understand. This includes a therapist attuning to child’s developmental needs and patterns, while understanding their interactions in the playroom (Engen, et al., 2020). This can also involve building skills and executive functioning, allowing children to lead the play and meeting the child’s actions with empathy to support a child’s distress tolerance, while limiting the possibility of re-traumatization

and supporting their safety and autonomy (Dion, 2018; Parker, et al., 2021; Reyes & Asbrand, 2005). Therapists can support children through their level of directiveness, supporting access to external supports and systems, and engaging with children in a creative and developmentally appropriate manner (Mathiesen & Gunnarsdottir, 2022; Tucker, 2023; Yasenik & Gardner, 2023).

The theme of play therapy interventions, play patterns, and therapeutic powers of play identified several subthemes, including child development and language skills, the therapeutic powers of play, interventions and approaches, and conflictual play (Dion, 2018; Kottman, 2016; Yasenik & Gardner, 2023). These subthemes further supported subthemes identified in previous themes, particularly the role of child development, the ability to play, and the ability for play therapy to access the language of the child in play (Kottman, 2016; Yasenik & Gardner, 2023). The therapeutic powers of play as identified by Kottman (2016) demonstrate the effectiveness of play therapy with children who have been sexually abused. Play works as a medium to allow for expression, catharsis, and the ability to practice coping, among other therapeutic powers, through both child-led play and through therapist interventions (Engen, et al., 2020; Kottman, 2017; Sarah, et al., 2020). A wide variety of play activities and interventions are appropriate in the playroom allowing for complete exploration of child's play themes, which allow clinicians to track therapeutic change (Sarah, et al., 2020). Inferences from therapists during all types of play, including conflictual play supports a child moving through "stuck" or repetitive play, allowing safety to be maintain through mediated levels of directiveness and consciousness (Engen, et al., 2020; Ibharim, et al., 2023; Yasenik & Gardner, 2023).

Lastly, tools, supplies, and the use of self in the playroom emerged as the final theme. Subthemes of the use of self, creative tools, and play items, toys, and other tools highlighted the

key role of the therapist in the play therapy process (Dion, 2018). Creative means, such as art, offer a unique opportunity to connect and share in safe and contained ways (Rouse, et al., 2023). Other key messages include the necessity of a variety of play items that reach various cultural backgrounds, support a variety of play styles, can be used in multiple ways, and provide every child with the opportunity to express themselves equally (Chung et al., 2023; Dion, 2018).

In considering the application of the literature to clinical practice, it was concluded that there is currently no prescriptive play therapy model for working with children who have experienced sexual abuse. It was however, identified that play therapy is effective in working with children who have experienced trauma (Parker, et al., 2021). Cultural competency, strong knowledge, and skills training are key in the therapist's intervention (Ray, et al., 2022). Considerations of the role of the law, ethics, and cultural and social considerations should be made by therapists working with children who have experienced sexual abuse.

Recommendations

Despite evidence supporting the use of play therapy providing valuable insights into the work, future research is needed to truly validate the efficacy of play therapy for working with children who have experienced sexual abuse (Moon, et al., 2025). Play therapy demonstrates significant ability to work effectively with children who have experienced sexual abuse but this requires substantiated research to prove and validify these findings. Due to the challenge in acquiring literature that looked at play therapy and sexually abused children, it is recommended that further research looking at this specific population occur to substantiate the claims across specific traumas, rather than only generally. Research questions may include: "should play therapy be adapted to work with children who have experienced sexual abuse?" or "what are the key interventions in play therapy supporting the recovery of children who have experienced

sexual abuse?" or "how does play therapy alleviate negative symptomology associated with childhood sexual abuse?". These questions would further support the answer to validifying the use of play therapy and support filling the gaps that have been identified in this project.

Moon et al. (2025) suggests that to further enhance the application of play therapy as an intervention, research which explores the incorporation of culturally sensitive approaches, and it's use in various specific contexts is needed. As explored in chapter three, Parker et al. (2021) suggested that longitudinal research regarding the impact of play therapy on ACEs is needed. Along these lines of further examining the roles of play therapy, it is suggested that larger sample sizes are required to fully substantiate the correlational evidence provided in this capstone (Tichelaar, et al., 2020). Further research is needed to build a more profound understanding of the complete role of play therapy with children who have experienced sexual abuse.

Personal Reflection

This research project was valuable to my own clinical practice and perspective. Beginning this capstone, I was under the assumption that there would be more research available specific to the use of play therapy with children who had experienced sexual abuse. I began this project with knowledge of the work of Yasenik and Gardner (2023) and that of Dion (2018), which largely shaped my understanding of the topic. The challenge of finding specific research surprised me and pushed me to continue my learning in both play therapy and other modalities for working with this population to provide evidence-based clinical care to my clients. Despite being surprised by the lack of abundance of literature, the literature that I was able to locate supported many of my views on the topic. This included the powerful aspect of play for children, allowing for autonomy, control, and safety, as well as the role of the therapist being vital to the

therapeutic process (Chung, et al., 2023; Engen, et al., 2020; Parker, et al., 2021). I appreciated that the literature validated the ability for a therapist to vary their levels of directiveness and feel that these learnings will be crucial to my practice.

Take-Home Message

In exploring the research question “what is the efficacy of play therapy as a treatment method for children who have experienced sexual abuse?”, it was established that play therapy can be effective in working with children who have experienced sexual abuse. Individualized approaches are needed, which requires therapists to adequately trained in culturally sensitive approaches and play therapy interventions. The literature supported varying themes which provided rationale for the utilization of this modality with children who have experienced sexual abuse. There were, however, gaps in the literature to fully substantiate the use of play therapy with sexually abused children, and therefore, further research is recommended. Therefore, by examining all the literature compiled in this capstone we can acknowledge that play therapy shows efficacy in working with children who have experienced sexual abuse by supporting a child’s autonomy, safety and control (Parker, et al., 2021).

References

Alyce, S., Taggart, D., & Turton, J. (2024). Trust, entrusting and the role of trustworthiness for adult survivors of child sexual abuse. *Journal of Mental Health (Abingdon, England)*, 1-10. https://doi.org/10.1080/09638237.2024.2390366

American Psychological Association. (2017). *How long will it take for treatment to work?* Retrieved from: https://www.apa.org/ptsd-guideline/patients-and-families/length-treatment.pdf

Bader, D & Frank, K. (2023). *What do we know about physical and non-physical childhood maltreatment in Canada?***.** Statistics Canada, Health Analysis Division. DOI: https://doi.org/10.25318/36280001202300100001-eng

Crimes Against Children Research Centre. (2005). Childhood sexual abuse fact sheet. Retrieved from: https://www.unh.edu/ccrc/sites/default/files/media/2022-03/childhood-sexual-abuse-fact-sheet_0.pdf

Canadian Association for Play Therapy. (2025). *CAPT certification standards for certified play therapist.* https://canadianplaytherapy.com/wp-content/uploads/2025/06/CAPT-Certification-Standards-for-CPT-_Apr-2025.pdf

Canadian Psychological Association. (2017). *Canadian Code of Ethics for Psychologists* (Fourth Edition). https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf

Child, Youth, and Family Enhancement Act, Government of Alberta. (2025). https://kings-printer.alberta.ca/1266.cfm?page=C12.cfm&leg_type=Acts&isbncln=9780779853816

Chung, R. K., Ray, D. C., Aguilar, E. V., & Turner, K. K. (2023). The multicultural play therapy room: Intentional decision making in selecting play therapy toys and materials. *International Journal of Play Therapy, 32*(4), 197-207. https://doi.org/10.1037/pla0000203

Dion, L. (2018). *Aggression in play therapy: A neurobiological approach for integrating intensity.* W. W. Norton & Company.

Endendijk, J. J., Tichelaar, H., Deen, M., & Deković, M. (2021). A therapeutic game for sexually abused children and adolescents (vil du?!): Exploratory mixed methods evaluation. *JMIR Serious Games, 9*(3), e26062-e26062. https://doi.org/10.2196/26062

Engen, M., Bjerre, L. S., & Jensen, M. (2020). Play therapy insights into everyday social pedagogical practice in residential child care. *International Journal of Social Pedagogy, 9*(1)https://doi.org/10.14324/111.444.ijsp.2020.v9.x.014

Fallon, B., Lefebvre, R., Trocmé, N., Richard, K., Hélie, S., Montgomery, M., Bennett, M., Joh-Carnella, N., Saint-Girons, M., Filippelli, J., MacLaurin, B., Black, T., Esposito, T., King, B., Collin-Vézina, D., Dallaire, R., Gray, R., Levi, J., Orr, M., Petti, T., Thomas Prokop, S., & Soop, S. (2021). Denouncing the continued overrepresentation of first nations children in Canadian child welfare: findings from the First Nations/Canadian incidence study of reported child abuse and neglect-2019. Ontario: Assembly of First Nations.

Government of Canada (2022). *Tri-council policy statement: ethical conduct for research involving humans – TCPS 2.* Ethics.gc.ca. https://ethics.gc.ca/eng/documents/tcps2-2022-en.pdf

Government of Canada (2024). Infographic: sexual violence. Retrieved from: https://www.canada.ca/content/dam/wage-fegc/documents/gbv/its-not-just/fact-sheets/7262_WAGE_infographic_Sex_EN_P1.pdf

Hashim, M., Iqbal, N., Halligan, S., Alimoradi, Z., Pfaltz, M., Farooqi, S. R., Khan, I., Galán, C. A., & Vostanis, P. (2024). Association of childhood sexual abuse with adolescent's psychopathology: A systematic review and meta-analysis. *Trauma, Violence & Abuse,* , 15248380241281365. https://doi.org/10.1177/15248380241281365

Hanfstingl, B., Benke, G., & Zhang, Y. (2019). Comparing variation theory with Piaget's theory of cognitive development: More similarities than differences? *Educational Action Research, 27*(4), 511-526. https://doi.org/10.1080/09650792.2018.1564687

Hartwig, E. K. (2021). *Solution-focused play therapy: A strengths-based clinical approach to play therapy* (1st ed.). Routledge, Taylor & Francis Group. https://doi.org/10.4324/9780429354984

Hays, P. A. (2022). That's not what I meant: Finding the right words. *Addressing cultural complexities in counseling and clinical practice: An intersectional approach (4th ed.)* (4th ed. ed., pp. 65-86, 370 Pages). American Psychological Association. https://doi.org/10.1037/0000277-004

Heidinger, L. (2022). Profile of Canadians who experienced victimization during childhood, 2018. Statistics Canada. https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2022001/article/00016-eng.pdf?st=pbuqRfhK

Helmus, L. M., & Kyne, A. (2023). Prevalence, correlates, and sequelae of child sexual abuse (CSA) among Indigenous Canadians: intersections of ethnicity, gender, and socioeconomic status. *International Journal of Environmental Research and Public Health*, *20*(9), 5727. https://doi.org/10.3390/ijerph20095727

Homeyer, L. E., & Landreth, G. L. (1998). Play therapy behaviors of sexually abused children. *International Journal of Play Therapy, 7*(1), 49-71. https://doi.org/10.1037/h0089418

Ibharim, N. S., Wan Ismail, Wan Mohamed Ridzwan, Abdul Jalil, N. I., & Musa, A. Z. (2023). The use of child-centered play therapy for children who have experienced sexual abuse. *International Journal of Academic Research in Business and Social Sciences, 13(8).* https://doi.org/10.6007/IJARBSS/v13- i8/18159

Institut National de Sante Publique du Quebec. (2025). Consequences of childhood sexual abuse. Retrieved from: https://www.inspq.qc.ca/en/sexual-violence/understanding/consequences/child

International Journal of Play Therapy. (1992-present). Educational Publishing Foundation. https://www.proquest.com/publication/60951?accountid=1230&decadeSelected=2020+-+2029&yearSelected=2025&monthSelected=08&daySelected=&timeSelected=&issueNameSelected=02025Y08Y04$23Aug+4,+2025

Kelly, M. M. (1995). Play therapy with sexually traumatized children: Factors that promote healing. Journal of Child Sexual Abuse, 4(3), 1. https://doi.org/10.1300/J070v04n03_01

Kottman, T. (2014). *Play therapy: Basics and beyond* (2nd ed.). American Counseling Association.

Kottman, T. (2016). *Partners in play: An adlerian approach to play therapy* (Third ed.). American Counseling Association.

Kittow, J., Blundell, B., O'Connell, M., Shortland-Jones, R., Roennfeldt, V., & Woods, A. E. (2024). Child protection staff perspectives of the SOFT program: Touch, textures, weights, and pressures. *Australian Social Work, 77*(4), 527-542. https://doi.org/10.1080/0312407X.2024.2387724

Kuhn, E. S., & Laird, R. D. (2014). Family support programs and adolescent mental health: review of evidence. *Adolescent health, medicine and therapeutics*, *5*, 127–142. https://doi.org/10.2147/AHMT.S48057

Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). Routledge. https://doi.org/10.4324/9780203835159

Mathiesen, I. H., & Gunnarsdottir, H. M. (2022). Separate counselling services in Norwegian upper secondary schools. A possibility for a collective holistic approach? *International Journal for Educational and Vocational Guidance, 22*(3), 557-576. https://doi.org/10.1007/s10775-021-09494-z

Mendoza, K., & Bradley, L. (2021). Using storytelling for counseling with children who have experienced trauma. *Journal of Mental Health Counseling, 43*(1), 1-18. https://doi.org/10.17744/mehc.43.1.01

Moon, J., Kim, L., & Cumpian, D. (2025). Exploring play therapy and childhood trauma: A recent content analysis (2010–2023). *International Journal of Play Therapy.*15. https://doi.org/10.1037/pla0000240

National Child Traumatic Stress Network. (2013). *Testifying in court about trauma: how to prepare.* Retrieved from: https://www.nctsn.org/sites/default/files/resources//testifying_how_to_prepare.pdf

Pappas, S. (2022). How to support patients who have experienced sexual assault. *Monitor on psychology, 53*(6). American Psychological Association. https://www.apa.org/monitor/2022/09/sexual-assault-patients

Parker, M. M., Hergenrather, K., Smelser, Q., & Kelly, C. T. (2021). Exploring child-centered play therapy and trauma: A systematic review of literature. *International Journal of Play Therapy, 30*(1), 2-13. https://doi.org/10.1037/pla0000136

Piaget, J. (1970). " Piaget's Theory." *In Carmichael's Manual of Child Psychology, 3rd ed. Vol. 1. edited by P.H. Mussen, 703 – 732.* New York: Wiley.

Piaget, J. (1999). *Play, dreams and imitation in childhood* (1st ed.). Routledge. https://doi.org/10.4324/9781315009698

Polk, S. (2021). *Integrating TF-CBT and play therapy: Promoting resilience in child sexual assault survivors.* Walden University ProQuest Dissertations & Theses.

Ray, D. C., Chung, R. K., Turner, K. K., Aguilar, E. V., Ray, D. C., Ogawa, Y., & Cheng, Y.-J. (Eds.). (2022). Multicultural play therapy: Making the most of cultural opportunities with children. Routledge.

Reyes, C. J., & Asbrand, J. P. (2005). A longitudinal study assessing trauma symptoms in sexually abused children engaged in play therapy. *International Journal of Play Therapy, 14*(2), 25-47. https://doi.org/10.1037/h0088901

Rouse, A., Jenkinson, E., & Warner, C. (2023). The use of "art" as a resource in recovery from the impact of sexual abuse in childhood: A qualitative systematic review. *Arts & Health, 15*(1), 86-109. https://doi.org/10.1080/17533015.2022.2034900

Sarah, B., Parson, J., Renshaw, K., & Stagnitti, K. (2020). Can children's play themes be assessed to inform play therapy practice? *Clinical Child Psychology and Psychiatry,* 1 - 11. Doi: 10.1177/1359104520964510

Seshadri, S., & Ramaswamy, S. (2019). Clinical Practice Guidelines for Child Sexual Abuse. *Indian journal of psychiatry, 61(2),* 317–332. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_502_18

Starzynski, L. L., Ullman, S. E., & Vasquez, A. L. (2017). Sexual assault survivors' experiences with mental health professionals: A qualitative study. *Women & Therapy, 40*(1-2), 228-246. https://doi.org/10.1080/02703149.2016.1213609

Tichelaar, H.K., Deković, M., & Endendijk, J.J. (2020). Exploring effectiveness of psychotherapy options for sexually abused children and adolescents: A systematic review

of randomized controlled trials. *Children and Youth Services Review,* 119. https://doi.org/10.1016/j.childyouth.2020.105519

Tosunoğlu, B., & Seçer, İ. (2025). Parent-Oriented Intervention Approaches in Traumatized Children. *Psikiyatride Guncel Yaklasimlar, 17*(3), 565-576. https://doi.org/10.18863/pgy.1549724

Tucker, C. (2023). Historical and contextual trends in counselling children and adolescents. In S. Smith-Adcock and C. Tucker (Eds), *Counselling children and adolescents* (2nd ed., pp. 3-22). SAGE Publications.

University of Calgary. (2025). The impact of ACEs and toxic stress. ACEs hub. https://www.aceshub.org/about/impacts/

U.S. Centers for Disease Control and Prevention (2024). Adverse childhood experiences (ACEs). Retrieved from: https://www.cdc.gov/aces/about/index.html

Wickham, R. E., & West, J. (2002). *Therapeutic work with sexually abused children* (1st ed.). SAGE. https://doi.org/10.4135/9781446220474

World Health Organization. (n.d.). Sexual exploitation and abuse. Retrieved from: https://www.who.int/docs/default-source/documents/ethics/sexual-exploitation-and-abuse-pamphlet-en.pdf?sfvrsn=409b4d89_2

Yasenik, L. & Gardner, K. (2023). *Play Therapy Dimensions Model: New Insights for Integrative Play Therapists* (3rd Ed.). Jessica Kingsley Publishers.

Vicario, M.U., & Barrios, V.R. (2023). Attachment, trauma, and repair from infant to adolescent development. In S. Smith-Adcock and C. Tucker (Eds), *Counselling children and adolescents* (2nd ed., pp. 53-90). SAGE Publications.